

Major Life Events and Postpartum Depressive Symptoms Among Black and Latina Mothers: The Moderating Role of Protective Factors

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Background & Significance: Postpartum depression (PPD) is highly prevalent among women within the United States, however, Black and Latina women experience PPD at disproportionately higher rates than their White counterparts. This is especially problematic given that those with poor mental health during the perinatal period are also at a greater risk for poor pregnancy-related outcomes. Less attention has focused on protective factors and how health care practitioners can translate research to practice to improve patient outcomes.

Clinical Question: What is the relationship between major life events (positive and negative) and PPD among a sample of working-class Black and Latina mothers? How do interpersonal resources (family support and doctor support) and intrapersonal resources (sense of control) serve as protective factors that buffer the effects of major life events on perinatal mental health?

Evidence: Current literature on these relationships among Black and Latina women is limited; often studies take a comparative approach (e.g., how do women differ across race/ethnicity) as opposed to looking at within group processes. As a result, the value of these protective factors for women of different races/ethnicities, in the face of significant life changes, is often overlooked in current research (Gennaro et al.,2020; Lara-Cinisomo et al., 2018).

Intervention Implementation: The current project is a secondary analysis of a larger longitudinal study that utilized a mixed-methods approach to examine the experiences of 203 working-class families across the transition to parenthood. The final sample for the current project was 75 Latina and 47 Black mothers.

Evaluation: Data for the current project was collected at three time points (one-month, four months, and one-year postpartum). SPSS Process was used for simple linear regression and moderation analyses.

Results: Results indicated that overall major life events did not predict PPD symptoms; however, experiencing more negative life events did predict more PPD symptoms. Additionally, family support and sense of control were negatively related to PPD symptoms, but doctor support was not directly related to PPD symptoms. Results indicated that higher levels of family support and doctor support (See figure 1) served as protective factors reducing the negative impact of major life events on PPD symptoms. Contrary to our hypotheses, sense of control did not buffer this relationship.

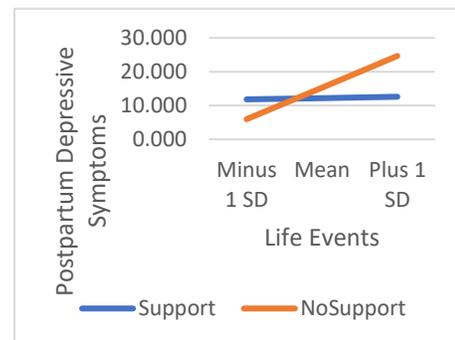


Figure 1. Doctor Support as Buffer of Life Events on Depressive Symptoms

Significance/Conclusion: These findings highlight specific areas for perinatal intervention, aimed at strengthening interpersonal support from family and health professionals that may be protective for women of color amidst significant life changes. This study shows that an expectant mother's clinical team can be a critical form of social support and underscores the importance of focusing on assessment for protective factors during the perinatal period.