

Psychosocial Risk Factors for Perinatal Trauma among Low-income, Black/African American Birthing People

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Introduction

- Perinatal mental health conditions are the leading cause of maternal mortality in the United States.
- Black/African American (AA) birthing people are 2x more likely to suffer from mental health symptoms and 10x more likely to encounter mistreatment/traumatic experiences with maternity care providers compared to other racial/ethnic groups.^{1,2}
- This study aims to evaluate risk factors associated with perinatal trauma among Black/AA perinatal birthing people.

Methods

Cohort: 128 low-income (<\$50,000/year) Black/AA participants, (median age 29) were included from an ongoing multi-site RCT

Data was collected: via structured surveys at recruitment and 2-6 weeks postpartum

Measures Included:

- Maternal Baseline Demographic Screening
 - Prior mental health concerns
- Everyday Discrimination Scale
 - Perceived discrimination
- Childbirth Experience Questionnaire
 - Experience with providers during birth
- Postpartum Depression Risk Questionnaire (PDQR)
 - Difficulty of birth/pregnancy, prior trauma, mental health concerns during pregnancy

Data analysis: included logistic regression, chi-square analysis, Fisher's exact test and/or logistic fit test

Perinatal trauma: was defined as self-reporting negative birth memories or very difficult pregnancy/birth (PDRQ)

Results

Experienced a Very Difficult Pregnancy Experienced a Very Difficult Birth

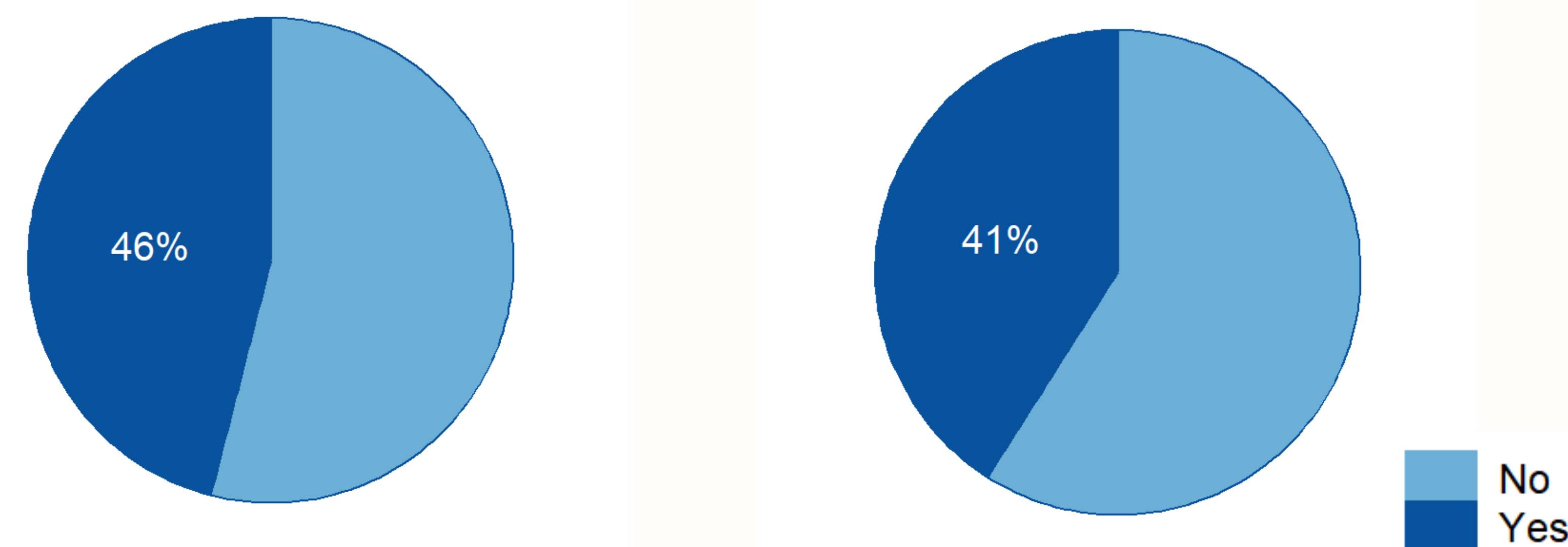


Figure 1. Percentage of patients experiencing perinatal trauma measured by a very difficult pregnancy and/or birth emotionally or physically

Factors Influencing Perinatal Trauma Outcomes

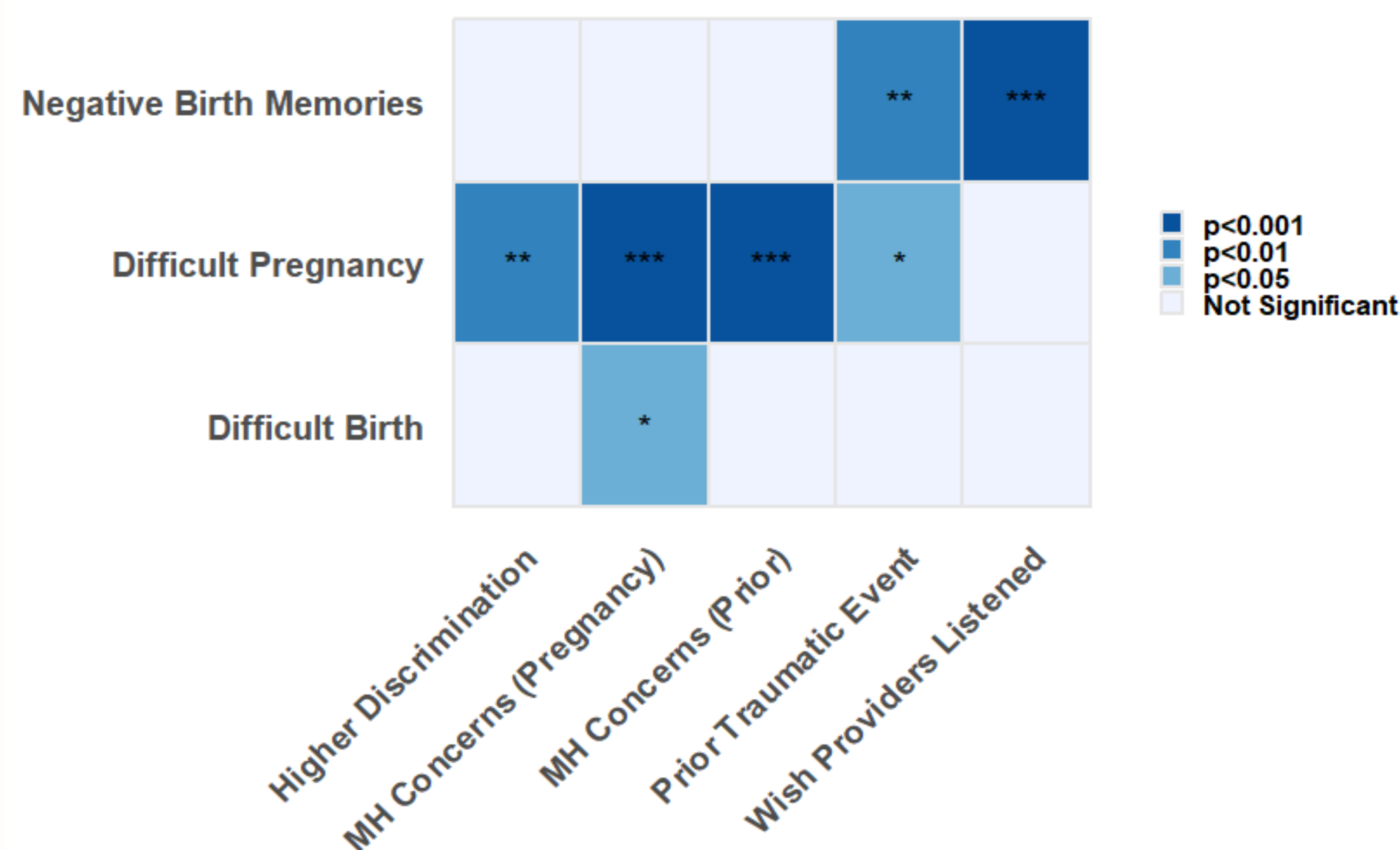


Figure 2. Significant psychosocial contributors to perinatal trauma
Abbrev: MH = mental health

Discussion

- A significant number of Black/AA birth people experienced very difficult pregnancies and birth.
- Black/AA birthing people who self-reported higher discrimination, perinatal mental health concerns, prior trauma, or poor provider listening were significantly more likely to report additional perinatal trauma.
- Our results corroborate consistent reports from Black/AA patients of not feeling heard by maternity care providers.³
- These findings may contribute to the elevated maternal mortality rate seen compared to white birthing people.³
- Previous trauma and its association with difficult pregnancy and negative birth memories highlights the relationship between history of trauma and increased incidence of future trauma during the perinatal period.⁴

Conclusion

- These findings highlight the importance of screening high-risk patients for trauma to engage them in appropriate resources.
- Findings support the development of trauma-informed mental health interventions to improve support for Black/AA pregnant patients.

References

- [1] Black Maternal Mental Health Week | March of Dimes, Accessed 1 Feb. 2024.
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