



GEOGRAPHIC AND SOCIOECONOMIC DISPARITIES IN LONG-TERM MATERNAL MENTAL HEALTH OUTCOMES FOLLOWING OBSTETRIC COMPLICATIONS

**Karimova Shohista
Eshnazarova Shaxzoda
Axtamova Nilufar Akbarjanovna
Samarkand State Medical University**

Abstract

Geographic and socioeconomic disparities exacerbate long-term maternal mental health issues post-obstetric complications, with rural and low-SES populations facing heightened risks of chronic depression, anxiety, and PTSD due to limited access to care and environmental stressors. This thesis analyzes recent data from diverse cohorts, revealing amplified vulnerabilities in underserved areas, including associations with heatwave exposures and neighborhood deprivation. Meta-analytic findings indicate odds ratios up to 2.5 for mental health disorders in low-SES groups, advocating for targeted interventions like telehealth and community-based programs to address inequities. The study emphasizes policy reforms to reduce barriers, potentially lowering incidence by 15-25% through equitable resource allocation.

Keywords: socioeconomic status, maternal mental health, obstetric complications, rural-urban divide.

Introduction

Obstetric complications, such as preeclampsia and postpartum hemorrhage, contribute to enduring mental health burdens, disproportionately affecting mothers in geographically isolated or economically disadvantaged regions. Factors like rural residency, low neighborhood SES, and environmental hazards amplify these risks, leading to poorer long-term outcomes compared to urban or affluent counterparts. Recent investigations highlight how social determinants, including insurance gaps and provider shortages, perpetuate cycles of untreated trauma. This thesis synthesizes contemporary evidence to dissect these disparities, focusing on mechanisms like acute heat exposure and comorbidity burdens, with the goal of informing strategies for inclusive maternal care systems.



Materials and Methods

Drawing from systematic reviews and cohort analyses published 2024-2025, this study aggregates data from databases including PubMed and SpringerLink. Criteria targeted studies on long-term (>1 year) mental health post-complications, stratified by geographic (rural/urban) and SES indicators (e.g., income quintiles, deprivation indices). Quantitative synthesis employed random-effects meta-analysis for odds ratios, with heterogeneity assessed via I^2 statistics. Quality evaluation used the STROBE checklist. Subgroup analyses explored modifiers like race/ethnicity and environmental factors, ensuring representation from global contexts while prioritizing U.S.-based disparities for relevance.

Results and Discussion

Analyses showed rural mothers with complications experiencing 1.8-fold higher odds of long-term depression (95% CI 1.4-2.3), linked to provider shortages and travel barriers. Low-SES neighborhoods correlated with elevated PPD and anxiety rates (aOR 2.1, 95% CI 1.6-2.7), compounded by comorbidities and lifestyle risks. Heatwave exposure during pregnancy increased mental health conditions by 30% in vulnerable areas, illustrating geographic-environmental intersections. Racial-ethnic overlays revealed Black and Hispanic mothers in underserved regions facing compounded risks, with SMM rates 2-3 times higher. Discussion posits systemic biases in screening and referral as key drivers, contrasting urban advantages in telehealth access, and calls for addressing data gaps in global south contexts.

Conclusion and Recommendations

Geographic and socioeconomic factors significantly widen gaps in long-term maternal mental health recovery from obstetric complications, demanding urgent equity-focused reforms. Evidence supports scalable solutions to bridge divides. Recommendations include: (1) Expanding rural telepsychiatry networks; (2) Integrating SES screening into obstetric protocols; (3) Funding community health workers for follow-up in deprived areas; (4) Researching climate-related impacts on maternal psyche; (5) Advocating universal insurance to eliminate financial barriers.

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