

IMMIGRANT WOMEN'S EXPERIENCES OF POSTPARTUM DEPRESSION IN CANADA: A SYSTEMATIC REVIEW WITH NARRATIVE SYNTHESIS

G.M.A. Higginbottom¹, M. Morgan², J. O'Mahony³, Y. Chiu⁴, M. Alexandre⁵, D. Kocay⁶, J. Forgeron⁷, M. Young⁷
Faculty of Nursing, University of Alberta now Mary Seacole Professor of Ethnicity and Community Health, Nottingham University¹; Adjunct Professor, University of Alberta; King's College, London, UK²; Thompson Rivers University, British Columbia³; Multicultural Health Brokers Co-operative, Edmonton, AB⁴; Citizenship and Immigration Canada⁵; Public Health Agency of Canada⁶; Alberta Health Services⁷

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BACKGROUND



- ❑ **Canadian Maternity Experiences Survey (2006) data indicated that postpartum depression (PPD) symptomatology has a prevalence ratio of 2.42 (confidence interval 1.89-3.06) for recent immigrants as compared to Canadian-born women of European descent [1].**
- ❑ **Other studies documented relative risks of depressive symptomatology as 4-5 times higher for refugee and immigrant women [2], and an odds ratio of 2.97 (CI 1.70-5.17) for major PPD [3].**
- ❑ **Interventions for PPD symptomatology should target immigrant and adolescent mothers due to these groups' higher risk [4].**

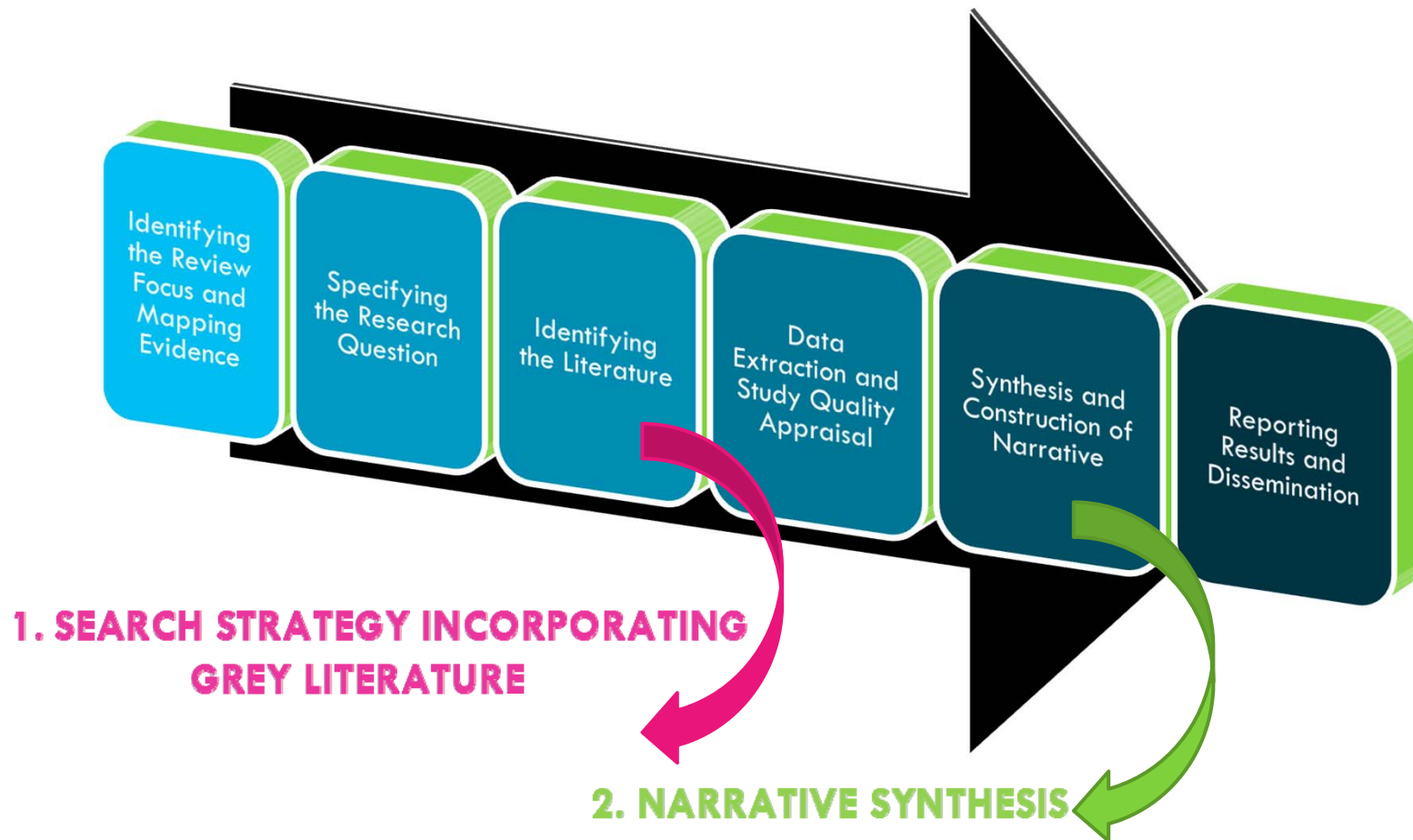
BACKGROUND (continued)

- ❑ **There was a need to synthesize information on the contextual factors and social determinants of health that influence immigrant women's reception of and behaviour in accessing existing mental health services.**
- ❑ **Our review systematically examined evidence to assess the validity of suggestions that existing mental health services might not provide appropriate support to women with PPD [5-7].**

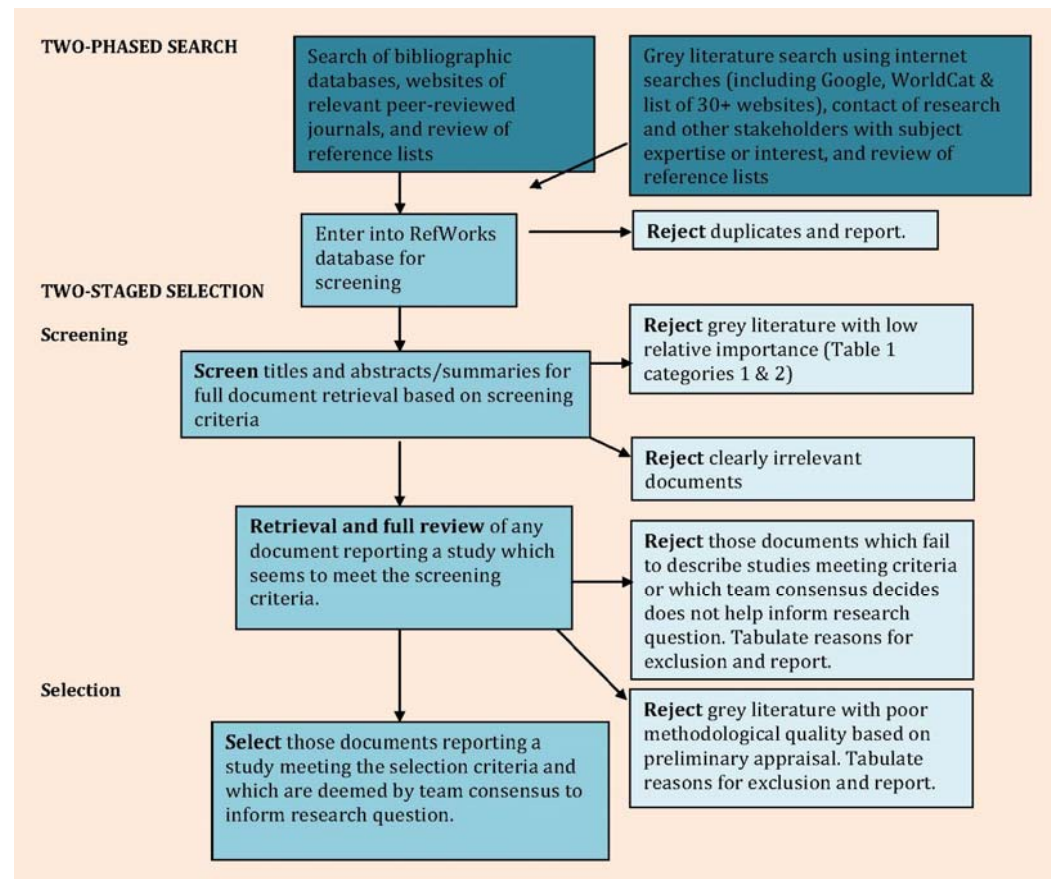
AIM AND RESEARCH QUESTION

- ❑ To provide stakeholders with perspectives on postpartum mental health care services, as experienced by immigrant women.
- ❑ What are the ethnoculturally defined patterns of help-seeking behaviours and decision-making and other predictive factors for therapeutic mental health care access and outcomes in respect of postpartum depression for immigrant women in Canada?

SYSTEMATIC REVIEW



1. Search Strategy Incorporating Grey Literature



Grey literature

- ❑ **“Field in library and information science that deals with the production, distribution, and access to multiple document types produced on all levels of government, academics, business, and organization in electronic and print formats not controlled by commercial publishing, i.e. where publishing is not the primary activity of the producing body” [9].**
- ❑ **Producers of grey literature report that policy makers are their primary audience and three of the most important topic areas are access to health care, maternal and child health, and minority health [10].**
- ❑ **Grey literature passing the preliminary quality assessment will present a clear research question(s), state key findings, and provide sufficient details on population(s) studied, interventions (if applicable), study design, and method of analysis [11].**

Relative importance of grey literature as used by AcademyHealth in their Grey Literature Project

5	4	3	2	1
Working papers	Data evaluations	Speeches	Newsletters	Pamphlets
Committee reports	Foundation reports	Annual reports	Biographies	Protocols
Testimony	Government reports	Presentations	Bulletins	Guidelines
Conference proceedings	Grantee publications	Grantee reports	Slide presentations	Poster sessions
	Non-commercially published conference papers			
	Reports	Webcasts	Foundation financial statements	Meeting agendas
	Special reports	Theses		Translations
		Technical specifications and standards		

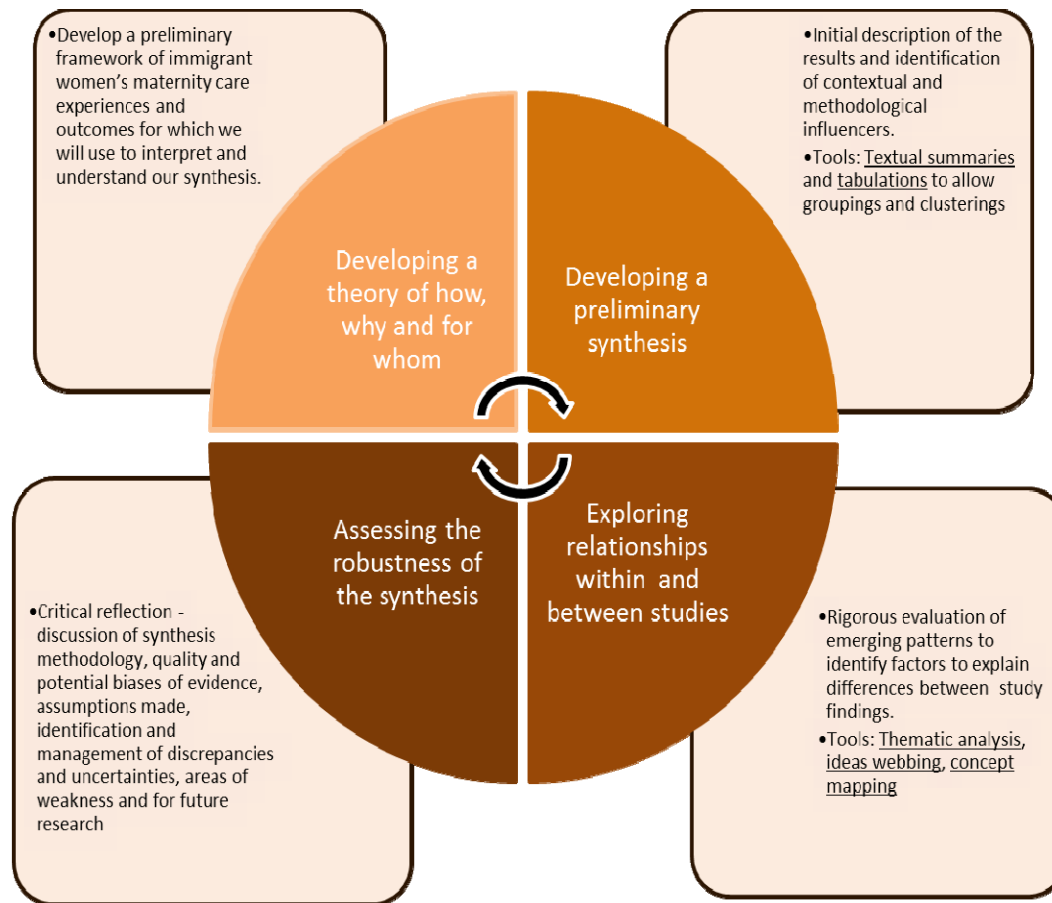
(AcademyHealth: Health Services Research and Health Policy Grey Literature Project: Summary Report. United States: National Library of Medicine, National Institutes of Health; 2006. <http://www.nlm.nih.gov/nichsr/>)

2. Narrative Synthesis

- ❑ **Narrative Synthesis (NS) with primary reliance on the use of words and text to summarize and explain findings from multiple studies (Popay et al.) [8]**
- ❑ **Suitable for the cross-disciplinary and methodologically pluralistic natures of research in this topic area of immigrant women's experiences of postpartum depression in Canada.**
- ❑ **Four main elements in NS (iterative in nature)**

Narrative Synthesis (Continued)

Four main elements in NS (iterative in nature) include:



Screening Tool

	Yes	No	Can't say
Citation _____			
Criteria for selection			
1. Publication date 2000-2013			
1. English or French language			
1. Paper describes empirical research and findings			
1. Study participants live in Canada			
1. Study participants are immigrant women (where there is mixed sample of immigrant and non-immigrant women there must be findings specific to the immigrant women sample)			
1. Is related to ethno-culturally defined patterns of help-seeking behaviours, decision-making, or predictive factors in respect of PPD			
1. Is related to therapeutic mental health care access or outcomes in respect of PPD			

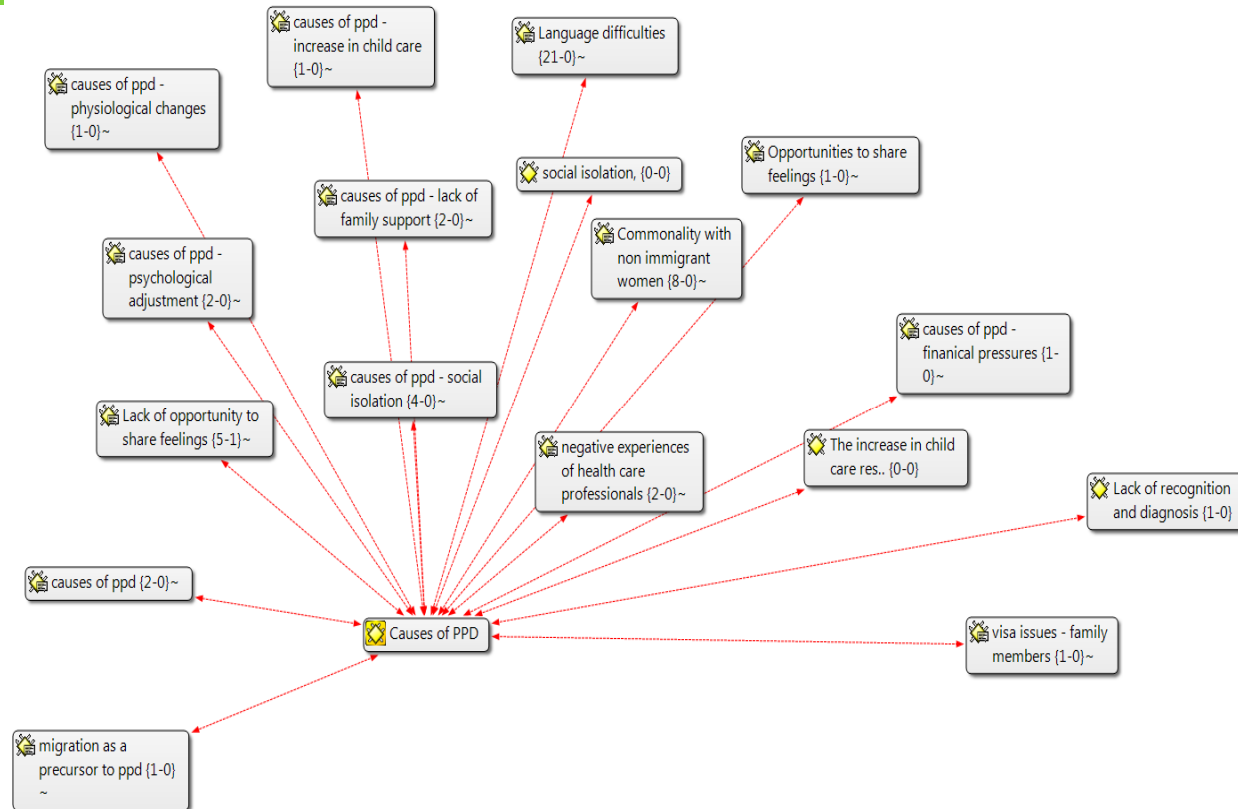
All columns 1-5 need to be yes for inclusion; at least one of 6 or 7 has to be yes

Tools and techniques for developing a preliminary synthesis

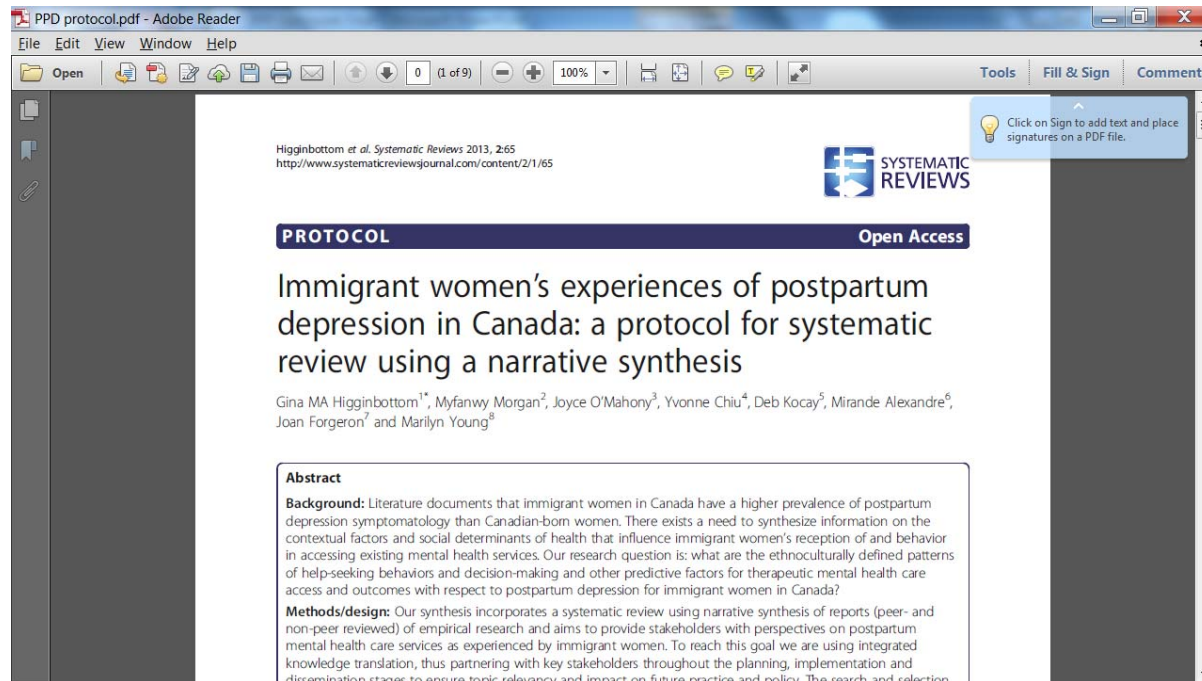
Activity	Mechanism
1. Textual descriptions of studies	A one page proforma is developed
2. Groupings and clusters	We used ATLAS.ti qualitative data analysis software for theming and the creation of graphic representations of the clusters. GH is a trainer for ATLAS.ti
3. Tabulation	Tables – methodological, thematic, ethno-cultural groups
4. Transforming data into a common rubric	Via discussion in team meetings
5. Vote counting as a descriptive tool	Ditto
6. Translating data; thematic analysis	Ditto
7. Translating data: content analysis	Ditto

Popay et al. 2006 [8]

Graphic representations with ATLAS.ti



Study Protocol



STUDY FINDINGS



- ❑ **Analysis of 22 studies led to the development of four interrelated themes:**
 - **(a) effects of immigration;**
 - **(b) social support, isolation and poverty;**
 - **(c) ethnocultural determinants;**
 - **(d) gender roles and relationships.**

KEY FINDINGS

(a) Effects of immigration;

- ❑ Increased stress associated with immigration related life events and a new unfamiliar environment were often associated with increased postpartum depressive symptoms

(b) Social support, isolation and poverty:

- ❑ A significant finding was evidence that a lack of support is a critical predictive factor strongly associated with depressive symptoms [2,5,12-16,23,24].
- ❑ Immigrant women experience difficulty seeking help for PPD which places them at a disadvantage and prevents them from accessing certain social supports and resources [19,20,26,27].

KEY FINDINGS (Continued)

- ❑ Immigrant families rely on both formal and informal social networks for emotional support during the PPD experience [7,17,18,21,23], although their preference is to look first to their informal network [17,18,21,28].
- ❑ Participants often regarded formal services as providing limited support with their feelings being minimized, and insufficient time to talk to the health care provider, [17,18,21,23].
- ❑ Low family income, unemployment, and financial strain have a predictive relationship to PPD [7,17,18,21, 23,25].

KEY FINDINGS (Continued)

(c) Ethnocultural determinants:

- ❑ **Language barriers were a strong factor in the isolation of many new immigrant mothers [2,3, 8, 9, 14, 15, 17, 20]**
- ❑ **Access may be limited due to cultural stigma attached to PPD, even when resources are available, and for some may reach out only for help in a crisis situation [12, 13, 16, 18].**
- ❑ **Strong family and community centered values involving collective sharing, coupled with spiritual and religious beliefs [36, 37] were facilitators in supporting immigrant women to cope with PPD [12, 16]**

KEY FINDINGS (Continued)

(d) Gender roles and relationships:

- ❑ Immigrant women were far more likely to experience stress related to gender expectations and rituals and appeared to be further interrelated for women with the stresses of migration, specifically, the lack of or perceived lack of social support [17,19,21,22].
- ❑ Powerful gender expectations and relationships-changes in gender roles, status and embedded power relations [10, 14, 18, 20]

CONCLUSION

- ❑ Evidence of strong links between socioeconomic disadvantage and poor health exist. Therefore, access to health care must be improved for immigrant women, who are often socioeconomically disadvantaged.
- ❑ Lack of awareness in how and where to access health care and social services were viewed as barriers for immigrant women in this study.
- ❑ Culturally appropriate explanations about PPD and how to manage should be provided in perinatal programs for immigrant women.
- ❑ Further studies are needed to guide the development and evaluation of policy and programs designed to improve culturally appropriate health care for immigrant women.

REFERENCES

1. Urquia ML, O'Campo PJ, Heaman M. Soc Sci Med 2012, 74:1610-1621.
2. Stewart DE, Gagnon A, Saucier JF, et al. Can J Psychiatr 2008, 53:121-124.
3. Davey H, Tough S, Adair C, Benzies K. Matern Child Health J 2011, 15:866-875.
4. Lanes A, Kuk JL, Tamin H. BMC Public Health 2011, 11:302.
5. Ganann R, Sword W, Black M, Carpio B. Journal of Immigrant & Minority Health 2012, 14:223-229.
6. Kurtz Landy C, Sword W, Ciliska D. BMC Health Serv Res 2008, 8:203.
7. Sword W, Watt S, Krueger P. JOGNN 2006, 35:717-727.
8. Popay J, Roberts H, Sowden A, et al. Guidance on the Conduct of Narrative Synthesis in Systematic Reviews: A Product from the ESRC Methods Programme. 2006. Available upon request from <http://www.lancs.ac.uk/shm/research/nssr/research/dissemination/publications.php>
9. GreyNet International. [<http://www.greynet.org/greynethome.html>].



REFERENCES (Continued)

10. AcademyHealth. Health Services Research and Health Policy Grey Literature Project: Summary Report. United States National Library of Medicine. National Institutes of Health; 2006.

[http://www.nlm.nih.gov/nichsr/greylitreport_06.html]

11. McGrath Y, Sumnall H, Edmonds K, et al. National Institute for Health and Clinical Excellence 2006.

[<http://www.nice.org.uk/nicemedia/pdf/grey>

12. Dennis CLE, Janssen PA, Singer J. Acta Psychiatrica Scandinavica 2004, 110 (5), 338-346.

13. Ballantyne M, Benzies KM, Trute B. BMC Pregnancy and Childbirth 2013, 13(Suppl 1), S11.

14. Kingston D, Heaman M, Chalmers B, et al. C Journal of Obstetrics and Gynaecology Canada 2011, 33(11), 1105-1115.

15. Dennis CL, Ross LE. The Canadian Journal of Psychiatry 2006, 51(5), 265-73.

16. ZelkowitzP, Milet TM. Journal of Nervous and Mental Disease 2001, 189, 575-582.

REFERENCES (Continued)

17. Ahmed A, Stewart DE, Teng L, Wahoush O, Gagnon AJ. Archives of Women's Mental Health 2008, 11(4), 295-303. doi: 10.1007/s00737-008-0025-6
18. O'Mahony JM, Donnelly TT, Bouchal SR, EsteD. Advances in Nursing Science 2012, 35(3), E42-E56.
19. O'Mahony JM, Donnelly TT. Journal of Psychiatric and Mental Health Nursing 2012, 20 (8), 714-725
20. O'Mahony JM, Donnelly TT, EsteD, Bouchal SR. Issues in Mental Health Nursing 2012, 33, 735-742. doi: 10.3109/01612840.2012.701707
21. Morrow M, Smith JE., Lai Y, Jaswal S. Health Care Women Intern 2008, 29(6), 593-617. doi: 10.1080/07399330802089156
22. Merry LA, Gagnon AJ, Kalim N, Bouris SS. Canadian Journal of Public Health 2011, 102(4), 286-290.
23. Kurtz Landy C, Sword W, Valaitis R. Qualitative Health Research 2009, 19(2), 194-206. doi: 10.1177/1049732308329310.

REFERENCES (Continued)

24. Zelkowitz P, Saucier JF, Wang T, et al. Archives of Women's Mental Health 2008, 11(1), 1-11. Doi

10.1007/s00737-008-0219-y

25. Mechakra-Tahiri S, Zunzunegui MV, Seguin L. Women & Health 2007, 45(4), 1-17. doi:

10.1300/J013v45n04_01

26. Alaggia R, Regehr C, Rishchynski G. Int J Law Psychiatry 2009, 32:335-341.

27. Canadian Research Institute for the Advancement of Women (CRIAOW). (2002). Women's experience of racism: how race and gender interact.

<http://www.criawicref.ca/WomensexperienceofracismHowraceandgenderinteract%20#Citizenshipandimmigration>

28. Teng L, Robertson Blackmore E, Stewart DE. Archives Women's Ment Health 2007, 10: 93-101.