

Predisposing, Enabling, and Need Factors Associated with Postpartum Depression Treatment among Women Enrolled in Texas Medicaid

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Background

- Maternal mortality is higher in the US relative to similar countries and has increased in recent years.¹
- Mental health conditions cause 11-25% of pregnancy related deaths.²⁻⁴
- An estimated 8-24% of women experience postpartum depression (PPD), characterized by feelings of sadness, anxiety, changes in sleep, inability to cope and thoughts of self-harm, in the year after delivery.⁵⁻¹⁵
- An estimated **30-70% of women with PPD receive treatment** with either psychotherapy or antidepressant medication.¹²⁻¹⁴



- The Andersen Behavioral Model (ABM) of health services use is used to predict healthcare services utilization with predisposing, enabling, and need factors.^{16,17}
 - Predisposing factors influence tendency to seek care.
 - Enabling factors influence access to care.
 - Need factors influence necessity of care.
- Higher odds of receiving mental health services were associated with being over 30 years old, having some college education, having a higher income, having previous children, having more severe depression, having a chronic illness, substance abuse, and physical or emotional abuse. Factors associated with lower odds of receiving mental health services were being unmarried, being employed, and being Hispanic.^{18,19}

Objective

To describe the prevalence and treatment of PPD among postpartum women with Texas Medicaid between 2018-2022 and to determine what predisposing, enabling, and need factors are significantly related to receipt of depression treatment

Nearly **1** in **4** postpartum women had a diagnosis of depression within 12 months of delivery.

Over **3** in **4** women with a diagnosis of depression received postpartum depression treatment.

Methods

Study design and data source:

- Retrospective database analysis of Texas Medicaid data for patients with a delivery between 2018 and 2021
- Index date: date of delivery
- Study period: 84 days pre- and 365 days post-delivery **Outcome:** Receipt of PPD treatment (i.e., psychotherapy to antidepressant medication)

Independent variables

- Predisposing: age, race/ethnicity
- Enabling: urban residence, number of prenatal care visits
- Need: depression/anxiety during pregnancy, substance use disorder (SUD) during pregnancy, cesarean delivery, preterm birth, pregnancy complications

Data analysis: Multivariable logistic regression

Patients who were younger, Black, urban residents and had fewer prenatal care visits were less likely to receive postpartum depression treatment.

Logistic regression analysis of factors associated with receipt of depression treatment (N = 23,619)



Implications

- **PPD diagnosis is higher** than previous estimates, likely due to overlap with the COVID-19 pandemic.
- **Treatment rate is relatively high**, and antidepressant only is the most frequent treatment regimen.
- **Access to psychotherapy should be increased** by increasing the mental health workforce and increasing Medicaid reimbursement rates.
- Diagnosis of depression should be accompanied by referral to appropriate mental health services and follow up to ensure effective treatment.

0.7 0.8 0.9 1.4 1.5 1.9 1.6

Odds Ratio

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