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POSTPARTUM DEPRESSION
AND MILITARY WOMEN

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Jessica Edwards

May 2021

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AND MILITARY WOMEN

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Approved by:

Armando Barragán, Research Supervisor, Social Work

Armando Barragán, M.S.W. Research Coordinator

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ABSTRACT

Military serving women and veterans are a vulnerable population that has a history with mental health issues. Military women who experience postpartum depression (PPD) must deal with outside factors such as family, deployment, and expectations from the military for their soldiers.

This study focused determining what factors have impacted the severity of postpartum depression in military service women who have had children while in service. Data was drawn from 4 respondents that were obtained using a mixture of purposive and snowball sampling. The severity of the participant's postpartum depression was obtained through the use of the Edinburgh Perinatal Depression Scale, which showed that 2 out of the 4 respondents had probable depression while the other 2 had possible depression. The data showed five themes that were shared experiences for the women which were lack of mental health resources, high job pressure, physical stressors, race, and support systems. Findings indicated that these themes are some of the factors that affect the women's severity of postpartum depression. Exploring the results led to understanding the importance of maternal mental health screenings, which is a more preventative approach to decreasing the symptoms and rates of postpartum depression.

DEDICATION

I dedicate this to my family for their continuous support. For my parents and other family members who were in the military, I share my thanks and deep appreciation for their service for this country.

TABLE OF CONTENTS

| | |
|---|-----|
| ABSTRACT | iii |
| CHAPTER ONE: PROBLEM FORMULATION..... | 1 |
| Introduction | 1 |
| Purpose of the Study | 3 |
| Significance of the Project for Social Work Practice..... | 4 |
| CHAPTER TWO: LITERATURE REVIEW..... | 6 |
| Introduction | 6 |
| Literature..... | 6 |
| Branches in the Military..... | 6 |
| Suicidal Risks..... | 7 |
| Age and Race of Service Women..... | 7 |
| Preventative Measures and Interventions..... | 8 |
| Depression vs Postpartum Depression..... | 9 |
| Deployment..... | 9 |
| Theories Guiding Conceptualization..... | 10 |
| Summary..... | 11 |
| CHAPTER THREE: METHODS..... | 12 |
| Introduction | 12 |
| Study Design..... | 12 |

| | |
|---|----|
| Sampling..... | 13 |
| Data Collection and Instruments..... | 14 |
| Procedures..... | 15 |
| Protection of Human Rights Subjects..... | 15 |
| Data Analysis..... | 16 |
| Summary..... | 16 |
| CHAPTER FOUR: FINDINGS..... | 18 |
| Quantitative Data..... | 18 |
| Themes..... | 19 |
| Lack of Mental Health Resources..... | 19 |
| High Job Pressure..... | 21 |
| Physical Stressors..... | 22 |
| Race..... | 23 |
| Support Systems..... | 24 |
| CHAPTER FIVE: DISCUSSION..... | 27 |
| Introduction..... | 27 |
| Discussion..... | 27 |
| Unanticipated Results..... | 31 |
| Limitations..... | 32 |
| Further Research..... | 32 |
| Recommendations for Social Work Practice, Policy, and Research..... | 33 |
| Social Work Practice..... | 33 |

| | |
|--|----|
| Policy..... | 33 |
| Research..... | 34 |
| Conclusion..... | 34 |
| APPENDIX A: INTERVIEW GUIDE..... | 35 |
| APPENDIX B: INFORMED CONSENT..... | 38 |
| APPENDIX C: DEBRIEFING STATEMENT..... | 40 |
| APPENDIX D: REDDIT POST..... | 42 |
| APPENDIX E: INSTITUTIONAL REVIEW BOARD APPROVAL..... | 44 |
| REFERENCES..... | 46 |

CHAPTER ONE

PROBLEM FORMULATION

Introduction

Postpartum depression (PPD) is recognized as a troubling mental health issue that affects women in the first 4 weeks after delivery and affects roughly 10-20% of new mothers (Nguyen, et al., 2013). The symptoms for PPD can present itself through thoughts of harming the child or oneself, lack of interest in the child, as well as negative thoughts about motherhood (Office on Women's Health, 2019). Postpartum depression pertaining to military service women is a subject that has gained popularity within the last 20 years; however, there is still a significant amount of research that needs to be done to explore what puts this demographic at risk for PPD. Moh'd Yehia , Callister, & Hamden-Mansour (2013) proposed that the stressors that are put on childbearing military women are notable because of the stress that they feel in the workplace which gives them a higher chance of mental disorders.

There are many factors that can contribute to the PPD seen in military service women. One such factor can be the demanding military lifestyle where soldiers and their families are on military bases and separated physically and socially from society (Klaman & Turner, 2016). The distance can leave the women to feeling isolated from their families, friends, and other forms of support. Military serving women who have children are a vulnerable population and may show symptoms of PPD due to stress that comes from personal, familial, and

professional aspects of their lives (Moh'd Yehia, Callister, & Hamdan-Mansour, 2013). This issue is pressing for social workers because it is a mental health concern that is not being addressed which affects the quality of life for these women and their children. The National Association of Social Workers (NASW) alleges their values to social workers to provide choices and opportunities to people who are vulnerable, unprotected, and tyrannized. Ensuring that the women in the military receive the services with regards to their mental health after they have a child is a part of what social workers are ethically mandated to do.

This worrying issue has ramifications for both micro and macro levels of social work. In micro levels, it can affect the way that military service women hesitate when talking about any symptoms of PPD that they are showing due to the concern of the stigma surrounding it. The women who suffer from PPD are not the only ones affected. If this issue is not given more attention the children of these women will suffer as well. There is a connection between cases such as PPD and the mother-child relationship, which can cause a negative effect on the child's mental and emotional functioning (Moh'd Yehia, Callister, & Hamdan-Mansour, 2013).

The effects this has on the macro level looks at how productive these women can be to the armed forces if their mental health is under question. These soldiers are expected to report back to duty six weeks after birth and are considered for deployment after 4 months (Nguyen, et al., 2013). If any of these

women had PPD they would be more stressed from going back to work so quickly after having a child, which can affect the level of work that gets done; they become a liability when they are not able to focus at work. Social workers have an opportunity to advocate for these women to be assessed and screened for early intervention utilizing the Edinburgh Perinatal Depression Scale (EPDS) to check if the women are experiencing symptoms of perinatal and postpartum depression (Spooner, Rastle, & Elmore, 2012). After the women are assessed for depression it is important for social workers and other mental health professionals to provide group or individual therapy to give the support that these women need.

Purpose of the Study

The purpose of the study is to identify what factors impact the severity of postpartum depression in military women who have had children while in service. The United States military has had a negative history of how they handle mental health among their ranks. Alcohol use disorder (AUD) and post-traumatic stress disorder (PTSD) are some of the most common disorders seen in military personnel (Norman, Haller, Hamblen, Southwick & Pietrzak, 2018). Similar to AUD and PTSD, PPD is also underdiagnosed among military populations (Nicholson, Moore, Dondanville, Wheeler & DeVoe, 2020). There is almost constant mental and physical stress that military service members experience while protecting the country. When adding the hormonal and daily stress of

pregnancy with the duties and responsibilities of the military service, many of the service women experience PPD that goes undiagnosed.

The research method is a mixed methods study to ensure that the researcher heard personal stories and experiences of the participants while also getting quantitative information from them that shed a light on some of their experiences. The study uses interviews to get firsthand information from a few participants. To hear what circumstances lead to certain behaviors and symptoms provides a better idea of how the participant felt during the time.

Significance of the Project for Social Work Practice

The findings of the study explores the factors which can affect the severity of postpartum depression in military service women and will contribute to social work by exploring who is most affected by PPD in the military. The researcher gained a deeper understanding of postpartum depression and its factors by observing the results of the EPDS, paired with the exploration of the factors that contribute to higher PPD through interviews with the participants. This data is valuable in looking at new factors that can contribute to increased or decreased levels of postpartum depression in women, as well as investigate which policies need to be changed in the military to ensure the mental health of the service women. This study may also assist and look into the experiences and needs of other vulnerable populations such as women veterans who also have a large number of PPD cases. To get these answers, the question must be asked: What

factors have impacted the severity of postpartum depression in military women who have had children while in service?

CHAPTER TWO

LITERATURE REVIEW

Introduction

The literature for this issue mostly maintains consistency of the information provided. Although there was not a significant amount of research focused on certain factors pertaining to this research question, there was valuable information about other components to keep in mind when looking at PPD in active-duty women. This section has two parts, the literature subsections and the theories guiding conceptualization. The literature subsections discuss factors such as: branches in the military, suicidal risks, age and race of service women, preventative measures and interventions, depression vs postpartum depression, and deployment. The theories guiding conceptualization section delves into how the family systems theory is applied and assists this research.

Literature

Branches in the Military

Not many of the studies stated which branch of the military the women in their study was from. Unless it was in the title or the reader was informed early in the study there was no indication which branch these women served. This is a hindsight that should not have occurred since many of the studies such as Ghahramanlou-Holloway and colleagues (2014), who looked at the suicide rates in military women but did not provide the branches that the women were in. From

the studies gathered there is information on the Navy and the Marines, but little to none for the other military branches. The other studies simply say that the women are from the military in general. This is a lost opportunity to dissect how each branch in the military treats its service women and if a certain branch has more rates of PPD than another as well as what factors contribute to it.

Suicidal Risks

Military women with postpartum depression are 42 times more likely to have a diagnosis of suicidality compared to civilians (Ghahramanlou-Holloway, et al., 2014). This was agreed by Thiam et al. (2017), who asserted that by looking at the suicide rates of military women, they noticed that many military women had depression and postpartum depression within 12 months of having their child. Both of these studies had used similar references, therefore there are sections that had similar information between both of them. It is important to catch similarities in the research so that one does not repeat any information. Any other research on suicide related only to military women but not how PPD attributes to it. Although many studies did not focus on the suicidal risks postpartum depression has for these women, it is important to look at why that is and what can be done to combat it.

Age and Race of Service Women

Many of the studies did keep in account the ages or race of the women in their research. One study in particular had the mean age (28.72) as well as how many of their participants were Black (12%), White (60%), and Hispanic (22%)

(Weis & Ryan, 2012). This was the norm for the other studies as well who all kept a good record of how many women, their age, and ethnicity. Although the age and race of the participants are mentioned for the baseline characteristics, there was no integrating the findings to the age and race. This study accounts both the age and race of the participants to further understand what factors may result in an increase/decrease of PPD.

Preventative Measures and Interventions

There was no conclusive intervention that was universally known or used in the studies. Some studies such as Spooner, Rastle, Elmore (2012) and Klamon & Turner (2016) recommended early psychoeducation and interventions while the women are still pregnant to have them more knowledgeable and comfortable telling mental health professionals about their symptoms as well as keeping the well-being of the child in mind. Other studies instead focus on interventions after the women were diagnosed. Mentors Offering Maternal Support (MOMS) is a program that focuses on gaining and providing support from the community and partnerships to assist the military women with postpartum (Weis & Ryan, 2012). Another study concluded that group prenatal care was more beneficial to individual prenatal care because by the end of the study the participants and statistics showed that the group prenatal care had satisfactory prenatal care compared to the individual (Kennedy, et al., 2011).

Depression Vs Postpartum Depression

There were some research articles that called the depressed state during and after birth depression. Although there is “baby blues” in most cases the depressed symptoms that a woman experiences would be perinatal or postpartum depression. Thiam and colleagues (2017) believe that one of the causes of depression during pregnancy for service women is that they might not have been prepared for a child and therefore attempt to abort the child or decide to carry the child to term. This conflict of feelings while being separated from support systems and pressure of staying physically fit as well as able to do their job, increases stress and can cause depressive symptoms. Some studies used the term “maternal depression” to describe the depression that the women felt during pregnancy which seems like it was a substitute for perinatal depression. This switching of terms can cause confusion and misinformation to researchers who try to use this information. To avoid this issue, it is best to use the clinical terms rather than a different term.

Deployment

Some studies such as Weis & Ryan (2012) as well as Nguyen et al. (2013) briefly discuss deployment and what that can mean for the military woman and her child. Once it is discovered that a service woman is pregnant she is not fit for deployment and is not allowed to be deployed until months after delivery (Thiam et al., 2017). This can affect the way that the service women are seen and treated by their fellow soldiers especially because as they progress in their

pregnancy they will not be able to do the mandatory daily physical training with the others, which can cause feelings of isolation. More studies should expand on the effects that being pregnant has in the military and how those factors can contribute to the rates of PPD.

Theories Guiding Conceptualization

The previous studies do not follow one theory or theoretical perspective, instead they focus on the various screenings and how/when to provide the women with them. The theory that this study applies is the family systems theory. Don and Mickelson (2012) defines family systems theory as the sequence of interaction between family members and how they alter their relationships and modify themselves when a major transition happens. This is relevant to postpartum depression because in most cases the women are suffering from lack of support and stress. When this theory is applied it looks at the women's support system, but also the relationship with the father of the child and how the relationships intertwine together especially if there are more children in the household. With the family systems theory one could look at the father of the family and see how his relationship varies from each family member. There is not a lot of research in how postpartum depression affects the spouse and other family members. According to Paulson (2010) paternal depression is related to the interpersonal issues with the mother and the depression the mother is feeling; this can also be applied to the children in the house as well. By looking at

the various factors that can cause postpartum depression and applying them to the family systems theory this proposal has the ability to get a clearer picture and understanding of the participants and their circumstances.

Summary

The literatures centered on certain factors such as branches in the military, suicidality, age and race, depression, and deployment as reasons for increased risk for military service women to experience PPD. This researcher explored another factor to consider when thinking about this issue which is preventative measures and interventions which may also explain the cases of PPD in the military. The family systems theory is a way to look at how the military women interact and view their support systems during and after the pregnancy. By applying this theory to the issue of PPD in military service women, it gives a different perspective on the importance of the support system of the women and how support systems can decrease the risk of PPD.

CHAPTER THREE

METHODS

Introduction

Understanding what type of study to utilize (quantitative & qualitative), how to communicate with the population (survey or interview), and what questions to ask are necessary for a researcher to know. This chapter explores the design of the study and how it was implemented. There are seven sections in this chapter: study design, sampling, data collection and instruments, procedures, protection of human rights, data analysis, and the summary.

Study Design

This is a descriptive study because it helps to expand and provide additional information on a topic that already has some research. This study explores what factors increase or decrease the likelihood and severity of postpartum depression in military women who had children while in service. This study is a mixed methods study to ensure that individual stories can be heard and expanded on as well as retaining quantitative information about the participants such as their age, rank, military branch and years in service. Although it is possible to get some of the variables answered in a purely quantitative survey, the researcher wants to be sure that the information gathered and the questions asked are specific but also open ended to leave room for the women to share the information and experiences they have had. The best sources for this study was

to gather primary data sources such as the interviews that was conducted for the study, however it is important to support the findings with empirical evidence in other research articles. A qualitative study has its benefits and limitations. A benefit is the first hand interviews that expand on personal experiences that can provide more insight in this study. It is also beneficial that in many studies the interviewee provides insight into a subject that would have been lost if it was done through a survey. A limitation of qualitative study is the smaller sample size in comparison to quantitative. While quantitative studies can have hundreds in its sample size qualitative studies tend to stay double digit. Due to the time constraints, qualitative studies are more time intensive since the researcher must find the respondents, interview each one, create a transcript of the interview, etc.

Sampling

This study received its sampling by using snowball and purposive sampling. Snowball sampling is when the researcher can have one or two study subjects and then those study subjects reach out or know others who become future study subjects. The researcher posted on military Reddit communities and connected acquaintances to start the process of receiving participants. Since the constituents on Reddit were purposely chosen based on the requirements that they were military servicewomen who had a child while in service, it is purpose sampling. The use of the military Reddit communities provided the researcher the opportunity to reach out and speak with women from all over the United States.

This study had a small sample size of 4 participants. The reason that the sample size is small is because the selection criteria of the study focuses on women who are currently serving or have served in the military while also having had children during their time in service was hard to find during the Covid-19 pandemic. These study subjects were chosen because military women can provide exclusive experiences pertaining to whether or not postpartum care is provided to them and if so, how.

Data Collection and Instruments

The data that was collected is the interview recording between the researcher and the study subjects. The instrument that was utilized for this study is the interview questions regarding their age, rank, ethnicity, military branch, and years in service as well as the Edinburgh Postnatal Depression Scale which considers the women's mentality at the time they had their child and if they were diagnosed with postpartum depression. The questions that will be asked in the interview are thought provoking and intriguing but clear to ensure that the study subject does not misunderstand a question (for Interview Guide see Appendix A). The questions were created through collaboration with other social work professionals to guarantee that the questions are easy to understand. To ensure the reliability of the questions the researcher pretested the questions to other social workers and accept constructive criticisms to increase the reliability. The strength of the instrument is the clear and concise way that it is worded as well

as the ability to change the questions later to better adapt to the subject. A limitation of this instrument is the concern that there is a possibility of confusion of one of the questions, or if the recording of the interview is low and bad quality.

Procedures

The data was gathered through a recording of the interview between the researcher and military women. Due to the enforcement of safety through social distancing, it was beneficial to do the interview via zoom. Zoom enables the researcher and women to meet and record the interview without infringing on safety. Before the interview the researcher informed the military women that the interview will be recorded, but will remain confidential. Once the researcher had the women's informed consent then the interview can proceed. When the interview was complete the recording stopped and was saved on the researcher's computer. After the interview the researcher thanked the study subjects for their time and honesty.

Protection of Human Subjects

To protect the human subject's confidentiality and anonymity in this study the researcher took off any identifying sections in the data such as name, profession, and other identifiable factors that are unnecessary for the study. By eliminating the identifiers it decreases the chance that someone will re-identify the study subjects. At any time an interviewee can stop the interview and decide

not to be part of the study. The informed consent and debriefing forms were both provided to the study subject to make sure they know what the study is about, the recording of the interview, and the option for them to leave at any time they no longer want to be in the study (see informed consent and debriefing in APPENDIX B and C).

Data Analysis

While the researcher analyzed the data provided from the interviews, it is important that this researcher was aware of their own biases while keeping open-minded to the participants and their experiences. The researcher utilized the thematic analysis to analyze the qualitative data and develop codes/themes. The data collected from the participants was compared based on their answers and put into designated charts. The themes that the data centered around was lack of mental health services, high job pressures, physical stressors, race, and support systems. The researcher used the factors that she has gathered from the women, Edinburgh Perinatal Depression Scale results as well as postpartum depression diagnoses to analyze the themes that the women had in common.

Summary

This research was done as a mixed methods research with an emphasis on qualitative research practice due to the first hand experiences that the researcher heard. Although there are benefits and limitations to qualitative research, it is

best suited for this study because it gives the study subjects the opportunity to expand on answers. The sampling was done through snowball and purposive sampling which helped the researcher receive new study subjects. The instrument for this study is interview questions which was pretested with other social workers and mental health professionals. To ensure the confidentiality and anonymity of the study subjects the researcher took away identifying factors.

CHAPTER FOUR

FINDINGS

Quantitative Data

This chapter focuses on the information gathered from the interviews as well as the results of the Edinburgh Perinatal Depression Scale. There were four constituents that participated in the study. Of these four, 3 of them served in the Air Force and one in the Navy. The races of the participants were two African American, one Asian, and one Caucasian. The participants shared that one out of the four was diagnosed with postpartum depression while the other three provided a variety of answers such as reporting symptoms but no official diagnosis or having no history of postpartum depression. The results of the participant's Edinburgh Perinatal Depression Scale ranged from high numbers such as 17 and 15 which means that there is probable depression, to lower scores of 8 and 10 which represents depression is possible. The women were in various ranks when they had their child, 2 of them were E-4 Senior Airmen (Air Force), 1 was an E-3 Seaman (Navy), and the other was an E-6 Technical Sergeant (Air Force). The women were between the ages 20-30 when they had their child(ren) while in service. The times frames that the women were in service for was between 1986 to 2019.

Themes

There are 5 themes that present similarities in the shared experiences of the participants. These 5 themes are lack of mental health resources, high job pressure, physical stressors, race, and support systems. Although the participant's experiences are sometimes similar, there are instances that certain participants focus on specific issues from a theme that the others did not.

Lack of Mental Health Services

Amongst all of the participants, there was a central theme of the lack of mental health services that was received while in service. The participants agreed that it would have been beneficial to receive some form of postpartum check-up to follow up on their mental health. As one of the respondents stated: "There could have been evidence-based practice that said you need to check your moms after they have their baby and not just say 'they said everything is fine' and hang up. There should eyes on site for each military member who had a baby." (Participant #2, Personal communication, February 2021). This viewpoint was shared by another participant who provided examples on how the mental health resources can be used to focus on catching postpartum depression and its symptoms:

I think that I would have loved, even if I didn't have postpartum depression or anything, I definitely think a check-in or anything like a five minute check with a phone call. Even a sit down with a supervisor, even if they don't have

to talk to you specifically. This is because the mental health counselors are really busy to make that available. It would be best to have some type of questionnaire even if it is like a mandatory thing like assessments for the women. Probably right after they have a baby and a month after they return to work, even a six month point would have been really helpful. (Participant #1, personal communication, January 2021).

Alternatively, some participants mentioned that although there were physical tests to ensure the body's health, mental health was not treated with the same attention and importance. One participant mentioned: "No, they didn't ever ask! Not one time did they ask if I was feeling okay or anything. It was more of a physical health check." (Participant #1, personal communication, January 2021). The participants voiced their concerns during the interview that it seemed as if more emphasis was placed on the physical health of the woman but no follow-up or care about mental health. This was affirmed by another participant who stated:

There was no post-depression care, there was more of looking at how we are healing physically. There was no emotional type of questions, it was more "okay we feelled you up, you had an episiotomy, we feelled you up and you know it has been six weeks. Alright how is your sex life doing?" that kind of stuff, but it was never about how you were doing. (Participant #4, personal communication, March 2021).

High Job Pressure

The participant's responses indicated a high amount of stress and pressure to work well in their jobs during and after the pregnancy. The expectation that the women must be able and willing to put work first while mental health and family are second. As a participant shared: "You are not allowed to have depression, you are not allowed to have anxiety, so you hold it all in and you can't show that stuff at work. So it probably comes out in different ways that can affect your military career." (Participant #3, personal communication, February 2021).

Many of the participants had similar experiences, sharing how their flying status or security clearance were at risk of being taken away if they exhibited any mental health issues. This threat of losing important areas of the job resulted in the participants not seeing mental health professionals even when the participants felt like they needed to. It was also conveyed to the participants that when they became pregnant and after the baby was born that they were inconveniencing their coworkers. As stated by one of the participants:

And then when I got pregnant I immediately was told that not only did you let the entire crew down, but as soon as you have your child you have 15 weeks to recover and you are getting sent to Saudi Arabia for 6 months. Find someone to raise your child. (Participant #4, personal communication, March 2021).

These women having children is viewed as a disruption to the work schedule and a bother to the coworkers. This isolation after having a child is damaging to the work being done and the relationships with the coworkers. One participant shared:

As soon as you show any sign of mental health issues, they will automatically take you off deployment status so you won't be medically clear to deploy and they won't let you pretty much do your job. So you are kind of stuck doing desk work and not doing primary duty and that's not looked upon well because now everybody else is going to have to kind of do some extra work to cover you since you are not doing anything as the manning and scheduling goes. (Participant #1, personal communication, January 2021).

Physical Stressors

The participants shared incidents of the importance of having the ability to physically complete all tasks expected and required of military personnel after pregnancy. Participants #3 and #4 shared the same sentiment that the expectation is "we had our babies and went back to work and PT" (Participant #3, personal communication, February 2021). In some cases that meant that the women had to be able to deploy without any physical hindrance or pregnancy

aftermath. As stated by a participant: “A lot of the time women deploy while they are still nursing so they will go to the doctor and they will give you some medication that will dry you up and there’s no additional support for new moms that have to deploy.” (Participant #2, personal communication, February 2021)

The physical stressors included the hardships of participating in physical trainings (PT) which is exercises that focus on endurance, muscle strengthening, scenarios, and agility that occur several times a week (Physical training, 2010).

Participant #1 shared her experience stating:

One of my biggest stressors was PT after having a baby. I was at a point where if I would have failed a PT test, I would never be promoted again. I would have to retire in that rank, so there was some extra pressure but the Air Force did change it when I was in. I had to test six months after I had my daughter through emergency C-section! (Participant #1, personal communication, January 2021).

Race

Although all of the participants had their children in military hospitals, there were two distinct experiences regarding race and its affect it had on the participants. Half of the participants reported that they did not experience any racial disparity in their perinatal care or military career. Alternatively, the other half of the participants agreed that race affected the perinatal care that they

received, in particular the delivery experience was traumatizing for these women. The two participants who had this shared experience were both African American. As one participant stated: “If I was someone else, anyone else, a different race, they would have listened to me when I said I was in pain.” (Participant #3, personal communication, February 2021).

Another participant shared those sentiments about the lack of care during the delivery when she stated:

They don't care that I am Black and having kids. The doctors refused to give me pain medicine. It was hurting, excruciating pain. The only reason he gave me any was because my husband at the time was watching the Boston Red Sox and then the doctor connected to him that they were both Red Sox fans. So after they talked he decided he will give me the pain medicine. (Participant #2, personal communication, February 2021).

Support Systems

There was an overwhelming agreeance from all of the participants about the importance of having their support system. These support systems were a way for the participants to alleviate some of the stress that they were feeling during their postpartum care while also being secure in the knowledge that it was a safe space for them. One of the participants shared that her church was an extreme help during the time that she was not receiving the postpartum care that

she believed she should. The church provided her with food and water to ensure that the participant was provided for while she took care of the baby and eventually went back to work. (Participant #2, personal communication, February 2021). The sense of community and friendship also helped another participant who shared that the other women that she met would check on each other and help each other with their hair since many of the African American hairstyles were not allowed at the time. (Participant #3, personal communication, February 2021). The importance of a support system was stressed by another participant who stated: "You have access to a Chaplain and when you talk to a chaplain there is nothing reported to your chain of command. It is not like if you join, they are going to give information to your commander." (Participant #1, personal communication, January 2021).

Another participant felt like her support system was the friends that she made during her time in the military:

It's the family that you create during the military that is your support system. They understand what you're going through and they will be there no matter what as long as you don't fly off the deep end and cause someone else hurt. They're going to have your back and you can tell them pretty much anything as long as you keep your stuff together. When you are in the military you have a family. You literally have other people's lives in your hands and so

you trust each other more than you would trust anyone else. It is complete trust and dependency which sounds very weak but in fact it's the strongest bond that you can ever create. (Participant #4, personal communication, March 2021).

CHAPTER FIVE

DISCUSSION

Introduction

The purpose of this chapter is to answer what factors impact the severity of postpartum depression in military service women who had children while in service. The question will be answered by reviewing the results and studying if these results support previous studies related to the topic. This chapter will also explore unanticipated results, limitations, what can be done in further research, recommendations for social work practice, policy, and research.

Discussion

The findings confirmed that factors such as lack of mental health services, high job pressure, physical stressors, race and support systems have an impact on the severity in postpartum depression for the participants. These factors as well as the EPDS were all important components to look at when identifying what catalysts affect the severity of postpartum depression amongst the participants.

Through the use of the Edinburgh Perinatal Depression Scale, this study was able to confirm some findings in other research studies. Half of the participants scored high on the Edinburgh representing probable depression, while the other half still scored high enough to get possible depression. This idea that military women score high in Edinburgh Perinatal depression scale and other

depression screenings is confirmed in O'Boyle and colleagues (2005) research which stated that the active duty women had higher rates of depression and suicidal ideation in comparison to civilians. This correlates with the themes that showed how the participants felt like there was not enough mental health resources for them. The participants also experienced pressures to be physically and emotionally ready to go back to work within 3-4 months as well as racial discriminations that made them feel unheard. Cumulatively these negative aspects can and often will affect the mental wellbeing of the women.

The lack of mental health resources available for the military women causes many other issues to arise. Such issues include emotional and physical fatigue which is one of the symptoms for postpartum depression. Rychnovsky (2007) noted that the symptoms of fatigue affects both the mother and child by causing a prolonged exhaustion in the mother that negatively affects all aspects of work. Without preventative efforts to catch certain behaviors before it becomes serious, these women are experiencing troubling symptoms without the needed assistance from mental health professionals. With evidence-based practices and preventative resources, the military service women would have a happier and balanced postpartum experience and transition back into military responsibilities. Some of the studies discuss solutions to the lack of mental health resources available to military women. Nicholson et al. (2020) stated that to have a more preventative approach to postpartum depression it would be beneficial to be encouraging and open to the new moms about depressive symptoms so that the

women are more aware and will feel more comfortable to go to various professionals to seek out resources.

The participants all mentioned the stress that their jobs brought them when they returned back to work after having their child. The pressure from work as well as the negative change in peer relationships can leave the women feeling isolated and overwhelmed. The impact military services have on the women's mental health is detrimental especially because being in a stressful workplace puts the women at risk for mental disorders. Negative work environments may exacerbate the women's stressors which can hinder them psychologically and socially (Moh'd Yehia, Callister, & Hamdan-Mansour, 2013). The participants shared feelings of discomfort and shame as well as being told that they let the employees down when they became pregnant and had a child. Stressful life events that occur during pregnancy or early in the postpartum timeframe along with distressing experiences have been linked with postpartum depression (Combellick, Gaffey, Driscoll, Foley, Ronzitti, Dziura, & Haskell, 2020).

One of the other factors that the participants mentioned was the physical stressors that they experienced after having a child. Many of these adverse experiences centered around physical training (PT) and deployment. Each branch has different requirements for the PT test and the daily PT that the military women participate in. PT normally includes a 1.5-2 mile run, push-ups, sit-ups, and an specific abdominal circumference (Stew Smith, 2021). The participants acknowledged that they felt pressured to be physically fit and able to

perform PT with little to no difficulty after they had their child. This expectation added stress to the women who felt like they had to be able to perform physically after a few months after childbirth.

Deployment was another physical stressor that the participants reported as a physical stressor. Military women are expected to deploy as soon as 4 months after having their child (Mann, 2008). This is a short time frame for the women to spend time with their child as well as bring physically/mentally prepared for deployment. The women also experience stress when they must find someone to watch their child while they are deployed. The women had physical expectations that they would be able to lose any weight gained during pregnancy and stop producing milk if it was getting in the way of their deployment.

Race was a factor that primarily affected the African American participants. From their experiences the women were ignored and disregarded by healthcare professionals when they were delivering their child. According to Wang, Glazer, Sofaer, Balbierz & Howell (2021), institutionalized racism is an issue in the healthcare system and results in high racial disparities as well as maternal morbidity among African Americans. The health care systems poor treatment towards the African American women can result in distrust for anything related to the medical field including mental health. This can also explain the reluctance the women felt about talking to a mental health professional about any postpartum symptoms they may have been experiencing.

Support systems were a great help to the participants who expressed how the support systems helped them cope with their stressors. Interestingly all of the support systems that the participants mentioned were on or near the military base that they were stationed. They did not mention spousal or familial support but only the immediate support they had on base. As reported by Combellick and colleagues (2020), risk factors for postpartum depression when looking at social support aspects include poor relationships, little support from partner and lack of support system. When applying the family systems theory, these variables can affect the women's family system. Having a baby is a great occurrence for many families, but it is a major event that requires a lot of transitioning and altering of relationships in the family. Many kinds of adjustments can cause disorder in a system, and when systems are integrated, an adjustment from one system affects the others as well (Masten, 2013). This is observed when the women have their child, and it affects every aspect of their military career.

Unanticipated Results

An unanticipated result from the study was how much stress and pressure the work environment was to the participants. They all shared hurtful experiences from other soldiers and commanders since they had a child. In most cases, the women worked so hard to get the clearance for their position that they decided to forgo receiving any mental health assistance for fear of losing their clearance and therefore their job. This unexpected information was so commonly shared and expressed in detail by the participants that it became one of the main themes.

This provided a deeper understanding on the true stressors that the women experienced.

Limitations

One of the limitations that was experienced during the study was not being able to physically interview the participants. Due to Covid-19 it was not possible to meet the participants in person, so it made it impossible to get the nonverbal cues and body language that the participants were showing during the interview. Another limitation is the time frame between the participant having their child to taking to the Edinburgh Perinatal Depression Scale for this study. Many of the participants had their children over 10 years ago; therefore, their memory on their feelings at the time may not be as clear or vivid to aptly describe how they felt at that time. Lastly, the sample size of the study was 4 participants who all except one served in the Air Force. Although this study is still beneficial for postpartum depression research in the military, it cannot be generalized and applied to the other branches as well.

Further Research

Further research on the rates of postpartum depression of the spouses of military service men and women would be beneficial. Are the factors of postpartum depression different between the active duty women or the spouses and why? It would be interesting to see a depression scale like the Edinburgh Perinatal Depression Scale be implemented at several military hospitals to see a

compare and contrast of any benefits or concerns that may arise from the women.

Recommendations for Social Work Practice, Policy, and Research

Social Work Practice

This research has showed the importance of mental health in the military, aiding the women who are experiencing postpartum symptoms with little assistance from professionals. As explored in this study, there are factors that can increase the severity of postpartum depression that these women experience. The mental health specialists who have an understandings of these factors such as the woman's physical stressors, work pressure, race, etc. will have a better grasp on what interventions would most beneficial. With the expertise of social workers and other mental health professionals, the women's symptoms would be lessened due to preventative strategies like the Edinburgh.

Policy

There is not a current policy that requires military branches or military hospitals to implement a maternal health program. However, bills such as the SB 2193 provides women with hope that mental health is perceived as important to legislatures. SB 2193 is a California bill that requires licensed health care practitioners who provide prenatal or postnatal care to provide maternal mental health screening to the women (Wellness, 2019). With enough attention and

research demonstrating the importance of maternal mental health, certain policies will come to military hospitals to require change.

Research

The research surrounding maternal mental health and factors affecting postpartum depression in military women is slowly gaining attention. Recently there has been more research about military women and their experiences. Social workers should delve into this research as well because it affects the behavior and systems of the service woman, her child, spouse, and other family members and friends. For future endeavors it is encouraged to implement a temporary maternal mental health screening to show the base/hospital the costs and effectiveness of the screening to the women.

Conclusion

This study aimed to explore what factors have impacted the severity of postpartum depression in military service women who have had children while in service. The themes that this study found most stressful for the participants was the lack of mental health resources, high job pressure, physical stressors, race, and support systems. From the findings this study and of other research it was determined that these factors were important to keep in mind when looking at the themes and other stressors military women experience. Through the use of maternal mental health screenings, professionals can catch worrying behavior early and have a more preventative approach.

APPENDIX A
INTERVIEW GUIDE

Postpartum Depression and Military Women Interview Questions

- Please indicate your race/ethnicity below
 - Hispanic or Latino or Spanish Origin of any race
 - American Indian or Alaskan Native
 - Asian
 - Native Hawaiian or other Pacific Islander
 - Black or African American
 - White
 - Two or more race
 - Race and Ethnicity unknown
- When was the birth of your child/children while you were
- Were you diagnosed with postpartum depression? If yes, how many weeks postpartum were you?
- What military branch (Air Force, Army, Navy, Marines Corps, and Coast Guard) were you in?
- Did you receive postpartum care while in the military?

Around the time that you had your child, please rate yourself on the following 10 questions:

1. *I have been able to laugh and see the funny side of things*

- 0 As much as I always could
- 1 Not quite so much now
- 2 Definitely not so much now
- 3 Not at all

2. *I have looked forward with enjoyment to things*

- 0 As much as I ever did
- 1 Rather less than I used to
- 2 Definitely less than I used to
- 3 Hardly at all

3. *I have blamed myself unnecessarily when things went wrong*

- 3 Yes, most of the time
- 2 Yes, some of the time
- 1 Not very often
- 0 No, never

4. *I have been anxious or worried for no good reason*

- 0 No, not at all
- 1 Hardly ever
- 2 Yes, sometimes
- 3 Yes, very often

5. *I have felt scared or panicky for no very good reason*

- 3 Yes, quite a lot
- 2 Yes, sometimes
- 1 No, not much
- 0 No, not at all

6. *Things have been getting on top of me*

- 3 Yes, most of the time I haven't been able to cope
- 2 Yes, sometimes I haven't been coping as well as usual
- 1 No, most of the time I have coped quite well

0 No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping

3 Yes, most of the time

2 Yes, sometimes

1 Not very often

0 No, not at all

8. I have felt sad or miserable

3 Yes, most of the time

2 Yes, quite often

1 Not very often

0 No, not at all

9. I have been so unhappy that I have been crying

3 Yes, most of the time

2 Yes, quite often

1 Only occasionally

0 No, never

10. The thought of harming myself has occurred to me

3 Yes, quite often

2 Sometimes

1 Hardly ever

0 Never

- What rank were you when you had your child or children?
 - Do you believe that your rank affected your postpartum care or military career? Why?
- Do you believe your ethnicity affected your postpartum care or military career? Why?
- How long were you in the service for? (From when you started the military until you had your first child)?
 - Do you believe that the specific time you were in the military had an impact in the amount and quality of postpartum care? Why?
- How old were you when you had your child while in the military?
 - Do you think you were discriminated against based on your age? Did your age affect your postpartum care?
 - When (what year) did you have your child?
- What support systems did you have during your perinatal care?

This interview guide was developed by Jessica Edwards

The highlighted section above is the Edinburgh Perinatal Depression Scale (EPDS) developed by Cox, Holden & Sagovsky (1987).

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine how certain factors may affect the symptoms that appear and the rates of postpartum depression in military women. The study is being conducted by Jessica Edwards, a graduate student, under the supervision of Dr. Armando Barragán, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to examine the how certain factors can affect the symptoms and rates of postpartum depression in military women.

DESCRIPTION: Participants will be asked of a few questions on their age, ethnicity, military branch, rank, and years in service as it pertains to what care they did or did not receive postpartum.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential and data will be reported in group form only.

DURATION: It will take 30-40 minutes to complete the interview.

RISKS: There may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Barragán at Armando.Barragan@csusb.edu.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2021.

I agree to have this interview be audio recorded: _____ YES _____ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

Place an X mark here

Date

APPENDIX C
DEBRIEFING STATEMENT

Postpartum Depression and Military Women

Debriefing Statement

This study you have just completed was designed to investigate how certain factors affect the symptoms that may appear and rates of postpartum depression in military women. The questions that were asked delved into your age, ethnicity, military branch, rank, and years in service while you were in the military. These questions focused on how these factors affected certain symptoms that you may have exhibited or the postpartum diagnoses.

Please keep a copy of this Debriefing Form for future reference. If you have any questions or concerns about this study and the research procedures used, you may contact me, Jessica Edwards, at edwardsj2@coyote.csusb.edu, or my CSUSB faculty supervisor, Armando Barragan at Armando.Barragan@csusb.edu. If you would like to receive a copy of the final report of this study or a summary of the findings when it is complete, please contact Armando Barragan at the end of Spring Semester of 2021. In case you experience any adverse effects that you feel result from being in this study, please contact my faculty supervisor (above). I am also giving you a list of counseling services where you may obtain help with any anxiety or discomfort you might experience.

Counseling Services

1. Veterans Crisis Line: 1800-273-8255 press 1 or text 838255
2. Online non-medical counseling / health wellness coaching: call 1800-342-9647

APPENDIX D
REDDIT POST

Reddit Post

Hello, my name is Jessica Edwards and I am a Masters of Social Work student at California State University, San Bernardino. I am doing a study on the severity of postpartum depression on military women. I am looking for women who are/was in the military and had a child while in service.

Participation in this research is a 30-40 minute interview via zoom that explores your experiences pertaining to your perinatal care, mental health, and postpartum check-ups while you had a child in the military.

If you have any questions or would like to participate in the research, I can be reached through email at 006091627@coyote.csusb.edu.

Thank you

APPENDIX E
INSTITUTIONAL REVIEW BOARD APPROVAL

IRB-FY2021-93 - Initial: IRB Admin./Exempt Review Determination Letter

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2021-93

Armando Barragan Jr. Jessica Edwards
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Armando Barragan Jr. Jessica Edwards:

Your application to use human subjects, titled "Postpartum Depression and Military Women" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at <https://www.csusb.edu/academic-research>.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2021-93 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

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