

# New study highlights disparities in mental health outcomes among immigrants before and after birth

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In a new study, researchers at Oregon Health & Science University highlight disparities in maternal mental health care among low-income immigrants, and call on more states to expand Medicaid access in order

to address mental health conditions new parents face during the perinatal period, or the time before and after birth.

The study, [published](#) in *JAMA Network Open*, found that expanded Medicaid benefits that include care before and immediately following birth were associated with significantly increased detection and treatment of mental health conditions associated with pregnancy and birth.

Medicaid is a public insurance program that provides [health coverage](#) to [low-income families](#) and individuals, supporting more than 90 million people in the United States. Due to a variety of socioeconomic factors, recipients of Medicaid have multiple [risk factors](#) for mental health conditions before and after birth and face unique barriers to accessing care.

However, for some low-income people, access to care during pregnancy is not guaranteed through Medicaid based on their immigration status.

While states have the option to extend emergency Medicaid coverage for care before and after birth, many states have not expanded coverage; currently, Oregon is one of only 18 states that offer these benefits. Medicaid is the largest payer for obstetric care in the U.S., so this lack of coverage leaves many individuals without the critical and often life-saving care they need.

"Poor perinatal mental health is a significant contributor to the maternal health crisis we are facing in the U.S., and for immigrants, a lack of access to care is creating multigenerational cycles of poor health and inequities," said Maria Rodriguez, M.D., M.P.H., professor of obstetrics and gynecology in the OHSU School of Medicine, director of the OHSU Center for Reproductive Health Equity and the study's corresponding author.

"We know that mental health during pregnancy is absolutely critical to preventing maternal morbidity and mortality, and also to improving quality of life for the pregnant individual, the baby and their family," Rodriguez continued. "This study demonstrates the positive effects that access to care can have for this population, who are so often overlooked."

## **Expanding care for mental health**

In a cohort study that analyzed data from nearly 44,000 births to emergency Medicaid recipients, researchers compared outcomes from Oregon—a state that offers coverage to pregnant individuals through emergency Medicaid—and South Carolina, a state that only covers emergent conditions and hospital admissions.

Researchers found that expanding Medicaid coverage to include care during pregnancy was associated with significantly increased detection and treatment of health conditions before or after birth. Additionally, a similar association was found with the expansion of coverage after birth.

Common [mental health conditions](#) before and after birth include depression, anxiety disorders and postpartum psychosis. It's estimated that among immigrants, the prevalence of depression after birth alone is between 46% and 60%. Early detection and effective management of symptoms are key to recovery, especially in the initial three months after [birth](#). However, there are systemic and societal challenges to detection and treatment for this population.

"Immigrants in the U.S. don't always have a social or family support network, which we know is really important, particularly around the time of having a baby," Rodriguez said. "During such a vulnerable period, it's even more important that we are able to diagnose and treat any mental health concerns."

Looking forward, Rodriguez said additional research and efforts should focus on identifying culturally appropriate tools for screening the mental health of immigrant populations, as well as identifying interventions to best support individuals needing care.

"Our hope is that not only are immigrants able to access care, but that care can be delivered in a way that addresses the cultural, social and linguistic needs of patients, which increases patients' openness to treatment," Rodriguez said. "No matter their background or [immigration status](#), all parents deserve the support and care needed to be healthy when they are welcoming and caring for a new child."

**More information:** Maria I. Rodriguez et al, Diagnosis of Perinatal Mental Health Conditions Following Medicaid Expansion to Include Low-Income Immigrants, *JAMA Network Open* (2024). [DOI: 10.1001/jamanetworkopen.2024.0062](#)

Provided by Oregon Health & Science University

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