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Black Maternal Mental Health

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Maternal mental health disorders, particularly prevalent in the perinatal and postpartum periods, pose a significant challenge for women, with Black women facing heightened risks due to a complex interplay of societal, systemic, and environmental factors. This paper explores the elevated rates of maternal mental health disorders among Black women, emphasizing the impact of chronic stress from racism, higher levels of lifetime trauma exposure, and discrimination in the maternity care system. We discuss the barriers Black women encounter in accessing mental health care, emphasizing the importance of addressing these challenges on individual, organizational, sociocultural, and structural levels. The paper concludes with policy recommendations aimed at increasing the number of Black and BIPOC mental health professionals, supporting community health workers, and promoting shared decision-making by patients in their treatment and care. The insights provided aim to guide policymakers, healthcare providers, and community stakeholders in developing holistic, equitable approaches to maternal mental health care for Black women.

Keywords: maternal mental health, community-based interventions, policy recommendations, chronic stress, maternity care inequities, equity, racism

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Maternal mental health disorders are the most common complication of childbirth. Up to 20% of women experience maternal depression and anxiety during the perinatal or postpartum period (Gavin et al., 2005). The estimated economic cost of untreated maternal mental health disorders over five years is $14.2 billion (Luca et al., 2019). The impact of these disorders on society is pervasive, with far-reaching consequences on early childhood development, pediatric mental health, and general family well-being (Koutra et al., 2017; "Maternal Depression and Child Development," 2004). Women of any race experience maternal mental health disorders during pregnancy and the postpartum period, but women of color are especially vulnerable. Black women have increased risk factors for maternal mental health disorders due to higher levels of trauma exposure throughout their lifetime. Research indicates that trauma exposure rates (defined as exposure to at least one traumatic event) during the perinatal period is 87% for Black women (Dailey et al., 2011). These rates are significantly higher in comparison to the range of 29-74% of trauma exposure experienced by perinatal women in general (Harris-Britt et al., 2004; Smith et al., 2006; Söderquist et al., 2004).

Higher rates of trauma exposure, combined with being three to four times more likely to experience dangerous complications during birth, significantly increase the risk of maternal mental health disorders, including birth trauma and post-traumatic stress disorder, for Black women (Markin & Coleman, 2023). Other trauma-related risk factors for maternal mental health disorders in Black women include exposure to negative drivers of health (DOH), chronic stress, and gendered racism across the lifespan (Bower et al., 2023; Chokshi et al., 2022; Office of Disease Prevention and Health Promotion; ODPHP, n.d.).

Risk Factors

Drivers of Health (DOH)

According to the US Department of Health and Human Services (HHS), social determinants of health (SDOH), now referred to as Drivers of Health (DOH), are defined as "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks" (Abrams et al., 2023; ODPHP, n.d.). Black Americans have a higher DOH burden, which was

further exacerbated by the COVID-19 pandemic, resulting in increased health and social disparities (Dalsania et al., 2022). Additionally, Black women experience unique disparities at the intersection of gender and race that are often not shared by Black men and White women. These disparities include high levels of sexism, discrimination, gender-related violence, and racism—all risk factors for maternal mental health disorders (Chinn et al., 2021; Stockman et al., 2015).

Racism and Weathering

Chronic stress from racism, rather than race itself, is a risk factor for maternal mental health disorders (Chokshi et al., 2022). Chronic stress increases adverse health and mental health outcomes for Black women, culminating in even higher levels of stress. This cycle of persistent intergenerational stress is known as *weathering* and has been defined as "a chain of biological processes that undermine Black women's physical and mental health" (Howell et al., 2005). For example, Black women have increased stress exposure due to a higher prevalence of cardiometabolic (CM) conditions, such as hypertension, diabetes, and obesity, which are linked to elevated risk for depressive symptoms (Perez et al., 2023). At the same time, maternal depression has been linked to poor maternal and birth outcomes for Black women, resulting in a higher risk of preterm births, low birth weight, gestational diabetes, and preeclampsia (Nelson et al., 2023). This chain of biological processes that contribute to adverse mental and physical outcomes for Black women delineates the process and impact of weathering.

Discrimination, racism, and inequities in the maternity care system also greatly increase the risk for maternal mental health disorders in Black women. Research shows that Black women who felt upset due to the experience of racism in the year before delivery experienced significantly higher odds of depression during pregnancy (Bower et al., 2023). Black women, along with other women of color, reported higher rates of mistreatment, defined as "loss of autonomy; being shouted at, scolded, or threatened; and being ignored, refused, or receiving no response to requests for help" during hospital births (Vedam et al., 2019, p. 7). Women of color, as well as women with lower socioeconomic status (SES), also reported lower quality of care during hospital births (Vedam et al., 2019). It is theorized that these culminating systemic, societal, and environmental factors contribute significantly to

higher rates of maternal mental health disorders and maternal mortality among Black women compared to White women (Joseph et al., 2021).

Black women also experience one of the highest rates of intimate partner violence (IPV) in the United States. IPV is a risk factor for depression, PTSD, anxiety, and suicide and is associated with increased DOH burden. The threat or presence of IPV is yet another stress and trauma-inducing factor for Black women. Women during the perinatal period are especially vulnerable to IPV. Additionally, IPV is especially prevalent in minority and underserved populations, making it a notable risk factor for maternal mental health disorders in Black women (Stockman et al., 2015).

Due to a complex mix of DOH, racism, weathering, and increased stress due to these various factors, Black women are disproportionately at risk for poor health, which includes poor maternal mental health outcomes (Chinn et al., 2021). Therefore, risk factors for maternal mental health disorders in Black women should be examined through the lens of equity and holistic wellness to better address gaps that can support the mental and physical wellness of Black women (Chinn et al., 2021).

Prevalence

Depression and Anxiety

There is a growing recognition that rates of postpartum depression and anxiety are higher among Black women, with some estimates more than double compared to their White counterparts (Cannon & Nasrallah, 2019). The risk for postpartum depression further increases in Black women living in smaller cities or rural communities, where rates of postpartum depression are 80 percent higher for Black women than for White women (Ceballos et al., 2016).

Dysthymia and Somatic Symptoms

It should be noted that depression in Black women may often not present in psychological symptoms but manifest in somatic symptoms. While Blacks have a lower prevalence of major depressive disorder (MDD), some research shows that Blacks, especially Black women, have a higher prevalence of dysthymia, a milder but long-lasting form of depression (Riolo et al., 2005). Some clinicians have labeled this increased prevalence of dysthymia in

Blacks as *cultural dysthymia*, attributing it to historical inequities and discrimination (Vontress et al., 2007). Other researchers classify these somatic symptoms as part of a wider symptom presentation of depression that is unique to Black women (Perez et al., 2023). Clinicians and healthcare workers need to recognize the range of presentation of dysthymia and general depression in Black women so that clinical identification of these disorders is not overlooked (Perez et al., 2023).

Post-traumatic Stress Disorder (PTSD)

The correlation between race or ethnicity and PTSD among pregnant women and new mothers has not been largely studied. However, one comparative analysis of cross-sectional data from a cohort study suggests that the current prevalence of PTSD is four times higher in Black women (Seng et al., 2011). This is largely because Black women have higher rates of trauma exposure throughout their lifetime, leading to higher rates of PTSD during pregnancy (Roberts et al., 2011). The analysis also found that socioeconomic status did not play a significant role in determining PTSD risk in Black women, making trauma the greatest predictor for PTSD in Black women (Seng et al., 2011). Additionally, there is generally a lack of trust between Black women and healthcare providers, which increases the risk for birth trauma, raising the subsequent risk for PTSD and other maternal mental health disorders (Markin & Coleman, 2023).

Suicide

Suicide is a leading cause of maternal death during the postpartum period and is often associated with PPD and drug overdose (Bodnar-Deren et al., 2016). Studies approximate that 14-30% of reported maternal deaths are accounted for by suicide and accidental drug overdose (*Maternal Mortality May Be Even Higher Than We Thought*, 2019). Studies also show that Black women have higher rates of suicidal ideation, which are thoughts of suicide. In the immediate postpartum period, Black women are two times more likely to report suicidal ideation than White women (Tabb et al., 2020).

Barriers to Treatment and Care

Approximately 15% of women diagnosed with postpartum depression receive treatment (Cox et al., 2016). While undertreatment of postpartum depression is prevalent in the general population, Black women are even less likely to undergo treatment for postpartum depression (Kozhimannil et al., 2011). One study found that Black women were half as likely than White women to initiate treatment and had a longer time gap between delivery and treatment initiation (Kozhimannil et al., 2011). Women who receive delayed treatment, undertreatment, or no treatment of maternal mental health disorders are more likely to have severe symptoms and negative postpartum outcomes.

Black and other minority women face difficulties regarding access to care on four different levels - individual, organizational, sociocultural, and structural (Jankovic et al., 2020). Individual barriers include stigma or not being informed of resources, organizational barriers include lack of resources and service fragmentation, sociocultural level issues include cultural and language barriers, and structural barriers include unclear policies (Jankovic et al., 2020). Nearly 60 percent of Black mothers do not receive any support or treatment for prenatal or postnatal mental health care due to these factors (Rouland Polamnteer et al., 2018).

Sociocultural barriers play a significant role in whether or not individuals seek out care; for example, some cultures do not acknowledge mental health as a whole, creating barriers to care due to limited access to information or stigma and fear (Watson et al., 2019). These studies suggest that cultural competency training in maternal healthcare settings is a critical consideration in addressing how to treat women from all races and ethnicities.

Despite the higher rate of maternal mental health disorders among Black women, the mental health workforce is not reflective of the mothers in need of care. A 2020 American Psychological Association (APA) Center for Workforce Studies (CWS) report found that 84% of the psychology workforce identified as White, while only 4% identified as Black (APA, n.d.). These disparities highlight the importance of diversifying the mental health workforce and considering community-based behavioral health services.

The use of community-based behavioral health services is important for addressing maternal mental health issues in Black women in a culturally congruent and sensitive manner. One example is using the federal Healthy

Start Initiative, a national maternal-child health program, to implement comprehensive, culturally appropriate community-based health and behavioral health case management for Black women (Ley et al., 2009). This program integrated risk factors that are unique to Black women, such as chronic stress and racism, into its strategic plan for addressing perinatal depression for Black women, making care more sensitive to the specific needs of Black women (Ley et al., 2009).

Additionally, various studies have demonstrated the effectiveness of implementing healthcare interventions in a predominately Black church setting. As spirituality and ancestral traditions are important to Black culture, incorporating maternal mental health support and interventions in a trusted spiritual setting for Black women can be critical to better addressing the needs of Black moms (Brown et al., 2019; Dodani et al., 2009; Matthews et al., 2021; Saunders et al., 2013).

Screening for Black Women

Despite having an elevated risk for depression because of increased stress due to the high prevalence of cardiometabolic conditions, research shows that depressive symptoms in Black women may not be detected via standard depression screening tools (Perez et al., 2023). As screening tools were historically created and informed by White research participants, there has been increased discussion as to whether maternal depression screening tools such as the Patient Health Questionnaire 9 (PHQ-9) and Edinburgh Postnatal Depression Scale (EPDS) are valid or sensitive to the cultural nuances of non-White women, specifically Black women (Feldman & Pattani, 2019). Until more validated screening tools are developed to specifically address the maternal mental health screening needs of Black women and other persons of color, it has been recommended that a lower screening score cut-off be used for Black women (Tandon et al., 2012).

It is important to consider how acculturation, cultural stigmas, or immigration status may skew self-reported rates of maternal mental health disorders, increasing the need for screening protocols within healthcare settings (Wenzel et al., 2021). The Policy Center for Maternal Mental Health (2022) addressed this concern in the issue brief Universal Screening for Maternal Mental Health Disorders.

Dr. Alfiee Breland-Noble conducts research on health disparities in mental health screening, diagnosis, and treatment. She found that the screening tools referenced above are often less relevant for mothers of color. These screening tools were developed and tested with mostly white research participants and did not take cultural differences into account. In an interview with National Public Radio (NPR), Dr. Breland-Noble said Black people are less likely to use the term "depression," rather, they may say that they "do not feel like themselves." She also notes that ethnically and racially diverse people suffering from mental illness often experience symptoms as physical symptoms, such as stomach aches and migraines (Feldman & Pattani, 2019). Research has found that these screening tools are not catching as many mothers as they should, particularly when looking at moms of color or those who are low-income (Chaudron et al., 2010).

Also noted in the Policy Center for Maternal Mental Health's *Universal Screening for Maternal Mental Health Disorders* brief are several tools that are culturally appropriate and validated for the detection of maternal mental health challenges in the Black population. The Healthy Pregnancy Stress Scale (HPSS) offers a pregnancy-specific stress scale validated in a population of low-income African American women but designed for use in diverse populations. This is important for understanding the relationship between structural inequities, pregnancy stress, and pregnancy health. This internally validated tool has the potential to function as a quick assessment of the pregnancy environment (Frazier et al., 2018). Additional tools include the Perceived Pre-Natal Maternal Stress Scale (PPNMSS)(Gangadharan & Jena, 2019), the Tilburg Pregnancy Distress Scale (TPDS) (Boekhorst et al., 2020), and the Brief Pregnancy Experience Scale (PES) (DiPietro et al., 2008).

Screening, even if successful in the identification of disorders, must be followed up to initiate treatment. While follow-up is a crucial part of treating maternal mental health disorders, it is especially paramount to focus on follow-ups for Black women to maximize their chances for a successful recovery.

Community Recommendations

A recent study based on insights from Black women community members in the maternal mental health community highlighted five key pathways to

address racism and inequities for Black women in maternal health (Matthews et al., 2021). These pathways are:

- Educating and training maternity care and mental health practitioners, such as OB-GYNs, therapists, and doulas;
- Investing in the Black women's maternal health and mental health workforce, including OB-GYNs, midwives, doulas, licensed mental health providers, certified peer specialists, and certified community health workers;
- Investing in Black women-led, community-based organizations providing group support, education, and other community-based resources;
- Valuing, honoring, and investing in traditional healing/ancestral practices;
- Promoting shared decision-making by patients in their treatment and care;
- Integrating maternal mental healthcare practitioners within maternal healthcare (Matthews et al., 2021).

Policy Recommendations

1. **Increase the number of Black and BIPOC mental health and community health professionals.**
    a. Lawmakers should consider financial support to develop and recruit students into education programs for professions such as licensed counselors, certified peer support specialists, and certified community health workers through public community colleges and state universities.
    b. States should leverage funding through the federal Workforce Innovation and Opportunity Act (WIOA) to identify and enroll behavioral health training as qualified programs and target specific initiatives and programs focused on engagement and recruitment in diverse racial, ethnic, rural, and other underserved communities (US Department of Labor, n.d.).
2. **Increase the number of Black and BIPOC obstetric professionals.** Lawmakers and federal and state agencies should provide/promote existing training and scholarship funding to increase the number of

Black and BIPOC midwives, OB-GYNs, and family practice providers. Programs similar to the federal Health Resource and Services Administration's (HRSA) Rural Maternity and Obstetrics Management Strategies Program should be implemented but for Black and BIPOC obstetric providers.

3. **Support embedding CHWs and PSSs in clinical settings with protocols, incentives, and clear billing coding**. Certified community health workers (CHWs) and certified peer support specialists (CPSSs) can potentially reduce distrust of traditional clinical and mental health settings/professionals by supporting culturally competent care. These providers could support maternal mental health screening, provide brief intervention, work with the patient/OB/mental health professional in developing treatment plans, support referral and care coordination to community services, and follow up with the patient. Payors, including the Centers for Medicaid and Medicare Services (CMS), state Medicaid agencies, and private insurers, should incentivize such care by publishing guidelines for supervision and billing codes (including care coordination, integration, and other codes) for obstetricians and licensed mental health professionals.
4. **Test for proficiency in recognizing and addressing personal bias, cultural competence, and maternal mental health.** Before issuing licensure/certification/renewal, organizations and state licensing/certifying boards for midwives, doulas, and OB-GYNs should test for proficiency in addressing personal bias, cultural competence, and maternal mental health. These competencies should align with the Policy Center for Maternal Mental Health's provider core competencies for maternal mental health.
5. **Mandate insurers and health plans report provider demographics and conduct network adequacy assessments based on the population served.** Demographics such as race and ethnicity should be collected through the provider network credentials process by insurers/health plans and included in provider directories so patients can easily assess whether a provider meets a patient's race/ethnicity preferences. Insurers/plans should also conduct network adequacy assessments to ensure providers' demographics align with patient demographics.

6. **Support research and adoption of community-based organizations (CBO) Interventions.** Invest in research studying interventions led by CBOs and incentivize the adoption of promising/evidence-based practices through grants, community learning networks, and insurance billing guidance and support.

Conclusion

Addressing the complexities of maternal mental health disorders among Black women requires a multifaceted approach that considers the interplay of societal, systemic, and environmental factors. The elevated rates of these disorders highlight the urgent need to dismantle barriers to care on individual, organizational, sociocultural, and structural levels. Policy recommendations such as increasing the number of Black and BIPOC mental health professionals, supporting community health workers, and promoting shared decision-making by patients offer tangible steps towards developing holistic and equitable approaches to maternal mental health care. By implementing these recommendations, policymakers, healthcare providers, and community stakeholders can work together to create a more inclusive and supportive environment for Black women's maternal mental health.

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