

Effective Components of Postpartum Depression Interventions for Black Mothers:

A Literature Review

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Research Question

What are effective components of postpartum depression interventions for black mothers?

Introduction

Postpartum Depression (PPD) is a common mood disorder affecting 11% of women in the United States (Medical News Today, 2020). Typically, childbirth can cause new mothers to experience postpartum “baby blues” with symptoms including mood swings, anxiety, and difficulty sleeping (Mayo Clinic, 2022). “Baby blues” symptoms lasting longer than two weeks are considered PPD symptoms and can include depressed mood, severe mood swings, difficulty bonding with your baby, withdrawal from family and friends, insomnia and stress (Mayo Clinic, 2022). PPD has various causes including hormonal changes, stress, anxiety, sleep deprivation, and complications during childbirth (Healthline, 2023).

Risk factors for PPD include young mothers under the age of 25 years old, women with low spousal and social support, a past history of depression, chronic illness, cesarean birth, and low socioeconomic status (Agrawal, 2022).

PPD screening occurs typically during the first month of postnatal visits. The most commonly used screening tool is the Edinburgh Postnatal Depression Scale (EPDS) and the PHQ-9. The EPDS was specifically designed for screening PPD through a series of questions aimed to identify possible symptoms of depression and anxiety during the postnatal period (COPE, 2025). The PHQ-9 is a multipurpose questionnaire which screens and measures the severity of depression, and has been found critical in diagnosing postpartum mothers with PPD (National Drugs Library). These screening tools were historically created based on white participants so their sensitivity to cultural nuances for non-white participants is to be questioned.

PPD's prevalence has increased from 9.4% in 2010 to 19.0% in 2021 (JAMA, 2024) affecting 1 in 9 women (Medical News Today, 2020). Although all racial and ethnic groups are susceptible and at risk for PPD, there is a disproportionate number of PPD cases in non-Hispanic Black mothers. Black women are one of the most under-treated groups for depression in the United States (MMHLA, 2024) and when compared to White women, are twice as likely to experience maternal mental health conditions and half as likely to receive treatment (MMHLA, 2024). Research has shown a 140% increase in PPD cases in non-Hispanic Black participants when compared to White participants (JAMA, 2024) this can be explained by 60% of Black mothers not receiving any support or treatment for prenatal or postnatal mental health care and over 50% of PPD cases in women of color going unreported (MMHLA, 2024).

Once diagnosed for PPD, individuals have a variety of treatment methods including psychotherapy, antidepressants, and other medications (Mayo Clinic, 2022). Approximately 15% of women diagnosed with PPD receive treatment (Britt, 2024). Although 57% of black women are less likely to start treatment for PPD (Medical News Today, 2020) due to medical mistrust, socioeconomic status, access to health insurance, along with patient-provider communication (Kozhimannil, 2011). 60% of black mothers do not receive any support or treatment for prenatal or postnatal mental health care due to individual barriers including stigma or not being informed of resources, organization barriers including lack of resources and services, sociocultural level issues including cultural and language barriers and structural barriers including unclear policies (Britt, 2024). These barriers emphasize the importance of advocating for black mothers and working with them to create effective intervention techniques to provide information, resources and care during this period of their lives.

Previous research has emphasized the importance of effective intervention components for helping mothers handle PPD symptoms, diagnosis, and treatments but fail to recognize the disproportionate impact of PPD in black mothers and how interventions previously used as not effective in reducing PPD within the black population. This literature review aims to provide insight into effective components of interventions for postpartum depression in black mothers, acknowledging the potential cultural nuances.

METHODS

A comprehensive search was performed through the University of Georgia's library multi-search tool, PubMed and ScienceDirect databases for articles discussing effective components of postpartum depression interventions for black mothers. PubMed was created by the U.S. National Library of Medicine (NLM) and the National Institute of Health (NIH). Articles in the PubMed database cover various disciplines including life sciences, behavioural science, chemical sciences and bioengineering and has over 38 million publications (PubMed, 2025). ScienceDirect was created by Elsevier and published over 3.3 million articles covering a variety of science based topics including life science, health sciences, social sciences and physical sciences (ScienceDirect).

Inclusion and Exclusion Criteria

All databases were searched for key terms relating to interventions, effective components of interventions, postpartum depression, mothers, black, African American and black mothers. Publication dates were restricted to the last ten years (2015-2025) and articles had to be peer-reviewed academic journals. Only original research studies were included and systematic reviews and literature reviews were excluded in the search. Articles were excluded if they

pertained to research conducted outside of the United States and if they didn't include postpartum depression in their research scope.

Table 1.

Database	Search Terms	# of Results before Inclusion/Exclusion Criteria Applied	Search Criteria	# of Results After Inclusion/Exclusion Criteria Applied	Number of Articles Selected	Selection Process
UGA Multi-Search	("black" OR "African American") AND (Mothers) AND ("Post-partum depression" OR "PPD")	883	Published in peer-reviewed, academic journals within the last 10 years. Only original research studies were included and systematic reviews/literature reviews were excluded.	415	5	All titles were read for their relation to the topic of interest. Articles pertaining to the topic of interest were then further evaluated based on their abstract, results and overall findings.
PubMed	Intervention AND ("black" OR "African American") AND (Mothers) AND ("Post-partum depression" OR "PPD")	14	Published in peer-reviewed, academic journals within the last 10 years. Only original research studies were included and systematic reviews/literature reviews were excluded.	13	3	All titles were read for their relation to the topic of interest. Articles pertaining to the topic of interest were then further evaluated based on their abstract, results and overall findings.
ScienceDirect	Intervention AND ("black" OR "African American") AND (Mothers) AND ("Post-partum depression" OR "PPD")	907	Published in peer-reviewed, academic journals within the last 10 years. Only original research studies were included and systematic	466	2	All titles were read for their relation to the topic of interest. Articles pertaining to the topic of interest were then further evaluated based on their

			reviews/literature reviews were excluded.			abstract, results and overall findings.
UGA Multi-Search	(Intervention OR “early screening” OR “early intervention”) AND (“Black” OR “African American”) AND (Mothers) AND (“Postpartum depression” OR “PPD”)	395	Published in peer-reviewed, academic journals within the last 10 years. Only original research studies were included and systematic reviews/literature reviews were excluded.	139	2	All titles were read for their relation to the topic of interest. Articles pertaining to the topic of interest were then further evaluated based on their abstract, results and overall findings.
UGA Multi-Search	(Intervention OR “early screening” OR “early intervention”) AND (“partner involvement” OR “family support” OR “social support” OR “father involvement” OR “spousal support” OR “family-centered care”) AND (“Black” OR “African American”) AND (Mothers) AND (“Postpartum depression” OR “PPD”)	26	Published in peer-reviewed, academic journals within the last 10 years. Only original research studies were included and systematic reviews/literature reviews were excluded.	11	1	All titles were read for their relation to the topic of interest. Articles pertaining to the topic of interest were then further evaluated based on their abstract, results and overall findings.
PubMed	(Intervention OR	22	Published in	12	2	All titles were read

	<p>"early screening" OR "early intervention") AND ("partner involvement" OR "family support" OR "social support" OR "father involvement" OR "spousal support" OR "family-centered care") AND ("Black" OR "African American") AND (Mothers) AND ("Postpartum depression" OR "PPD")</p>		<p>peer-reviewed, academic journals within the last 10 years. Only original research studies were included and systematic reviews/literature reviews were excluded.</p>			<p>for their relation to the topic of interest. Articles pertaining to the topic of interest were then further evaluated based on their abstract, results and overall findings.</p>
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RESULTS

Black mothers in the United States experience higher rates of PPD compared to other ethnic/racial groups. When considering components of interventions for PPD, it is important to consider their effectiveness in reducing PPD in black mothers and also to consider what works most effectively or has the potential to be effective in reducing PPD. Early screening and intervention, culturally significant care, accessibility, and partner and family inclusion.

Early Screening and Intervention

Early screening, during pregnancy, is critical in catching preliminary symptoms and providing the necessary intervention before those symptoms develop into PPD. Research has shown that when comparing pregnant mothers who received either early intervention through interactive baby books, or no intervention; Mothers in the intervention group had depressive symptoms that decreased at a faster rate over time (Ochoa, W. et al, 2021). Showing that interventions can provide mothers with information, tips and resources that can help them handle this stressful period of their life. For many mothers postpartum, their time and energy is directed solely to their newborn and not towards their own mental and physical health. 17% of mothers disclosed that they did not discuss depression symptoms with their provider during pregnancy even though 12% reported PPD symptoms (Docherty, A. et al, 2022). There are many reasons mothers may feel uncomfortable disclosing PPD symptoms including societal stigma, fear of judgement and racial discrimination within healthcare. For black mothers, they are less likely to schedule postpartum checkups and discuss these symptoms if they have previously experienced race-based discrimination (Ringenary, H. L. et al, 2025).

PPD screening techniques include the Edinburgh Postnatal Depression Scale (EPDS) and the PHQ-9. The EPDS was specifically designed for screening PPD through a series of questions

aimed to identify possible symptoms of depression and anxiety during the postnatal period (COPE, 2025). The PHQ-9 is a multipurpose questionnaire which screens and measures the severity of depression, and has been found critical in diagnosing postpartum mothers with PPD (National Drugs Library). Research conducted using the EPDS showed a disproportionate positive screen for depression in black mothers (13.2%) when compared to another other racial/ethnic group (Kallem, S. et al, 2019).

Early screening and intervention is critical and shown to be effective in providing mothers with information on risk factors for PPD, symptoms of PPD, support and counseling resources, and the opportunity to learn how to handle aspects of childcare that may seem daunting including self care, building a mother-baby relationship, and handling the stress and high emotions that come with being a mother.

Culturally Significant Care

Although PPD affects all racial and ethnic groups, there is a disproportionate impact of PPD on the Black community. Many factors influence this including birthing experience, previous experience of discrimination, and general trust in the medical system.

For many black women, the birthing experience is not positive with many mothers experiencing clinical neglect, disrespect and harm (Davis, 2018). Black women are less likely to give birth vaginally and have more comorbid conditions compared to white women (Bodnar-Deren et al, 2017). Childbirth is a physically and emotionally taxing experience and the treatment and support a birthing mother receives or does not receive during this experience can heavily impact the mental health of a mother postpartum. When compared to any other racial group, black mothers have an increased odds of PPD if they felt discriminated against while receiving any type of medical care (Docherty, A. et al, 2022). Medical mistrust has a significant

impact on an individual's choice to seek medical care and acknowledging the disparity in care for black people compared to other races is critical in reducing the overall increase in PPD within the black community.

Once an individual receives a PPD diagnosis, there are many forms of treatment methods including psychotherapy, antidepressants, and other medications (Mayo Clinic, 2022). Again, there are many factors that influence an individual's choice to receive treatment including medical mistrust and insurance accessibility. Black mothers were less likely to accept prescription medication and mental health counseling and more likely to accept spiritual counseling due to medical mistrust and insurance acceptance with 56% of black mother having trust in the medical system compared to 73% for white mothers (Bodnar-Deren et al, 2017). Overall satisfaction with postpartum medical care also influences an individual's choice in receiving care for PPD and believing it will be effective in helping them with this diagnosis. 65% of black mothers are very satisfied with their medical care compared to 90% of white mothers (Bodnar-Deren et al, 2017).

Acknowledging the need for culturally significant care when handling PPD diagnosis and treatment for black mothers is important for medical professionals. Medical mistrust and limited insurance accessibility for treatments. For many black women who prefer to receive spiritual counseling compared to medications, it is important to understand the basis of these preferences, whether cultural or financial.

Accessibility

Although many interventions may offer in-person classes or instruction, their effectiveness is limited due to their inaccessibility. Many in-person interventions have a low participation and retention rate, and typically result in limited data to determine the effectiveness

of the actual intervention. App-based PPD interventions can be beneficial for providing the ROSE intervention, typically an in-person intervention, information to newly postpartum mothers, in a more accessible form instead of in-person information sessions (Poleshuck, E. et al, 2025). As there is no expectation for the mother to be physically present for the intervention, they can participate in it online when it works best with their schedule making the information accessible and something the mother can review again at a later time. Research has determined that at 6-months, postpartum mothers who participated in the interpersonal intervention ROSE had an overall depression rate of 16% compared to the control group at 31% showing a potential benefit in interventions in decreasing PPD in black mothers (Zlotnick, C. et al, 2016). By creating an online intervention, there is an opportunity to make the ROSE intervention even more accessible and effective to black mothers to reduce PPD. When comparing in-person vs. social media based intervention, it is important to acknowledge the effectiveness of the intervention in reducing PPD and average attendance. Research conducted showed that for the online group, who had the greatest reduction in PPD symptoms, the average attendance was 83% while the in person group had an average of 3% (Boyd et al, 2019). Online interventions have found black mothers to find improvements related to resilience, depression and anxiety with 96% finding the tool easy to use and as though it was written for them (Bryant et al, 2023).

Implementing accessible forms of various PPD related interventions is critical in providing necessary information, resources and tips to black mothers who are at a higher risk for PPD.

Partner and Family Inclusion

Social support, of any kind (emotional, tangible, affectionate, positive social interaction, and paternal support), has a positive effect on coping with postpartum mental health

(Dwarakanath, M. et al, 2024). For many mothers, they can be critical of their ability to be a good mother and is an impactful factor as to why black mother's develop PPD symptoms. Social support is important and can buffer the negative thoughts associated with stress and depression. Higher levels of social support have a strong protective association against PPD whether that is from friends, family, neighbours, or general community (Pao, C. et al, 2019). Whether that support comes in the form of a grandmother figure babysitting the child so the mother can nap, or a new mothers social support group.

Pregnant African-American women's negative perceptions of their neighbourhood in the second trimester were related to higher levels of depressive symptoms in the third trimester (Giurgescu et al, 2015). Showing that perceived neighbourhood environment, social support, and depressive symptoms were correlated significantly for black mothers.

Father involvement is important and effective in decreasing the risk of maternal postpartum depression within 1 year post childbirth (Zhang, Y. et al, 2022). Mothers face many physically, emotionally and psychologically harrowing situations during childbirth and postpartum. Sleepless nights and high stress levels can be emotionally draining but when a partner is involved in the child's upbringing it can help alleviate symptoms associated with PPD. Father involvement is significantly associated with lowered child distress which is also associated with lower levels of depression in black mothers (Lewin et al, 2015).

Research has found that lower levels of relationship satisfaction significantly correlate to higher levels of depressive symptoms (Weber et al, 2024). Showing that the presence of a father figure doesn't simply imply reduced PPD symptoms but how hands on and attentive the father is in reducing the mothers stress.

Overall, social support of any kind is effective in reducing PPD symptoms in black mothers. Feeling as though you are not alone in this situation and that you have a strong support system willing to help you deal with the stress and high emotions that comes with raising a child.

DISCUSSION

Black mothers are disproportionately affected by PPD. Even though previous interventions like the ROSE intervention have been effective in reducing PPD symptoms in mothers, there are cultural nuances that should be addressed when creating interventions specifically targeted towards reducing PPD in black mothers. Accessibility, partner and family inclusion, culturally significant care, and early screening and intervention are important factors to consider when creating effective interventions.

It is important to consider the effectiveness of screening techniques like the EPDS which historically were created based on white participants and so their sensitivity to cultural nuances for non-white participants is to be questioned. Although the EPDS has previously been the screening tool used, it is important for researchers to acknowledge the pitfalls of the tool including its inability to catch unique risk behaviours of PPD in black mothers.

Black mothers are disproportionately affected by PPD due to many factors including ability to access care due to insurance status, discrimination and racism in the medical system that has led to medical mistrust and comorbid births many black women have. Understanding and addressing these challenges requires effort and communication between the black community and medical professionals to build back trust within the medical system so they can receive effective care.

Implications of Research

Understanding the history behind black individual's lack of trust in the medical system to provide them effective care is ultimately crucial in reducing the disproportionate number of PPD cases in black mothers compared to any other racial or ethnic group. Developing effective interventions that provide black mothers with the knowledge, skills, and resources necessary to spot PPD symptoms before they develop and ultimately what options are available to you when dealing with a PPD diagnosis. Further research should be conducted to understand why black women continue to face comorbid birth experiences compared to any other race and how to reduce the presence of racism within the medical system.

It is also important to determine and understand the role that insurance acceptance plays in an individual's choice to obtain care for mental health issues. Many black mothers may refuse prescription drugs because they are not covered by insurance and they cannot afford to pay the high prices that come with buying prescription drugs without insurance. Finally, practitioners should reflect and determine what is continuing to cause medical mistrust in the black community and how to make black mothers feel more comfortable discussing mental health issues with their healthcare providers.

Limitations

The primary limitation for this literature review is that only fifteen articles were analyzed, which is a limited scope of all effective components of intervention to reduce PPD in black women. For almost all studies a small sample size was used, specifically for evaluating the effectiveness of the intervention in reducing PPD symptoms in black mothers, so the findings are not generalizable. For multiple studies, large, self-reporting data sets were used which is subjective and has the potential for reporting bias; Along with researchers being unable to determine if perceived lack of social support was driving depression symptoms or if perceived

lack of support was a symptom of PPD. It is difficult to determine this at baseline but this may be critical in determining when PPD develops in postpartum mothers.

Conclusion

Creating effective components of interventions like early screening and culturally significant care is important in reducing PPD symptoms in black mothers. Medical professionals should work with black communities to rebuild trust in the medical system and acknowledge the need for change is racism and discrimination is still a reason black individuals choose to not receive care and are more susceptible to PPD diagnosis.

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