



## Episode 4: Why How We Deal With Peripartum Depression Matters

High school teacher Itzel Carranza always knew she wanted to have a child, but difficulties arose along the way: from trouble conceiving and gestational diabetes to an intense labor experience and trouble breastfeeding. The anxiety Itzel felt was exacerbated by a cold Chicago winter, and she says she experienced postpartum depression for three months. While she was never officially diagnosed—about half of those suffering from it ever are—Itzel’s experience illustrates the pressures new moms face to be successful in their new roles. In this episode, reporter Wendy Wei untangles the many physical and social factors that can contribute to this very common birth complication. And mental health workers and community healers share how Latinas can build the villages that can support them and

their baby.

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Wendy Wei:

By 2050 Latinas will make up [a quarter of all women in the US](#). They're gaining an education, participating in the labor market, accumulating wealth, and embracing entrepreneurship. This is 100 Latina Birthdays, an open source podcast from LWC Studios about the health, wellness and lifetime outcomes of Latinas in the US starting in utero. Our narrative investigation and celebration of Latina health and wellbeing is focused on Chicago, but has widespread national implications.

In this first season, we will chronicle Latina women and girls in the first two decades of their lives, from birth to age 20. I'm Wendy Wei, an independent journalist and Chicago native. I report stories that represent immigrant communities of color with all the beautiful, complex and unique possibilities for those who straddle multiple cultures. In this episode, I explore the transformative journey of motherhood, specifically the mental health of Latina mothers.

Peripartum depression is [among the most common complications](#) of childbirth. The American Psychiatric Association [defines peripartum depression](#), more commonly known as postpartum depression or PPD, as depression that occurs during pregnancy following delivery or in the first four weeks after delivery. The American Psychiatric Association says the shift to using peripartum instead of postpartum is to incorporate the fact that symptoms could arise during pregnancy as well.

They can also develop [up to a year after birth](#). Research from the Centers for Disease Control and Prevention says [about one in eight women](#) who have given birth recently experienced symptoms of postpartum depression. And for Latinas it can be worse. In a 2012 study of almost 100 Hispanic immigrant women, [over half of the women](#) screened showed significant symptoms of PPD.

Experiencing a depressive episode can be a big surprise to new mothers, even those who have been eagerly preparing for motherhood for years.

[in tape] Lovely to meet you. Thank you for letting me into your home.

39 year old Itzel Carranza is a Mexican-American high school teacher and mom of a beautiful, almost four-year-old daughter. She lives with her husband and daughter and a rambunctious yorkiepoo in Glen Ellyn, a suburb 24 miles west of Chicago. As I entered her home, Itzel and her dog greeted me warmly. Her daughter was heading out to spend time with her grandfather, Itzel's Dad.

Itzel Carranza: This is Wendy. Say hi, miss Wendy. ¿Cómo estás? Kya.

Wendy Wei: The Carranza family is tight-knit and always has been.

Itzel Carranza: We came here as a family in 1989 from Mexico. And at first it was just my mom and my sister and me, but my mom really felt like this was the best option for us for our future, so she decided to stay and she told my dad, either you come or you don't. And so he was like, absolutely, I have to be with you guys.

Wendy Wei: Itzel and her parents originally settled in Chicago's Logan Square, which in the eighties and nineties formed [what the Chicago Tribune called the Hispanic Triangle](#) with the nearby Humboldt Park and West Town neighborhoods. It was a slice of Chicago filled with multicultural communities and a lot of gang violence. Itzel's parents wanted her to grow up in a good school district, so they eventually moved further west to the suburb of Elmhurst.

This commitment to education inspired Itzel to become a math and English teacher at Addison Trail High School, a public high school in the western suburbs of Chicago. [Over 40% of Addison residents](#) are Latino according to the 2020 Census. [Two thirds of the students](#) in Itzel's school are Hispanic.

Itzel Carranza: So we actually always knew we wanted to have a family, my husband and I. And once we moved here, we felt like it was the right time, the right space.

Wendy Wei: Itzel and her husband settled down west of her parents and close to her high school in Glen Ellyn. They thought the tranquil suburb would be ideal to raise kids. They had a hard time conceiving. After some time, their wish finally came true.

Itzel Carranza: I had taken a pregnancy test, it was negative. We were kind of sad and my husband said, "You know what? Let's just take another one in a couple of days. Maybe it was too early." And I was like, "I don't know, honey." And so we took one a couple of days later and it was positive and so it was really nice. We were excited because we'd been waiting a while.

Wendy Wei: But it was a difficult pregnancy for Itzel. She experienced unexpected complications throughout her perinatal period. First, she failed her glucose test and was told that she had gestational diabetes.

Itzel Carranza: When I found out I had failed it, I cried in the garage for 20 minutes.

Wendy Wei: The risk of developing gestational diabetes is [higher for women of color than non-Hispanic white women](#), particularly for Latino women and Asian, native Hawaiian and other Pacific Islander women. That's according to a 2013 study published in Clinical Diabetes.

Itzel Carranza: I was so devastated because I knew that it would mean a completely different diet. My diet had to be very strict, a lot of carb counting, and I had to do a lot of glucose monitoring.

Wendy Wei: This pregnancy complication can cause long-term health risks for the mother. For Itzel, it was also about letting go of what she imagined being pregnant would be like.

Itzel Carranza: Now that I think about it, I was crying in the garage for personal reasons. I'm thinking, "Oh, I'm pregnant. I can eat cupcakes and extra cupcakes and extra meals and indulge and splurge like other pregnant women can." And I knew I couldn't do that, but everything that I had to give up was nothing compared to just making sure that my daughter was going to be born healthy.

Wendy Wei: Itzel felt increasing pressure and anxiety. According to the journal, American Family Physician, the causes of peripartum depression [are unclear](#). There are many factors that are thought to contribute, and maternal anxiety and gestational diabetes are two of them. [The biggest risk factor](#), however, is a history with depression. Itzel's health issues continued until her delivery.

Itzel Carranza: The labor was intense. She was sunny side up, they say. So I pushed for about three hours, she got stuck. So they had to do an emergency C-section. We were in the hospital longer than we wanted to.

Wendy Wei: Then Itzel said she faced a new challenge.

Itzel Carranza: So when I had my daughter and I wanted to feed her, I couldn't because my milk hadn't come in. So my daughter was losing weight and I was getting worried, the doctors were getting worried.

Wendy Wei: Itzel's daughter Kya was born at the end of October 2019, right when Chicago's winter begins. That means gloomy skies for weeks and sharp drops in temperature. Reduced exposure to sunlight during the shorter winter days [has been linked to seasonal depression](#). Here's Itzel singing to Kya when she was still a baby. In the phone video, Kya's in a yellow fuzzy onesie with a giant bunny on the front, lying in her crib. Itzel's trying to calm her down.

A few months after the birth, Itzel had to undergo surgery in one of her breasts to remove a clogged duct that had developed into mastitis. It's [an inflammation of the breast tissue](#) usually caused by an infection. Mastitis most commonly affects people who are breastfeeding and can leave new parents feeling very tired as their bodies fight off the infection. Itzel was still on maternity leave.

Itzel Carranza: That was a tipping point for me. I was already struggling with the adjustment of working full-time, being always active and busy, whether it's grading or planning, and then to being stuck indoors because it was winter, being alone most of the day to then getting this infection. And I felt so sad about it all and for anyone that's gone through an abscess or have had to have it drained, it's a horrible experience.

Wendy Wei: It wasn't until this particular surgery that her mental health struggles were noticed by a medical professional.

Itzel Carranza: When I went to go see an oncologist, a breast doctor for my follow-up, and they asked me how I was. I tried to compose myself. I was like, "Oh, I'm doing fine." But I think they saw in my face that I was not okay.

Wendy Wei: Since the early stages of her pregnancy, Itzel had experienced multiple periods of intense stress and anxiety, these feelings persisted in postpartum. Though she was never formally diagnosed with it, Itzel does consider that she experienced postpartum depression. Postpartumdepression.org says [an estimated 50% of women with postpartum depression](#) are not diagnosed by a health professional. Diagnosis can be tricky. [The list of symptoms](#) for peripartum depression is long.

The American Psychiatric Association says they can include sadness or a depressed mood, changes in appetite, trouble sleeping or sleeping too much, difficulty concentrating or making decisions and a lot of feelings. Feeling worthless or guilty, feeling like you're a bad mother, feeling afraid of harming the baby, not feeling bonded to the baby. A lot of these feelings can be a normal part of life after birth as a parent adjusts to their new very important role. But peripartum depression is a diagnosable medical risk.

Raquel Galán: So my name is Raquel Galán. I'm a Licensed Clinical Professional Counselor.

Wendy Wei: Raquel Galán [is a therapist in Evanston](#), the city bordering the north side of Chicago. She specializes in helping clients navigate the postpartum period. She's originally from Spain and moved to the US to pursue an MBA. Eventually, she realized that what she really wanted to do was help people on a more personal level.

After over a decade as a school psychologist, Raquel became a bilingual, bicultural therapist focused on helping women, especially Latinas, navigate life changes, like becoming a mom.

- Raquel Galán: About 11 years ago when I had my first daughter, I felt like my whole world shook, like I went through an earthquake of having to figure out my new identity. And then I started focusing on working with moms.
- Wendy Wei: People's bodies go through dramatic changes when they have a baby. After giving birth, the amount of estrogen and progesterone in a person's body drops significantly. This leads to mood swings. According to the American Pregnancy Association, these mood swings are normal. [Approximately 70 to 80% of all new mothers](#) experience some negative feelings or mood swings after the birth of their child. It is often referred to as baby blues.
- Raquel Galán: Usually what they call baby blues is sort of an adjustment and a little bit of disconnection and overwhelm, but usually baby blues subsides in the first two weeks or so. Postpartum depression can be diagnosed up to one year after the baby's born.
- Wendy Wei: Journalists and mental health experts say that PPD affects [anywhere from 14 to 20% of new moms](#). Raquel estimates that number is on the higher side.
- Raquel Galán: Postpartum depression affects about one in every five moms. So if you can think of five people close to you that had a baby, it's very likely that at least one of them met criteria for having postpartum depression.
- Wendy Wei: As Raquel said, one indicator of PPD is how long the symptoms last. If anxious and depressed symptoms last longer than 14 days, it could indicate a person is experiencing peripartum depression. So is the intensity of the symptoms. With baby blues, a person might cry for no reason, feel irritable, restless or anxious.
- These feelings subside without needing medical intervention. Peripartum depression is emotionally and physically debilitating. Raquel says that paying attention to intrusive thoughts is key, especially if these thoughts begin to interfere with the mother's ability to care for the baby and complete daily tasks.
- Raquel Galán: If I don't leave the house because I'm worried that I'm not dressing my child appropriately. If I don't go anywhere because I'm just so afraid of driving or that my baby might choke while I'm driving. If it starts impacting my life to the point that I stop doing things that otherwise I would be doing, that is something to be considered and something to assess.
- Itzel Carranza: She was born end of October and I was with her all winter. And I started to feel very trapped being indoors, and I call it boob jail. You're always on call and you have to be there all the time if the baby cries or needs anything. Or if I wanted to go somewhere, I always felt guilty, even leaving for an hour. If I wanted to go to Target or just to go to the grocery store, I always felt like I had to hurry up and rush home.

So I started feeling very anxious and a little bit depressed because I was like, "Oh my gosh, how long is this going to last?"

Wendy Wei: Itzel says she felt this way for about three months. Raquel and Itzel are describing events that occur during a timeframe that is often called the fourth trimester, the 12 weeks after the mother has given birth. Experts in the obstetrics field increasingly agree that this is [a particularly important time period](#) for a mother's health, and yet many new mothers miss out on crucial healthcare at this stage.

According to the American College of Obstetricians and Gynecologists, [up to 40% of moms do not attend a postpartum visit](#). And if they do, Raquel says they might not have robust training mechanisms to detect PPD.

Raquel Galán: When you go to the OB doctor for your regular checkups, they always weigh you, they measure your baby. There are some checkpoints that they do on routine, but I haven't heard anyone that talks about how common it is to have, for example, intrusive thoughts. And this happens to almost all moms at some point. And this is very scary.

Wendy Wei: [Jessica Jefferson](#) is a Licensed Marriage and Family Therapist in Florida where more than one in four people is Latino.

Jessica Jefferson: I'm also a certified perinatal mental health clinician through Postpartum Support International.

Wendy Wei: [Postpartum Support International, or PSI](#), advocates for greater awareness of mental health issues that arise when you have children. It's also a network. Volunteers around the country and the world connect folks who need help with support, information and local resources, like people they can talk to. Jessica says the medical system falls short when it comes to recognizing postpartum depression.

Jessica Jefferson: There's no conversations about postpartum depression, there's no conversations about things to look out for. There are certain tests that can get done, just very basic questions that a mother could be asked to just kind of gauge where they're at. The other issue is that most, I think all moms wait six weeks before their follow-up appointment. That's a pretty big gap before a mother seeks medical care.

Wendy Wei: At the traditional six-week postpartum visit, medical providers should monitor the mother for risk of PPD, but there's no blood test or x-ray for it. Instead, they ask the mother questions and the diagnosis depends on her answers. And moms themselves might not really know that something is wrong. Itzel describes the mental health forms she got at her checkups after Kya was born.

- Itzel Carranza: They always do a postpartum survey and you almost feel guilty checking some of the options, but I always recommend to everyone to just answer honestly. There's no judgment in that survey. They just want to make sure that you're okay and taken care of. So I kind of knew, you know what they're looking for. So part of you wants to kind of... You're torn because you know what they're kind of looking for.
- So you're like, should I tell the truth? It sounds too dramatic. I don't want to be judged. So I filled out the survey and then they sent in a social worker and she kind of just talked to me and asked me a couple more questions and she gave me her card.
- Wendy Wei: For the Latino community, talking about mental health challenges with an outsider can be viewed as taboo. Many in the Latino community are familiar with the phrase, "[la ropa sucia se lava en casa](#)". Similar to, "Don't air your dirty laundry in public."
- Itzel Carranza: I feel like in my culture, from what I've seen as a teacher in a mostly Hispanic school and seeing what my family's gone through. We kind of like to solve our own problems amongst ourselves. And put "solve" in quotations, right? It's very hard for us to ask for help from outsiders, doctors, therapists, psychologists.
- Wendy Wei: Itzel never called the number on the card the social worker gave her.
- Itzel Carranza: I appreciated the offer from the social worker, but I never called her. In retrospect, when I see parents turn down outside help for their kids. If a kid needs to talk to a social worker and the parents saying, no, thank you, I think of myself and how I kind of failed myself by not calling at least to just talk to someone.
- Wendy Wei: Itzel says she didn't end up seeing a therapist for her postpartum anxiety because she started feeling better after going back to work. There are significant barriers for Latinas to access mental health care, [of which stigma is just one](#). Society puts a lot of pressure on new moms. This gets in the way of parents speaking up about having difficulty adapting to their new roles. Raquel and Jessica both say they see this in their work in postnatal mental health to the point of some moms suffering from a fear for their baby's welfare.
- Raquel Galán: Moms are worried about speaking about this to their doctors, to their relatives as a fear to be labeled as crazy or not being an adequate mom, or potentially even having thoughts of having their baby taken away, which happens in very, very, very rare cases. But as a mom, your mind always goes to a hundred yards on the other side, right?
- Jessica Jefferson: Most of the time when we see the issues when a baby is in danger, we're talking more than likely postpartum psychosis. Which is only prevalent in about 2% of the population, and I believe less than 1% of that ultimately leads to a baby

being in danger. So the statistics and the numbers are very low to what is actually being publicized.

Wendy Wei: Postpartum psychosis is [indeed very rare](#), though very dangerous when it does occur. Jessica says there's a misconception about how common it is, and mothers will tell her they worry they're putting their baby in danger.

Jessica Jefferson: So I've had multiple clients come to me with that same fear, and we talk about things that for me signify that the baby is safe and that there's no issues. And for me, the understanding that we're building up a support system versus trying to take away something.

Wendy Wei: Women also battle the pressure of being a parent and working at the same time. In a country with limited support for childcare and paid parental leave, the US is [one of just seven countries in the world](#) without a national paid family leave policy. [Only one in four workers](#) in the private sector has access to paid parental leave. And according to a national survey by the US Census Bureau in 2019, low-income households that pay for childcare spend more than a third of their income on it.

As of 2021, Latinas are the second-largest group of women workers in the US after non-Hispanic white women, numbering more than 12 million. According to the Bureau of Labor Statistics, Latinas account for [16% of the female labor force](#), and that number is projected to grow dramatically. So when Latinas are struggling to juggle parenthood and work, it often takes them out of the workforce or decreases their ability to advance their careers, if something's got to give and there is little to no institutional support for working moms.

For Itzel, she's just one generation removed from a very different parenting reality.

Itzel Carranza: So my mom in Mexico, when she had us, she stayed home with us so she didn't have to work and she was able to take care of us when we were little and my dad was the breadwinner. But for me, here, I work, right? So we're both breadwinners and it's difficult to have the... I feel like working moms do not get enough credit.

Wendy Wei: The societal pressure itself felt to be a "good mother" contributed to her downplaying her negative feelings postpartum. She was not expecting how fast she'd want to get back to her job after having her daughter.

Itzel Carranza: So I took the six weeks paid and in our school district we're allowed to take six weeks unpaid. So I just took all 12 weeks. But when I was with her and as happy as I was to be with her and I loved her, I was ready to kind of get back into the swing of things after maybe the seventh week.



Wendy Wei: [Three in five working first time moms](#) in the US go back to work within three months of giving birth according to a Census report. The recommendations vary as to how soon parents should go back to work, but [are generally six weeks or more](#). But as Raquel said, it depends on the individual.

Itzel Carranza: So the last couple of weeks were a little hard for me. I was going a little bit stir-crazy. I don't think anyone in my immediate family judged me, but when I spoke to other people, other teachers, other friends, they were so depressed or sad when they had to go back to work. They're like, "Oh, I cried on my way there." Which is warranted, right? You're separated from your baby when you're with them for so long.

But I never felt that, I never told anyone that because I felt like I would be judged like, "Oh, she must be so..." Not cold-hearted but how can she not miss her? "Isn't she going to miss her baby? Isn't she going to be sad?" But I think everyone's reaction is different.

Wendy Wei: Despite being a major milestone in a person's life, having a child does not always increase happiness for parents, specifically for parents in the workforce who take on more of the caregiving responsibility. These responsibilities combined with a paid job or career creates unexpectedly high levels of stress.

A 2018 psychological study of full-time working mothers in the UK and the US with at least one child at home gathered empirical evidence that parents often [show lower life satisfaction and higher depressive symptoms](#) than people without children. It's linked to the pressures of what the study calls intensive mothering. The requirement that women be the main caretaker of their children and to be fully devoted to parenting.

To the point of putting their children's needs above their own. This study found that this pressure leads to high levels of parental burnout. Parents report they're emotionally drained by their role, or that they feel tired when they get up in the morning to face another day of parenthood.

Feeling sustained guilt and hopelessness, fearing that they're an inadequate parent and withdrawing from family and friends are [all common symptoms of PPD](#). Here's Raquel.

Raquel Galán: I think society has this great way of making women and moms feel guilty no matter what your choices are. If you decide not to have babies, you feel guilty. If you decide to have four babies, you feel guilty. Whatever you choose for feeding your baby, whatever you choose to do with your career.

If you decide to stay home for a while, if you decide to go back to work too soon for someone's standards. People will have comments and opinions and you'll feel guilty in a way.

Wendy Wei: When a parent is suffering from mental health problems, researchers say children are more likely to suffer from more depressive symptoms and lower life satisfaction themselves.

Raquel Galán: So I always tell moms, people are going to have comments and thoughts about your situation. That is a reflection more on their values, so their thought processes, than your own life. You got to do what's best for you and that will be best for your baby too. A happy mom generally makes a happy baby.

Wendy Wei: Going back to work actually helped Itzel cope with her symptoms. She says she loves her job, so being back made her much happier.

Itzel Carranza: I felt a little bit more freedom and I started feeling a little bit more normal.

Wendy Wei: She was able to focus on self-care and her teaching, thanks to one key figure in her family, her dad.

Itzel Carranza: My dad has actually been a huge support, which is not traditional in Mexican culture. So the men don't always become the nannies but he was my daughter's nanny when she was little. He's the one that helped me the most when I was at home, when I first had my daughter and my husband was working.

He's the one that came and helped me a couple of hours just so that I could take a couple naps in between feedings.

Wendy Wei: Itzel's husband also works as an educator. He's a high school tennis coach. So her dad stepping in with childcare helped balance both parents' difficult schedules.

[Clip of birthday party]

This is a video of Kya's third birthday party. The whole family is at the dining table in Itzel's home, and Kya is taking a bite of cake, with her whole face.

[Treatment for peripartum depression](#) can include counseling with a therapist like Raquel or Jessica, taking antidepressants or a combination of both. In her practice, Jessica does all she can to help women make the right choice for their health, taking them step-by-step through the options.

Jessica Jefferson: When I have a client who is seeking medication, we have a conversation around debt. The conversation often usually is, it's been researched, shown that it's better for mother and baby, for mom to be on medication if that's what she chooses. I would like to work without medication first to see if we can provide tools and resources to see if that helps before we get there.

And if you're feeling the same but everything else around you has improved, then that might be an indication that we need to seek medication because it's

beyond what we can do. That's just more of a body thing that is beyond our control.

Wendy Wei: One thing Jessica also emphasizes is that when she gets to the point of discussing medication with her clients, she's already built a rapport with them. A 2014 study published in Qualitative Health Research parsed out [Latinas' preferences for treatment of peripartum depression](#).

The data suggested that practitioners have to build trust first in order to allow Latinas to reach out for all the help they can get. That may be because Latinas in the study's focus group thought of antidepressants as their last possible resort.

Jessica Jefferson: So if I'm referring out to a psychiatrist, I'm not referring to a psychiatrist that's just going to give you a medication and leave you out the door. I want someone that's going to be there with you, checking in with you, making sure the medication is working properly, kind of giving you the education behind medication because it does take six weeks to eight weeks for medication to really see its true benefits.

So I need someone that's going to be with my client throughout that process to make sure that they're in the best space. So again, it's a trusting experience that I have with my clients that I think alleviates those fears.

Wendy Wei: Public health researchers have found that minorities like Latinas are [more likely](#) to think that non-pharmacological therapies are effective, meaning interventions that do not involve medication, and to think that [antidepressants are addictive](#). So using culturally sensitive terms to talk about mental health struggles and solutions can be a way to get people closer to seeking treatment.

And for Latinos, there's a lot of cultural stigma around mental health that creates an obstacle to access care. Botanica Victoria is located in the heart of Humboldt Park in Chicago's west side. Since the 1960s, Puerto Rican immigrants have shaped the neighborhood. Rosalinda Taufique, who goes by Victoria and is the owner of [Botanica Victoria](#), moved from Mexico City and is one of the community's early pioneers.

She opened her shop in 1992. Nestled between the Puerto Rican restaurants and cafes, the storefront's blue and white trim looks clean and polished. Two walls are stacked floor to ceiling with big glass jars of herbs, pillar candles depicting religious saints and oils and perfumes. It's an orchestra of scents, sage, lavender.

On a Sunday afternoon, Victoria just got back from church service and is attending to customers at the counter. Victoria calls herself a spiritualista and says she practices a spiritual science. [Santería](#) and [Espiritismo](#) are two major spiritual traditions practiced in the Caribbean, including Puerto Rico, the Dominican Republic and Cuba, and by their descendants in the United States.

In 2022, researchers in New York and Puerto Rico found that these traditions when practiced by Puerto Ricans in the South Bronx, served as [what they call gateway providers](#) for Latino families to get mental health treatment, especially for their kids. Basically, a person might trust a spiritual guide first for their mental health struggles.

And that confidant might eventually lead them to get mental health treatment with a psychologist or psychiatrist. Victoria is familiar with the reticence among Latinos to share trauma or other mental health challenges.

Victoria: Porque en los Latinos, hay muchos temas que no los tocan. Tú sabes, desde chicos, no hablas de eso. No te dicen nada. Hay papás que no hablan de muchas cosas con los hijos.

VO: Because for Latinos, there are a lot of topics that they don't touch on. You know, since you were little, you never talked about that stuff. No one tells you anything, there are parents that don't talk about a lot of things with their children...

Wendy Wei: At her botanica, Victoria receives customers who tell her about their ailments and she prepares a healing remedy for them. She helps moms through pregnancies and the postpartum period, including miscarriages. And treats physical and emotional problems with rituals like blessings or prayers with amulets and candles and with herbal teas.

Victoria says this work runs in her family. She worked for a time at her aunt's longstanding botanica in Wicker Park, Botanica San Miguel.

Victoria: Mi familia tuvo la primera botánica en Chicago, 'ton yo me he criado en esto.

VO: My family had the first botanica in Chicago. So yeah, I've been raised in this practice.

Wendy Wei: Unlike formal medical offices, [botanicas are accessible to practically all people](#), insured or uninsured, documented or undocumented. Botanicas are found in every neighborhood in the United States with the Latino population. They serve as a healthcare option for Latinos as a compliment to conventional medicine or as the only source of healthcare.

One barrier for Latinas to consider antidepressants is the belief that antidepressants and formal medical attention are only for very severe cases or for "crazy" people. Victoria acknowledges this fear in her customers.

Reporter: [in tape] Tú crees que el en la hospital o viendo un doctor es diferente experiencia de venir acá?

VO: Do you think that being in the hospital or seeing a doctor is a different experience from coming here?

Victoria: Sí. Porque por ejemplo, cuando vas a los hospitales y eso lo primero que hacen pues, a veces los dejan en el hospital. Y de qué estás rodeado? De gente de diferentes casos. No eres tú, tu caso, nada más.

VO: Yes. For example, when you go to hospitals and that's the first thing they do, sometimes they leave them in the hospital. And what are you surrounded by? By people...by different medical cases. It's not just you...It's not just your case.

Wendy Wei: Latino communities want to feel safe before talking about their mental health struggles, especially with someone outside of their community or familiar circle like a doctor. Puerto Rican families in Chicago, for example, [might be more comfortable](#) approaching a healer like Victoria before they reach out to a psychologist or psychiatrist. In Victoria's case, this cultural understanding is built into how she provides care.

Victoria: Yo soy Latina. Entonces lógico que me me combino muy bien con todos los Latinos, verdad? Tenemos cierto entendimiento, empezando por el idioma, después por las costumbres después... Entonces ellos se sienten bien conmigo porque tienen más o menos los mismos pensamientos que yo tengo. Actúan como yo actuo, y todo, entonces es mucho entendimiento que se compagina para poder entendernos y expresarnos.

VO: So I'm Latina. So logically, I mesh well with other Latinos. We have a certain understanding, starting with the language, then with the customs...So they feel good coming to me because we have more or less similar outlooks. They act like I do, right? So there's a mutual comprehension that makes it possible for us to understand each other and express ourselves.

Wendy Wei: The study on treatment preferences for postpartum depression supports the idea that [Latinas tend to approach their healing in tiers](#) – first by using their own resources, then by reaching out to formal support systems and looking into therapy. And then by considering antidepressants. Raquel says some parents tap into a kind of informal support, which is still important.

Raquel Galán: Sometimes I hear if they belong to a church or any social group or any moms group, I always encourage moms to make other moms friends.

Wendy Wei: Another option is to get the support of a postpartum doula. [Anna Rodney](#) is the founder and owner of Chicago Family Doulas. Anna felt incredible after the birth of her first daughter, like a superhuman, and she had a doula with her. She noticed her friends had very different birth experiences. They felt confused, afraid, and worried.

So when her daughter was six months old, Anna dove into the doula profession, training to become a certified labor and postpartum doula.

Anna Rodney: There's specifically postpartum doulas who can come to a family's home both day and night, and we provide them with information so that they can feel confident, so that they know what's normal. We provide them with nourishing meals, with help around the house, whether that's laundry, dishes straightening up.

So that they really don't have to worry about those sorts of things and that they can focus on their recovery, bonding with their baby. Their focus is always like, how does this help mom or how does this help the birthing person?

Wendy Wei: When it comes to postpartum care, the positives of having a doula is that doula's focus on the birthing person and not just the baby.

Anna Rodney: There's actually a hierarchy. So the hierarchy is the birthing person, baby, family, and household. If the birthing person needs sleep, well, guess what? We might have to take the toddler to the park so they can take a nap. In terms of mental health, sleep is probably a huge trigger for families, and we know that families contact us because they feel like they're very susceptible to postpartum depression, postpartum anxiety.

Maybe they've struggled with it in the past, maybe they know how they are when they don't get sleep, but it's certainly very helpful in terms of mental health. Everyone knows how they feel when they are running on fumes.

Wendy Wei: Doulas' whole job is to be in tune with the new parent, so they might observe mental health challenges sooner than a doctor at a sporadic checkup. So doulas are [sometimes able](#) to address symptoms of postpartum depression.

Anna Rodney: We absolutely are trained as postpartum doulas to recognize what those signs are. To also recognize how, if possible, to prevent it from escalating. So even just getting things in place for the family and for the mom so that she can get rest, have nourishing food, gain confidence, have time for herself, do things that are enjoyable outside of being a mom in this new role that she has taken on.

So absolutely when we're there, all the things that we do as postpartum doulas can help prevent postpartum depression from starting and escalating sometimes. Sometimes there's just big factors at play and we can do all those things, and I'm sure all of it is super helpful still, but not all the time is it preventable by actions and nutrition and sleep.

Wendy Wei: Access to the kind of services Anna provides, however, is uneven. For low-income families, Illinois [only began covering doula services under Medicaid in July 2022](#), but Anna still says she sees a rising demand in postpartum doulas in Chicagoland.

Anna Rodney: We're seeing that families are getting reimbursed for postpartum care. Unfortunately, the people that have these great jobs and work for these big companies, that part of their packages and care packages that they offer families includes postpartum care. So we're still missing this huge, huge part of our population.

Wendy Wei: There's also unequal access to therapy and other kinds of support beyond doula services. Here's Raquel, the counselor who works with new moms.

Raquel Galán: I became very, very aware of the discrepancies of the people that have access to good quality healthcare versus those that don't or that have to pay a lot for services and supports. That is something that I have not experienced in other countries in Europe or in South America.

Definitely the difficulty with maternity leave and healthcare access and mental health supports makes it much harder for families and for moms to have babies in the United States.

Wendy Wei: A 2019 review in the journal *Obstetrics and Gynecology* of a decade of perinatal depression research found that experiencing poverty during the vulnerable perinatal period is [a significant risk factor](#) for postpartum depression. According to estimates from the Institute for Women's Policy Research, [about one in four Latino women in the US lives in poverty](#).

Latinos also have more limited or no access to healthcare – the exact group that Anna and Raquel think are not being reached for postpartum care. An ABC Chicago analysis of the US Census Bureau's 2019 American Community Survey found that [more than 16% of Latinos](#) in the Chicago area are uninsured, about four times the rate of white people.

Elected officials in Illinois are trying to make a dent in access to insurance, especially as it relates to people in the postpartum period. In 2019, [the state passed a bill](#) that requires that mental health conditions in pregnancy or postpartum be covered by insurance. It also set more rigorous expectations for medical providers to screen patients in the situation.

Then, in 2021, Illinois became the first state in the country to [extend Medicaid's coverage of postpartum care](#) from two months to 12 for a specific pocket of women experiencing poverty. Medicaid provides government funded comprehensive health insurance to [about 3.9 million people in Illinois](#).

Beyond ensuring access to postpartum care, there's a stigma that Itzel has been referring to, making some US Latinos [reluctant to ask for help](#) when it comes to mental health. It's likely why Itzel refused to call up the social worker after that first time her medical providers noticed her postpartum mental health challenges.

Itzel Carranza: I struggled with the fact that I could have accepted help. I know my family has struggled with that as well. There's abuse within our family, within the extended family, there's mental health issues, but we always try to solve things on our own and sometimes we can't do it.

Wendy Wei: Even for those who can afford a doula or a therapist, it can be difficult finding one who understands the cultural context, even the preferred language of the patient.

Itzel Carranza: I know that my family has brought up concerns that there's not enough healthcare staff that speaks Spanish, and that's heartbreaking for me because in Chicago, I mean we have such a huge Hispanic population, and there has to be more. There has to be more. An aunt of mine was really struggling with depression.

And she kept trying to find a therapist that was a good fit for her because I think that's critical to have somebody that you can really confide in and trust. And in her network, there was only two or three options, something like that. And it was so frustrating for her. It was frustrating for her children that just wanted to help her.

Wendy Wei: Anna, the doula, said she sees this in medical settings all the time. Earlier in 2023, a family reached out to Chicago Family Doulas for mental health help, as well as a lactation consultant. They wanted Spanish and Portuguese-speaking doulas. Of a team of 150 doulas, they struggled to find the right fit.

Anna Rodney: We have a Facebook group where we were posing questions about this and saying, does anyone know of a Spanish-speaking therapist that specializes in mental health postpartum? And we were struggling. And I think all of us were just kind of infuriated and sad, and it's just not okay.

Wendy Wei: For Itzel, opening up about mental health needs in her family was the beginning of her healing journey.

Itzel Carranza: So I actually met with my primary care doctor recently about some childhood trauma that I had experienced that I never really dealt with. And I feel like some of that, the effects of that come out even in my personal life now, even though it happened over 30 years ago. And so my goal is to find someone that I can talk to about that trauma.

And we can figure out ways for me to deal with the anger and the short-temperedness that comes with some of the resentment that I have from that. It's not easy. Again, I've had the phone number and we kind of play phone tag. I call them to schedule an appointment. They call me back. But my goal is to talk to someone, and that's my way of breaking the cycle.



- Wendy Wei: And she might not have known it at the time, but in addressing her mental health, Itzel is also healing former and future generations in her family. Here's Raquel.
- Raquel Galán: One of the things we work on therapy is that if you could go back in time and be the mother of your own mother, what would you give her? That is something very intricate that we work with the Latino families because there is sometimes that generational trauma that gets passed on from grandmothers to mothers to your own daughters or children.
- Wendy Wei: Raquel thinks the novelty of becoming a parent despite or maybe because of the pressures that come with it, is a sort of portal to healing for many Latinas.
- Raquel Galán: I think one of the beautiful things is that life forces you to create a new identity, right? So I always ask moms, would you like to mother the same way you were mothered?
- And people reply in one second like hell, yes, or hell no. This is something that many Latino moms now are being confronted in a positive way, right? That now they get to choose what parts of their culture or their family traditions they want to carry on.
- Itzel Carranza: I think when I came to terms myself that my trauma was affecting my relationships, my ability to deal with conflict and betrayal and just other situations that came up in my life. I realized that I was not dealing with them the best way that I could and that it didn't have anything to do with the people that I had the conflict with, but rather myself.
- And I realized that now everything that I do, everything that I say is seen by my daughter. And even when she was a year and a half, she was already observing things and noticing things. And I've talked to my husband too about how we're her first example of what a supportive, healthy relationship looks like.
- Wendy Wei: As Itzel said in our interview, it takes a village. There must be an entire ecosystem for new parents to successfully take on this role. And importantly, avoid or treat postpartum depression. It's something all the mental health professionals in this episode agree on.
- Raquel Galán: So some of my suggestions would be to check what are the resources in the community. Sometimes some doulas have a sliding scale to see if that's something that can be prioritized over other financial investments. Identify who is your support group. Let's bring a list of people that can help you and show up for you postpartum in some capacity, right?
- So maybe an auntie that brings you food every couple of days, maybe a neighbor that helps you walk your dog, not necessarily help with your baby, but it's one less thing on your plate for you, right?

Jessica Jefferson: There are resources, but they're not publicized a lot. So Postpartum Support International is a big one. We do focus a lot on the moms, but there's been research shown that dads also suffer from postpartum depression. Grandparents can also suffer from postpartum depression, so it doesn't only just affect the mother.

So there are resources out there, but again, there's that gap in connecting the family to those resources that I think the medical community, they're seeing them more regularly, should be able to provide them.

Wendy Wei: This was Kya's second birthday in 2021, which the family celebrated at home. Itzel said her mental health was great. Kya loves birthdays and Happy Birthday is one of her favorite songs. She asks her parents to sing it for her almost every night. As I wrap up my interview with Itzel, Kya and her grandfather get home. He just bought Kya a dress for one of the characters from the movie Frozen.

Itzel Carranza: Let me see you twirl. Que hermosooo! Wow! Mira nada mas!

Wendy Wei: Itzel thought it was the cutest.

Itzel Carranza: She looks so cute.

Wendy Wei: Kya turns four years old in fall 2023. Her grandfather plays a big role in her life and in Itzel's. Thanks to his childcare, Itzel was able to participate in the podcast and share her story to dispel the stigma about the postpartum experience for other Latinas. Just like her daughter, Itzel is loved and supported by a whole village of family members and Itzel is now able to experience the full heartbreak and incredible joy of being a parent.

If you are a new parent and want to talk to someone about your mental health, you can reach out to the Postpartum Support International helpline at 1-800-944-4773. They can assist you in Spanish or English. You can also text help to 800-944-4773 for English. And text 971-203-7773 for help in Spanish.

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For more information, resources, photos, an annotated transcript of this episode and a Spanish translation, visit [ahundredlatinabirthdays.com](http://ahundredlatinabirthdays.com). That's the number 100 Latina Birthdays, and follow us on Instagram, Twitter, and Facebook @100latinabirthdays. 100 Latina Birthdays is an open source podcast.

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