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## Understanding Mental Health Disparities Among Black Mothers

**Kayla Jordan, Alexis Granger, Ayanna Palma, Kyla Felton, Zakyah Willis, Rhanajia Clemons and Marjan Assefi\***  
North Carolina Agricultural and Technical State University, Greensboro, USA

\***Corresponding author:** Marjan Assefi, North Carolina Agricultural and Technical State University, Greensboro, USA

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### Abstract

Black moms go through a lot with their mental health during pregnancy and after having a baby. Anxiety and depression are common, and for a lot of them, it's made worse by how they get treated in healthcare, plus racism, and just not always feeling understood. This article talks about research on mental health in Black communities. It explains how it can be harder for moms to get help when they need it, and how other social issues are part of the problem too. Some of the main issues are not getting the care they need, mental health problems being missed, and just overall unfair treatment. It really comes down to healthcare providers needing to do better and understand people's backgrounds.

### Keywords

Mental Health; Anxiety; Depression; Black Mothers; Pregnancy.

### Introduction

The mental well-being of black mothers is essential for the health of the mother, the child, and the family overall. Anxiety and postpartum can impact a mother's ability to bond with her child, compromise her long-term health, and impair how she functions physically, mentally, and emotionally. Research shows that black mothers are known to have mental health issues in the US after giving birth, compared to white mothers, who are also less likely to seek the necessary treatment. This disparity is due to larger structural and social inequalities that affect mental health in black mothers.

This problem extends beyond individual health. When maternal mental health problems are not taken care

of, it leads to poor child development, more healthcare use, and higher healthcare costs in the future. Structural racism significantly drives disparities within healthcare provider attitudes, policies, and organizations. During the research about the COVID-19 pandemic, it showed that systemic racism intensified postpartum depression and anxiety amongst black mothers. Integrated mental health services and the absence of culturally compassionate models in obstetrics care within healthcare systems contribute significantly to inadequate support for mothers in the black community. Lack of trust and discrimination prevent them from seeking care. This research aims to analyze the mental health outcomes of black mothers and the roles and outcomes of the healthcare system. By addressing delivery care practices and systemic influences, this article recognizes possibilities for health service management to reduce disparities.

**Thesis statement:** Black moms often face more stress and challenges with their mental health because of unfair treatment in healthcare systems. To really help, healthcare organizations need to make real changes, treat everyone fairly, include diverse voices in leadership, and provide care that respects different cultures and experiences.

### **Conceptual/Theoretical Framework**

This review explores the mental health of mothers in the black community, emphasizing how systemic racial bias in healthcare and social determinants of health play a role. Instead of only focusing on individual actions, it aims to promote system change and accountability within healthcare systems. It recognizes that factors like socioeconomic status, discrimination, and access to care affect health outcomes in black mothers, specifically those vulnerable to perinatal mental health disorders due to racial inequity.

### **Scope of Review**

This research will have sources published between 2015 and 2025 and will focus on studies performed in the US. This research will introduce a wide range of sources, including systematic reviews, scholarly reports, and peer-reviewed qualitative and quantitative studies, to address the mental health of black mothers, the effects of the healthcare system, and disparities in postpartum care.

By highlighting systemic factors and current studies, this review highlights the healthcare delivery models and how they can improve black maternal and child health equity.

### **Review**

The American Medical Association (AMA) defines structural racism as “the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. ” When it comes to the healthcare system, Black mothers face a plethora of systemic/structural racial issues. These issues include (but are not limited to) healthcare bias, lack of culturally competent providers, and social stressors (housing, employment, etc.). In addition to these systemic issues, Black women are often left to face harsh stereotypes, such as being seen as less than but simultaneously being labeled as “strong” and not in need of help. All of these issues tied together lead to Black women being ignored, dismissed, and improperly cared for by the healthcare system and professionals. As this has been going on for years, it is evident in the poorer birth outcomes, untreated mental health conditions, and the persistent high maternal mortality rate faced by Black women. These structural injustices offer important context for recognizing why Black women's maternal mental health outcomes are significantly worse than those of other races and ethnicities.

Maternal mental health refers to the overall emotional, physical, social, and mental well-being of a pregnant woman both during and after her pregnancy. When it comes to the mental health of Black mothers, it is among the worst of all. March of Dimes (MoD), an organization that fights to improve the health of every mom and baby regardless of race, ethnicity, gender, etc., even details that “40% of Black women experience maternal mental health symptoms nearly twice the rate of all women.” Black mothers face an unbalanced, unreasonable burden of health conditions surrounding the time they give birth, such as depression, anxiety, PTSD, and trauma. Many of these conditions are linked to the structural racism that Black women face during their pregnancy. As a result of this, Black women face worse psychological well-being conditions, higher morbidity rates, and worse/untreated health outcomes. A study done by the CDC tells us that “rates for Black women were significantly higher than rates for White and Hispanic women” when it came to the maternal mortality rate in 2021. The maternal mortality rate for Black women (in 2021) was 69.9 deaths per 100,000 live births, and this number was 2.6 times the rate for Hispanic and White women. The knowledge of these statistics can also lead to stress and anxiety for a Black woman giving birth, which only increases the likelihood of an undesired outcome.

While these issues are prevalent and have been for a long time, the issue of structural racism and its effect on the mental health of Black mothers is still greatly understudied. Addressing these disparities requires not only people to be aware of what is going on, but also intentional, purposeful, and meaningful interventions and actions of change implemented by the healthcare system as a whole. Possible interventions include implementing bias training so that all healthcare providers are aware of what to do and not do, and what is socially and culturally acceptable and what is not. Another thing that can be done is mental health checkups and well-being follow-ups for Black mothers who have just given birth, for at least up to a year or two postpartum. This way, they can update their doctors on how they have been and, if on the negative side, be appropriately helped on time.

To improve the mental health concerns faced by Black mothers, more studies on structural and systemic racism must be done so that, as a whole, the healthcare system can address the causes. Healthcare should be equal, equitable, and patient-centered for all, regardless of race, gender, ethnicity, sexual orientation, etc. By prioritizing practices that can make a change, take accountability, and improve access to quality services, healthcare leaders and administrators can play an important role in reducing maternal health disparities and ensuring that Black mothers receive the respect, support, and care that they deserve. Addressing these inequities is not only a public health necessity, but it is also a matter of health justice for Black women and mothers.

While disparities in Black maternal mental health are a real issue, another critical factor is the direct psychological impact of discrimination, trauma, and chronic stress; the mechanism here is not mystical; it is a cumulative load across high-frequency microevents: 1 sideways remark, 1 delayed referral, 1 under-explained policy, and 1 quiet exclusion, repeating dozens per week, hundreds per month, and thousands per year, across 3 domains, 5 domains, or 7 domains, with the same person carrying it. Minor in isolation. Heavy in aggregate. Frequency multiplies intensity, the numerator grows, the denominator refuses to, and that asymmetry becomes difficult to quantify because you cannot easily assign a unit to exhaustion that is 10 percent from today and 90 percent from the past. Exposure is layered, historically persistent, and distributed across clinical settings, workplaces, schools, neighborhoods, and even relationships presumed supportive but not in practice. Yes, that last clause is awkward on purpose; it often is [1,2].

Maternal mental health, as people in this literature usually mean it, is the emotional and psychological well-being throughout pregnancy and the postpartum period, which includes depression and anxiety. Still, also post-traumatic stress disorder and the looser bucket of psychological distress, basically the stuff that makes daily functioning feel like pushing a stuck door and then pushing again because the baby still needs feeding. You still have dishes, a call, and your own body. It sounds clinical until you have to get through a morning that involves doing everything necessary to care for your child, who is never really ready for that. It is simple, and then it is not. That pivot matters because these conditions can affect maternal functioning and infant development, which look almost diagrammable, and then lived time shows up: sleep, feeding, attention, irritability, and that cascade where one disrupted night kind of seeds the next.

For Black mothers, the same diagnoses are often intensified by stressors tied to race, identity, and systemic inequities. The point is that exposure patterns and the responses to them keep happening, over and over, with no respectful pause, and that recurrence does things to bodies and schedules and expectations; it shifts what gets interpreted as coping versus what gets read as failing, and then you wonder, or I do, what a mother is supposed to do with that. Keep going. Try to keep going. Then try again, even when the terms of the evaluation keep moving.

The cited work says, and I think it is fair to say, that experiences such as racial discrimination, economic strain, limited access to culturally responsive care, and prior trauma influence emotional well-being before, during, and after pregnancy [1,2]. So, the person is not simply reacting to one appointment; she is reacting to a sequence, a run of appointments, and this can make you second-guess your own interpretation of what just happened, or rather what keeps happening, because repetition edits memory. Chronic stress, particularly stress related to racism and discrimination, has been shown to increase vulnerability to depressive symptoms, such as the inability to perform everyday tasks, while also affecting physical health outcomes such as hypertension and cardiovascular strain [1]. The mind-body split is a polite fiction that the organism does not cooperate with. The key move is temporal, the life course framing, because if you only look at a trimester, you miss what it was built from, you miss what is still building, and that is why the same clinic question can land differently depending on the decade behind it.

Structural barriers matter, especially since psychological injury is not merely downstream. When mental health services are not designed with Black women's experiences in mind, care becomes reactive rather than preventative. [1], demonstrate how discrimination-related stress can translate into both depressive symptoms and measurable physiological outcomes. It shows how psychological stress and structural racism are connected and carry the same issue. It shows up as numbness. The claim is simple, and it stands: repeated stress exposure across years and settings, including discrimination and trauma, intensifies depression, anxiety, post-traumatic stress disorder, and distress, and it does so in ways that also show up in hypertension and cardiovascular strain [1]. Pretending otherwise is refusing to look. Without getting help, these stressors can worsen and cause other problems within the nervous system. Addressing these issues can impact generations to come by assisting them and giving them the tools they need to handle mental illnesses like post-partum stress, among other things.

Many articles discuss the importance of providing mental health treatment in maternal care settings to increase engagement and follow-through with treatment recommendations (Research Protocols, 2025). Individual treatments can include case management, which would help mothers connect with resources such

as housing, daycare, and mental health counseling. Community outreach and partnerships have been proven to help with concerns that are affecting Black mothers and their experiences with receiving prenatal care. Partnerships within the community, such as among healthcare providers, public health professionals, and community members, can help identify what is preventing individuals from receiving treatment and find ways to provide culturally congruent care.

The organizational and community approaches work to improve both healthcare systems and community support networks. Maternal health outcomes depend on the combined effects of these two factors. The community has successfully developed partnerships to address local challenges affecting Black mothers during their prenatal healthcare journeys. Healthcare provider organizations, public health experts, and community groups should work together to identify medical treatment obstacles and develop solutions that account for diverse cultural needs. The implementation of organizational programs faces difficulties due to limited resources and varying implementation practices across health systems. The implementation of bias training and cultural competency programs by many hospitals will not result in permanent changes unless the organizations establish comprehensive institutional standards and systems to hold people accountable. The treatment programs aim to solve the fundamental reasons that lead to mental health disparities that affect mothers. Structural solutions often include healthcare policy modifications that enhance treatment availability and provide better insurance benefits, and that support community wellness initiatives.

The first policy option entails the improvement of postpartum healthcare benefits while developing better mental health evaluation procedures that should be conducted during pregnancy and after delivery. Healthcare service policies that integrate will allow obstetric physicians to work together with mental health specialists, enabling the mother to receive all the necessary medical care. Organizations that encourage workforce diversity will help improve patient relations and prevent bias in the healthcare environment [4].

The healthcare system will undergo a permanent transformation through policy improvements that have the potential to lead to fundamental changes. The policy initiatives that address the barriers, which include limited-service access, the absence of culturally appropriate treatment, and socioeconomic disparities, will lead to equitable healthcare conditions for Black mothers. The two opposing viewpoints about the basic reasons that lead to the mental health issues faced by Black mothers have been presented by experts who study the issue.

Therefore, to improve the mental health of Black mothers, several interventions are necessary. These include individual interventions, organizational changes, and legislative changes. The healthcare system can improve the mental health and well-being of Black mothers and their families by addressing the challenges they face at the individual and organizational levels.

To add more nuance to the discussion from this paper. It is also important to understand that a major problem affecting the mortality of Black women during childbirth is the lack of diversity within the healthcare system. Both the lack of diversity within medical schools and the physicians and support staff in hospitals are issues. From the photos in textbooks that showcase white bodies as opposed to Black bodies, it is up to the physicians to see the same symptoms on Black bodies as white ones. It is important not to place all the blame on specific physicians, but also on the system as a whole.

White physicians make up the majority of the whole in comparison to Black physicians. There are many racial

ideologies of the Black patients. Black people often feel less pain than white people and are often not believed by their doctors. There are many different examples of Black patients feeling unheard or not believed when complaining about pain, especially Black women during childbirth. There is a long history of how Black women are often masculinized in comparison to their white counterparts. Black women were then held to the same standard as Black men. This, added to the lack of representation of Black patients in medical textbooks, leads back to why Black women have a higher mortality rate in childbirth compared to other demographics of women.

When discussing these important topics, like this one, related to healthcare, it is important to also look at the why. Find the root of the problem and discover ways that could solve it. What can be done about the lack of diversity in medical textbooks journals? Questions like these must be continuously asked in healthcare to improve these issues over time.

## Conclusion

In conclusion, Black mothers in the United States still deal with many mental health problems during pregnancy and after giving birth. A big part of this comes from issues in the healthcare system, such as racism, bias, and not having access to the right kind of care. This leads to higher levels of depression, anxiety, and stress, and many mothers still do not get the help they need. Many Black women say they feel ignored or not listened to by doctors. Some are not even checked for depression. This can build up over time, causing stress and emotional exhaustion. It can also affect physical health, like higher blood pressure. These problems do not only affect the mother. They can also affect the baby and the whole family.

A mother's mental health can impact bonding and child development. This is not just about personal choices. It is a larger system issue. Even Black women with good jobs and education still report being treated unfairly in healthcare. This shows the problem is deeper than income or education. Changes are needed in healthcare. There should be more mental health screenings during pregnancy and after birth, especially in the first year. Postpartum depression is often missed, which can leave women struggling without help. Screenings should happen more than once. Fixing this will take effort from many people. Every mother deserves to feel safe and respected. This is not just about numbers. It is about real families and their lives.

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