The LifeCourse Initiative for Healthy Families (LIHF) is a community-academic collaboration to address disparities in infant mortality in Wisconsin. Wisconsin has the second worst Black-White disparity in infant mortality in the country: from 2011-2015, babies born to Black mothers in Wisconsin were nearly 3 times more likely to die before their first birthday than babies born to White mothers.

Since 2010, community-based Collaboratives have been working to improve birth outcomes by addressing the root causes of these disparities. Data from the Pregnancy Risk Assessment Monitoring System (PRAMS), a surveillance project of the Centers for Disease Control (CDC) and the Wisconsin Department of Health Services, can help illustrate differences in maternal experiences that may contribute to disparities in infant health outcomes and highlight opportunities for action to change these trends.

**Methods:** PRAMS is an annual survey that collects self-reported information from mothers about their experiences before, during, and after pregnancy. This data brief includes 2012-2013 PRAMS data from non-Hispanic Black mothers in the LIHF counties (Kenosha, Milwaukee, Racine, and Rock counties) and non-Hispanic White mothers in Wisconsin urban counties. Throughout the brief, these groups are referred to as “LIHF Black” and “Urban White”.

### The Public Health Impact of Maternal Mental Health

Maternal mental wellness is essential to maternal, infant, and family health and well-being. Maternal mental health affects:

- Maternal physical, social, and emotional health
- Family relationships
- The infant’s future physical, social, and emotional development

The United States Preventive Services Task Force recommends screening for depression among pregnant and postpartum women. The Task Force emphasizes that screening should be accompanied by diagnosis, effective treatment, and appropriate follow up.

Maternal mental health is a priority topic on LIHF’s action agenda because of its influence on the health of mothers, infants, and families, and also because data show that symptoms and risk factors for mental illness disproportionately affect Black mothers. Experience and research also tell us that Black women may face specific barriers to screening and mental health treatment, such as stigma and cultural beliefs, historical trauma, insurance coverage, and other barriers related to accessing health care.

### Depression and Postpartum Depression Symptoms in the LIHF Communities

A pre-pregnancy diagnosis of depression is the number one risk factor for developing postpartum depression. PRAMS data show that a diagnosis of depression before pregnancy is common: approximately 1 in 8 mothers report being diagnosed with depression before pregnancy. There are no significant differences by race.

Postpartum depression, or depression that occurs after childbirth, is also common. The level of postpartum depression symptoms reported is significantly higher for Black mothers in the LIHF counties—Black mothers report experiencing postpartum depression symptoms at nearly 3 times the rate of White mothers.

![Graph showing depression and postpartum depression symptoms](source: Wisconsin PRAMS 2012-2013)
What Mothers Tell Us about Stress and Other Risk Factors for Postpartum Depression

A previous diagnosis of depression is the number one risk factor for experiencing postpartum depression. Major stressful life events before and during pregnancy are also risk factors for developing postpartum depression.

Stressful Life Events

Stressful life events that mothers tell us about through PRAMS include stress related to finances, emotions, partners, trauma, and work. The data show that Black mothers in the LIHF counties are significantly more likely to experience 3 or more stressful life events in the 12 months before delivery than White mothers.

Black mothers in the LIHF counties are significantly less likely to experience 0 stressful life events in the 12 months before delivery.

Other Stressors and Risk Factors

Compared to White mothers, Black mothers in the LIHF counties are significantly more likely to report:

- Experiences of racism
- Feeling unsafe in their neighborhood always, often, or sometimes
- Medical problems during pregnancy

Other stressors that can be risk factors for postpartum depression were not significantly different between Black and White mothers, such as experiencing a miscarriage/stillbirth in the 12 months before pregnancy, or having an infant in the NICU.

Discussing Mental Health in Health Care Settings in the LIHF Communities

Discussions about mental health in health care settings — like well-woman visits, prenatal care, or home visiting settings — are important first steps to identify mothers who may be experiencing mental health symptoms. Among mothers in the LIHF counties who report postpartum depression symptoms:

- 21% report never discussing mental health in a health care setting before, during, or after pregnancy.
- 39% report discussing mental health once in a health care setting before, during, or after pregnancy.
- 40% report discussing mental health more than once in a health care setting before, during, or after pregnancy.

Conclusions: Pre-pregnancy and postpartum depression symptoms are common, and Black mothers in the LIHF counties report high rates of postpartum depression symptoms and stressful life events. There are clear opportunities to improve screening for maternal mental health and ensure that mothers are screened at multiple time points before, during, and after pregnancy. It is essential that screenings are accompanied by timely referrals and accessible, culturally appropriate treatment options. In addition to health care improvements, efforts to reduce stigma and address the social and economic stressors that women in the LIHF communities face will support the well-being of mothers, infants, and families.