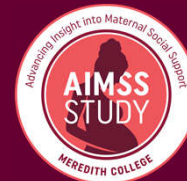


Importance of Patient-Provider Racial Minority Concordance in Postpartum Depression Screening

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Background

It is essential to identify pregnant women who are at greatest risk of developing pre- and postnatal depression in order to best target screening and preventive strategies. Untreated depression adversely affects maternal health outcomes, infants, and relationships with family members. Understanding the role of race and mental health in individual functioning is important, especially identifying barriers to seeking and receiving mental health care intervention.

Prevalence of prenatal and postpartum depression has shown to be higher in mothers who identify as belonging to a racial minority group (e.g., non-Hispanic black and/or Hispanic mothers; Mukherjee, et.al, 2016) and often goes undiagnosed (Shen, et.al, 2010), compared to mothers who are white.

Overall rates of depression screening for pregnant women is low, but is especially low for mothers who identify as racial minorities. Mothers who identify with a racial minority group may feel more comfortable discussing mental health symptoms with prenatal care providers of the same race, therefore, matching mothers with care providers of the same race may be important. Little research has examined how patient-provider racial concordance may affect patient trust and mental health screening rates.

This study examined patient-provider racial concordance and mental health screening during the postpartum period of mothers who self-identified as belonging to a racial minority group.

Methods

Sample:

- A secondary data analysis was performed on de-identified medical records extracted from a multisite obstetrics practice in the southeastern US. for patients who delivered between May 7, 2015 and December 31, 2020 (N=3120).

Measures:

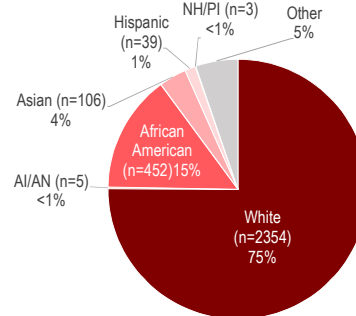
- Patient demographics (patient race, provider race, patient age, relationship status, insurance type)
- Edinburgh Postnatal Depression Scale (EPDS) administered during the postpartum period. Possible score 0-30.

Results

Sample Characteristics: The sample included first-delivery pregnancies; average maternal age was 31.08 (SD=5.01, range 15-57). Regarding race, 2354 women were white while 766 belonged to a racial minority group.

Sample Demographics

Variable	n	%
Racial Concordance		
Discordance	824	26.41%
Concordance	2296	73.59%
Relationship Status		
Partnered	2445	78.37%
Single	675	21.63%
Insurance		
Private/Military	2778	89.04%
Medicaid/Medicare	342	10.96%



A logistic regression examined effects of racial minority status of mothers and their providers on the likelihood of receiving postpartum screening. **Patients were more likely to receive a postpartum depression screening if their care providers were of the same minority status.** There was a significant association between the variables in predicting postpartum screening, $\chi^2(5) = 25.48, p < .001$, Nagelkerke $R^2 = 0.011$.

Logistic Regression Predicting Highest EPDS Score in Postpartum Year

Variable	B	S.E.	OR	95% CI	Wald	p
Maternal age	0.01	0.01	1.01	[0.99, 1.02]	0.31	.578
Racial minority ^a	0.22	0.16	1.24	[0.90, 1.70]	1.78	.182
Patient-provider racial concordance ^b	0.36	0.16	1.44	[1.05, 1.95]	5.25	.022
Relationship status ^c	0.35	0.10	1.42	[1.16, 1.74]	11.47	.001
Insurance type ^d	0.17	0.14	1.18	[0.91, 1.54]	1.55	.213

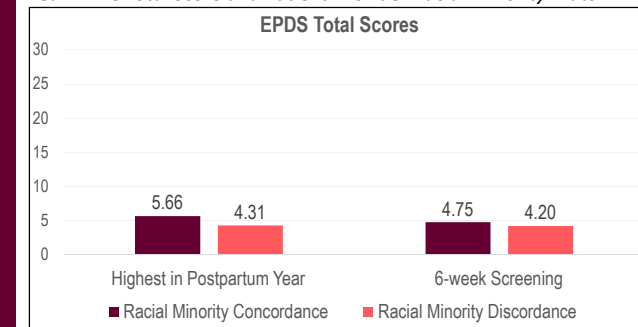
^a Racial minority = 1, white = 0. ^b Patient-provider racial minority matched = 1, no match = 0. ^c In relationship = 1, single = 0. ^d Private/Military = 1, Medicare/Medicaid = 0.

For mothers identifying as a racial minority, there was a significant difference in depression during the postpartum year ($t(396.55) = 2.68, p = .008$, 95% CI 0.28-1.83, Cohen's $d = 0.14$); **mothers belonging to a racial minority group reported greater symptomatology when screened by a provider who was also a racial minority** ($M = 5.66, SD = 5.24$), compared to those who did not share their provider's minority status ($M = 4.60, SD = 4.31$).

Tables/Figures

There was not a significant difference in depression scores at the 6-week postpartum screening ($p = .198$).

Mean EPDS Total Score and Patient-Provider Racial Minority Match



Discussion

Results indicate that racial minority concordance with health providers may be an important factor in

- developing patient trust,
- increased engagement with care providers, and
- honest reporting of depressive symptoms.

Patient-provider racial minority concordance may be a key component to effective screening and treatment of postpartum mood disorders for mothers who identify as belonging to racial minority group.

Further research is necessary to better understand these relationships and how to best meet needs of mothers belonging to racial minority groups.

References

- Mukherjee, S., Trepka, M. J., Pierre-Victor, D., Bahelah, R., & Avent, T. (2016). Racial/ethnic disparities in antenatal depression in the United States: A systematic review. *Maternal & Child Health Journal*, 20(9), 1780-1797. [10.1007/s10995-016-1989-x](https://doi.org/10.1007/s10995-016-1989-x)
- Shen, J. J., Lin, F., & Jackson, T. (2010). Risk of prenatal depression: Differences by race. *Ethnicity and Disease*, 20(1), 35-39. <https://www.jstor.org/stable/48668250>