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EXPERIENCES OF POSTPARTUM DEPRESSION IN WOMEN OF COLOR

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Abstract

Purpose: To examine the experiences of postpartum depression among U.S.-born women of color via an integrative review.

Study Design and Method: Databases searched were PubMed, CINAHL, Scopus, and PsycInfo. Sample inclusion criteria included qualitative research published in English that explored U.S.-born women of color's experiences of postpartum depression. There was no time limitation on when studies were published. Krippendorff's thematic content analysis method was used.

Results: In this integrative review, eight qualitative studies investigating Black and Hispanic women's postpartum depression experiences and eight blog postings were synthesized. Five themes were identified that described postpartum depression experiences of Black and Hispanic women: (1) *Struggling with an Array of Distressing Symptoms,* (2) *Cultural Stigma as a Powerful Roadblock,* (3) *Complicating Barriers to Seeking Much-Needed Professional Help,* (4) *Support as a Lifeline or "Just Pulling Yourself up by Your Bootstraps," and* (5) *Preferences for Help with Postpartum Depression.*

Clinical Implications: Cultural stigma of mental illness plus lack of knowledge of postpartum depression were strong barriers to women of color seeking timely professional mental health care. Nurses can share information about perinatal mental illness with women in cultural communities to help decrease stigma and increase mental health literacy. All health care providers and policy makers need to focus attention on the impact that women of color's economic and social stressors have on their postpartum depression.

Key words: African American women; Depression; Depressive symptoms; Hispanic women; Mental health; Perinatal depression; Postpartum.

Reported rates of postpartum depression (PPD) bring much-needed attention to social and ethnic disparities in the mental health of women of color. Study findings suggest that women of color are significantly more likely to experience postpartum depressive symptoms compared with White women in the United States (Doe et al., 2017; Howell et al., 2005; Liu & Tronick, 2014; Segre et al., 2006; Wenzel et al., 2021). Patton (1990) explained that "qualitative data can put the flesh on the bones of quantitative results, bringing the results to life through in-depth case elaboration" (p. 132). The purpose of this integrative review of qualitative studies on PPD in U.S.-born women of color was to help increase our understanding of the quantitative prevalence studies that consistently found higher rates of PPD in women of color compared with White women. Using voices of the women themselves from the qualitative studies, this review can help increase our understanding of PPD among women of color representing various ethnic groups. Synthesizing the findings from individual studies together can provide nurses and other clinicians with a higher level of evidence for practice.

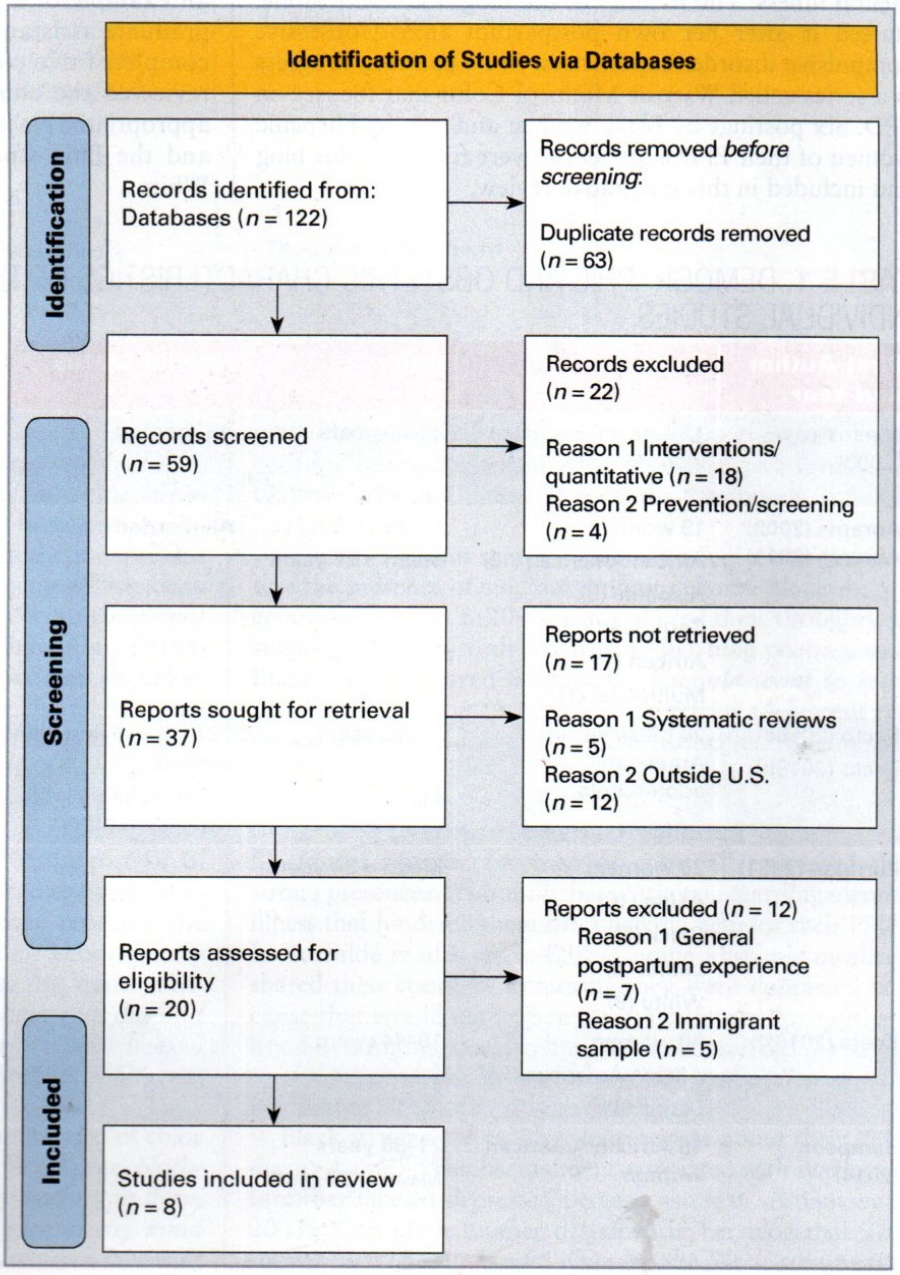
Methods

Databases searched were PubMed, CINAHL, Scopus, and PsycInfo using keywords of postpartum depression, perinatal depression, qualitative, Black, African American, Hispanic, Latina, Asian, Korean, Chinese, Vietnamese, Native American, Pacific Islander, Mexican, race, ethnicity, and women of color. Sample inclusion criteria included that the studies were (1) published in English, (2) used a qualitative design, and (3) examined PPD experiences of U.S.-born women of color. There was no limitation on the year the study was published. Qualitative studies were included in this review if a small percentage of immigrant women comprised the sample and that the findings clearly differentiated U.S.-born from foreign-born women (Abrams & Curran, 2009; 2011; Iturralde et al., 2021). In one study (Keefe et al., 2016), both Black and Hispanic women comprised the sample. The authors did not specify whether quotes in their results were from which specific group. When the quotes from this study were included in the findings of this integrative review, they are labeled as Black/Hispanic. A PRISMA diagram (Figure 1) illustrates the search process. Titles, abstracts, and full texts were reviewed. After removing any duplicates, the main reasons for excluding articles were that they were either quantitative, systematic reviews, or included immigrant samples. The researcher critically reviewed the eight qualitative studies using the 10 Critical Appraisal Skills Programme's (CASP, 2018) criteria for qualitative studies. All studies were of acceptable levels and included in this integrative review.

Sample

Eight qualitative studies met the sample criteria and included Black and Hispanic women. Three qualitative studies were found that focused on Asian women, but the samples consisted of foreign-born women and thus did not

FIGURE 1. PRISMA DIAGRAM



meet sample inclusion (Goyal et al., 2015; Han et al., 2020; Ta Park et al., 2019). The limited demographic and obstetric characteristics of the samples provided in these eight studies are listed in Table 1. Two studies focused on Black women, two studies on Mexican American adolescents, and four studies included a combination of Black and Hispanic women in the samples. Two studies used focus groups (Iturralde et al., 2021; Sampson et al., 2014), two were grounded theory studies (Abrams & Curran, 2009; 2011), and four used a general qualitative descriptive design (Amankwaa, 2003; Keefe et al., 2016; Recto & Champion 2018a; 2018b).

As only eight studies were located, to supplement this limited qualitative research, blogs were searched to locate any on PPD written by women of color in the United States. A Google search identified Postpartum Progress which is an award-winning blog dedicated to maternal mental illness. The founder of the blog, Katherine Stone, started it after her own postpartum anxiety/obsessive compulsive disorder experiences. In Postpartum Progress is a series called Warrior Moms of Color that focuses on PPD. Six postings by Black women and two by Hispanic women of their PPD experiences were found on this blog and included in this integrative review.

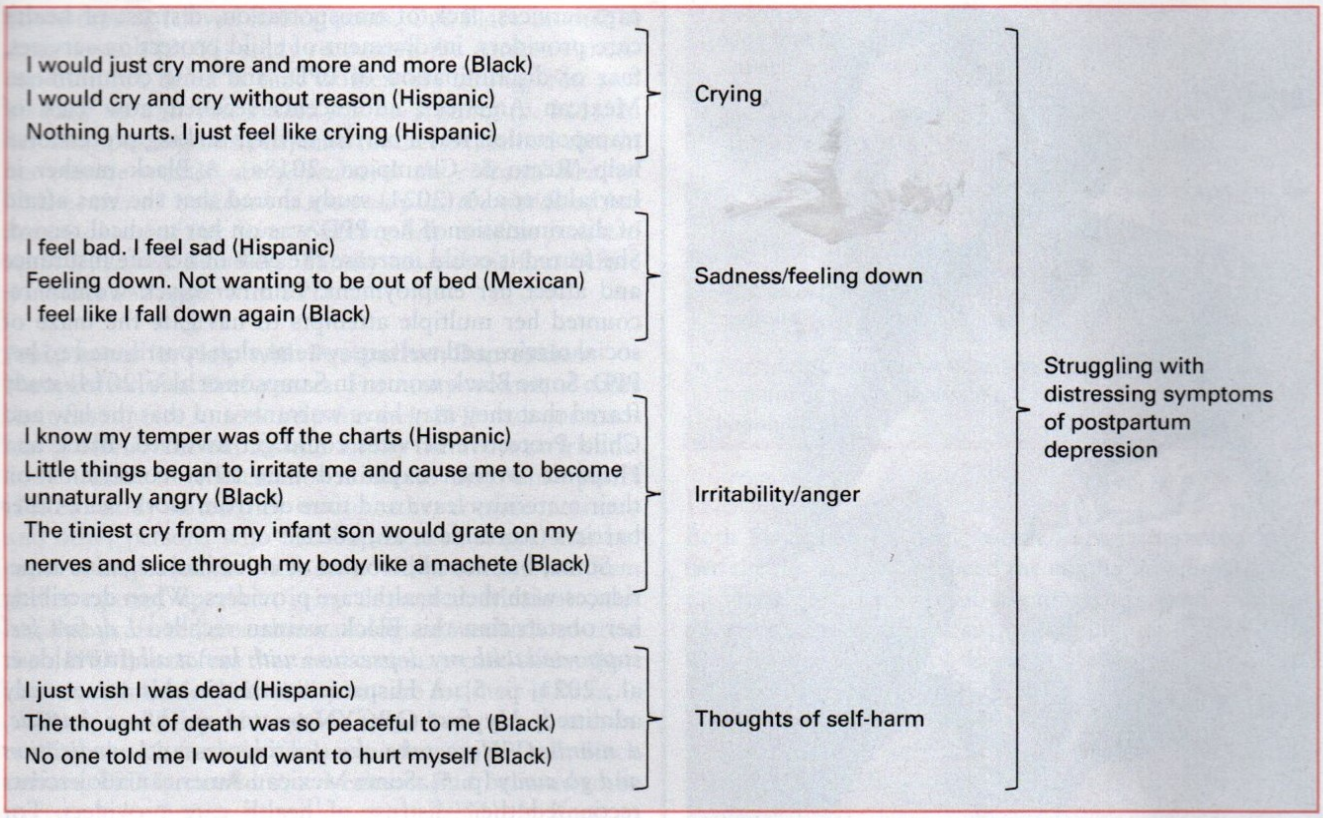
Data Analysis

Krippendorff's (2019) content analysis method was used to analyze the findings from the eight qualitative studies and the blog postings that resulted in five themes. Content analysis is "a research technique for making replicable and valid inferences from texts (or other meaningful matter) to the contexts of their use" (Krippendorff, 2019, p. 24). In his method, qualitative content analysts choose a type of distinction for defining the unit of analysis, that being either preset categories or themes. For this review, thematic distinctions were chosen. The units of analysis were extracted as segments of the experiences of women of color's descriptions of PPD from the published reports. Krippendorff suggests using dendrograms, which are treelike figures, to assist in visualizing the units of analysis as they are collapsed into theme clusters. See Figure 2 for an example of a partial dendrogram for one theme. A graduate assistant in the PhD program in nursing, who completed two courses in qualitative research methods, reviewed the clusters of segments and confirmed their appropriated placement in the themes. Both the researcher and the PhD student who reviewed the themes were White.

TABLE 1. DEMOGRAPHIC AND OBSTETRIC CHARACTERISTICS OF THE PARTICIPANTS IN THE INDIVIDUAL STUDIES

First Author and Year	Sample	Age	Marital Status	Parity	Education
Amankwaa (2003)	12 African American women	22–40 years	All married		Ranged from high school to doctoral degrees
Abrams (2009) Abrams (2011)	19 women: African American (10) Hispanic (5) Caribbean (2) African (1) Multiracial (1)	18–39 years Mean = 27 years	All married		
Recto (2018a) Recto (2018b)	20 Mexican American adolescents	15–19 years Mean = 17.5 years	12 single, living with parents 9 single, living with significant others	16 primiparous 4 multiparous	In high school
Iturralde (2021)	30 women: Asian (10) Black (5) Latina (6) White (9)	Mean = 34 years		10 pregnant 20 postpartum	13 college graduate or more
Keefe (2016)	30 women: African American (19) Latina (11)	18–44 years			
Sampson (2014)	16 African American women	21–30 years Mean = 23 years			2 less than high school 10 high school 4 some college

FIGURE 2. PARTIAL DENDROGRAM OF THE THEME *STRUGGLING WITH AN ARRAY OF DISTRESSING SYMPTOMS*



Results

Struggling with an Array of Distressing Symptoms

Sadness, crying, anger, overwhelmed, and loneliness were experienced by all women of color in this review. In Sampson et al.'s (2014) study, Black mothers expressed overwhelming sadness and bouts of crying. A Mexican American adolescent recounted *It's something you're not used to- crying all the time* (Recto & Champion, 2018a, p. 119). Regarding anger, one Hispanic woman shared in her blog, *I know my temper was off the charts*. Mexican American adolescents explained how they often felt isolated and lonely when they lost friendships as this quote illustrates: *Once a young person gets pregnant, all her friends are really not around. They end up leaving and they do judge* (Recto & Champion, 2018b, p. 64). In Abrams and Curran's (2009; 2011) studies with low-income Black and Hispanic women, they reported the mothers' PPD was compounded by their economically and socially stressful living conditions as this quote illustrates: *They tell me not to stress when I have rent due and electricity and a car note and insurance and a baby behind me and you're telling me not to stress?* (Abrams & Curran, 2009, p. 358).

Guilt was another distressing symptom women of color struggled with. One Black woman in her blog wrote, *Nothing told me I would spend hours on my bathroom floor, body heaving, tears pouring down my face as my mind and emotions were tossed to and fro in between waves of guilt*. Some Mexican adolescent mothers expressed their guilt for feeling depressed when they just gave birth to a beautiful healthy baby (Recto & Champion, 2018a; 2018b).

The most serious symptom women of color experienced was the presence of suicidal thoughts. Some Black mothers in Amankwaa's (2003) study shared their thoughts of suicide and harm to themselves. In her blog posting, one Black mother shared *no told me I would want to hurt myself...or my son*. A Mexican American adolescent revealed *having suicidal thoughts* (Recto & Champion, 2018a, p. 113).

Cultural Stigma as a Powerful Roadblock

Black and Hispanic women of color all expressed the strong presence of culturally based stigma regarding mental illness that hindered them from seeking help for their PPD. In Iturralde et al.'s study (2021), some Hispanic mothers shared their concerns admitting they were depressed because that would make them seem ungrateful for motherhood or crazy as one Hispanic woman described *if you go to the psychologist or something. It's not well seen. It's like you're ah, like a crazy person* (p. 4).

Black women shared they kept secrets about their PPD due to shame and embarrassment associated with Black culture that labeled depressed persons as crazy (Amankwaa, 2003). One Black mother described in her blog that *The stigma surrounding mental illness in the Black community*

literacy was positively related to attitudes toward professional psychological help-seeking in postpartum women. Mental health literacy for women of color, their families, and their cultural communities needs to be addressed by nurses and other health care providers. There are multiple components of mental health literacy regarding PPD. These include a person being able to recognize a specific mental disorder, in this case, PPD and have knowledge and beliefs of its risk factors and causes, self-help interventions, professional help available, and how to seek mental health information (Jorm, 2000).

The theme, *preferences for help with PPD*, supported Bodnar-Deren's et al.'s (2017) results that found Black mothers were less likely to accept prescription medication and mental health counseling and more likely to accept spiritual counseling than White women. This theme also confirmed Dagher et al.'s (2021) finding in a national survey that Hispanic mothers had significantly lower odds of seeking postpartum mental health consultations than White mothers.

In this integrative review, blogs for Black and Hispanic women provided much needed emotional and informational support during their PPD. This finding confirmed what Moore et al. (2020) reported in their meta-synthesis of women's experiences of online forums for perinatal mental illness and stigma that blogging helped provide a safe place to talk, a virtual support system, and to not feel so alone.

Limitations

Limitations of this integrative review include its small number of studies and the lack of published studies on U.S.-born women of color other than Black and Hispanics. Research is needed with other groups of women like Native Americans, Asians, and Native Hawaiian/Pacific Islanders to address this glaring absence from the literature. Another limitation of this integrative review is the scant inclusion in the research reports of participants' demographic and obstetric characteristics.

Clinical Implications

Women of color in Keefe et al.'s (2016) study provided recommendations for health care providers in caring for women of color with PPD that clearly have implications for nursing practice. Most important was the ability of nurses and other clinicians to develop strong therapeutic alliances with their patients by listening carefully to the mothers' concerns, empathizing with them, and developing a trusting relationship. Black and Hispanic mothers in Iturralde et al.'s (2021) study offered additional recommendations such as making mental health care more convenient for women of color by offering telemedicine and having on-site childcare, and using peer health workers to go out into the community and spread awareness of PPD. Women also suggested that patient advocacy groups for specific ethnic groups can be formed and consulted with to guide health care agencies to develop culturally appropriate interventions for PPD.

Nurses need to provide culturally relevant community education about perinatal mental illness to help decrease stigma and increase mental health literacy. As women of color preferred informal support of family, friends, and their church communities over formal professional support, it is critical that their significant others receive correct information about PPD. Pastors and priests should not be forgotten when planning educational sessions on perinatal mood and anxiety disorders. Black women in Amankwaa's (2003) study stressed the need to teach people in their community that crying and sadness are not the only symptoms of PPD. Anxiety can also a debilitating symptom.

Nurses should be vigilant in ensuring that women of color are being routinely screened for perinatal mood and anxiety disorders. Sidebottom et al. (2021) reported women of color were significantly less likely to be screened for PPD than White women during the first 3 months after birth. This disparity in screening can potentially lead to under reporting and women with PPD falling through the cracks of the health care system. Women of color in this integrative review shared thoughts of suicide and of harming themselves that supports the need for early PPD screening. Compounding the cultural beliefs of *pulling oneself up by your boot straps* and *Marianisma* were the economic stressors surrounding women of color. Nurses and other health care providers need to assess and monitor women of colors' social and economic concerns and make any necessary referrals to social work and community resources. ✣

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