

**The Discovery of Postpartum Depression in High-Risk Populations**

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Postpartum depression (PPD), also described as perinatal depression, is a critical mental health condition that significantly impacts childbearing mothers. PPD is a major depressive disorder that can negatively affect both maternal and child development outcomes. Although all mothers should be screened and could be vulnerable to this condition, specific populations face a higher risk due to the lack of social support, health discrepancies, social stigmas, and cultural beliefs, causing a delay in diagnoses and treatment. Early identification and culturally sensitive nurse-led interventions are crucial to addressing these discrepancies. Thus, it is essential for high-risk populations, such as low-income and minority mothers, to receive evidence-based practices, including recommended screenings during and after pregnancy and nurse-led education to create and identify effective treatment for PPD.

According to Khadka et al., (2024) the prevalence of PPD is known to be around 13%, which makes it one of the most common adverse pregnancy outcomes in the United States. As stated previously, PPD refers to a major depressive disorder in which depressive symptoms last 2 weeks or longer after childbirth. Due to the rapid decrease in serum estrogen and progesterone levels after birth, a vast number of chemical changes occur, resulting in significant mood changes that impair the mother-newborn dynamic (Park-Chapman, 2024). This may include crying more than usual, severe anxiety or panic attacks, doubtfulness about caring for the newborn, insomnia, and disconnection with the newborn. The common risk factors associated with PPD include high maternal age, a history of depression, gestational diabetes, and unwanted or unplanned pregnancy (Kroska & Stowe, 2020). While PPD can affect all childbearing mothers, there have been studies conducted to develop the understanding that women of color

and those living with a lower socio-economic status have higher risks and rates of a PPD diagnosis.

Race and ethnicity play a vital role in the discovery of PPD diagnoses. Based on the Baby's First Years study, it was found that Black women were 69% more likely to have a positive screening for PPD, compared to White women (Lau, 2023). A blog entitled "Postpartum Progress" was created by Katherine Stone, and it includes a series for women of color to share their personal experiences in their postpartum journey. In a qualitative research study, these blog posts written by Black and Hispanic women were reviewed and analyzed to determine the direct causes of their high-risk acuties (Beck, 2022). One theme that stood out was how cultural stigmas can be a hindrance to receiving care for mental health. For example, Black women would keep secrets about their PPD to prevent shame and embarrassment from their culture of being labeled as crazy (Beck, 2022). Hispanic women would describe how they would become hesitant about expressing their symptoms of depression to prevent being seen as ungrateful for motherhood (Beck, 2022). Another theme discussed in the blogs was additional barriers to seeking professional help for PPD. This included having a difficult time trying to navigate healthcare services, having a lack of transportation, having a fear of discrimination, and, most importantly, having mistrust in healthcare professionals due to previous experiences (Beck, 2022). Both the Hispanic and Black mothers discussed how they felt like another statistic and were not taken seriously in previous visits. They expressed how healthcare providers would not take the time to understand their situation and show a sense of support (Beck, 2022). Thus, it is important to understand that stigmas, lack of support, discriminatory practices, and other barriers can be detrimental factors and play an important role in the underdiagnosis and lack of treatment regarding women of color who experience PPD.

Regarding low-income mothers, studies have shown that poverty can increase the likelihood or intensify the symptoms that women with PPD experience (Lau, 2023). Their outcomes are determined by social determinants of health (SDOH) that include living in underprivileged neighborhoods, lack of access to education or health care, a low rate of healthcare screenings, the lack of social support, and the presence of physical comorbidities (Lau, 2023). These women are less likely to receive adequate screenings and treatment measures due to their experiences with unemployment, a lower income, or having to struggle daily with economic hardships. Again, based on the study of Baby's First Years, those who did not have to worry about their daily expenses or having economic disparities were 73% less likely to screen positive for PPD (Lau, 2023). This shows that this population is at extreme risk of developing the condition and it is essential for them to receive the recommended screening measures to prevent the unwanted measures that could come with PPD, such as having less attachment and an unconventional relationship with the infant, or the infant could develop poor cognitive development and social engagement (Norazman & Lee, 2024).

Routine screening is one of the most essential interventions used to encourage early identification and care of PPD. The American College of Obstetricians and Gynecologists developed new recommendations to have the mother screen for PPD a minimum of twice in pregnancy, which includes the initial prenatal visit and later visits (Moore Simas & Byatt, 2023). It is also recommended to have additional screenings at pediatric well-visits during the first 6 months postpartum (Hawkins, 2023). As screening abilities are determined by healthcare and insurance access, the Centers for Medicare and Medicaid Issues passed a federal policy guideline that ensures Medicaid coverage for maternal or caregiver screenings for PPD during their child's well-visits (Hawkins, 2023). A common and well-versed screening tool that is used is the

Edinburgh Postnatal Depression Scale. This scale is self-administered, has 10 items, and includes a section on self-harm to help determine the severity of the mother's PPD if indicated (Hawkins, 2023). Another validated tool used is the Patient Health Questionnaire. This questionnaire is also self-administered, has 9 questions, and includes a self-harm section. A score of 10 or higher indicates a positive screening and requires further evaluation for a proper diagnosis (Moore Simas & Byatt, 2023). These universal screenings are a great way to ensure that these populations do not feel a bias against them or feel discriminated against due to the continuous routine of each screening. Early detection and suspicion ensure that high-risk mothers receive adequate treatment measures to prevent worsening symptoms of the disorder.

In terms of treatment considerations, psychotherapy and pharmacology are common sources. Psychotherapy is considered the first-line treatment and helps treat any severity of symptoms. Cognitive behavioral therapy (CBT) can be used as a short-term and long-term method to promote mindfulness, change responses to certain situations, and address dysfunctional behaviors associated with PPD (Kroska & Stowe, 2020). In the previous blog, women of color would admit to seeking help through their family members or friends rather than a medical professional (Beck, 2023). They would rather confide in someone who has previous experience of PPD, in fear of being misunderstood and the lack of expressing culturally appropriate care. This shows that it is important for healthcare professionals to perform culturally appropriate care so that these women feel comfortable describing their experiences and promoting their well-being. The other option of pharmacology is also widely used. SSRIs and SNRIs are typically the most used medications as they are highly effective. However, they do take 4-6 weeks to allow for symptoms to improve (Moore Simas & Byatt, 2023). It is found that Mexican adolescent mothers tend to go through the nonpharmacological route for treatment due

to the fear of the medications negatively impacting their infant or their abilities to take care of the infant (Beck, 2023). Nurses need to provide critical information to these mothers to ensure that they can feel understood, feel heard, and gain important knowledge about PPD.

Nurses serve a required role to provide adequate PPD education to all mothers, especially those who are high-risk. The lack of mental health literacy can also be seen as a barrier for them to become diagnosed and treated for PPD (Lewis, 2020). However, for these women to receive the necessary information, nurses need to become knowledgeable themselves to help lead to early identification of PPD. A study of 26 perinatal nurses was conducted to evaluate their knowledge of PPD. A pretest and a posttest were provided, and the mean score of the pretest was 68%, while the posttest results were 94% (Lewis, 2020). These findings showed that nurses are more likely to initiate and provide education to postpartum mothers when their knowledge about PPD is increased. Their education should include postpartum warning signs, symptoms, risk factors, diagnosis, treatment, screening recommendations, and additional resources (Lewis, 2020).

It is also important for nurses to be knowledgeable about different cultural preferences regarding treatment in order to decrease stigmas and promote mental health literacy. Religion and spirituality can have a great influence on these mothers, and it is important to address those preferences (Norazman & Lee, 2024). For example, Black and Hispanic women tend to turn to prayer and attend church to cope with their PPD experiences. This is due to PPD being seen as a weakness and only being able to be overcome through the act of prayer (Beck, 2023). Providing education in community settings could help promote access to PPD education. The church is a great measure to address the Black and Hispanic population, even the low-income population, about their risks, self-help interventions, and other information, because spirituality plays a big

role in their lives (Beck, 2023). Including cultural concepts into the plan of care, such as care, provides a holistic approach to these mothers and shows them that they are cared for, important, and are more than deserving of receiving adequate care in the healthcare system.

In conclusion, postpartum depression is a critical disorder that continues to be underdiagnosed and undertreated in high-risk populations. Routine screenings and nurse-led education are essential for these women to receive adequate treatment, reduce stigmas, and promote the well-being of the mothers and children. The continuation of education for nurses ensures that they are confident in providing education to the mothers. It also helps them recognize cultural differences and address them individually to ensure the mothers do not feel discriminated against or misunderstood. The early detection in these high-risk populations are crucial to help decrease the detrimental effects that are associated with PPD.

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