ABSTRACT
There is increasing evidence that suggests that perinatal depression is of great concern in the prenatal care of pregnant women (Silva et al., 2012; Davalos et al., 2012; Pereira et al., 2009; Lara et al., 2009). The goal of this study was to determine whether or not pregnant women in a low income population of Peru are being evaluated and treated for depression, and other mental illnesses.

METHODS
The project was a retrospective cohort study examining 201 clinical histories of pregnant women who visited one of eight health centers in Ventanilla, Peru in Ventanilla, Peru over a 3 week. Patient clinical histories were selected based on availability, starting with pregnant women who had visited the clinic that day, and then moving on to women from the day before, etc. The number of histories read from each clinic varied, depending on the availability of histories and the time spent at each health center. Each health center included in the study is regulated by the Peruvian Ministry of Health, and equipped with many obstetricians and at least one psychologist.

For each clinical history, we recorded the health center’s coding number, date of the first prenatal visit, date of each psychological visit during the pregnancy (if the patient went to the psychologist), the diagnosis from each psychological visit (if applicable), and the date of birth of the newborn (if applicable).

RESULTS

RESEARCH QUESTIONS
What percentage of the pregnant women in Ventanilla, Peru who are referred for psychological analysis by their obstetrician actually complete their referrals? Of those women who complete their referrals, how much time passes between their first prenatal visit to their obstetrician and their first prenatal visit to the psychologist? What percentage of the women who are diagnosed with depression continue to visit their psychologist?

REFERENCES

INTRODUCTION
Mental illnesses often afflict women during their pregnancy. In the past few decades, depression has increasingly become one of the most common diagnoses in primary care (Gilbody et al., 2006; Katon et al., 2010). The incidence of perinatal depression has been found to be much higher among populations of women of low income and low social support (Leigh and Milgrom, 2008). Interpersonal psychotherapy, massage, and other nonpharmacologic treatments, as well as certain, properly-dosed antidepressant medications have been shown to be useful in treating prenatal depression (Pearlstein, 2008, Topiwala, et al, 2012).