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Understanding the Influence of Sociocultural Factors in Treatment of Perinatal Mental Health Conditions in African-American Women

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A capstone submitted in partial fulfillment for the degree Master of Science in Biomedical Sciences-Public Health Concentration

TITLE: Understanding the Influence of Sociocultural Factors in Treatment of Perinatal Mental Health Conditions in African-American Women

OBJECTIVE:

Over the past few decades, global strides have been made to improve infant mortality and health through preventative interventions. Yet, not enough importance is given to mothers and the risk factors surrounding their mental health during pregnancy and beyond childbirth. Chronic stress and hypertension serve as great risk factors for complications in pregnancies amongst Black women. Previous research explains that stress from work or working multiple jobs, low income levels, home environment conditions, and limited access to quality food and healthcare could contribute to antenatal mental health disorders in African American women. Although racial microaggressions in everyday life cannot be controlled for, Black women could improve their health outcomes by seeking mental health treatment throughout their pregnancy. Common perinatal mental health disorders disproportionately affect women of color due to psychosocial factors and avoidance of seeking treatment due to stigma within their respective culture. In addition, Black women have undiagnosed mental health issues such as anxiety, depression, and bipolar disorder. Often, Black women are isolated from appropriate clinical care which puts them at further risk for pregnancy-related complications. Within the U.S, there is emphasis on increasing access to healthcare services and clinical knowledge. However, not enough research has been done on the role of cultural factors in perinatal mental health amongst the African-American population, especially, in the city of Philadelphia, where maternal mortality rates continue to rise. Moreover, although maternal mortality review boards and mental health care services are available, there is little information on the perception of perinatal mental health and mental health treatment services within the African-American community. A comprehensive approach for data collection must be used to gain further understanding about the effect of

sociocultural factors surround perinatal mental health, and ultimately, its impact on the health outcomes of pregnant Black women.

METHODS:

Several databases such a PubMed, MEDLINE, Embase, and Google Scholar will be used to search for articles pertaining to common perinatal mental health disorders and its associated pregnancy-related health outcomes. A systematic literature review will be conducted to determine cultural and social factors surrounding mental health choices and outcomes amongst Black women.

EXPECTED OUTCOMES:

Through the systematic review of the literature, several sociocultural factors will connect the associations between common perinatal mental health disorders and its barriers in receiving adequate mental health care treatment. These findings can have important implications on the impact of health outcomes of pregnant Black women in Philadelphia as well as determine the role of the current U.S. healthcare system in delivering targeted mental health care to African-American communities with low levels of detection and high levels of mental health disorders. A comprehensive approach for collecting data must be used to gather further information about the effect of sociocultural factors on perinatal mental health and the health outcomes of expectant African-American women.

Background:

Although it seems like maternal mortality is a problem of developing countries, this is not the case. Since 1994, a majority of developing countries are displaying a general decline in maternal mortality rates while rates in the United States continue to climb. The United States spends trillions of dollars on health care which has led to successful health outcomes such as

declining infant mortality rates (CDC, 2018). Yet, there is an alarming number of women who die from preventable causes during pregnancy and/or childbirth. Among the most shocking of these disparities is the health outcomes of racial groups, particularly in the African-American population. According to the CDC, black women experience "40 deaths per 100,000 live births" compared to "12.4 deaths per 100,000 live births" for white women (CDC, 2018). The city of Philadelphia is not doing any better than the country as a whole. The Philadelphia Department of Public Health has identified 55 maternal deaths in a three-year span between 2010-2012. Women in the Philadelphia metropolitan area had higher rates of pregnancy-related complications and mortality than the national average (City of Philadelphia Department of Public Health, 2015). While mortality rates amongst white women and other races seem to be improving overall, the gap in racial disparities in women's health is widening, leading to an upward trend of maternal mortality within the U.S (CDC, 2018). However, not enough research has been done on the influence of cultural, and economic factors amongst the African-American population, especially in the city of Philadelphia where mortality rates continue to rise.

In most developing countries, disparities in access to maternal health services and socioeconomic status of women are considered one of the leading causes of maternal mortality ratios. Although women in the U.S. do not face the same environmental factors, the burden of maternal mortality seems to be just as prevalent in this country. Even when controlling for variables such as education, income, and healthcare access within urban, U.S. cities., Black mothers are continuing to suffer from pregnancy-related deaths at disproportionate rates. Black women in the U.S. have the same chance of surviving pregnancy or childbirth-related complications as women in Mexico or Uzbekistan (WHO, 2018). High income and education levels in Black women do not serve as a protective factor against pregnancy and childbirth-

related complications and/or deaths. Chronic stress follows African-American women throughout their life course due to stressors in their workplace environment, healthcare system, and living conditions. The chronic stress of being a Black woman in the U.S. takes a physical toll on the human body. Previous research has established a correlation between stress and the weakening of structures within the body's cardiovascular, immune, and digestive systems, amongst other organ systems. Thus, an increased risk for infection and chronic diseases disproportionately affects African American communities.

Perinatal and postpartum maternal health:

Stress and hypertension serve as great risk factors for complications in pregnancies amongst Black women. Throughout the course of pregnancy, chronic conditions can be managed through public health programs and interventions. However, research by Ward et al. (2009) found that many Black women also have undiagnosed mental health issues. According to Ward et al. (2009), stress from work or working multiple jobs, income levels, home environment conditions, geographical location, and limited access to quality food and healthcare could have an effect on mental health issues in African American women (Ward, 2009). Although racial microaggressions in everyday life cannot be controlled for, Black women can improve their health outcomes by seeking mental health treatment throughout their pregnancy. Access to mental health services is important because the complications and risks of a pregnancy do not end after childbirth. Therefore, maternal health care holds just as much value after the pregnancy is complete. Providers must place importance on the biological needs of Black mothers who struggle with issues of postpartum depression, hypertensive disorders, and heart failure. Lack of mental health treatment can have an impact on overall health conditions in Black women by potentially exacerbating preexisting health conditions or leading to more adverse outcomes

throughout a mother's pregnancy and/or childbirth experience. Further evidence-based research needs to be conducted to determine an association between poor perinatal mental health conditions and maternal mortality.

Perinatal Mental Health and its effect on Maternal Health and Mortality:

Perinatal mental health should be treated as a significant risk factor for maternal mortality. The mental health status of the mother is important for the sake of her own health outcomes but also for the effect it has on the health of her baby and surrounding family unit. According to the World Health Organization, the term perinatal refers to the time period 22 weeks of gestation to seven days post-childbirth (WHO, 2018). Antenatal is a synonym for prenatal, referring to the course of pregnancy. If the mental health of the mother is comprised, this can take a toll on the parenting and nurturing of a newborn. According to the Agency for Healthcare Research and Quality (AHRQ), depression is the most common perinatal health symptom, and moreover, postpartum depression affects 1 out of 9 women (AHRQ, 2005). Many people believe postpartum depression is a natural response to a major, life changing event in a woman's life. However, research claims that symptoms of postpartum depression are more intense and last longer than normal "baby blues" (CDC, 2018). In many women, perinatal mental health disorders are a precursor for postpartum depression. Moreover, perinatal mental health disorders can lead to negative outcomes for the physical health of the mother and baby. For an example, pre-eclampsia, lower birth weight infants, and pre-term babies may all be caused by antenatal depression. Black women are at a 60 percent greater risk for developing pre-eclampsia than White women (Fingar et al., 2017). Any type of prenatal stress can negatively affect the fetal development of the baby which could affect the health of both the baby and mother (Mental Health America, 2018). It is also more likely to affect women with comorbid health complexities

such as diabetes, cardiovascular disease, and hypertension. As the child grows, he or she could struggle with their emotional and cognitive development as a result of untreated mental health issues in the mother (Watson et al., 2019).

Perinatal Mental Health Outcomes in Black Women:

According to a recent study, the authors found that women from minority groups face a greater risk of developing mental health problems (Warson et al., 2019). This is largely contributed to the depiction of mental health issues within their respective cultures. Minorities may face a higher burden of mental health disorders due to issues such as social isolation, discrimination faced in workplace settings, and inequity in access to care (Anderson et al., 2017). Barriers in receiving access to care could include lack of awareness and beliefs about mental health disorders, stigma about mental health within their communities, use of alternate coping strategies, and lack of culturally sensitive health services or discriminatory attitudes of health care providers (Watson et al., 2019). In the United States, 25% of African American women were diagnosed with a mental illness (Ward et al, 2009). Yet, only 40% of American women seek help for mental health illnesses with African American women compromising even a smaller percentage of those seeking treatment. Ward et al.'s (2009) study concluded that treatment-seeking barriers include "lower income, poor health, multiple role strain, and the "double minority status" of race and gender" (Ward et al, 2009). According to Matthews et al. (2005), African American women try to maintain the cultural stereotype of the strong black woman. Therefore, in order to live up to this image, they do not view mental health illness as an imminent health threat, and thus, avoid any perceived shame in seeking professional help. Additionally, due to many longstanding structural and racial biases targeting Black Americans, there is cultural mistrust against the U.S. healthcare system (Whaley, 2001). Several studies have

shown that this mistrust often leads to avoidance in treatment because African-American women feel their symptoms are minimized or dismissed by their healthcare providers (Alivdrez, 1999). From this review of literature, a greater insight into African American women's beliefs, coping behaviors, and other sociocultural barriers to seeking mental health services will be examined.

Mental Health Service in Philadelphia:

According to Mental Health America (2018), the screening of perinatal mood and anxiety disorders is beneficial to the health of an expecting mother through the course of her pregnancy and up to the first twelve months, post-childbirth. However, the report also stresses the importance of follow-up for mental health services. The most common screening method for depression is the Edinburgh Postnatal Depression Scale (EPDS).

In a recent case report done over a span of 15 years, the authors examine the lack of progress in Philadelphia's health care delivery to expectant mothers. Philadelphia, Pennsylvania is the 5th largest urban city in the United States. The report states that the number of women who received no antenatal care during their first trimester of pregnancy increased between 1997 and 2011. Although all racial groups exhibit this increase, non-Hispanic Black women experienced the steepest increase in rates. If this trend continues into the year 2020, the authors predict that 72% of non-Hispanic Black women in the Philadelphia area are projected to not receive antenatal care during their first trimester. The case report also notes that a shortage of maternity wards due to closure of hospital units has led to a decrease in access to care.

Methods:

<u>Design:</u>

This study will use a meta-analysis design to systematically review literature on the topic of perinatal mental health of Black mothers and its subsequent effect on the health outcomes of

their pregnancy and/or childbirth. This study aims to determine the structural and individual level barriers in receiving prenatal mental health care, including social disadvantages, cultural influences, and systemic biases. By a conducting a meta-analysis, this study will examine current and/or developing research to determine the factors surrounding negative health outcomes of expectant Black women, specifically within the Philadelphia area. Lastly, this search strategy will lead to possible associations between poor perinatal mental health treatment and its negative impact on postpartum maternal and infant health.

Materials:

Through databases such as PubMed, Google Scholar, MEDLINE, and Embase, I will be searching peer-reviewed articles within the years 2005-2019 to ensure the material is current or still relevant to the topic of interest. In order to select pertinent articles which are beneficial to the review, I will be searching for the following keywords: perinatal depression, perinatal mood and anxiety disorders, postpartum depression, African American mental health, Philadelphia mental health, and maternal mortality. Since there will be no human subjects interviewed, this study will not need an IRB review.

Results:

Coping Mechanisms against Perceived Racial Discrimination:

Black women living in the United States are at a unique intersection of racial and gender oppression (West et al., 2010). When dealing with perceived racial discrimination (i.e. perceptions of negative treatment due to race), Black women either use problem-focused or avoidant coping styles (West et al., 2010). Problem-focused coping directly addresses the source of stress and works toward actively changing the outcome. Avoidant coping tries to suppress any emotions that result from a stressful situation. Instead of trying to confront the problem, an

individual may try to suppress their emotions, isolate themselves, or seek comfort in health-damaging activities such as drugs and alcohol. In West et al.'s (2010) article, the authors examine how these two different coping styles affect the relationship between perceived racial discrimination and its effect on the mental health of Black women, specifically studying depressive symptoms. They found that problem-focused coping mechanisms are beneficial in decreasing the effect of racial discrimination on depressive symptoms (West et al., 2010). On the other hand, Black women with high levels of avoidant coping display a positive association between racial discrimination and depressive symptoms. This means that avoidant coping is not an effective strategy in dealing with racism. Therefore, Black women who actively seek emotional support whether through surrounding social networks, formal psychoeducation, or a general prioritization of mental health had lower levels of depressive symptoms.

Unfortunately, racism has perpetuating effects that permeate beyond the individual level. Even if a Black woman is not the direct target of discriminatory actions, she may experience racism at interpersonal, institutional, cultural, and multiple other societal levels (Brandolo et al., 2009). Environmental conditions associated with racism such as poverty, neighborhood violence, and neighborhood segregation can have short term and long-term effects on the health conditions of a Black woman. An accumulation of racism-related stressors throughout a woman's life can lead to poor physiological conditions which can be increasingly dangerous for an expecting mother. According to Mitchell & Ronzio (2011), within the African American population, an increasing number of negative and traumatic life events such as a history of abuse and witnessing community violence leads to an increase in symptoms of depression and anxiety. The living conditions associated with racism limit the amount of healthy coping resources and strategies.

Thus, coping strategies may need to be adjusted depending on the individual's situation and throughout their lifetime.

Racial Identities as Protective Factor against Race-Related Stress

Overtime, the exposure to race-related stress negatively affects cardiovascular health and overall physiological well-being. In Jones et al.'s (2007) article, the authors studied the impact of race-related stress and racial identity attitudes on mental health among Black women. Supporting the extensive research on the negative effects of race-related stress on mental health, the study also found that there was a strong correlation with racist stress events and depression (Jones et al., 2007). The authors also concluded that multiple cultural identities serve as a protective barrier against the negative mental health impact of racially charged stressors, particularly against depression (Jones et al, 2007). A Black woman who identifies with multiple roles such as gender, sexual orientation, and social group is less likely to feel the impact of negative mental health outcomes because she might give more importance to other aspects of her identity. However, belonging to multiple disadvantaged groups may lead to additive layers of discriminatory stress that negatively impacts mental health. For an example, a Black woman who identifies as a lesbian may experience greater experience as a member of multiple disadvantaged groups. On the other hand, her multiple identities could serve as a mediating effect between racial microaggression and psychological well-being (Forrest-Bank & Cuellar, 2018). Moreover, Mitchell & Ronzio's (2011) study found that mothers with a strong sense of ethnic identity experienced fewer depressive symptoms when coping with some level of community violence (Mitchell & Ronzio, 2011). Stronger ethnic identities are associated with a greater connection to African American cultural norms such as spirituality and togetherness that help them actively cope with stress due to negative life events and community violence (Mitechell & Ronzio, 2011).

Additionally, this study found that emotional resilience and a large network of social support could be used as intervention methods to prevent and treat symptoms of depression and anxiety.

Specific to the perinatal period, rates of perinatal depression are substantially higher in African American women. This demographic is especially vulnerable with rates of perinatal depression estimated to be between 7% and 28% (Lara-Cinisomo et al., 2018). However, despite developments in screening tools and public health efforts to increase rates of diagnosis, the detection of perinatal depression continues to be low among African-American women. According to Lara-Cinisomo et al. (2018), previous research has explored stigma and lack of psychoeducation about PDN to explain these disparities (Lara-Cinisomo et al., 2018). Yet, not enough of research has been done to consider the simultaneous effects of multiple factors. For an example, although previous research has proven that stigma negatively influences treatment-seeking behaviors, there is no background on the effectiveness of psychoeducation measures.

Perception of Mental Health and Mistrust of Healthcare System:

According to Dr. Alfiee M Breland-Noble (2004), longstanding cultural mistrust against American institutions and systems exists among the African-American population. Due to years of oppression, including discriminatory and unethical medical practices against members of their community, most Blacks have low levels of faith in healthcare professionals to accurately diagnose their pressing health concerns. These perpetuating beliefs could be a reason why Blacks are less likely to use professional healthcare services. The author also notes a difference in the way Blacks perceive mental health care when compared to their White counterparts. In 2002, the Unequal Treatment report was released which documented empirical evidence of "widespread disparities faced by people of color in interactions with the health service system in general and mental health system in particular" (Breland-Noble, 2004). The report details how Blacks are not

sufficiently treated with appropriate psychotropic medications. However, they are more frequently hospitalized involuntarily when compared to the White demographic. The report also notes evidence of disparities even when controlling for "socioeconomic status, severity of illness, and insurance status" (Breland-Noble, 2004).

In order to better understand the barriers related to treatment-seeking behaviors, Leis et al. examined the perception of mental health and the use of mental health services in perinatal African-American women of lower socioeconomic standing. It is well-established that perinatal depression and perinatal mood disorders is more prevalent in perinatal women of African-American background and among women of lower income. Tangible barriers such as accessibility, cost, and availability of mental health services has been the focus of most research studies. However, it is not well understood why treatment-seeking behavior is lowest amongst the groups that require it the most. Leis et al.'s (2011) study found that perinatal women were disinclined to seek mental health services because of a general mistrust in behavioral health specialists like psychiatrist or psychologist. The biggest fear was that providers would be quick to prescribe psychotropic medications as the first line of treatment. In Leis et al.'s (2011) study, the participants generally felt an aversion to psychotherapy because they did not believe it directly changed their situation. Similarly, psychotropic medications such as antidepressants were perceived as dangerous the health of the mother and baby. There was a major concern about the side effects of psychotropic medications that seemed to outweigh the benefits, especially when considering the health of their child. Also, a related reason is that providers would rush to make a diagnosis instead of attempting to understand the patients' concerns (Leis et al., 2011). Moreover, it is difficult for patients to open up to their providers because they do

not expect them to relate to their experiences. Thus, many African-American find a greater sense of empathy from family or community members who could relate more easily.

Additionally, many African-American women have concerns of confidentiality. Women of lower-income especially fear they will lose their child to Child Protective Services or they will be unable to apply to jobs if they express depressive symptoms to their provider. Overall, perinatal African-American women in low-income, urban communities hold an unfavorable view of mental health care providers and mental health care treatment options. More recently, new research indicates that perinatal women would prefer to be treated for depressive symptoms in primary care settings such as obstetrics rather than specialized, secondary care settings (Goodman, 2009). Community-based programs such as home-based "mobile" therapy could provide a more feasible alternative to behavioral health specialist (Dauber, 2017). In home-based therapy, behavioral health services are available within the comforts of a mother's home.

Alternatives to Mental Health Services in Faith Communities:

For many African American women, church and support groups within faith communities serve as an alternative to mental health services. According to Taylor et al. (2000), 9 out of 10 Black Americans "view church as fulfilling multifaceted roles in black communities and having a positive influence in their lives" (Taylor, 2000). Specifically, the role of the minister influences the delivery of mental health services. Ministers are the 'gatekeepers' to professional mental health services (Taylor, 2000). Often, they are the first and only formal leaders of an established institution that an individual may encounter. The cost of mental health services is considered a significant, tangible barrier to many African Americans. Since ministers and clergy offer their services free of charge, many individuals find lack of treatment expense to be more appealing through this alternative form of mental health care. Moreover, ministers provide a direct pathway

to treatment whereas mental health professionals are usually accessed through a consultation or referral, so they add another barrier in seeking care. Usually, ministers have longstanding relationships with regular churchgoers which gives them the advantage of having established rapports with their clients (Taylor, 2000). The disadvantages of using clergy in lieu of formal mental health services is that most of them do not have adequate training or knowledge about the different forms of mental health disorders and the severity of their respective symptoms. Ministers tend to have a biased religious perspective, and therefore, they tend to underestimate the severity of the issue or are unable to recognize warning signs (Taylor, 2000). A large majority of ministers and clergy are unfamiliar with the types of services offered at community health centers because they lack the formal education. Thus, only 10% of clergy will directly refer their community members to mental health professionals for more specialized care (Taylor, 2000). In the larger Philadelphia area, churches play a central role in health care service delivery through church-based programs and other formal service agencies. Typically, the larger the congregation size, the greater the number of resources and financial support, and thus, the more expansive the development of church-based programs. However, most healthcare services that are offered through community health programs address somatic body conditions. Churches within the Philadelphia area show a significant lack of mental health services and/or formal education about the importance of mental health. Along with the congregation size of Black churches, the religious beliefs, extent of formal education, and age of the clergy could be contributing factors associated with the delivery of mental health care services in Philadelphia.

Discussion:

Throughout the past few decades, improvements have been made in increasing access to mental health services and raising awareness for warning signs in school settings and within

various at-risk communities. Also, the establishment of national hotline and crisis call services have helped veterans and young adults in crisis. In 2010, the expansion of Medicaid, through the Affordable Care Act, increased coverage to allow a great number of individuals to receive benefits for mental illness and addiction treatment. However, despite all these efforts, mental health disorders are a pervasive health risk within the African-American community. They are especially detrimental to the health outcomes of a pregnant woman as proven by the upward trend of maternal mortality in Black mothers in the United States. Therefore, healthcare providers should play a more ongoing and active role in the prevention and treatment of perinatal mental health disorders, giving it as equal importance as the management of other chronic health conditions. Primary care physicians should not be negligent in the care of mental health when caring for the physical health of the mother and child. According to Dr. Nash, our health care system separates physical and behavioral health care which presents itself as a barrier in access to treatment (Clarke et al., 2016). It not only presents itself as a financial barrier to appropriate care, but it also makes it difficult to coordinate care between primary care physicians and expertise specialists who provide services such as psychotherapy. For an example, almost 25% of primary care visits are reported to involve depression, but not enough primary care physicians have the appropriate level of training to diagnose and adequately treat common behavioral health conditions (Clarke et al., 2016). In addition to there being a shortage of behavioral health specialists, they are often concentrated in urban cities, adding to the complexity of access to care in rural settings (Clarke et al., 2016). Additionally, since postpartum depression disproportionately affects the low-income demographic, more importance must be given to provide outpatient services for at-risk Black women who may be living in poverty or who may lack insurance or financial means to access care. For an example, future research should study

the effectiveness of home-based "mobile" therapy and other social service agencies that deliver mental health services within the comforts of a mother's home. A Black woman who is experiencing mild perinatal mood disturbances is highly unlikely to seek a behavioral health service as their first line of treatment. For women who do not require psychiatrists or other specialized care, the healthcare system should accommodate the health concerns of mothers at all stages of perinatal mood depression (Maternity Care Coalition, 2012).

Along with an increase in access to treatment, there is definitely room for improvement in the existing quality of care that is offered by health care professionals. Even though most patients with depressive symptoms are referred to behavioral health specialists, they often only have the most minimal level of training on treatment of depression because of the lack of continuity of care. Moreover, only half the patients who are discharged return for a follow-up outpatient visit within the first week of discharge because of the many barriers to perinatal depression services (Bickley et al., 2013). An exacerbation of symptoms, misdiagnosis, or incomplete treatment are all problems that could arise from lack of continuity of care. Many findings have determined that depressive symptoms are missed in almost half of pregnant women, and furthermore, there is a lack of consistency in formal means of screening and specific questioning (Muzik & Borovska, 2010). In order to reduce the effect of depressive symptoms and other symptoms associated with perinatal mood disorders, future policies should aim to bridge the gap between physical health care (e.g. family medicine, internal medicine, OB/GYN, pediatricians, etc.) and behavioral care specialists. For an example, the implementation of health technologies such as electronic medical records (EMRs) could be a formal method of screening as well as a cost-effective tool. Recently, the Patient Health Questionnaire (PHQ-9) was incorporated into the EMR which screens for depression and quantifies the score into a numeric

value. This allows immediate feedback for individuals who may present with an abnormal score. Ultimately, physicians can reduce the risk of poor health outcomes in pregnant Black women by sharing health information with other providers more efficiently.

Other preventative measures include an increased effort towards understanding the social stigma associated with seeking mental health support that prevents individuals from receiving the care they require. Healthcare providers should work to build relationships with different communities in order to help better shed light on common behavioral health issues. Specifically, within the city of Philadelphia, there is a significant lack in formal mental health services offered to churches and other religious institutions. Since church plays a central role in the Philadelphia African-American community, a greater accommodation of faith-based needs should be assessed and then incorporated into existing programs. Also, it could be beneficial for physicians to ask about Black women's experiences with perceived racial discrimination. An attempt to assess their coping behaviors can provide insight about potential depressive symptoms. Particularly, if they are using avoidant coping to deal with outside stressors, it is important for the clinician to offer other treatment interventions that could be more effective than disengaged problem-solving methods. Incorporation of alternative treatments such as home visiting programs and perinatal depression services in religious settings will aid in destigmatizing mental health in African-American communities. Lastly, in order to develop further interventions, at-risk individuals with an increased risk for mental health issues from race-related stress should be identified. Multicultural identity could potentially serve as a protective psychosocial barrier in addition to spirituality and social support. Future research should look into the combined effect of spirituality, racial identity attitudes, and social support as additive layers of protection against race-related stress and discrimination.

Conclusion:

In conclusion, while there is current recognition of the need to address perinatal mental health disorders in African-American women, there is significant room for improvement. In addition to a need for more behavioral health specialists, improvements in existing resources can be made by placing a greater role in the primary care setting to assess and treat individuals with perinatal mental health conditions. In order to achieve this, policymakers should implement the use of a systems-based approach which integrates various sectors of the health system to coordinate the management of care for at-risk patients. Increased "points-of-entry" or more non-behavioral health clinical specialists would allow for greater detection, diagnosis, and paths for referral for expectant mothers with mental health issues. Treatment of depression and identification of other common comorbid conditions has the potential to decrease the risk of maternal mortality in African-American women. Additionally, support from the community could help in understanding gaps in knowledge and attitudes of perinatal women in different at-risk groups within the African-American community.

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