

Disparities in perinatal mood disorder screening and prevalence

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Introduction

- Perinatal mood disorders (PMD) are the most common complication in pregnancies.
- PMD can have significant adverse effects on both the mother and child including preterm birth and maternal suicide.
- In the United States, there are apparent racial and ethnic disparities in the area of maternal mortality.
- If racial disparities are present in PMD screening and diagnosis, this could impact the disparity seen in maternal mortality; therefore, identifying and correcting this disparity could improve health equity.
- It is recommended that screening for PMD occur at least once during pregnancy.
- Studies have shown that screening perinatally for depression has decreased incidence and improved treatment response.
- The overall rate of screening for depression in pregnant and postpartum women is low.
- Racial and socioeconomic disparities exist in the screening of depression in non-pregnant patients.
- Studies show that white patients are as much as half as likely to be screened and treated for mental health than black patients.
- These studies suggest this disparity could also be present in pregnant females.
- In this study, we aim to assess if racial, language, or insurer disparities exist in the screening and prevalence of PMDs.

Methods

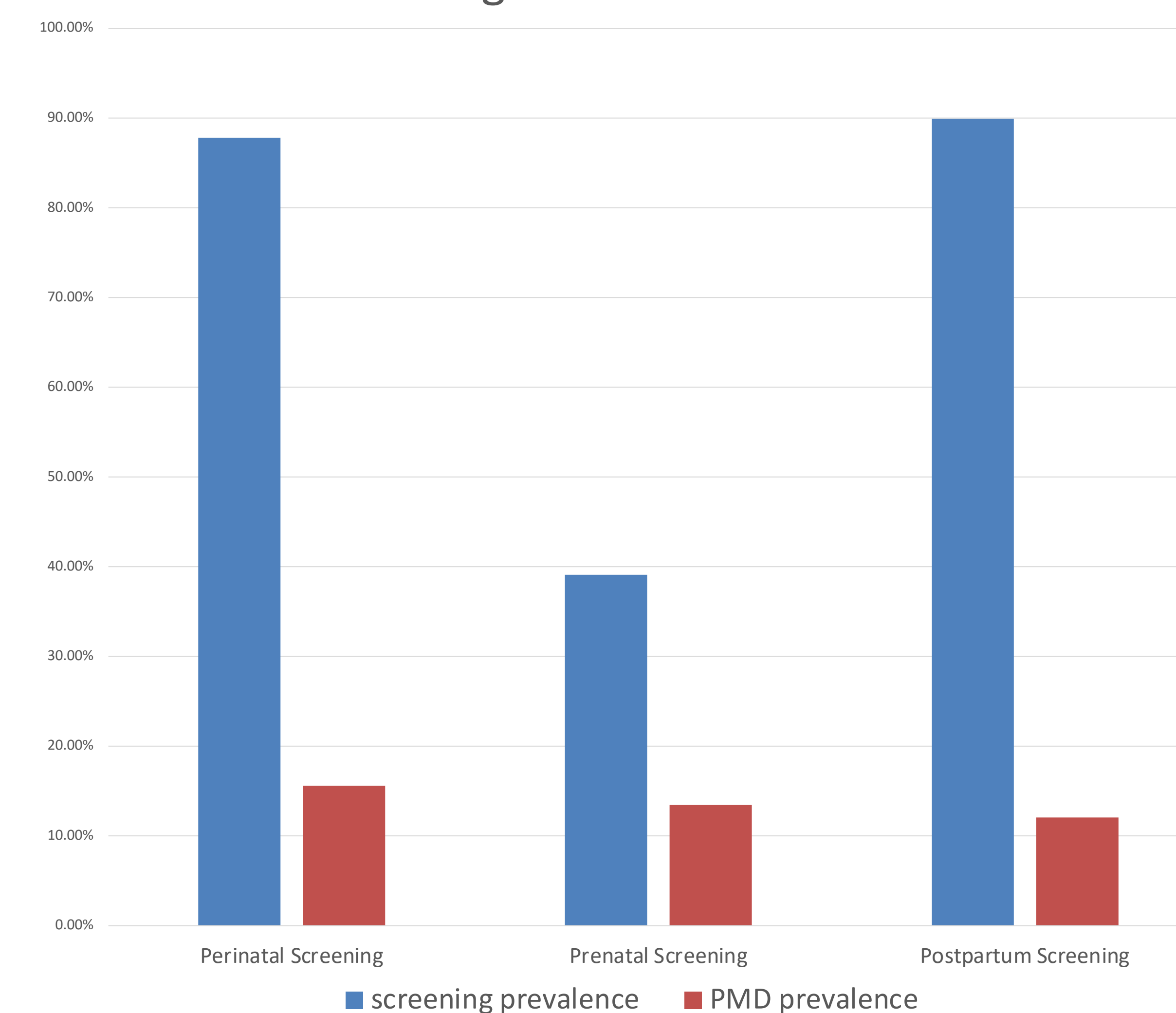
- A retrospective cohort of a convenient sample was selected of women who delivered at one of two urban hospitals.
- Inclusion criteria included those who received either prenatal care in each trimester and/or one postpartum visit and delivered a pregnancy at greater than 20 weeks.
- Exclusion criteria included patients with any psychiatric concern beyond depression/anxiety or those who prenatal care were not available on the electronic health record.
- Charts were reviewed for demographic information. Race and ethnicity was self-reported.
- Perinatal care was examined from initial prenatal visit to 8 weeks postpartum. If a positive screening was identified, charts were examined for referrals and treatments.
- Bivariate analysis was performed as appropriate to examine factors associated with screening.

Demographics		
Race	Black:	17.47%
	White:	76.23%
	Asian:	1.82%
	More than one race:	1.16%
	Unknown/none reported:	3.15%
Ethnicity	Hispanic:	13.95%
	Not Hispanic:	86.05%
Language	English:	91.13%
	Spanish:	7.70%
	Other:	1.17%
Insurer	Self-pay:	3.59%
	Medicaid:	37.45%
	Medicare:	0.11%
	Private:	53.33%
	Dual:	3.53%

Results

- When analyzing screening in the perinatal period, 87.8% of pregnant women were screened at least once with 15.59% of those screening positive for PMDs. There was a significant difference in screening prevalence by type of clinic (teaching or private, $p=0.00$), ethnicity ($p=0.007$), and insurer ($p=0.016$). There was also a significant difference in PMD prevalence by ethnicity ($p=0.00$) and language ($p=0.00$).
- Within the prenatal period, there was a significant difference in screening prevalence by race ($p=0.00$), ethnicity ($p=0.00$), language ($p=0.00$), insurer ($p=0.00$), and clinic type ($p=0.00$). 39.09% of patients were screened prenatally. Of those, 13.43% screened positive. There was a significant difference in PMD prevalence by ethnicity ($p=0.00$), language ($p=0.00$), insurer ($p=0.009$), and clinic type ($p=0.00$).
- Within the postpartum period, there was a significant difference in screening prevalence by ethnicity ($p=0.013$) and clinic type ($p=0.00$). 89.94% of patients were screened postpartum. Of those, 12.04% screened positive. There was a significant difference in PMD prevalence by ethnicity ($p=0.00$) and language ($p=0.00$).

Screening and PMD Prevalence



Conclusions

- The primary driver of screening was type of clinic.
- There were significant disparities in PMD prevalence by ethnicity and language when analyzing perinatal, prenatal, and postpartum screening.

References

Yonkers KA, Wisner KL, Stewart DE, et al. The management of depression during pregnancy: A report from the American Psychiatric Association and the American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2009;114(3):703-713.

Screening for Perinatal Depression. ACOG Committee Opinion No. 757. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2018;132(5):e208-e212.

Szegda K, Markenson G, Bertone-Johnson ER, Chasan-Taber L. Depression during pregnancy: a risk factor for adverse neonatal outcomes: a critical review of the literature. *J Matern Fetal Neonatal Med* 2014;27(9):960-967.

Akincigil A, Matthews EB. National Rates and Patterns of Depression Screening in Primary Care: Results from 2012 and 2013. *Psychiatr Serv* 2017;68(7):660-666.