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RESEARCH

Clinically Identified Postpartum Depression in Asian American Mothers

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ABSTRACT

Objective: To identify the clinical diagnosis rate of postpartum depression (PPD) in Asian American subgroups (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese) compared to non-Hispanic Whites.

Design: Cross-sectional study using electronic health records (EHR).

Setting: A large, outpatient, multiservice clinic in Northern California.

Participants: A diverse clinical population of non-Hispanic White ($N = 4582$), Asian Indian ($N = 1264$), Chinese ($N = 1160$), Filipino ($N = 347$), Japanese ($N = 124$), Korean ($N = 183$), and Vietnamese ($N = 147$) mothers.

Methods: Cases of PPD were identified from EHRs using physician diagnosis codes, medication usage, and age standardized for comparison. The relationship between PPD and other demographic variables (race/ethnicity, maternal age, delivery type, marital status, and infant gender) were examined in a multivariate logistic regression model.

Results: The PPD diagnosis rate for all Asian American mothers in aggregate was significantly lower than the diagnosis rate in non-Hispanic White mothers. Moreover, of the six Asian American subgroups, PPD diagnosis rates for Asian Indian, Chinese, and Filipino mothers were significantly lower than non-Hispanic White mothers. In multivariate analyses, race/ethnicity, age, and cesarean were significant predictors of PPD.

Conclusion: In this insured population, PPD diagnosis rates were lower among Asian Americans, with variability in rates across the individual Asian American subgroups. It is unclear whether these lower rates are due to underreporting, underdiagnosis, or underutilization of mental health care in this setting.

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Postpartum depression (PPD) is defined as the onset of any depressive episode occurring between 2 weeks and 12 months after childbirth (American Psychiatric Association [APA], 1994; Gaynes, 2005; Sichel & Driscoll, 2002). This well-documented phenomenon continues to be a leading cause of maternal morbidity and mortality in new mothers (Postpartum Support International, 2009). Very little research on PPD has been conducted in different racial/ethnic groups, and there are only a few studies that have included Asian American mothers (Cheng & Pickler, 2009; Dietz et al., 2007; Goyal, Murphy, & Cohen, 2006; Hayes, Ta, Hurwitz, Mitchell-Box, & Fuddy, 2010; Huang, Wong, Ronzio, & Yu, 2007). The lack of Asian Americans in study samples is of concern, given that Asian Americans are among the fastest growing minority populations in the United States (Ong, 2001). The number of Asian Americans, at more than 14.5 million, is projected to reach nearly 34 million by 2050 (U.S. Census Bureau, 2010a). According to 2010 U.S. Census data, 85.1% of Asian Americans belong to one of the six largest racial/ethnic subgroups: Asian Indian (19.4%), Chinese (22.8%), Filipino (17.4%), Japanese (5.2%), Korean (9.7%), and Vietnamese (10.6%), with subgroup population ranging in size from 763,000 (Japanese) to 3.3 million (Chinese) (U.S. Census Bureau, 2010b). Although Asian Americans account for only 4.8% of the total U.S. population, they constitute 13% of California's population. More than 36% of all Asian Americans live in California (U.S. Census Bureau, 2010b).

Given the growing Asian American population in the United States, it is critical for clinicians and health care providers taking care of childbearing mothers to be aware of the rates of PPD in Asian American mothers and to consider the unique culture-specific barriers for reporting PPD symptoms and accessing mental health care services. Previous research has suggested that although Asian Americans are more likely to have

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Postpartum depression is a well-documented phenomenon that continues to be a leading cause of maternal morbidity and mortality in new mothers of all racial/ethnic groups.

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access to health care through employment, they are less likely to seek and obtain mental health care services (Kaiser Family Foundation, 2008). Ta and colleagues (Ta & Chen, 2008; Ta, Juon, Gielen, Steinwachs, & Duggan, 2008) noted that Asian mothers are less likely to obtain help for mental illness, even after controlling for socioeconomic and health insurance status. Women from diverse racial/ethnic backgrounds are less likely than non-Hispanic White (NHW) women to seek help for PPD (S. Chan & Levy, 2004; S. W. Chan, Levy, Chung, & Lee, 2002; Huang et al., 2007; Teng, Robertson, Blackmore, & Stewart, 2007), and among mothers reporting depression, Asian mothers were significantly less likely to receive mental health services compared to NHW mothers (Ta & Chen). Moreover, mental illness is highly stigmatized in Asian cultures, contributing to the underutilization of mental health care services (Chong et al., 2007; Georg Hsu et al., 2008; Huang et al.; Ta et al.; Teng et al.; Wynaden et al. 2005). These factors may contribute to the underreporting of PPD symptoms and/or the underdiagnosis of PPD by health care providers.

Theoretical Framework

Transition theory (Schumacher & Meleis, 1994) provided the theoretical framework for this research. Schumacher and Meleis (1994) defined *transition* as a process that humans experience when faced with life and/or environmental change. Furthermore, an individual's response to a transition is dependent on several factors, including perceptions and expectations of the change, knowledge and skill to handle the change, experience of working through the change, and the individual's level of physical and mental well-being (Chick & Meleis, 1986; Schumacher & Meleis, 1994). The authors discussed several types of transitions, including developmental, situational, and health/illness related that may include changes in health status or relationships, the addition of a new family member(s), and moving from one life phase to another.

New mothers are likely to face all of these transitions during the postpartum period. The transition from a nonparental to parental role requires redefining each person's role in the family. This may be hindered in Asian families as cultural postpartum traditions include a prescribed rest period lasting up to 8 weeks. Several Asian subgroups (e.g., Asian Indian, Chinese, Korean, Vietnamese) believe that new postpartum mothers must rest and remain confined to their homes for a specified period of time. Women in India are advised to remain at home for up to 8 weeks after giving birth, largely to protect the mother and infant from illness and ward off evil spirits (Choudhry, 1997). Chinese mothers have a similar practice of "doing the month," where female relatives take over care and household duties for 30 to 40 days in an effort to ward off disease (Cheng & Pickler, 2009). Korean and Vietnamese mothers are also encouraged to stay at home for an extended period of time after the birth of an infant (Ministry of Health and Welfare, 2007).

The extent to which these practices are extended in immigrant families and specific effects on PPD clinical diagnosis rates is unknown. Although a new mother may want to "parent" her new infant, the prescribed rest period may limit her caregiving duties. Household responsibilities including cooking, cleaning, and taking care of infant needs are generally taken over by other females in the household so the new mother can rest (Choudhry, 1997; Kim-Goodwin, 2003). Additionally, extended family members may accompany mothers to postpartum visits, decreasing the likelihood that depressive symptoms will be frankly reported and discussed with clinicians (Ramaswamy, Shah, & Ahad, 1997).

Transition theory has been used as a guiding framework in several studies examining the human experience of life changes or changes in environment including research focused on developing nursing interventions to support adults recovering from major depression (Skärsäter & Willman, 2006), transition to motherhood in African American women (Sawyer, 1999), and the experiences of Asian and Korean immigrant women going through menopause (Im, 2010; Im & Meleis, 1999).

Background

Postpartum depression affects 10% to 20% of all mothers in Western societies (Centers for Disease Control & Prevention, 2010; Dobie & Walker, 1992; Kumar & Robson, 1984; O'Hara & Swain, 1996). If left untreated, PPD can affect the maternal/child bond (Beck, 1995, 1996a, 1996b), the infant's cognitive development (Beck, 1998),