

A Literature Review: Barriers to Care Amongst Immigrant Women with Postpartum Depression in Canada

Rukhsar Gul MPAS (Candidate), PA-S, B. Sc
7935208
gulr@myumanitoba.ca

Mentors: Dr. Margaret Morris, MD and Josh Kahanovitch, PA
Program Director: Rebecca Mueller, MPAS, CCPA, PA-C
Advisor: Steven Piotrowski, PA

A capstone project submitted to the Faculty of Graduate Studies of The University of Manitoba
in partial fulfillment of the requirements for the degree of

MASTER OF PHYSICIAN ASSISTANT STUDIES

Department of Physician Assistant Studies
Max Rady College of Medicine and Faculty of Graduate Studies
University of Manitoba
Winnipeg, Canada
May 15, 2023

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ABSTRACT

Introduction:

Postpartum depression (PPD) is a prevalent condition among new mothers, affecting 10-15% of the population. However, immigrant women are at a higher risk of developing PPD than non-immigrant women, with a 1.5-5 times greater likelihood. Access barriers such as social isolation, financial instability, and limited awareness of healthcare services hinder PPD care access for immigrant women. Although the Canadian Task Force Prevention Guidelines advocate for PPD screening, a lack of substantial research on its importance could potentially increase the challenges immigrant women encounter when seeking proper PPD care.

Objective:

For this literature review, several online databases were utilized. This review aims to identify the barriers immigrant women face when seeking help for postpartum depression and understand what would help meet the mental health needs of immigrant and refugee women during the postpartum period.

Methods:

Using key terms related to access barriers to postpartum depression care among immigrant women in Canada. This review searched several online databases, including PubMed, Scopus, and CINAHL. Six articles met the inclusion criteria and were analyzed.

Results:

Five studies explored the challenges immigrant women experience when seeking postpartum depression care in Canada, while one study investigated Canadian guidelines on the recommendation against screening for postpartum depression. However, only limited insight was given into its effects on the immigrant population. Three common themes that affected immigrant women's behaviour when seeking care were a cultural influence on PPD, lack of awareness about service accessibility and quality of care, and migrant-related issues such as language barriers and discrimination.

Conclusion:

This literature review highlights the multifaceted nature of the challenges faced by immigrant women in accessing postpartum care for depression in Canada. Factors such as language barriers, stigma, cultural influence on help-seeking behaviours, lack of awareness about available services, and migrant-related issues contribute to these challenges. The study underscores the need for culturally sensitive care that considers the unique experiences of immigrant women. Additionally, the findings highlight the importance of training healthcare professionals to improve their cultural understanding and awareness, which can help build trusting relationships with their patients. This review provides practical recommendations for improving care delivery and outcomes, including greater awareness about available services and incorporating PPD screening into Canadian guidelines.

INTRODUCTION

Postpartum Depression

Postpartum Depression (PPD) is a severe mental illness that affects women throughout pregnancy and up to one year after childbirth. (3) An estimated 10 to 15% of new mothers suffer from PPD, with few seeking treatment. (1) Although symptoms of PPD can last for more than a year, they are usually observed within the first six months after delivery. (3) Unfortunately, PPD is frequently misdiagnosed as an anxiety disorder, postpartum psychosis, or the baby blues. (3) PPD can have various unfavourable clinical implications, such as maternal detachment from the infant, guilt, feelings of insignificance, and in extreme cases, suicidal or self-harming ideation. (2) If left untreated, PPD can adversely affect maternal-child bonding, maternal self-efficacy, and the child's development. It can also increase the likelihood of developing other mental health disorders. (3) Research has shown that treating PPD can have positive outcomes for both mother and child. Maternal treatment can reduce the likelihood of maternal depression and anxiety, improve pair bonding, and reduce the child's risk of developing behavioural and emotional problems. (3)

Migrants (immigrants, refugees) reside outside their nation of origin, regardless of their legal status. (2) The number of immigrants and refugees coming to Canada has significantly increased over the last decade. It has been estimated to rise by 30% by the year 2036. (7) According to the 2021 Census of Canada, 21.9% of Canadians were immigrants. Manitoba has a population of over 1.3 million, of which 18.3% are immigrants. (7)

Extensive research suggests that immigrant women are more susceptible to mental illness due to potential stressors such as previous mental health concerns, migrant experiences (e.g., unemployment, social isolation, adopting to new cultural norms), as well as social determinants

of health, such as financial instability, language barriers, and acculturation. (19) Immigrant women are at a 1.5 to 2-fold higher risk of developing depressive symptoms than non-immigrant women. (19) In Canada, it has been observed that new immigrants tend to have better health upon arrival. However, it declines as their length of stay in the country increases. (23) This effect has also been observed in mental health, with specific subpopulations experiencing a decline in mental well-being depending on stressors and access to supportive resources. (23)

Addressing barriers these marginalized groups face is necessary to ensure the best outcomes for the mother, child, and family. (2) Numerous studies reveal that many migrant women suffer from severe mental health problems such as post-traumatic stress disorder, depression, and anxiety, further making it difficult to cope with postpartum depressive symptoms. (2)

In comparison to Canadian-born women, immigrant women encounter more barriers to treatment. Factors associated with barriers to care are shaped by the immigrant women's experiences, including the cultural conceptualization of PPD, which includes stigma, lack of understanding about the new healthcare system, limited discussion about PPD, and lack of spousal support. (6,8,10, 11,12,17) Moreover, immigrant women who could recognize their postpartum depressive symptoms were interested in seeking help but had limited awareness about the services provided. They described the importance of the health care providers (HCPs) as facilitators to mitigate these barriers. (16) Other factors influencing their help-seeking behaviour include language difficulties and discrimination. 87.5% of women reported coming across hurtful comments, dismissive behaviour, and being labelled as lazy when they would practice culturally appropriate care. (20)

Screening Guidelines in Canada

Canada is a diverse country consisting of approximately 8.3 million immigrants having the seventh-largest foreign-born population in the world. (3) Although ample evidence indicates the potential mental health risks faced by immigrants and refugees, there are still inadequacies in understanding the barriers and utilization of mental health services in Canada by the immigrant population in the healthcare system. (12) Postpartum depression is a relevant and severe mental illness that affects new mothers. Despite this, there is an ongoing debate among healthcare providers and policymakers regarding the effectiveness of routine screening for this condition. The Canadian Task Force on Preventive Health Care guidelines in 2022 recommend against screening for depression in pregnant individuals in the antepartum and postpartum period. (21) It is advised that the Healthcare provider monitor depression-like symptoms in postpartum women. (13) Evidence assembled by the Canadian Task Force is uncertain about the benefits and outcomes of implementing screening guidelines. (23)

The Danish Edinburgh Postnatal Depression Scale (EPDS) is a well-known risk assessment tool used in women with active depression symptoms to identify the risk for depression in the postpartum stage. (3) The EPDS has garnered broad acceptance and substantial usage, as evidenced by its universal translation and validation. (3) The scale is used in connection with clinical judgment to screen for PPD worldwide. However, there are no standardized screening tools or guidelines to detect PPD. (21) A study in Alberta analyzed the effectiveness of screening high-risk and low-moderate-risk individuals for PPD. The high-risk individuals screened for PPD had an increased likelihood of diagnosis and higher utilization of postpartum services and dispensed drugs than those unscreened. (22) Thus, further research is needed to evaluate the benefits of screening for PPD in the general population in Canada.

OBJECTIVES:

1. To identify barriers that prevent immigrant women from accessing care for postpartum depression in Canada.
2. To examine the infrastructure and regulations for PPD screening in Canada.
3. To recommend strategies for improving access to postpartum depression care for immigrant women.

METHODS

Inclusion Criteria

The inclusion criteria used to determine research suitability were studies published in English, anywhere in Canada, focusing on refugees and immigrants, and pertinent to the research question within the last seventeen years (2006-2023). The criteria used to determine relevance to the research question of this literature review included: postpartum care amongst immigrant women in Canada, with a more detailed emphasis on barriers to care. The studies included in this review discuss self-reported experiences, healthcare provider perception when working with this population and systemic considerations. Articles on topics such as focused ethnic population, breastfeeding, and attending prenatal classes were excluded in favour of this literature review. Six articles were chosen for a full review in this paper.

Search Strategy

Relevant articles were searched using the following databases: PubMed, Scopus, and MEDLINE (via Ovid). An arrangement of keywords and topics was used to search, focusing on the four main concepts of barriers to care, immigrants, Canada, and postpartum depression. An initial search on PubMed was conducted to look for articles on Canadian guidelines on screening

for postpartum depression. However, a few were found. Using PubMed on December 20th, 2022, limiting the search between the time frame of 2006 to 2023 using the key terms: postpartum depression AND Immigrant AND Canada yielded 70 results. In addition to PubMed, a search on Scopus was made on December 2nd, 2022, using similar key terms as mentioned above from 2006 and 2023, yielding 55 results. MEDLINE was also used to focus the topic further using key terms: (postpartum depression or PPD) and (immigrant or emigrant or migrant or refugee) and Canada and barriers to care, yielding three results.

The initial exploration for this analysis involved using PubMed recognized as the most extensive database in the field of health sciences. Additionally, Scopus was searched due to its broad range of social and health sciences coverage, making it relevant for identifying hindrances to postpartum care among immigrant women. Moreover, MEDLINE was incorporated as it could provide unique insights from healthcare providers regarding this subject matter.

Zotero was utilized as a reference manager to eliminate 60 duplicates from these databases, resulting in 68 articles. The titles of these 68 papers were evaluated for their suitability and relevance to the main topic of this paper and to ensure that they explored the appropriate population and concern. This search yielded 15 studies. The significance of these studies' abstracts to this literature review's research objective was then evaluated. Abstract evaluation criteria focused on assessing immigrant women in Canada and barriers to care with postpartum depression. This resulted in a total of eight articles. The complete manuscripts of these eight articles were evaluated and reduced to six for this literature review (Figure 1).

RESULTS

Search Result

A comprehensive literature review was conducted to examine the barriers encountered by immigrant women seeking care for PPD in Canada. The search was performed on PubMed, Scopus, and CINAHL databases, yielding six articles relevant to the research objectives. Table 1 presents the pertinent details of these articles, including their author/year, objectives, population, sample size, findings, and limitations. All studies were conducted between 2006 and 2022, with four studies focusing primarily on the barriers to care faced by immigrant women with postpartum depression and one study investigating the perceptions of healthcare providers regarding these barriers when working with the immigrant population. The papers selected for this literature review consisted of a systematic qualitative review, scoping review, and interpretive descriptive study. The study population was diverse and included immigrants, defined as individuals living in a country that was not their birthplace, refugees and asylum seekers.

Three themes emerged from this study identifying what acted as barriers to care faced by immigrant women with PPD: (1) Cultural influence on PPD and help-seeking behaviour, (2) lack of awareness about service accessibility and quality of care, and (3) migrant related issues such as language barrier, stigma, and discrimination. Although one of the studies briefly discussed screening tools used in Canada and their shortcomings, no satisfactory studies evaluated Canadian screening guidelines.

Barriers to Accessing Care Amongst Immigrant Women with PPD.

Cultural Conceptualization

Immigrant women demonstrate a higher susceptibility to developing postpartum depression (PPD) and manifesting depressive symptoms compared to their Canadian-born counterparts. (6, 10, 11) Three selected papers for this investigation explored the impact of culture on the help-seeking behaviour of immigrant women with PPD. The cultural understanding of mental illness and health diverges from the Western perspective on PPD.

Cultural influence on postpartum depression emerged as the most frequently reported experience among migrant women, impeding their pursuit of care. Dela Cruz et al. discovered in a qualitative systematic review that the cultural perception of postpartum depression was markedly limited. Immigrant women were reluctant to use terms such as "mental health" or "depression." For example, Syrian participants suggested that depression occurs "less frequently" or "does not exist." The study further emphasized the inadequate understanding of PPD among immigrant women, who often failed to recognize its symptoms and attributed depressive manifestations to "boredom" or fatigue. This lack of awareness and limited discussion on mental health restricted immigrant women's knowledge and served as an obstacle to seeking assistance for their PPD symptoms. Symptoms were often perceived as usual and attributed to hormonal imbalances following pregnancy. (6) Teng et al. carried out a community-based qualitative study to establish the obstacles immigrant women face in accessing healthcare, as perceived by healthcare professionals (HCPs). Conducted in Toronto, this investigation involved interviews with 16 practitioners from various disciplines, all employed by healthcare agencies that provided postpartum care to immigrant women. The study identified two primary barriers impeding recent immigrant women's care: cultural and practical barriers. The care providers participating in the

research deemed cultural barriers the most intricate and challenging to tackle. According to the HCPs, immigrant women viewed PPD as a non-medical issue that did not warrant medical attention. (10) The absence of cultural recognition for PPD contributed to dismissive attitudes. (6, 10)

Similarly, the Ahmed et al. study interviewed 23 immigrant women who lived in Canada for less than five years and scored above ten on the Edinburgh Postnatal Depression Scale. The researchers discovered that mental health was highly stigmatized within numerous cultures, and apprehensions regarding confidentiality breaches further hindered care-seeking among the immigrant population. Perceptions of being labelled an "unfit mother" or "crazy" furthered this issue. (11) Spiritual and cultural practices were presented as protective factors that could help alleviate depressive symptoms. (11) The study also deduced that immigrant mothers frequently hesitated to disclose depressive symptoms out of concern that family services might remove their children. (10,11)

Cultural barriers are further exacerbated by a limited understanding of the healthcare and social care systems. The lack of culturally diverse healthcare professionals has often been identified as an obstacle to care. However, studies by Teng et al. and Ahmed et al. found that some immigrant women favoured working with HCPs from different cultural backgrounds to avoid judgment from a cultural peer. (10,11) These women were reluctant to discuss their mental health concerns with HCPs sharing their cultural experiences for fear of their issues becoming known within the community. (10, 11).

Dela Cruz et al. highlighted that inadequate spousal support and limited understanding of PPD resulted in hesitancy to pursue assistance for this condition (6,10). It was reported that women were discouraged from seeking medical treatment by their spouses, who claimed that

medications would exacerbate their symptoms. Consequently, these women were more inclined to seek spiritual support than pharmaceutical interventions for depressive symptoms. The researchers identified the primary obstacle to obtaining care as the widespread absence of knowledge and understanding about PPD (6,10).

Service accessibility and quality of care

In analyzing five studies examined in this review, one of the most prevalent findings was the deficiency of awareness regarding available services. (6, 8, 9, 10, 11). Research conducted by Ganann et al. conducted face-to-face interviews in Scarborough, Ontario, to investigate factors influencing health services accessibility. This investigation revealed that unfamiliarity with the new healthcare system created challenges in seeking care for PPD. One participant expressed that utilizing services designated for PPD was not the issue. Still, most of the time, they remained uninformed about the specific benefits catering to mothers requiring psychological assistance. (8,11) Both Ganann et al. and Ahmed et al. identified that one of the most significant obstacles to accessing care for PPD was the lack of awareness regarding the resources and help available for PPD. (8,11)

Three research studies examined the role of care quality as an obstacle in seeking assistance for postpartum depression. (6,8,10) Establishing a patient-centric approach and cultivating a therapeutic relationship with healthcare professionals is crucial in accessing their services and aiding in recognizing depressive symptoms. (8) However, some immigrant women reported that limited time with HCPs hindered the development of such therapeutic relationships. (8) As described by a participant in Ganann et al.'s study, this insufficient time allocation led to a lack of trust and feelings of insignificance. (8) Dela Cruz et al. discovered that it was essential for HCPs to understand the migration experiences of immigrant women and adopt a more

empathetic approach, given their vulnerability. (6) This understanding is vital for migrant women who require more comprehensive and collaborative services, encompassing holistic care and integrating culturally specific values. (10) Although some participants mentioned that HCPs did not address their concerns and made them feel less important, others recounted positive interactions with their providers, facilitating access to care. (8) These women found attending group programs for PPD and acquiring coping skills to manage the condition beneficial. (8,11)

The timely diagnosis and provision of appropriate support for postpartum depression are crucial, given the time-sensitive nature of the condition. In the five studies analyzed in this review, common barriers to service accessibility were identified, such as financial instability and transportation. (6,9) In a scoping review of 45 articles, Salam et al. thematically examined various obstacles immigrants and refugees encounter when seeking mental healthcare. Transportation emerged as a significant deterrent for immigrant women seeking PPD care. Primarily due to transportation expenses and the challenge of arranging appointment rides. (6,10) The influence of husbands has been consistently underscored in multiple studies as a crucial factor when seeking help for PPD (9). Women often relied on their partners for transportation to appointments, necessitating their husbands to take time off work and potentially arrange childcare for other children. This additional burden could exacerbate the financial strain experienced by these families (6).

Migrant Related Issues

Unsurprisingly, language barriers are one of the most prevalent challenges migrant women encounter when seeking assistance for PPD. This issue is addressed in five of the six studies included in this review, which examined the influence of language on help-seeking behaviour. Dela Cruz et al. discovered that language obstacles obstruct effective communication

with HCPs, as study participants reported lacking words to express their thoughts, resulting in misdiagnosis and suboptimal treatment. (6) Salam et al. observed that immigrant women with language barriers often rely on their partner or child to convey their concerns to HCPs. In some cases, women may feel uneasy discussing their depressive symptoms with their children, causing a delay in communication. One proposed solution involves incorporating proficient interpreters, which could benefit patients and service providers. (8) Nonetheless, Teng et al. found that professional translators often lack culturally competent training, leading to potential misinterpretations when delivering care to the immigrant population. (9, 10)

Salam et al. discovered that discrimination was experienced by both refugee and immigrant participants, stemming from their migrant classification, gender, and ethnicity. Instances of condescending remarks were encountered by individuals seeking care for PPD, such as being questioned about having more children while pursuing treatment for the condition. These women often felt disregarded and disengaged, as the HCPs often interacted with the interpreter, failing to acknowledge the presence of the individual being assessed in the room. (9) Likewise, Ahmed et al. study participants reported encountering dismissive behaviour and negative attitudes from staff members, which contributed to their reluctance to utilize mental health services. Such experiences led to adverse consequences, as these disheartening remarks discouraged them from seeking access to mental health care, potentially exacerbating their conditions. (11)

Canadian Guidelines on Screening for PPD

An extensive environmental analysis was conducted within a constructivist and feminist framework, unveiling disparities in the accessibility of guidelines and resources for PPD

throughout Canada. Hippman et al. found that a mere (6;46%) of provinces and territories had readily available provincial guidelines or strategies, while the rest lacked any pertinent documentation. Universal PPD screening was explicitly advocated in (7;54%) of the provinces and territories. Although (9;69%) of the regions incorporated screening into medical records, only (4;31%) of provinces and territories included screening in both prenatal and postpartum records. Furthermore, just (6;46%) of provinces and territories explicitly addressed cross-cultural aspects in their documents. (13) Numerous studies have revealed that immigrant populations are more susceptible to PPD and face more significant challenges in accessing care. (1)

DISCUSSION

In Canada, immigrant women face an increased likelihood of experiencing postpartum depression, which can be attributed to numerous psychosocial factors associated with their circumstances. This literature review intends to consolidate the various obstacles that hinder immigrants from accessing PPD care. The primary aim of this review is to examine the barriers to care amongst the immigrant population in Canada and provide recommendations to mitigate these challenges. Additionally, the research evaluates Canadian postpartum depression screening guidelines to discover if they inadvertently generate further barriers for immigrant women. Table 2 in the appendix presents a summary of the below-mentioned findings.

Barriers to Accessing PPD Care Amongst Immigrant Women

Upon synthesizing the findings from six distinct research articles, this literature review uncovers three primary themes associated with barriers to care for immigrant women suffering from postpartum depression. These central themes encompass cultural conceptualization, service accessibility and quality of care, and migrant-related issues.

Cultural Conceptualization

The influence of culture on postpartum depression appeared as one of the most frequently reported barriers to accessing care in three studies selected for this literature review. A significant lack of knowledge and understanding of postpartum depression (PPD) was identified as a large obstacle to seeking help. Dela Cruz et al. noticed that various participants interviewed were unfamiliar with PPD and often attributed these symptoms to "feeling overwhelmed" following childbirth. (6) There was no acknowledgment of depression within their community. (6) This shows the substantial gaps in knowledge concerning PPD symptoms amongst immigrant women. Cultural norms and expectations might deter open discussions about mental health issues, leading to a lack of understanding and recognition of PPD symptoms. In some communities, the symptoms of PPD may be misinterpreted as general fatigue and laziness, further delaying the identification and treatment of the condition. (8) The absence of cultural recognition and open dialogue about PPD can result in dismissive attitudes, thereby restricting access to care. (8)

Furthermore, Ahmed et al. discovered that Syrian refugee women in Canada acknowledged PPD but refrained from using terms such as "depression," as the use of this terminology was associated with being "sick" and "requiring treatment." (8) Childbirth was perceived as a positive life event, leading to a diminished belief in the existence of PPD (11).

Mental illness is identified to be highly stigmatized across many cultures, and it is considered a barrier to seeking appropriate care for PPD. Immigrant women experiencing PPD frequently fear being labelled as mentally ill or deemed inadequate mothers, which can prevent them from openly discussing their depressive symptoms. They are concerned about information spreading within their communities, causing them to avoid discussing their depressive

symptoms. (8) This reluctance to seek help can exacerbate the condition, leading to long-term adverse effects on the mother and her child. It is crucial to make concerted efforts to educate immigrant women and normalize conversations about depressive symptoms to address this stigma.

Numerous studies have shown that migrant women's experiences with healthcare providers can significantly influence their help-seeking behaviours. Healthcare providers who demonstrate cultural competence and diversity frequently help overcome barriers to care. However, some women have reported feeling more comfortable with a provider not sharing their cultural background due to concerns about being judged (10, 11). These concerns predominantly arise when the healthcare professional and patient are members of the same social community. This situation can lead to concerns about the potential spread of personal information within their shared social networks. (10) Salami et al. and Mahoney et al. also commented on the effects of stigma on help-seeking behaviour amongst the immigrant population. (12, 17) It would be advantageous to inquire about a patient's comfort level and preferences regarding their healthcare provider before scheduling appointments. (8,12) Furthermore, HCPs should prioritize maintaining patient confidentiality to alleviate concerns about sensitive information being disclosed within their communities. This can be achieved through stringent confidentiality policies and clear communication with patients about privacy protection.

Two studies analyzed commented on the fear of negative repercussions and limited understanding of the healthcare system. (6,11) A prevalent notion among immigrant families suggested that disclosing any mental health problems could lead to the intervention of child services and subsequent removal of their children, a fear corroborated by additional research. (6,11,12) To address this critical issue, the literature suggests that increasing awareness of PPD

and enhancing healthcare literacy through effective communication with local communities can help dispel misconceptions. (10)

Spousal support has been deemed crucial for facilitating women's pursuit of assistance for postpartum depression. Frequently, women encountered obstacles in seeking mental health care, with their partners playing a pivotal role in the decision-making process. (8) Immigrant women were advised to seek spiritual guidance from their partners or families and abstain from medications due to concerns that such interventions could exacerbate their symptoms. Hence, adopting a compassionate and empathetic approach toward the challenges immigrant populations face and the diverse cultural perspectives surrounding PPD can significantly address this cultural barrier. (10) Offering reassurance, education about the healthcare system, and supplying resources have also been suggested in numerous studies as practical strategies to facilitate access to care.

Services accessibility and quality of care

Insufficient knowledge concerning available services and resources for postpartum depression (PPD) care presents a significant challenge for immigrant women (6, 8, 9, 10, 11, 12). Ganann et al. discovered that these women do not refuse treatment for their depressive symptoms but struggled to navigate the unfamiliar healthcare system (8). Notably, many women identified psychological resources through local immigrant support and settlement centers instead of family doctors or prenatal clinics (11). In the study by Ahmed et al., over half of the participants were unaware of the available social and psychological services within their community, with most learning about these resources through friends or other personal connections (11). A strategy suggested to mitigate this is to enhance collaboration between HCP and immigrant support centers, for example, for HCPs to work closely with immigrant support and settlement centers,

enabling the dissemination of information about available PPD care services to the target population. Another recommendation would be to increase awareness through community-based programs such as those held at local community centers and places of worship. (11,24)

The lack of efficient communication between healthcare professionals (HCPs) and immigrant women, coupled with a deficit in culturally sensitive care, considerably escalated the barriers these women faced when seeking care. Healthcare professionals expressed concern about overlooking postpartum depressive symptoms in immigrant women due to their perceived lack of competence in cross-cultural care. (10) To ensure effective and comprehensive care, it is essential to develop culturally sensitive approaches that acknowledge and respect the diverse backgrounds of these women. Equipping healthcare professionals with training in cross-cultural care is suggested across several analyses, as it facilitates a more comfortable environment for these women to discuss their concerns. (10)

Financial instability has been identified as a barrier to seeking aid among recent immigrant women experiencing PPD. Transportation costs and limited access to public transportation can pose significant challenges for women seeking PPD care, as they may struggle to afford transportation expenses to attend therapy sessions or medical appointments. (6,9,10) Moreover, seeking PPD care often necessitates time away from work for appointments, which can lead to the family's income loss. Additionally, childcare expenses become a concern for immigrant women with PPD, as they must arrange childcare for their children while attending therapy sessions or medical appointments. Alternative care delivery options should be available to address these ancillary expenses, including telephone-based care, community-based group support, and local community clinics. (6,9) Although some women found virtual consultations with psychologists helpful, others discovered that interacting with fellow new mothers who

shared similar experiences was more beneficial. (11) Conversely, some women encountered challenges in forming an understanding with their care providers via telephone and felt uneasy discussing personal matters without first establishing a therapeutic relationship with the HCPs. (8) This reiterates the significance of adopting a comprehensive approach to cater to the unique needs of immigrant women based on their circumstances.

Migrant related issues

Studies have shown that language barriers, including preventive care and mental health services, contribute to lower healthcare utilization rates among immigrants. Language barriers pose significant challenges to effective communication between HCPs and immigrant women, making it difficult for providers to diagnose and develop appropriate treatment plans accurately. Without professional translators, women may depend on family members, including children, to serve as interpreters. This reliance can lead to miscommunication, increased stress on family members, and compromised privacy, which may hinder women from sharing personal or sensitive information. (8) Furthermore, language barriers can obstruct healthcare providers' ability to comprehend the cultural context of a woman's symptoms, resulting in less tailored and effective care. (6,8) An approach to combat this problem would be to incorporate skilled interpreters, which were seen as an asset for both the patient and the service providers. (9) As noted, interpreters can mediate communication between patients and HCPs. However, interpreters should be used with caution and trained not just in language interpretation but also in cultural competency to avoid any potential misinterpretations. (8) Several studies recommend improving culturally based competency in Canada by working in a multidisciplinary team to ensure that immigrant women receive culturally congruent care. (6,8,9)

In addition to overcoming language barriers, healthcare providers must be compassionate and empathetic when delivering care to immigrant women. In Teng et al.'s study, participants encountered insensitive remarks and dismissive attitudes from healthcare providers. (9) The providers' failure to engage in direct conversation with immigrant women and instead speaking only to the interpreter contributed to feelings of alienation and deterred them from seeking care in the future. (9) Several studies emphasize the necessity of providing care in a compassionate and empathetic manner, ensuring that these women feel at ease and truly listened to. (6,11) This highlights the importance of fostering a therapeutic relationship and cultivating a safe environment to overcome these barriers.

Canadian Guidelines on Screening for postpartum depression

The review of relevant literature revealed a significant gap in research regarding the impact of limited Canadian guidelines on the screening of PPD. The prevalence of PPD in Canada affects 10-15%, but only 15% of women seek PPD care. (13) Furthermore, immigrant populations are particularly vulnerable to developing PPD and experiencing barriers to accessing proper care. The absence of standardized screening guidelines for pregnant individuals in Canada already poses a risk of missing postpartum depression, placing immigrant populations at an even greater risk of creating barriers to seeking help. The Canadian Task Force recommends inquiring about PPD symptoms but discourages screening, recommending that care providers set up strong relationships with patients and use clinical judgment to diagnose PPD. (16) However, the lack of standardized screening policies may exacerbate existing gaps in the healthcare system. To combat this, the healthcare system in Canada must improve access to mental health and social resources. There are extensive research gaps on the effects of limited screening guidelines on the immigrant population in Canada. Future studies should focus on incorporating standardized

policies into the healthcare system and evaluating if this is a barrier to accessing care among the immigrant population.

LIMITATION

This review presents several limitations that should be acknowledged. Most studies relied on self-reported data, which can be influenced by recall bias and social desirability. The study may not fully represent the diverse cultural backgrounds of immigrant women in Canada, as it focused primarily on three themes. Different cultures may have unique barriers or facilitators that were not identified in this study. Despite briefly discussing PPD screening in Canada and its shortcomings, there was no comprehensive evaluation of the Canadian screening guidelines. This represents a significant gap in the literature and an area for future research. Despite these limitations, this research provides a valuable starting point for further study into the barriers faced by immigrant women seeking postpartum depression care. Future research could aim to address these limitations, potentially leading to a better understanding of the topic and more effective strategies for overcoming these barriers.

CONCLUSION

Access to postpartum care amongst immigrant women remains a concern for the Canadian healthcare system. This literature review sheds light on the various barriers to care that immigrant women face when dealing with postpartum depression in Canada. The three key themes that emerged, namely, cultural influence, lack of awareness about services, and migrant-related issues, highlight the complex and multifaceted nature of the problem. The findings underline the need for culturally sensitive care that considers the unique experiences of immigrant women. Additionally, the study highlights the need for greater awareness and

education about available services and improved screening guidelines to identify and address PPD promptly and effectively. One way to enhance access to care is by training healthcare professionals (HCPs) to improve their cultural understanding and awareness, which can help build trusting relationships with their patients. To enhance PPD care for immigrant women, exploring the need for incorporating PPD screening in the Canadian guidelines and conducting further research on this topic would be beneficial. Overall, this study provides valuable insights into the challenges faced by immigrant women in accessing care for PPD and offers valuable recommendations for improving care delivery and outcomes.

REFERENCES

1. Hrabok M, Watterson R, DeVetten G, Wagner A. Canadian Refugee Women Are At Increased Risk of Postpartum Depression: How Can We Help? *J Obstet Gynaecol Can.* 2020 Nov;42(11):1391–3.
2. O’Mahony J, Donnelly T. Immigrant and refugee women’s post-partum depression help-seeking experiences and access to care: a review and analysis of the literature: Literature review of immigrant women’s post-partum depression experiences. *Journal of Psychiatric and Mental Health Nursing.* 2010 Dec;17(10):917–28.
3. Canada PHA of. Chapter 5: Postpartum Care [Internet]. 2020 [cited 2022 Dec 2]. Available from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/maternity-newborn-care-guidelines-chapter-5.html>
4. Khanlari S, Eastwood J, Barnett B, Naz S, Ogbo FA. Psychosocial and obstetric determinants of women signalling distress during Edinburgh Postnatal Depression Scale (EPDS) screening in Sydney, Australia. *BMC Pregnancy Childbirth.* 2019 Dec;19(1):407.
5. Skoog M, Hallström IK, Vilhelmsson A. Health care professionals’ experiences of screening immigrant mothers for postpartum depression—a qualitative systematic review. Bazzano AN, editor. *PLoS ONE.* 2022 Jul 14;17(7):e0271318.
6. Dela Dela Cruz GA, Johnstone S, Singla DR, George TP, Castle DJ. A Qualitative Systematic Review of Experiences and Barriers Faced by Migrant Women with Perinatal Depression in Canada. *Women.* 2022 Dec 27;3(1):1–21.
7. Government of Canada, S.C. The Daily—Immigration and Ethnocultural Diversity: Key Results from the 2016 Census. Available online: <https://www150.statcan.gc.ca/n1/daily-quotidien/171025/dq171025b-eng.htm?indid=14428-1&indgeo=0> (accessed on 3 Feb 2023)
8. Ganann R, Sword W, Newbold KB, Thabane L, Armour L, Kint B. Influences on mental health and health services accessibility in immigrant women with post-partum depression: An interpretive descriptive study. *Journal of Psychiatric and Mental Health Nursing.* 2020;27(1):87–96.
9. Salam Z, Odenigbo O, Newbold B, Wahoush O, Schwartz L. Systemic and Individual Factors That Shape Mental Health Service Usage Among Visible Minority Immigrants and Refugees in Canada: A Scoping Review. *Adm Policy Ment Health.* 2022 Jul;49(4):552–74.
10. Teng L, Robertson Blackmore E, Stewart DE. Healthcare worker’s perceptions of barriers to care by immigrant women with postpartum depression: an exploratory qualitative study. *Arch Womens Ment Health.* 2007 Jun 14;10(3):93–101.
11. Ahmed A, Stewart DE, Teng L, Wahoush O, Gagnon AJ. Experiences of immigrant new mothers with symptoms of depression. *Arch Womens Ment Health.* 2008 Sep;11(4):295–303.

12. Salami B, Salma J, Hegadoren K. Access, and utilization of mental health services for immigrants and refugees: Perspectives of immigrant service providers. *Int J Mental Health Nurs*. 2019 Feb;28(1):152–61.
13. Hippman CL, Adham M, Zlobin C, Wong G. An Environmental Scan of Perinatal Mental Health Infrastructure Across Canada. *Journal of Obstetrics and Gynaecology Canada*. 2022 Jul;44(7):745–6.
14. Hippman CL. Is Canada doing - life with a baby [Internet]. Available from: <https://www.lifewithababy.com/resources/Documents/Maternal%20Mental%20Health%20Support%20in%20Canada%20A%20Review%202020%20dated.pdf>
15. Patrick K. Do ask, but don't screen: Identifying peripartum depression in primary care [Internet]. *CMAJ*. 2022 [cited 2023Apr12]. Available from: <https://www.cmaj.ca/content/194/28/E994>
16. O'Mahony JM, Donnelly TT, Este D, Bouchal SR. Using Critical Ethnography to Explore Issues among Immigrant and Refugee Women Seeking Help for Postpartum Depression. *Issues in Mental Health Nursing*. 2012 Nov 2;33(11):735–42.
17. Haque S, Malebranche M. Impact of culture on refugee women's conceptualization and experience of postpartum depression in high-income countries of resettlement: A scoping review. Na KS, editor. *PLoS ONE*. 2020 Sep 1;15(9):e0238109.
18. Ahmed A, Bowen A, Feng CX. Maternal depression in Syrian refugee women recently moved to Canada: a preliminary study. *BMC Pregnancy Childbirth*. 2017 Dec;17(1):240.
19. Falah-Hassani K, Shiri R, Vigod S, Dennis CL. Prevalence of postpartum depression among immigrant women: A systematic review and meta-analysis. *Journal of Psychiatric Research*. 2015 Nov 1;70:67–82.
20. Higginbottom GMA, Morgan M, O'Mahony J, Chiu Y, Kocay D, Alexandre M, et al. Immigrant women's experiences of postpartum depression in Canada: a protocol for systematic review using a narrative synthesis. *Syst Rev*. 2013 Aug 21;2:65
21. Lang E, Colquhoun H, LeBlanc JC, Riva JJ, Moore A, Traversy G, et al. Recommendation on instrument-based screening for depression during pregnancy and the postpartum period. *CMAJ*. 2022 Jul 25;194(28):E981–9.
22. Premji S, McDonald SW, Metcalfe A, Faris P, Quan H, Tough S, et al. Examining postpartum depression screening effectiveness in well child clinics in Alberta, Canada: A study using the All Our Families cohort and administrative data. *Preventive Medicine Reports*. 2019 Jun;14:100888.
23. Vang, Z. M., Sigouin, J., Flenon, A. & Gagnon, A. (2017). Are immigrants healthier than native-born Canadians? A systematic review of the healthy immigrant effect in Canada. *Ethnicity & Health*, 22 , 209–241.
24. Bodolai P, Celmins M, Vilorio-Tan E. Use of Services by Immigrant Women with Symptoms of Postpartum Depression. :37

APPENDIX

	Study	Design	Objective	Population and Sample Size	Findings	Limitations
1	Dela Cruz et al 2022 (6)	Qualitative Systemic Review	“to aggregate the experiences and barriers to care faced by immigrant and refugee women in Canada who have perinatal depression”	Participants included immigrant women, service providers, refugee women Sample size: 13 eligible studies representing 10 samples (N=262 participants)	A greater understanding of both cultural and migration experiences in adjunction to HCPs. The role of family and spouse support, financial instability and language barriers played a major role in immigrant women's help-seeking behaviour to perinatal depression.	Studies included were conducted in larger cities in Canada such as Toronto and Vancouver. This study looked at the experiences of immigrant women, facilitators to mental health treatment were not included.
2	Ganann et al. 2020 (8)	Interpretive description study Semi-structured interviews	Determine the views of immigrant women on the factors contributing to PPD, the accessibility of healthcare services, and the support role of mental health providers for immigrant women.	Bangladesh (2), China (2), Colombia (1), India (2), Jamaica (1), Pakistan (1), Philippines (1), Sudan (1) Sample Size: 11 immigrant women Postpartum	Immigrant women with PPD highlight the importance of building relationships with HCPs as a key to effective treatment, improved coping, and easier access to services. To better support these women: increased communication with diverse cultural communities, guidance in navigating the healthcare system, and the provision of integrated, accessible, and timely services	Limited sample size and geographical coverage, focusing only on areas that housed 75% of the immigrant population and consequently leaving out regions with smaller immigrant communities. All participants had access to some sort of primary HCPs. Thus, not representative of all immigrant women with PPD.
3	Salam et al. 2022 (9)	A Scoping Review	To explore systemic and individual factors that shape mental health service usage among visible minority immigrants and refugees in Canada.	A total of 45 articles published from 2000 to 2020 were selected through the review process and thematically analyzed. The review focused on visible minority immigrants and refugees in Canada.	Factors limiting access to care included: language barriers, financial limitations, lack of awareness of available services, discomfort with care administered over the phone, and long wait times	Significant articles examined for this study were conducted in Quebec, where the main language is French, and therefore conclusions drawn might not be applicable to all visible minority immigrants in Canada.

	Study	Design	Objective	Population and Sample Size	Findings	Limitations
4	Ahmed et al. 2008 (11)	Qualitative study Semi structure interviews	To explore the experiences and challenges faced by immigrant new mothers exhibiting symptoms of depression, with a focus on their interactions with the healthcare system.	Immigrant women who had lived in Canada for less than five years and who scored above 10 on EPDS Sample size: 10	The research found that immigrant women face significant barriers when seeking care for PPD. Barriers included stigma, fear of being labelled as “unfit” mother, language difficulties, lack of awareness about PPD care services and discrimination.	A relatively small sample size and a focus on women who had lived in Canada for less than 5 years, limiting the generalizability of the findings. Relied on self-reported symptoms of PPD
5	Teng et al. 2007 (10)	Cohort Retrospective Regression analysis	To explore healthcare workers' perceptions of the barriers faced by immigrant women in Canada seeking care for PPD. To gain insight into the challenges encountered by HCPs in providing care to this population.	Participants working as family physicians, nurses, home visitors, psychologists, psychiatrists and social workers. Sample size: 16	Practical barriers: language difficulties, lack of information about PPD care services and transportation issues Culturally barriers such as lack of understanding of PPD, stigma, limited social support/spousal support. The findings indicate significant barriers to postpartum care access for recent immigrant women, with healthcare providers also facing challenges in delivering this care. Gaining insight into these issues from healthcare providers' viewpoints is key to addressing service system gaps and hurdles	The study only captures the healthcare workers' perspectives and might not fully encompass the experiences and perceptions of the immigrant women.
6	Hippman et al. 2022 (13)	Environmental Scan Feminist Paradigm	To describe the infrastructure available in Canada to support screening and treatment for PMADs	The scan involved searches of academic and gray literature, posts on relevant email lists and Facebook and groups	Only(6;46%) provinces/territories in Canada have screening guidelines to detect PPD. A Canadian national screening strategy for PMADs is strongly recommended	Limited data available

Table 1: Summary of the six articles used in this literature review.