

Background

- Mental health challenges in the perinatal period are associated with increased risk for adverse maternal and infant outcomes.¹
- During COVID-19, economic concerns and pressures were demonstrated as risk factors for depressive and anxiety symptoms during the perinatal period.²
- Individuals in the perinatal period reported higher levels of depression and anxiety during the COVID-19 pandemic compared to before the pandemic.³
- The COVID-19 pandemic exacerbated existing socioeconomic disparities in health outcomes.⁴

Research Question

Does the prevalence of depression and anxiety differ between low and high socioeconomic status (SES) individuals in the perinatal period during the COVID-19 pandemic?

Methods

Study Population:

- Delivered an infant between June 10, 2020 and September 30, 2021
- High SES Cohort: Individuals who delivered at Woman's Hospital (n = 1,653)
- Low SES Cohort: Louisiana WIC recipients recruited through Pennington Biomedical Research Center (n= 336)

QUANT – Survey

- Demographics
- EPDI to assess depression⁵
- GAD-7 to assess anxiety⁶
- Mental health, delivery/perinatal healthcare, pandemic experiences
- n = 1,989

QUAL - Structured interviews via Zoom

- Questions related to pandemic changes, mental health and risk factors
- 20 individuals (10 White and 10 Black) who completed the survey from each group and agreed to further contact

Figure 1: Study Design: Explanatory sequential mixed methods study.

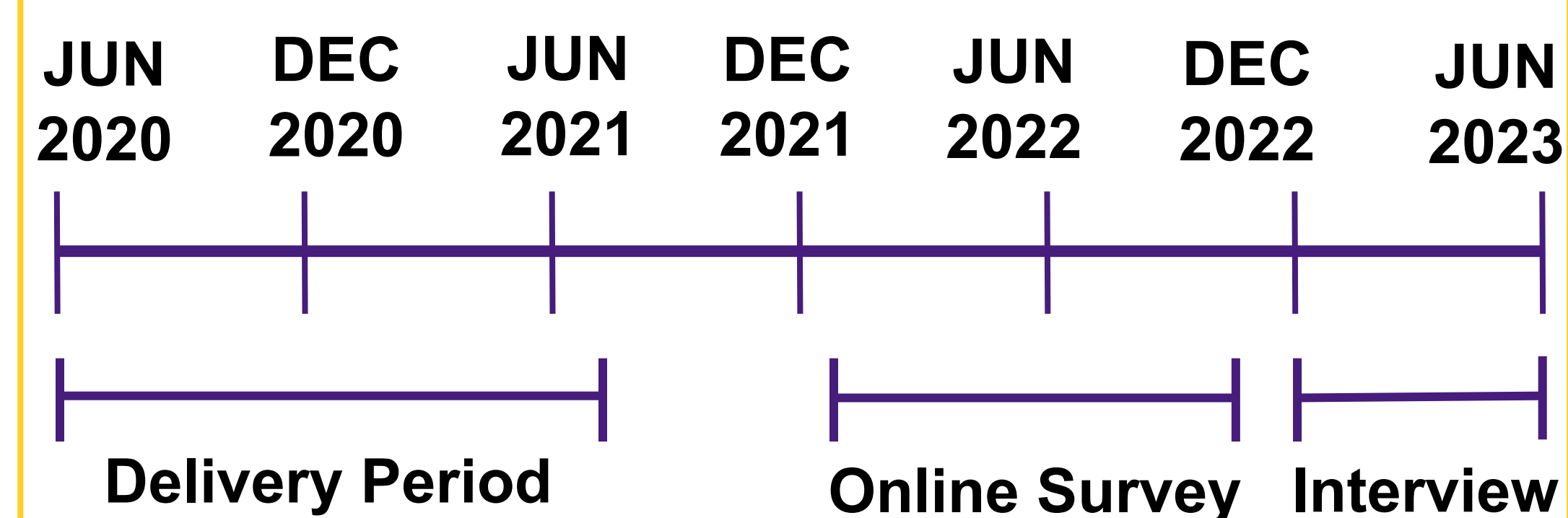


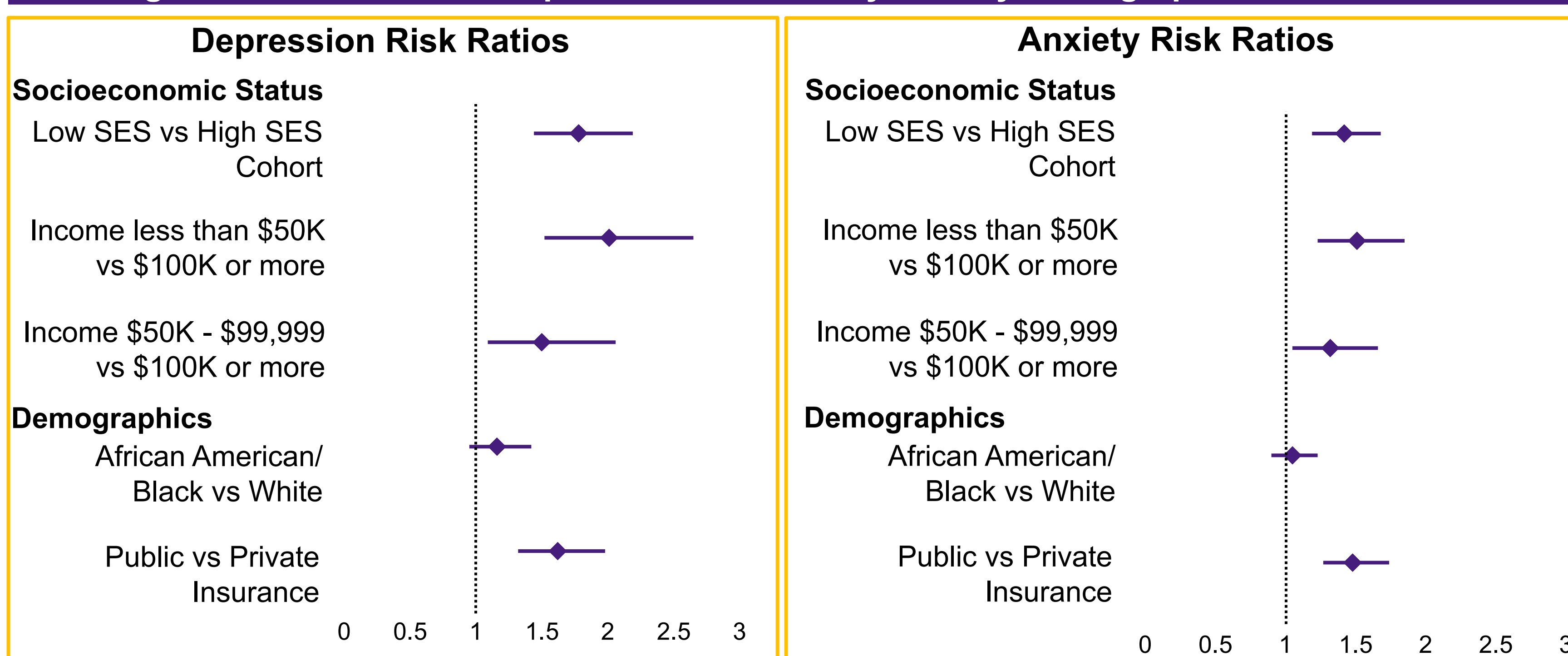
Figure 2. Study Timeline

Quantitative Results

QUANTITATIVE:

The cohorts differed in household income, insurance type, education, and race (p<0.0001). As shown in **Figure 3**, perinatal individuals in the low SES cohort, who experienced lower household income, or who utilize public insurance have an increased risk of depression and anxiety.

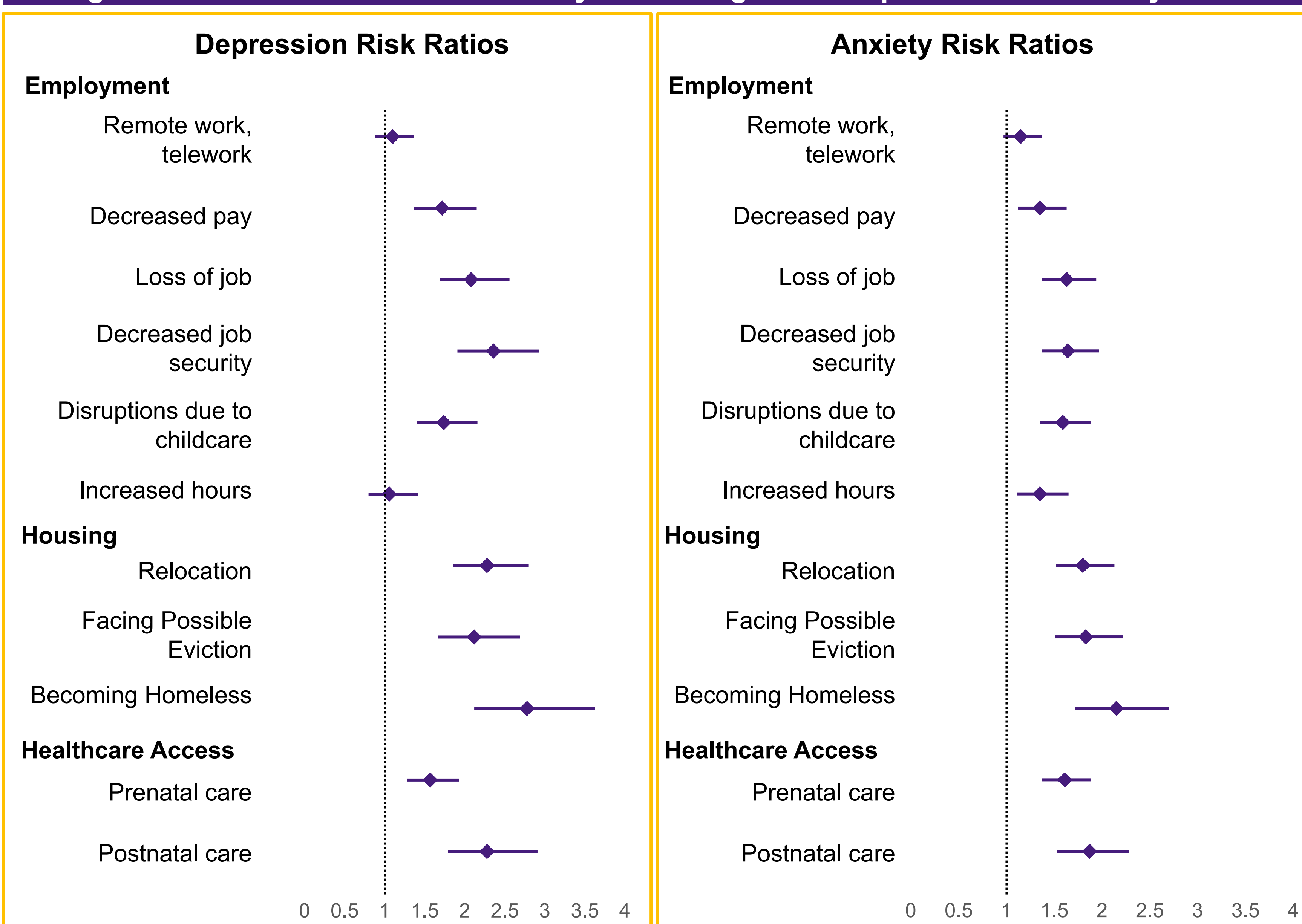
Figure 3: Differences in Depression and Anxiety Risk by Demographic Characteristics[^]



[^]comparisons across groups assessed using Chi-square analysis.

As shown in **Figure 4**, those facing housing difficulties, job insecurity or instability, or healthcare challenges had an increased risk of anxiety and depression

Figure 4: Association between Macrosystem changes and Depression and Anxiety Scores[^]



[^]comparisons across groups assessed using Chi-square analysis.

Qualitative Results

QUALITATIVE:

Figure 5 presents the main theme alongside its respective subthemes and illustrative quotes (identified by participant number, cohort, and race).

- Some individuals felt that employment changes had positive impacts on mental health including telework while others experienced additional stress due to losing jobs or having to balance work and childcare. Additional perceived responsibility for following precautions during the perinatal period was also reported as a source of stress.
- Regarding hospital visitation policies, individuals who identified as Black often expressed the desire for more social support/visitors surrounding their prenatal and delivery experiences while those who identified as White were more likely to report enjoying the lack of visitors.

Figure 5: Themes & Subthemes

Main Theme: Macrosystem (Housing, Employment, and Prenatal) Changes that Impacted Mental Health Outcomes

Subtheme #1: Individuals did not perceive a major change in healthcare access, but hospital visitor restrictions had positive and negative effects on prenatal and birth experiences as demonstrated by Participant #1.

“And then of course, all of that, not being able to have my mom to like, lean on”... “that just made it even more stressful.” - (high SES, Black, Participant # 1)

Subtheme #2: Job changes impacted the home environment, and individual's mental health. Some felt there were positive changes (telework), while others work demands and loss of job increased stress (see quote from Participant #2).

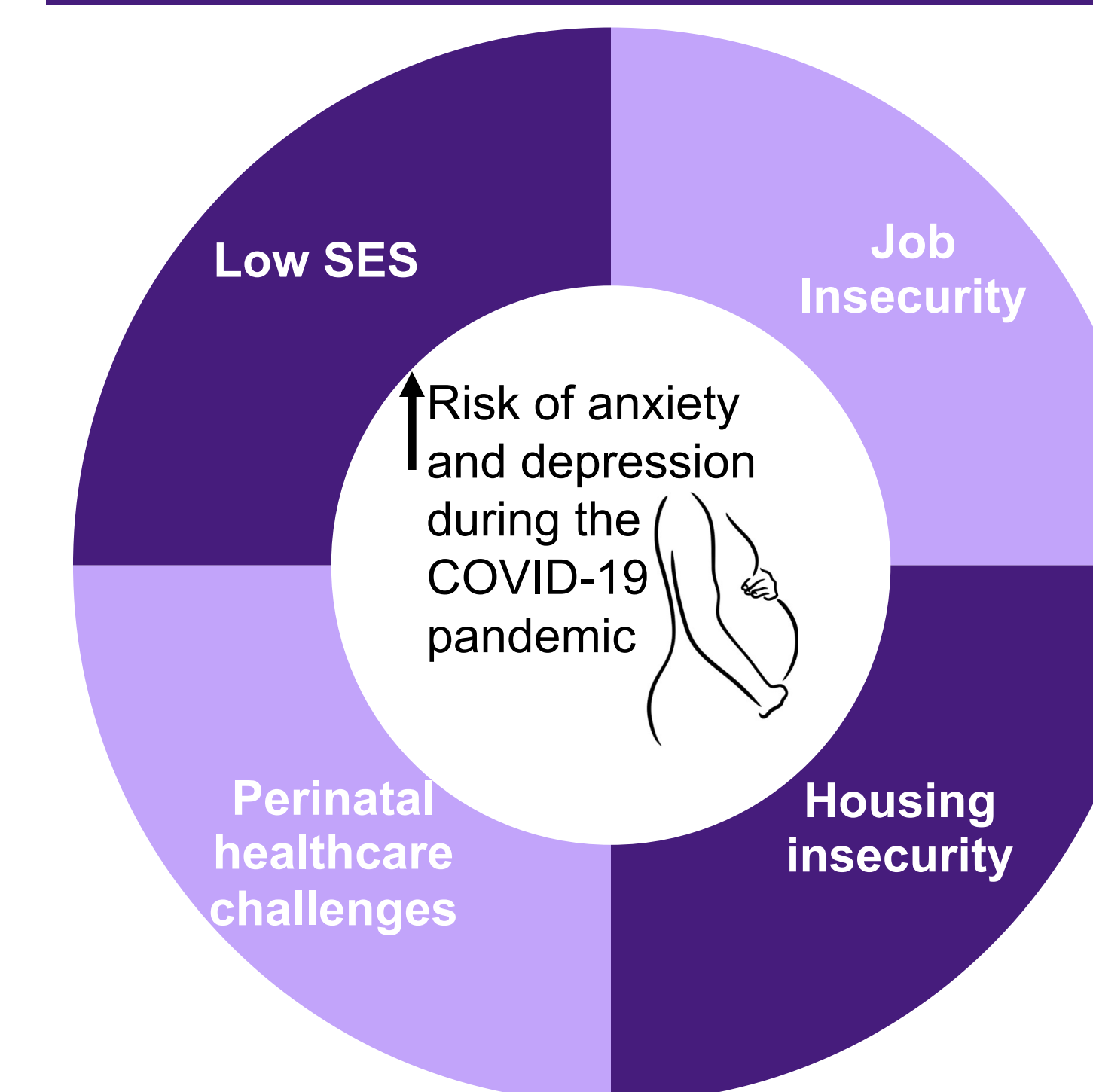
“Yeah, I lost my job. My children's father lost his job. And it was just awful”... “Well after we lost our jobs we had to leave our apartment because we weren't able to pay the bills, so we ended up moving back with my mom.” - (low SES, Black, Participant #2)

Subtheme #3: Individuals felt more responsibility for following pandemic precautions while pregnant which caused additional stress, as shown by one individual.

“even I felt like the doctors, you know, they would tell me like, how, you know, you need to be careful”... “you have a child on the way and they would make you feel shame for, for trying to feel more comfortable” - (low SES, White, Participant #3)

Abbreviations: SES = socioeconomic status

Conclusions and Discussion



Findings suggest opportunities to support housing and employment security as well as visitors to for perinatal mental health.

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