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A Narrative Review of Maternal Depression Research Focusing on Women of Caribbean Descent in the Diaspora and Caribbean Women in the Region

By Fatimah Jackson-Best¹

Abstract

Maternal depression is a global public health issue (Almond, 2009); however, much of the existing research on conditions like the 'baby blues' and postpartum depression have been conducted with White women in North America and Europe. This narrative review seeks to expand the scope of maternal depression research by including and analyzing maternal depression studies conducted with Caribbean descent women living in the Diaspora and women in the English-speaking Caribbean alongside some of the work from North America and Europe. Through this engagement with the existing research three thematic areas emerged. These are: widely used prevalence and incidence rates of the 'baby blues' and postpartum depression which do not reflect rates in the Caribbean and other developing countries; distinct explanatory models which help Caribbean descent women understand postpartum depression and are informed by their social, cultural, and historical contexts; and the question of how Caribbean women's diverse social realities and identities have been grappled with by researchers doing work in this area.

The major feature that crosscuts these thematic areas is the fact of difference. This is exemplified by the Intersectional identities of Caribbean descent women in the Diaspora and region which helps to vary the data on maternal depression and present a fuller representation of women's experiences with conditions like the 'baby blues' and postpartum depression. Collectively, the findings of this review reinforce the notion that "Caribbeanness" must take into account the multiple identities and experiences Caribbean women negotiate historically and contemporarily. The paper concludes with further engagement with this fact of difference, and a discussion about what kinds of interventions and conceptual/theoretical tools may be useful to advancing the study of maternal depression amongst Caribbean women in the Diaspora and region.

Keywords: Mental Health, Maternal Health, Depression, Women's Health, Intersectionality, Caribbean women

Introduction

The postpartum period can bring significant emotional and mental health challenges to women who experience maternal depression. North American and European research on postpartum depression estimates a 10-15% rate for the condition (O'Hara, 1987; O'Hara, 1990; Pitt, 1968; Seyfried and Marcus 2003), while studies on the 'baby blues' indicate a rate of 30-

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85% (Pitt, 1968; O'Hara, 1987; Seyfried and Marcus 2003; Pearlstein, Howard, Salisbury, and Zlotnick, 2009).

Postpartum depression is described as a major form of depression that can share the same characteristics of other depressions (O'Hara, 1987). Its onset usually occurs within four to six weeks after birth and can last for several weeks, months, or years (Cole, 2009). Symptoms of the condition include forgetfulness, low mood, low self-esteem, anxiety, inability to find pleasure in activities that were once enjoyable, weight loss or weight gain, irritability, sleep disturbance, poor functioning, and in some cases thoughts of self-harm or harming one's child (Almond, 2009; Halbreich and Karkun, 2006; Fritz and McGregor, 2013).

The 'baby blues' is described as a mild affective syndrome common during the week after birth and can last up to 10 days (O'Hara, 1987; Cole, 2009). Symptoms of the condition include irritability, restlessness, despondency, mild confusion, hypochondrias, mood swings, crying, poor appetite, inability to concentrate, difficulty bonding with one's baby, sadness, feelings of isolation, and tension (Halbreich and Karkun, 2006; Rondon, 2003).

Studies conducted in last five decades which have explored postpartum depression and the 'baby blues' are largely based on research done in developed nations like the United States and the United Kingdom. Within these contexts women from diverse backgrounds may report different experiences with maternal depression due to the interplay of factors like race, income, culture, and identity. For example, postpartum depression research conducted amongst Black Caribbean descent women in the United Kingdom shows that financial difficulties were believed to be a common pathway that triggered psychological distress (Edge and Rogers, 2005, p. 18). Experiences of maternal depression may also differ amongst women living in the Global South. Research from Barbados highlights socioeconomic issues and their relation to women's maternal moods, and found that this was a significant risk factor which negatively impacted their maternal mental health (Galler, Harrison, Biggs, Ramsey, and Forde, 1999). In spite of such reported differences in their experiences, maternal depression research that focuses on women from diverse backgrounds, such as Black Caribbean women, is lacking in comparison to available research on White women (Edge and Rogers, 2005).

To further investigate the available research on maternal depression, a narrative review of studies from Europe, North America and the English-speaking Caribbean is presented and organized according to three thematic areas emerging from these bodies of work. The central questions that guide the narrative review are:

1. From the previous literature, what do different focuses on postpartum depression and the 'baby blues' tell us about women's experiences with these conditions?
2. What are the central explanations given for postpartum depression and the 'baby blues' in research from Europe, North America and the Caribbean?

The review includes a section on the methods, inclusion and exclusion criteria that were used to assess the research studies. Following this is the presentation of the three thematic areas which are: prevalence and incidence of the 'baby blues' and postpartum depression; explaining and understanding maternal depression; and grappling with difference. The paper concludes with a discussion that further problematizes some of the gaps in the research and discusses what kinds of interventions and conceptual/theoretical tools may be useful to advancing the study of maternal

depression amongst Caribbean descent women in the Diaspora and Caribbean women living in the region.

Methods, Inclusion and Exclusion Criteria

A review of the literature was undertaken using the ERIC, PubMed, ProQuest, and University of Toronto online library databases at several points over the course of approximately two years between 2011 and 2013. The key terms used in the searches were: *postpartum depression, Caribbean, West Indian, postnatal depression, maternal depression, baby blues, postpartum blues, and perinatal depression*. Studies were selected which addressed maternal depression, and specifically the ‘baby blues’ and postpartum depression. Studies that examined antenatal depression were also included in order to expand the literature contained within in the review and include other pertinent information on maternal depression.

Studies were included if they were written in English, were peer-reviewed or a dissertation, and focused on Caribbean descent women living in the Diaspora and Caribbean women living in the region. Studies were excluded from the review if they were not written in English and lacked an English abstract.² In total, fourteen relevant articles and dissertations were located.

Research that explores the ‘baby blues’ and postpartum depression in North America and Europe are also included in the review to provide context and explore how these led to some of the divergences which the Caribbean-focused studies make. Due to the expansive dataset and body of literature on these conditions from North America and Europe and the limitations of this narrative review, an exhaustive list of studies on the topic is not included, nor did these studies undergo the same methods and inclusion and exclusion criteria used to locate studies on maternal depression amongst Caribbean descent women in the Diaspora and region. It is also recognized that the bulk of the North American and European research comes from the United States and Britain, and the Anglo-American bias of these studies is acknowledged and the limitations this presents.

Results

Prevalence and Incidence Studies of Maternal Depression

Many early studies of the ‘baby blues’ and postpartum depression from the United States and Britain use epidemiological measures to explore the prevalence and/or incidence of these conditions (Pitt, 1968; Davidson, 1972; Yalom, Lunde, Moos, and Hamburg, 1968; Stein, Marsh, and Morton, 1981; Harris, 1980). Prevalence refers to the number of existing cases of a disease or condition at a specific point in time and within a specific population, while incidence refers to the number of new cases of a disease or condition within a specific population and period of time (Enticott and Kandane-Rathnayake, 2012). By engaging in this kind of work, researchers were able to examine how many women in a given population were affected by postpartum depression and the ‘baby blues’, and how many new mothers experienced the conditions at a given time.

Among the earliest studies on the incidence of postpartum depression and the ‘baby blues’ is Pitt’s (1968) mixed methods research project involving new mothers in a London hospital. His study found a 10.8% incidence rate for postpartum depression and a significantly higher incidence

² Recognizing that the majority of the Caribbean is comprised of non-English speaking countries, I acknowledge the limitation of restricting the review of literature to research presented only in English, and the drawbacks that this criteria places on the literature review.

rate for the 'baby blues' at 50% (Pitt, 1968). These findings led the author to conclude that maternal depression is both a common and significant experience at the postpartum stage, and that more information needs to be generated on both conditions (Pitt, 1968).

Subsequent studies interested in learning the nature, cause, and prevalence of the 'baby blues' and postpartum depression cite Pitt's findings for context and precedence. Researchers also utilized different tools of measurement such as the Beck Depression Scale, the Present State Examination, and the Montgomery and Asberg Depression rating Scale.³ The prevalence rates reported in these studies are comparable to the incidence rates found in Pitt's work, and range from 8.7% to 12% (Cooper et al., 1984; O'Hara et al., 1984). Studies to ascertain the prevalence of the 'baby blues' vary, and some show rates of 26%-41% (O'Hara, Zekoski, Philipps, and Wright, 1990), while another study found a 67% prevalence rate (Yalom et al., 1968).

As stated above, a significant, and limiting feature of these studies examining the prevalence and incidence rates of the 'baby blues' and postpartum depression is that they are conducted in Britain or the United States, and the study samples are predominantly comprised of White women. For example, Pitt (1968) discloses that his sample is relatively homogenous, while O'Hara et al. (1984) indicates that 98% of the sample was comprised of White women. Research from Cooper et al. (1988), Yalom et al. (1968), and a later study from O'Hara et al. (1990) do not discuss race as a variable at all, and it is unclear if any non-White women were included in the samples. The lack of racial diversity of the study samples omits a great number of women and also disallows an analysis of how factors like race may influence and impact women's experiences with the 'baby blues' and postpartum depression. However, as more research on the conditions is generated we begin to also see an emerging interest in examining the prevalence and incidence rates amongst racially and geographically different sample populations.

Caribbean maternal depression research studies conducted in English-speaking islands show a marked difference in the incidence and prevalence rates of the 'baby blues' and postpartum depression. The earliest incidence study conducted in Jamaica reports a combined rate of 60% for mild and severe 'baby blues' amongst a sample comprised almost entirely of Black women (Davidson, 1972). A later study on the incidence of postpartum depression in another Jamaican sample records a 26% rate, again with a sample of mainly Black women (Palmer, 1996). After the mid-nineties, there was an emergence of Caribbean research studies from English-speaking islands that examined the prevalence of postpartum depression. In a Barbadian study, a 16-19% rate for mild depression amongst women was found, while 34% of women included in a Jamaican research project demonstrated mild to marked depression (Galler et al., 1999; Wissart, Parshad, and Kulkarni, 2005). In addition to providing racial and geographic variation to the existing maternal depression prevalence and incidence studies, the findings show that rates for the 'baby blues' are comparable to rates from the United States and Britain (Pitt, 1968; Yalom et al., 1968; Davidson, 1972). However, postpartum depression incidence and prevalence rates are higher amongst the Caribbean samples in comparison to these studies. One explanation for this can be gleaned from examining some of women's specific risk factors which highlight the connection between their health experiences and social conditions.

Higher rates of postpartum depression is believed to be a common finding across research conducted with women living in the Global South (Almond, 2009). Halbreich and Karkun's (2006) appraisal of 143 studies from 40 countries concludes that the incidence rate of 10-15% commonly stated in postpartum depression research studies cannot apply to women living in the Global South, and they suggest the prevalence can be as high as 60%. Rahman, Iqbal, and Harrington's (2003)

³ These are scales that have been used to measure depression and/or assess an individual's mental state.

postpartum depression study with a Pakistani sample shows that 28% of the women had a depressive disorder. Fisher, Morrow, Nhu Ngoc, and Hoang Anh's (2004) study on postpartum depressive symptomatology in Vietnam showed the incidence rate to be 32%. And an Indonesian sample collected by Edwards, Shinfuku, Gittelman, Ghozali, Haniman, Wibisono et al. (2006) found an incidence rate of 22%. Some of the factors influencing these higher rates may be attributed to women in the Global South experiencing greater social and economic burdens, and that many have less access to opportunities like education and gainful employment (Almond, 2009; Pottinger, Trotman-Edwards, and Younger, 2009). This highlights the significance and centrality of women's socioeconomic conditions, and recognizes the role of the state, rising inequities, and gender-based inequality on women's maternal depression experiences.

The consideration of income and socioeconomic conditions as risk factors has also led to important findings in projects coming out of the so-called "developed world" or Global North. A meta-analysis of research studies conducted mainly amongst women in the United States and Britain found that having less financial resources were associated with an increased risk for postpartum depression (O'Hara and Swain, 1996, p. 41). While a study looking at the link between supportive resources and postpartum depressive symptoms amongst a sample of low income African-American women showed that they viewed money as being an important form of assistance from their families and intimate partners (Logsdon, Birkimer, and Usui, 2000). These findings corroborate with the research results from a Barbados-based project on maternal mood, breastfeeding, and infant cognitive development which indicates that women's socioeconomic conditions, limited support from the state, and family income were risk factors linked to depressive symptomatology (Galler et al., 1999; Galler, Harrison, Ramsey, Forde, and Butler, 2000). Jamaican maternal depression studies from Pottinger et al. (2009) and Davidson (1972) also highlight women's low incomes and deprived socioeconomic conditions which were linked to depressive symptoms.

Analyses of risk factors like income and socioeconomic conditions allows for a consideration of women's Intersectional experiences with maternal depression. This signifies a shift from entirely medicalized analyses of postpartum depression and the 'baby blues', which are facilitated by prevalence and incidence studies, and moves towards more nuanced investigations that sees these factors as being central to women's experiences with the conditions. By considering income and socioeconomic conditions it is acknowledged that research which only examines prevalence and incidence will be insufficient on its own to build an understanding of the complexities and multi-layered experiences of maternal depression amongst women. This also opens up the door to other analytical lenses and explanatory models which facilitate a more encompassing view of the 'baby blues' and postpartum depression.

Explaining and Understanding Maternal Depression

In earlier research there has been some debate around the explanatory models used to understand maternal depression, and particularly for postpartum depression. Pitt (1968) initially characterized the condition as atypical because of the prominence of neurotic symptoms such as irritability, anxiety, and phobias. In later studies this description is challenged, and researchers found that the characteristics of postpartum depression resemble depression that occurs at any other time (O'Hara, 1987). It is deemed a nonpsychotic presentation of depression that can be identified by standardized diagnostic criteria and not just the severity of women's depressive symptomatology (O'Hara et al., 1990; O'Hara, Neunaber, and Zekoski, 1984). These explanatory models for postpartum depression are important because they advance medicalized understandings

of the condition which also impacts diagnostic procedures and activities. But there are also challenges made to these explanations about postpartum depression from feminists that pertain to the exclusion of women's voices, explanatory frameworks, and understandings of the condition (Mauthner, 1993). These concerns are significant and legitimate because much of the earlier research on both postpartum depression and the 'baby blues' is epidemiological and did not include qualitative methods to evoke such an analysis.

Emerging research conducted with Black Caribbean descent women living in Diasporic settings helps to expand the knowledge base on postpartum depression. That much of it is qualitative or uses mixed methodological research techniques pushes the existing frameworks of analysis and sheds light on how women explain and understand these conditions from their distinct contexts using language that highlights the Intersections of gender and race. In these studies, women's differing social, cultural and historical contexts emerge as being significant, and their experiences with the condition allow us to see how it is interpolated by them through these frameworks. Importantly, the term 'Black Caribbean' is not used here or elsewhere to erase or minimize the diversity between and amongst women. The Caribbean is a space of multiple identities, experiences, races, and ethnicities. This is terminology used by some of the authors, and it reflects the ways that such ethno-racial categorizations are invoked to highlight regional identities and membership with a larger group in Diasporic settings. This does run the risk of erasing women's specific cultural contexts, since islands that comprise the Caribbean are diverse and unique and motherhood, mental health, and maternal mental health will be performed and experienced according to the specific contexts women emerge from and/or are influenced by. To mediate this tension, it is useful to invoke the concept of "Caribbeanness" as a dynamic and moving thing that can at once reflect national identities and regional identities depending on how it is used.

Edge, Baker, and Rogers' (2004) comparative, mixed methods research study investigates postpartum depression amongst Black Caribbean women and White British study participants. The study's qualitative findings highlight Black Caribbean women's social and historical world-views which are central to shaping their understandings about and explanations of the condition. Study participants reflect on the mediating factors they believe impact their maternal mental health, and discuss other Black women who overcame legacies of slavery, racism, discrimination, and disadvantage and the perceived common bond they share with them which also helps shape their self-concept of being a Strong Black Woman (Edge et al., 2004; Edge and Rogers, 2005). This re-inscribes a particular type of strength that is rooted in social and historical ideals about Black women's survival that allows them to persevere in spite of material hardship and systematic injustice (Edge and Rogers, 2005, p. 24). Edge et al. (2004) state that for some women depression may be perceived as a disproportionate response to adverse circumstances, and raising the threshold for coping with the condition is their only recourse (p.434).

Similar self-concepts that idealize a particular type of strength of Black women also emerge in research that explores the incidence of postpartum depression amongst African-Canadian women. Ayela's (2008) work describes how Black women in Canada understand, negotiate, and experience postpartum depression, and the process of Being Strong emerged through the project's theoretical engagement. Like the Strong Black Woman, Being Strong is also based on the idealized strength of Black women, and requires that they live up to the cultural imperative to manage depression with grace (Schreiber et al., 2000). Research with Black Minority Ethnic (BME) women from the UK conducted by Templeton, Velleman, Persaud, and Milner (2003) also highlights how certain socio-cultural frameworks help cultivate women's understandings of

postpartum depression, and they discuss how these led study participants to differently conceptualize mental illness altogether. Women in the study attribute mental illness to negativity, and dealing with postpartum depression is believed to be done within the family rather than going outside for help in order to avoid 'hanging out their dirty laundry' (Templeton et al., 2003, p. 215). Davy's (2013) research with immigrant Caribbean women in the United States found that women's conceptualizations about the causes of postpartum depression were based on a mixture of social explanations and cultural ideologies which included poverty, witchcraft, malicious spirits, and homelessness (p. 73-75). In addition to this, research from Edge (2008) locates some of women's explanations and understandings about postpartum depression in religious and spiritual discourse. Edge (2008) found that Black Caribbean women's reliance on these resources for help during a postpartum depression experience could also lead them to believe that being depressed was a sign of moral weakness and personal failure. Collectively, these findings highlight the ways in which the notion of strength and resilience through difficult times relies on an idealized stereotype that provides motivation to women who engage with it, but also creates expectations that they can fail to live up to.

The aforementioned studies also facilitate a consideration of Black women's racial and socio-cultural frameworks of analysis and how these influence their understandings of postpartum depression and an idealized womanhood. The Strong Black Woman concept and Being Strong highlight the ways Black women have learned to transmit techniques of survival to future generations. In Edge and Rogers' (2005) research, this self-concept also influences women's understandings of the causation of postpartum depression, and they construct the genesis of the condition as an outcome of Black women's continuing adversities. This shows that women do not divorce their mental health challenges from other life challenges, be them historical or contemporary, and they all become a part of the ongoing experience of injustice and hardship. Such insight supports the notion that women's experiences, explanations, and understandings of postpartum depression, and even womanhood, are not uniform, nor are their methods for managing and coping with the expectations of them.

These studies and their findings deepen the existing knowledge base on maternal depression by bringing attention to Caribbean descent women's distinct experiences, and exploring how these influence their explanations and understandings of postpartum depression. They show that women's interpolations of the condition are not solely based on medicalized frameworks; rather, they emerge out of the Intersections of their material circumstances, social contexts, culture, and spiritual and religious frameworks. These nuances are largely missing from those earlier, epidemiological studies based in North America and Europe which exclude the very women we have discussed. These findings show that their inclusion is critical to the project of developing a more inclusive view of postpartum depression that values women's knowledge and sees it as being valid and an integral part of the knowledge production endeavour.

Grappling with Difference

The maternal depression research charts a progression from the earlier studies conducted in Britain and the United States with majority White samples to more recent research that focuses on Caribbean women in the region and Diaspora. These later studies are examples of research that is actively engaging with the question of difference, and which is interrogated in several ways. For example, the research study conducted by Edge et al. (2004) sought to formulate a response to anecdotal evidence from primary care providers who suggest Black Caribbean women in the UK do not present postpartum depression as much as women from other ethnic groups or White

women. Postpartum depression research from Barbados was interested in learning whether depressive symptoms would be more common amongst mothers from low income backgrounds (Galler et al., 1999). Such focuses on difference facilitates an analysis and consideration of women's social contexts and allows them to be grappled with in the health research space. The focus on difference also addresses a central concern underlying these studies which is whether all women with maternal depression have the same social experiences. Factors like culture, race, religious background, and class/income/socioeconomic conditions indicate that women's social experiences during a maternal depression experience and outside of it are undoubtedly different and that these must be considered to nuance and enrich the research.

By considering women's differences the studies acknowledge how central Intersectionality is to women's lives. Intersectionality has been a concept discussed by Black women since the first wave of the feminist movement when they were critiquing the exclusion of their specific experiences of overlapping race, class, and gender inequalities (see Truth, 1995; Cooper, 1995; Terrell, 1995). Crenshaw (1991) later coined the term and explained that it alluded to the fact that "the intersection of racism and sexism factors into Black women's lives in ways that cannot be captured wholly by looking at the women race or gender dimensions of those experiences separately" (p. 2). This highlights the notion that Black women's social experiences and multi-layered identities are mediated by one another, and they must be looked at in relation to each other rather than in isolation from each other. While the research projects that have been included in this review do not explicitly use an Intersectional analysis to highlight difference, they do make significant contributions towards advancing this framework by grappling with difference and/or using it to bring women's voices and experiences from the margins to the centre.

While the research evidence shows that Caribbean women's social experiences and identities are different from women included in the earlier maternal depression research, the question of 'whose social experiences are being included?' must also be asked. This query is particularly important to pose to the maternal depression research coming out of the English-speaking Caribbean, and here the question of race re-emerges. In the Caribbean research from Davidson (1972), Galler et al. (1999) Wissart et al. (2005), and Palmer (1996), the samples are comprised almost entirely of Black women. The studies facilitate important information about these women such as the prevalence and incidence of maternal depression, and how marital status, education, and socioeconomic conditions impact their maternal mental health. However, the Caribbean is comprised of many racial and ethnic groups which include Indian, Indigenous Chinese, and Arab women whose difference is also demonstrated by their race, culture, and historical contexts. Indo-Caribbean feminist scholarship has been particularly effective in detailing and describing the differing experiences of Indian descent women with regard to motherhood, family, sexuality, and femininity (see Hosein and Outar, 2012; Mohammed, 2012; Pragg, 2012). Research on Chinese-Caribbean women's identity and topics like work and motherhood role are limited, but is also a growing scholarly area (see Lee, 2008; Wei, 2011). Increased research within these groups and also more research amongst Indigenous and Arab women in the Caribbean will further nuance our representations of motherhood, mental health, and maternal mental health in the region.

To consider another side of women's identities and the question of difference, the majority of the maternal depression research from the English-speaking Caribbean discusses marital status and single motherhood at length, and these are debated as being risk factors for depression (Wissart et al., 2005; Pottinger et al., 2009). Hankivsky et al. (2010) critiques that such focuses on women in health research have led to lesbian and bisexual individuals being understudied and

unacknowledged. By overlooking these persons it becomes assumed that Caribbean women are all Black and are only involved in heterosexual family forms and intimate partnerships, which is untrue. This kind of assumption also feeds into heteronormativity within the Caribbean region and the erasure of LGBT experiences as they intersect with motherhood and family forms. The point being emphasized here is that difference cannot only be limited to race or geographic location because within these contexts there will be diversity and divergences precisely due to women's Intersectional identities, and we must acknowledge, expect, and welcome that difference as well.

Discussion

The prevalence and incidence studies of the 'baby blues' and postpartum depression show that these conditions are significant and should be addressed amongst Caribbean women in the Diaspora and women in the Caribbean region. In particular, the high rates of postpartum depression that have been recorded in the Caribbean indicate that it is a serious maternal health condition that must be acknowledged through further research. The review also shows that there is a lack of qualitative research on maternal depression from the English-speaking Caribbean, while research from the Diaspora shows that this kind of data can help us learn how it is experienced, managed and understood by women. Conversely, the lack of maternal depression incidence and prevalence studies amongst Caribbean descent women in the Diaspora shows that there is a gap in this knowledge base. This disallows comparative analyses between these women and other women from diverse racial and cultural backgrounds from being done. Both of these concerns can be addressed by generating more data from these sample populations to reduce the research gaps. Intersectoral and interdisciplinary efforts can be effective in this regard, and bringing together practitioners and scholars of public health, women's health, mental health, and feminism can help to address these issues.

The studies included in the review provide insightful information on women's experiences with maternal depression. However, there is a clear disparity in the research on the 'baby blues' in comparison to research on postpartum depression. This is apparent in the maternal depression studies conducted amongst Caribbean descent women in the Diaspora and also with women in the English-speaking Caribbean. As a result, we see a lack of information about how these women experience, understand, and explain the 'baby blues'. There is a need for increased qualitative and quantitative research on the 'baby blues' so that this condition can also be fully explored and investigated.

The use of theories that enable deeper analyses of women's lives, experiences and insights and which reflect their social, economic, political, and cultural realities would be useful to future research on the 'baby blues' and postpartum depression. Edge et al. (2004), Edge and Rogers (2005), and Templeton et al.'s (2003) discussion of the Strong Black Woman and Being Strong are influenced by Black Feminist Theory and the on-going discussion about Black women's perceived ability to manage and survive life's difficulties. This has been linked by Black feminists to historical representations of Black womanhood such as the Mammy whose strength was rooted in her reproductive and care-giving capacities, and required that she be a subordinated subject, nurturing care-giver and self-sacrificing at all times despite injustice and poverty (West, 1995; Hill-Collins, 2000). By exploring such concepts that have emerged from Black Feminist Theory, researchers can critically engage with ideas that have been gleaned from scholars who have sought to de-marginalize women, privilege their experiences, and put them at the centre of analysis. There

is power in doing this, and the act of de-centring knowledge production opens the doors to solutions, dialogue, and further engagement.

The Black feminist concept Intersectionality is a useful tool to further engage with women's articulations about how race, class, and gender affect their experiences with maternal depression. In the research studies from the Diaspora and the Caribbean, women discussed mediating factors in their lives which also impacted their mental health after birth (Templeton et al., 2003; Edge et al., 2004; Pottinger et al., 2009; Palmer, 1996; Galler et al., 1999; Davy, 2013). An Intersectional approach helps researchers further grapple with these factors and devise strategies to acknowledge the complexities of women's lives and experiences rather than compartmentalizing illness and health from other parts of their realities (see Crenshaw, 1989; Hill-Collins, 2000). Intersectionality also helps to deepen the analysis by uncovering structural and systemic issues in healthcare interactions and the health inequities and inequalities that these create. And importantly, an Intersectional approach makes space for women's diverse identities and social experiences which include race, culture, sexuality, ability, and class.

Conclusion

Postpartum depression and the 'baby blues' are significant phenomena that affect women across race, class, culture, and socioeconomic lines. Research that investigates these conditions must be sensitive to women's differences and approach these endeavours with an awareness of how this diversity can impact and shape the ways women perceive, experience, understand, and explain their maternal mental health. Diverse research methodologies are also an important component of advancing maternal depression research amongst all women. It is important that women's voices and experiences are regarded as important sources of data in the same ways that epidemiological research is viewed and valued. As a result, using theoretical frameworks that help nuance examinations and explanations of women's experiences with maternal depression is an exercise that health researchers must be unafraid to participate in. These informed frameworks can help us to continue transforming the knowledge base of postpartum depression and the 'baby blues'.

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