How Does Race Predict Depressive Symptoms During Pregnancy?

WHAT WE KNEW

- **Prenatal depression** (depression during pregnancy) is a serious maternal-child health concern that can impact the health and well-being of mother and baby.

- **Risk factors** for prenatal depression include:
  - Socioeconomic disadvantage
  - High levels of psychosocial stress
  - Low levels of social support
  - Poor physical health and diet

- **Risk factors and health impacts** of prenatal depression appear to be **more common** in **Indigenous communities** and **ethnic minority groups.**
- Research on these populations is **limited**.

Ethnicity: belonging to an identified group based on culture, geography, or language.

Race: reflects social hierarchies in access to power and resources in society. In Canada, racialized peoples face social and health inequities related to issues such as colonialism and systemic racism.

OUR GOALS

1. How do pregnant Indigenous women, ethnic minority women, and White women compare on:
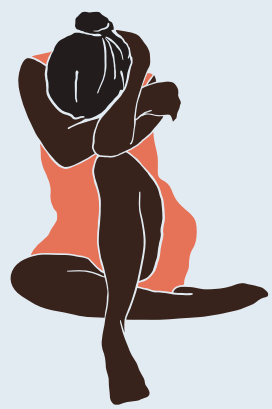   - levels of **depressive symptoms**
   - possible **clinical** depression
   - major **risk** factors
   - **protective** factors

2. What factors explain the relationship between race and depression?

OUR METHODS

- Data were from pregnant women in the All Our Families cohort (n = 3134).

- Depressive symptoms were measured during pregnancy using the Edinburgh Postnatal Depression Scale.

- Possible **risk factors** (socioeconomics, health background, domestic violence, stress, discrimination), possible **protective factors** (social support, diet), and **potential confounders** (age, marital status, parity) were evaluated.

WHAT WE LEARNED

Compared to White women, **racialized women** were **more likely** to have **higher levels of depressive** symptoms and possible clinical depression.

Socioeconomic factors and **psychosocial stress partially,** but not fully, explained the **relationship** between race and depressive symptoms.

Women were **less likely to be at-risk** for prenatal depression if they were:
- Married
- Had family income over $80,000 per year
- Employed
- Had adequate social support

White women were **more likely** to be married, employed, have adequate income, and/or social support.

Social support was found to be **protective.**

It helped to buffer the effect of psychosocial stress on depressive symptoms.

WHY IS THIS IMPORTANT?

- **Strategies** to address socioeconomic status, stress, and social support among racialized women may **reduce the risk for prenatal depression**. This may include:
  - Social and health services and programs
  - Social and health policies.
- **More research is needed** to better understand the unique experiences of racialized pregnant and parenting women.