**Comparison of Postpartum Depression in Rural and Urban Communities**

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**Introduction**

While the success rate for treatment of postpartum depression is around 80%, approximately 50% of postpartum cases are not diagnosed by a healthcare professional. There is a significant portion of the population affected by the suffering of this highly treatable disease. Postpartum depression can affect all demographics but has varying features and interventions in different educational levels and races (Langdon, n.d.). With timely and accurate diagnoses, treatments and plans of care can be more beneficial and effective in returning to baseline (Mayo Clinic, 2022). Healthy People 2030 has set an objective to increase postpartum depression screening to better identify risk factors and clinical manifestations (Healthy People 2030, n.d.). The purpose of this paper is to compare the effects of postpartum depression in mothers residing in urban versus rural areas, and to explore the efficacy of cognitive behavioral therapy and women's resource centers in these populations.

**Discussion**

Postpartum depression is an illness that can significantly impair the lives of women and their role as a mother (Azhar et al., 2022). Long-lasting symptoms can hinder relationships with the infant, leading to adverse childhood events (Kunselman et al., 2022). One in seven women suffer from postpartum depression, causing detrimental effects on the mother-baby relationship, as well as the health of both parties (Azhar et al., 2022). When postpartum depression is left untreated, the patient is at risk of a variety of complications that affect mental, physical, and psychosocial health. Comorbid obsessive-compulsive disorder, anxiety, behavioral disturbances, intellectual disabilities, suicide, fatigue and many other comorbidities are noted complications of this illness (Pajai & Suryawanshi, 2022).

**Urban Communities**

Urban areas are classified as a dense community with a large population in close quarters, quantified by at least 2,000 housing units, including non-residential area adjacent to the urban area (United States Census Bureau [USCB], 2023). People in this population may experience increased stressed, lack of social support, and overall poor health due to environmental factors and culture within an urban community. Additionally, increased cases of domestic violence contribute to the rise of postpartum depression prevalence (Seleni, n.d.).

**Rural Communities**

Rural areas are simply defined as people, housing, and territory that are outside urban limits (Health Resources and Services Administration [HRSA], 2024). They are characterized by small population sizes, ranging from 5,000 to 50,000 people (Economic Research Service U.S. Department of Agriculture, 2024). According to the 2010 census, by these definitions, 19.3% of the population are categorized as rural, amounting to 97% of the land area (HRSA, 2024). Postpartum depression in these communities is very high, however there are not many studies available that investigate this statistic. Studies that were compiled showed an increase prevalence of postpartum depression in rural areas, support for screening and resources, and the overarching stigma behind mothers experiencing psychiatric illness (Ford et al., 2015). There is reason to believe these statistics are true due to increased risk by 21% compared to urban women. Factors explored include maternal age, state of residence, education level, and other characteristics specific to rural areas (Bao et al., 2019).

**Social Determinants of Health**

Community engagement and health literacy can impact the prevalence of postpartum depression (Giurgescu, 2017). Civic participating and engaging in the community includes voting, volunteering, attending events, sports teams, etc. Not only do these factors promote healthy communities and higher quality of life, they improve the mental and physical health of individuals. Mothers with community support and a higher quality of life prior to pregnancy are at lower risk of developing postpartum depression signs and symptoms. Therefore, this determinant positively impacts the prevention, diagnosis, and treatment of postpartum depression (Office of Disease Prevention and Health Promotion [ODPHP, n.d.). Health literacy is the level of understanding that people have, regarding basic health information and resources needed to make decisions. Higher levels of health literacy relate to improved health outcomes, however, there has not been much emphasis on improving health literacy with a focus on mental illness and ability to cope. It is believed that increased awareness and ability to identify signs and symptoms help people to use resources and follow a plan of care, impacting the patient positively (Guy, 2014).

**CUES in Urban Communities**

CUES stands for confidentiality, universal education and empowerment, and support. The purpose of this intervention is to use a team-based approach and trauma-informed care to assess and care for patients impacted by domestic violence. Steps to perform this intervention is to assess patient alone, disclose confidentiality, utilize the designated safety cards to discuss relationships and the impact violence has on health outcomes, and lastly, aim for disclosure by discussing a care plan to minimize future harm. Providers that utilize these strategies may have improved confidence and productivity in discussions surrounding domestic violence. Additionally, many patients have reported increase sense of empowerment after using the specified cards. CUES may increase health literacy, thus positively impacting the patient (IPV Health, n.d.). Women experiencing domestic violence are three times more likely to have postpartum depression. Therefore, by decreasing domestic violence, the prevalence of postpartum depression may improve, decreasing the amount urban mothers affected by the illness (Kippert, 2019).

**Women’s Resource Centers in Rural Communities**

Another intervention available for mothers includes women’s resource centers. Postpartum support international provides a helpline that answers questions and educates on available resources, using therapeutic communication. Additionally, there are support groups available for a variety of issues and peer mentor programs (Postpartum Support International [PSI], n.d.). Resource centers allow the mothers to feel supported, carry out treatment, and prevent complications like suicide and poor mother-baby bonding. By receiving prompt resources and treatment, impairment of activities of daily life can be minimized, potentially shortening the manifestation of the disease (Office of Women’s Health, 2023). Socioeconomic status influences a person’s ability to access healthcare and resources as low socioeconomic status may hinder the patient’s accessibility to internet, online resources, transportation, and the affordability of care (McMaughan et al., 2020). Women’s resource centers are effective in raising awareness of postpartum depression signs and symptoms, promoting helpful resources, and giving insight on how to access healthcare. However, with the lack of resources and centers in rural areas, this intervention is not as effective as it potentially could be (Healthy People 2030, n.d.).

**Comparison**

 Urban and rural communities have a variety of differences but are also similar in other ways. A study allowed participants in both populations to self-identify race, income, and education. Rural communities were reported to be less racially and ethnically diverse, while there was no notable difference in health literacy or age. An appropriate level of health literacy was evaluated in both populations, specifically 83.7% of those from rural communities and 81.8% of urban communities. Additionally, 71% of urban participants reported the had access to specialist doctors and only 58% of rural participants reported the same. There is reason to believe this may be due to less access resources for transportation and less health care coverage in rural populations (Chen et al., 2018).

 The CUES intervention is formal and requires mothers to schedule appointments and adhere to treatment. In order to be effective, they must work with the team to discuss behaviors and manifestations while collaborating to form a treatment plan and goals. This is only effective if the patient can advocate for themselves and meet with a provider in person (IPV Health, n.d.). Women’s resource centers are less specific and aim for a vaguer approach by providing help lines and support groups. These resources can be accessed from your home and do not require an in-person aspect for the intervention. Additionally, this type of intervention works towards finding a strategy that is effective for the individual and requires next steps for a true form of treatment (Office of Women’s Health, 2023).

Mental health stigma is a significant barrier in the diagnosis and management in psychiatric illnesses. Stigma can result in a feeling of shame and isolation about the illness one is suffering from. This can hinder the mother’s ability to utilize available resources and get the support needed for treatment. Stigma also impacts relationships formed between healthcare providers and patients, decreasing the effectiveness of care. This stigma can be found in all populations and can be correlated with race, socioeconomic status, values, and beliefs, apparent in both rural and urban populations (Ahad et al., 2023). Lack of transportation and accessibility to resources can be a barrier for getting diagnosed and treated as well, specifically in rural populations (Chen et al., 2018).

**Conclusion**

Postpartum depression significantly impairs the daily functioning of women in both rural and urban populations, despite access to resources and interventions. To continue working towards the Healthy People 2030 objective of increasing screening of postpartum depression, evidence-based resources that support treatment of mental illness and overall screening during the labor and delivery process need to increase. This includes appropriate use of antidepressants, anxiety screens, depression and suicide risk screens, and assessments during the perinatal period (Healthy People 2030, n.d.). In conclusion, interventions like CUES and women’s resource centers need to be more accessible, so postpartum depression in both rural and urban communities can be less prevalent and treated more promptly, minimizing the detrimental effects the illness has on the families of those affected.

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