

Ethnic/Racial, Language, and Insurance Differences in Screening Postpartum Women for Depression

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Background

Postpartum depression (PPD) is common with a prevalence of 5-25%, depending on the assessment method, the timing of the assessment, and population characteristics.¹ Low income and minority women are likely to have higher rates of PPD.² Early identification can help support intervention and treatment.

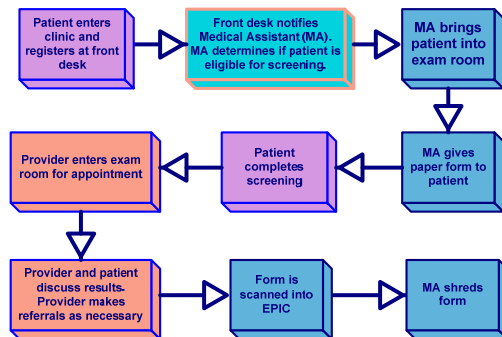
Perinatal care offers an important opportunity to reach women during pregnancy and the first year following birth. Researchers and program planners recognize that the window to identify women in need of mental health services can be limited and view the postpartum period as key to screening and diagnosing PPD.

The Cambridge Health Alliance (CHA) Departments of Obstetrics and Gynecology (OB/GYN) and Family Medicine (FM), in conjunction with the Department of Psychiatry, have an internal policy to universally screen all postpartum women for depressive symptoms at the 6-week postpartum visit. The Patient Health Questionnaire (PHQ-9) is commonly used to screen postpartum women because it is a brief tool designed for general healthcare settings that is valid in detecting depression severity.³ Figure 1 depicts the clinical flow for administration of the PHQ-9. The self-administered screening tool is available in the primary languages of 94% of CHA patients, including Haitian Creole. CHA has been screening women using the PHQ-9 since July, 2004.

Objective

- To identify the sociodemographic characteristics of women who are screened for postpartum depression during the two to twelve week postpartum period and compare screening rates between those who were screened and those who were not screened.

Figure 1: PPD Process for Screening Between 2 and 12 Weeks Postpartum



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Methods

Study Sample:

Women who gave birth at a CHA hospital between January 2008 and April 2011 and who had a postpartum visit during the 2 to 12 week period in either OB/GYN or FM locations (identified by CPT codes: 59430, 99024, 99211, 99381 - 99429).

Analysis:

Demographic data were abstracted from the CHA electronic medical record. Bivariate comparisons of screening rate were conducted using cross-tabulations and Chi-square tests. Multivariate logistic regression models were constructed to predict screening while controlling for potential confounding.

Results

The study sample (N=3,594) was ethnically and racially diverse with the majority of women having public insurance, Table 1. The majority were seen in the OB/GYN location.

The overall screening rate in the study sample was 70% and differences in screening rates were observed by language, race, and insurance status, Table 2 & Figure 2.

Multivariate analyses controlling for potential confounding, showed similar results, Table 3. Of note, women who spoke Haitian Creole were less likely to be screened, as were women with public insurance.

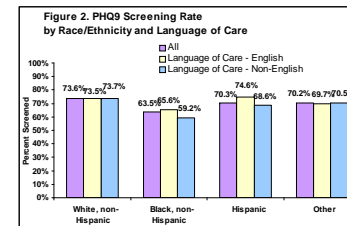
Table 1. Description of Patients (N=3,594)

	N	%
Post Partum Care Site		
OB/Gyn	2,750	76.5%
Family Medicine	844	23.5%
Language of Medical Care		
English	1,782	49.6%
Portuguese	1,010	28.1%
Spanish	484	13.5%
Haitian Creole	145	4.0%
Other	173	4.8%
Race/Ethnicity		
White, non-Hispanic	1,093	30.4%
Black, non-Hispanic	501	13.9%
Hispanic	1,063	29.6%
Other	855	23.8%
Unknown	82	2.3%
Age		
Under 25 years	770	21.4%
25 to 35 years	2,118	58.9%
over 35 years	703	19.6%
Years, mean (SD)	29.9 (5.7)	
Delivery		
Vaginal	3,027	84.2%
Cesarean	567	15.8%
Insurance Type		
Public	2,613	72.7%
Private	981	27.3%
Time to Post Partum Visit		
Weeks, mean (SD)	5.8 (2.0)	

Table 2. Bivariate Comparisons of Screening Rates (N=3,594)

	Screened (2-12 weeks PP)		P ¹
	N	%	
Overall	2,530	70.4%	-
Post Partum Care Site			
OB/Gyn	1,928	70.1%	
Family Medicine	602	71.3%	0.50
Language Medical Care			
English	1,273	71.4%	
Portuguese	730	72.3%	
Spanish	324	66.9%	
Haitian Creole	79	54.5%	
Other	124	71.7%	<0.001
Race/Ethnicity			
White, non-Hispanic	804	73.6%	
Black, non-Hispanic	318	63.5%	
Hispanic	747	70.3%	
Other	600	70.2%	
Unknown	61	74.4%	0.002
Age			
Under 25 years	535	69.5%	
25 to 35 years	1,487	70.2%	
over 35 years	508	72.0%	0.56
Delivery			
Vaginal	2,152	71.1%	
Cesarean	378	66.7%	0.034
Insurance Type			
Public	1,797	68.8%	
Private	733	74.7%	<0.001

¹P-values from Chi-Square tests comparing screening rates across categories



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Table 3. Multivariate Models of Screening (N=3,594)

	Screened (2-12 weeks PP)		
	OR	95% CI	P ¹
Post Partum Care Site			
Family Medicine vs. OB/Gyn	1.13	0.94-1.35	0.20
Language of Medical Care			
Portuguese vs. English	1.16	0.95-1.41	0.12
Spanish vs. English	0.78	0.59-1.03	0.08
Haitian Creole vs. English	0.60	0.40-0.89	0.01
Other vs. English	1.10	0.76-1.59	0.61
Race/Ethnicity			
Black, non-Hispanic vs. White, non-Hispanic	0.79	0.61-1.03	0.08
Hispanic vs. White, non-Hispanic	1.01	0.80-1.26	0.97
Other vs. White, non-Hispanic	0.88	0.71-1.08	0.22
Unknown vs. White, non-Hispanic	1.12	0.66-1.88	0.68
Age			
25 to 35 years vs. Under 25 years	1.01	0.84-1.22	0.91
over 35 years vs. Under 25 years	1.16	0.91-1.47	0.22
Delivery			
Cesarean vs. Vaginal	0.82	0.67-0.99	0.04
Insurance Type			
Public vs. Private	0.77	0.63-0.93	0.006

¹P-values from Multivariate Logistic Regression Model containing all variables shown

Conclusions

- Despite high rates of screening for PPD, disparities by race/ethnicity, language, and insurance status still exist in an arena with universal screening policies.
- The factors that contribute to the disparities in screening women during the postpartum visit are poorly understood; however, known barriers include the ongoing stigma associated with a diagnosis of depression⁴ and with treatment for depression,⁵ stigma associated with mental illness in general,⁶ as well as subconscious provider biases about racial/ethnic and income groups.⁷
- Further research is needed to identify possible causes of the disparities identified in this study.
- The ultimate goal is to develop an intervention aimed at improving PPD screening and inform national efforts to recognize and treat postpartum depression.
- Limitations of this study include use of EMR data which is collected for patient care rather than for research purposes.

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