Maternal Health Needs and Interest in Screening for Depression and Health Behaviors During Pediatric Visits

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ABSTRACT

Introduction: Our aims were to assess postpartum health care barriers; health status (including depression and health behaviors); missed opportunities to discuss maternal health at health visits; acceptability of maternal screening in pediatric settings; and association of these variables with income level and race/ethnicity.

Method: A mail survey was used with names randomly drawn from birth files and balanced for race/ethnicity and income level.

Results: The adjusted response rate was 27.6%, with 41% reporting one or more health care barrier(s), 22% screening positive for depression, and 30% screening positive for alcohol abuse. Women of lower income were eight times more likely than those of higher income to have health care barriers (adjusted odds ratio = 8.15; 95% confidence interval: 3.60, 18.44). Missed discussions of postpartum depression or behavioral health during pediatric or other health care visits ranged from 26% to 79%. Acceptability of discussing topics, including depression, smoking, and alcohol use at pediatric care visits generally exceeded 85%.

Discussion: Postpartum women experienced income-associated barriers to health care and generally had favorable views about maternal screening in pediatric settings. J Pediatr Health Care. (2013) *27*, 267-277.

KEY WORDS

Depression, ethnicity, health behaviors, income, pediatric, postpartum, screening

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Even after recovery from the immediate effects of childbirth, new mothers may have continuing health needs that extend well into the first postpartum year and beyond (Albers, 2000; Cheng, Fowles, & Walker, 2006). In a pivotal article, Kahn and colleagues (1999) showed that roughly two thirds of mothers taking young children ($\leq$ 18 months) to pediatric visits in the Boston area had one or more maternal health conditions, such as depression, or worrisome behaviors, such as smoking (Kahn et al., 1999). Despite these maternal needs, almost 40% faced financial, structural, or functional barriers to comprehensive health care. In addition, almost 30% facing at least one barrier had at least one unmet health need. These findings are of concern because depressive symptoms and less healthy maternal behaviors are related to poorer infant health, and less favorable growth, development, and adjustment of young children (Gress-Smith, Luechen, Lemery-Chalfant, & Howe, 2011; Kahn, Zuckerman, Bauchner, Homer, & Wise, 2002; Preski & Walker, 1997).

Recognition of the impact of such unmet maternal health needs on women themselves, their children, and future pregnancies has led to various approaches to address these needs (American Academy of Pediatrics, 2003; American College of Obstetricians and Gynecologists, 2006; Atrash et al., 2008; Earls & The Committee on Psychosocial Aspects of Child and Family Health, 2010; Feinberg et al., 2006; Kim et al., 2011; Lu et al., 2006; National Association of Pediatric Nurse Practitioners [NAPNAP], 2011; Segre, Brock, O'Hara, Gorman, & Engeldinger, 2011; Segre, Stasik, O'Hara, & Arndt, 2010). Among such approaches is expanding the scope of care provided in pediatric settings. For example, the American Academy of Pediatrics (2003) has advanced the concept of "family pediatrics," wherein pediatric care providers engage in parental screening and make referrals for follow-up services. Pediatric approaches may be especially salient in situations where mothers of young children seek care for their children but have barriers to or unrecognized needs for their own health care.

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In a pediatric care setting, screening for depressive symptoms and maternal smoking are aspects of maternal health that are of particular interest because of their prevalence and implications for child health and development. During the first 3 months after childbirth, estimates indicate a prevalence of approximately 19% for combined cases of major and minor depression (Gavin et al., 2005). More broadly, Kahn et al. (1999) used a validated screening tool for depressive symptoms and found that 39.6% of women in an economically diverse sample with children younger than 19 months screened positive for depression. Maternal depressive symptoms have been associated with a number of adverse effects on young children, including developmental and behavioral problems (Civic & Holt, 2000; Kahn et al., 2002; Petterson & Albers, 2001). With regard to smoking, the median prevalence of smoking among reproductive-age women is 22.4% (Maurice, Kahende, Trosclair, Dube, & Husten, 2008). Maternal smoking contributes to environmental tobacco smoke and has been linked to a number of health problems in young children, including sudden infant death, asthma and respiratory problems, middle ear infections, and behavioral problems (Cook & Strachan, 1999; Kahn et al., 2002). Two other maternal behavioral areas (Kahn et al., 1999), alcohol abuse and ineffective family planning resulting in unintended pregnancy, are associated with less nurturing and more adverse parenting environments for children (Gipson, Koenig, & Hindin, 2008; Richter & Richter, 2001).

Kahn et al. (1999) showed that the acceptability of screening mothers for health conditions or health behaviors with pediatric relevance was high; more than 85% of mothers indicated they "would welcome or not mind" discussions with pediatric staff about health conditions such as depression or health behaviors. Screening for maternal depression, in particular, has gained increasing prominence (Chaudron, Szilagyi, Campbell, Mounts, & McInerny, 2007; Earls & The Committee on Psychosocial Aspects of Child and Family Health, 2010). Still, exploring maternal health needs beyond depression (e.g., health behaviors) and acceptability of maternal screening in pediatric settings from the standpoint of income or racial/ethnic differences have received less attention. In addition to screening, referral to appropriate health services is also essential because mothers may lack either insurance coverage or a usual source of care (Kahn et al., 1999).

PURPOSE

Our aim was to determine the occurrence of barriers to health care, postpartum health needs, and acceptability of screening in pediatric settings in a mid size Texas community and to examine if disparities occurred by income status (indexed by Medicaid or private insurance coverage for childbirth) or race/ethnicity (White/Anglo, African American, or Hispanic). To do so, we replicated portions of the study by Kahn and colleagues (1999) using a mail survey and extended this earlier work by specifically addressing racial/ethnic and income disparities, which were only indirectly addressed by Kahn and colleagues. The study specifically addressed the following key questions:

1. What health care access barriers, health status (e.g., depressive symptoms), and unhealthy behaviors (e.g., smoking or alcohol abuse) do mothers of young children report, and do these differ by income level or race/ethnicity?
2. To what extent do mothers report missed opportunities in health care settings to discuss health behaviors or depressive symptoms, and do these missed opportunities differ by income level or race/ethnicity?