

Postpartum Depression Screening and Referrals for Lower-Income Women in North Carolina, USA

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Abstract : Postpartum Depression (PPD) is a leading cause of postpartum morbidity. PPD affects 7.1% of postpartum women and 19.2% of postpartum women when including minor depression. Lower-income women and ethnic minorities are more at risk for developing PPD and face multiple attitudinal and institutional barriers to receiving care. This study aims to identify PPD among low-income women and connect them to appropriate services in order to reduce the illness burden and enhance access to care. Screenings were conducted in two Women, Infants, and Children (WIC) clinics in the city of Charlotte, North Carolina, USA, from April 2017 to April 2018. WIC is a supplemental nutrition program that provides healthcare and nutrition to low-income pregnant women, breastfeeding women, and children under the age of 5. Additionally, a qualitative study was conducted to better understand the PPD continuum of care in order to identify opportunities for improvement. Mothers with infants were screened for depression risk using the PHQ-2. Mothers who scored ≥ 2 completed two additional standardized screening tools (PHQ-7, to complete the PHQ-9, and the Edinburgh) to assess depressive symptomatology. If indicated they may be suffering from depression, women were referred for case management services. Open-ended questions were used to understand treatment barriers. Four weeks after the initial survey, a follow-up telephone call was made to see if women had received care. Seven focus groups with WIC staff and managers, referral agency staff, local behavioral health professionals, and students examining the screenings, are being conducted March - April, 2018 to gather information related to current screening practices, referrals, follow up and treatment. Mothers (n = 231 as of February, 2018) were screened in English (65%) or Spanish (35%). According to preliminary results, 29% of mothers screened were at risk for postpartum depression (PHQ-2 ≥ 2). There were significant differences in preliminary screening results based on survey language (

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