

# Nearly half of mothers report birth trauma and barriers to mental health aid, especially for diverse populations

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With 23 Grand Slam singles titles to her name, Serena Williams is among the greatest tennis players of all-time. It made her wealthy, too,

amassing an estimated net worth of \$300 million.

But fame, fortune, and fitness didn't protect her from a near-death experience while giving birth to her daughter, Olympia, in 2017.

Williams has become an advocate for sharing awareness about a hard truth: Black women are [nearly three times more likely to die](#) during or after childbirth than their white counterparts. For Williams, she needed multiple surgeries after delivery due to a [pulmonary embolism](#) and blood clots—trauma that made her feel ["like I was dying."](#)

CU Denver Assistant Professor of Health and Behavioral Sciences Hyeyoung Oh Nelson, Ph.D., who studies maternal health, said Williams' experience has brought more attention to racial disparities for Black and Indigenous women, in particular, during childbirth and in [postpartum](#).

"There are multiple factors at play," Oh Nelson said. "One is implicit bias. Women are often not taken seriously when they complain of pain. They'll be dismissed. And then, when you add race to it, as a person of color, those marginalized identities sort of compound upon one another. So, then they're going to be even less likely to be believed."

Oh Nelson added that, for a number of reasons, women may not get the medical help they need. "Second, research has shown that all women, and especially lower-income women of color, don't seek out mental health support when they need it because they don't want to be seen as bad mothers," she said.

Underlying [chronic conditions](#) associated with weathering, structural racism, and lack of access to quality health care are other dynamics leading to racial disparities, according to the Centers for Disease Control and Prevention.

In Oh Nelson's most recent research study, "[Experiencing Birth Trauma:](#)

[Individualism and Isolation in Postpartum](#)," she interviewed 30 mothers from a variety of racial and ethnic backgrounds to learn about their maternal health experiences in the United States. The study is published in *Social Science & Medicine*.

One unexpected finding was the high incidence of birth trauma within the sample: either physical complications, postpartum mood disorders, or both. Oh Nelson found that nearly half had experienced birth trauma, and most of them had hurdles in obtaining necessary postpartum care. Health care providers canceled appointments or downplayed their mental health concerns.

Mothers also too often prioritize their baby's health needs, Oh Nelson said, and don't make time to properly address their own health, too. Or, when filling out mental health questionnaires at their newborn pediatric visits, they fib to create the appearance of having a "normal" motherhood experience. One mother in the study experienced childcare barriers when her therapist wouldn't allow her to bring her newborn to appointments.

"I'm trying to show that sometimes the birth trauma emerges in postpartum, and it's often unidentified," she said. "After birth, there are many more newborn visits than postpartum visits. Many mothers don't have a postpartum screening visit until six weeks after birth, and then they're cleared physically, and they're off on their way."

Even amid all the current obstacles, Oh Nelson finds reason for hope. First, Medicaid, which covers 41% of U.S. births, recently expanded [maternal health](#) coverage from 60 days after birth to a full year. The federal program now provides eligibility for postpartum mental health visits in 40 states, including Colorado.

Second, the [FDA last summer approved the first oral pharmaceutical](#) to

treat postpartum depression. Clinical studies showed symptom improvements, such as more energy and renewed interest in activities that bring joy.

"I could see that with this pharmaceutical now available, there may be a structure in place for more regular postpartum visits to really see if a patient is eligible," Oh Nelson said. "That's positive because anyone who needs that pharmaceutical will get it. And for those who do not need it, they are still getting a point of contact with a health care team they may not have previously had."

Oh Nelson studied sociology at Princeton University before earning master's and doctoral degrees in the same field at the University of California, Los Angeles. And she brings more than academic credentials to her research: She's a mother of two young daughters, which has helped her build trust with research participants.

"I think being a mother and having had my own experiences that I can share in the conversation has really helped folks open up to me," she said. "There is a shared experience of motherhood that just connects all of us."

**More information:** Hyeyoung Oh Nelson, Experiencing birth trauma: Individualism and isolation in postpartum, *Social Science & Medicine* (2024). [DOI: 10.1016/j.socscimed.2024.116663](https://doi.org/10.1016/j.socscimed.2024.116663)

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