INTRODUCTION
Postpartum depression
• Signs & symptoms – sadness, guilt, restlessness, mood swings, insomnia, fatigue
• General prevalence is estimated at 13%
• Impact – short term and long term Asian American is the fastest growing immigrant population
• Alameda County Census 2000
■ 37.61% Chinese; Taiwanese 1.13%
Postpartum depression among the Chinese population in the United States has been understudied
• Prevalence in Western culture: 10-15%
• Studies in Hong Kong, Taiwan: 5% to 40%
• No Chinese immigrant studies in the US

Purposes
• To investigate the prevalence of postpartum depression among Chinese immigrants using the “Edinburgh Postnatal Depression Scale (EPDS)”
• To explore the practice of “zuo ye zhi” among Chinese immigrants.

METHODOLOGY
Subjects
• Chinese immigrants, immigrated after age 16
• Vaginal/C-section, infant > 2,500 gram
• Convenient sample - Recruited at the time of postpartum home visit in Alameda County, CA.

Tool – EPDS and demographic questionnaire
■ 10 questions, self-report
■ Measure ability to laugh, feelings of anxiety and sleep disturbances
■ Use after 14 days postpartum
• Chinese version translated in Hong Kong

Demographic questionnaire
• “zuo ye zhi” practice
• Helper for this practice

RESULTS (I) - SOCIODEMOGRAPHIC DATA

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<tr>
<th>Age</th>
<th>Mean Range</th>
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<tr>
<td>Marital Status</td>
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<td>Married</td>
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<td>Education</td>
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<td></td>
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<td></td>
<td>Some College</td>
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<td></td>
<td>College Graduate</td>
<td>15%</td>
</tr>
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<td># of Children</td>
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<tr>
<td></td>
<td>&gt;$35,000</td>
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</tbody>
</table>

CULTURAL RELATED QUOTES
“Are you feeling sad? Anxious?”

“Children are so highly prized, the idea of a mother being anything less than thrilled is unthinkable for many Chinese families.”

ZUO YE ZHI
• Cultural practice for a month, “doing the month”
• New mother is in “yin” state
• Restrict foods and activities; consume “hot” foods to restore yin/yang
• Usually is supported by a female relative, or a hired helper

RESULTS (II)
About EPDS: score range: 0-30
• <9 insignificant symptoms
• 10-14 mild depressive symptoms
• >14 severe depressive symptoms

Prevalence – 14.3%
• 10.7% has mild to mod depressive symptoms
• 3.6% with severe depressive symptoms

89% qualified for MediCal
• Low socioeconomic status may be contributing factor

96% practice “zuo ye zhi”
• 39% has husbands participate
• Lack of social support may be contributing factor

OTHER FINDINGS
Not willing to follow-up with mental health specialists
• Stigma attached
• Unfamiliar with the concept of mental health
• Unawareness of health care services

Follow-up with community clinic (social worker)
• Relationship with the staff
• Availability & accessibility
• Less service expense
• Language barrier

Screening is a challenge: Use of EPDS for this population at a local clinic

CONCLUSION & IMPLICATION
• Culturally competent care (Campinha-Bacote, 2002)
• Cultural awareness
• Cultural skill
• Cultural knowledge
• Cultural encounters
• Cultural desire

• Follow-up with community clinic and use of EPDS for this population

Significance of Depression Screening
• An opportunity to review emotional status and express symptoms related to depression
• An opportunity to educate patient and share resources available regarding mental health

REFERENCES