Black Maternal Mental Health

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Objectives

- Identify four social determinants of mental health for Black birthing people
- Explore three ways to assess mental well-being among pregnant patients using screening tools
- Learn and review four ways to treat insomnia, depression, and anxiety during pregnancy
- List two telephonic and internet resources for clinicians, patients and families

Honoring Anarcha, Lucy and Betsy

- *Illustration of Dr. J. Marion Sims with Anarcha by Robert Thom.*
- *Anarcha was subjected to 30 experimental surgeries.*
- Anarcha, Betsy, and Lucy were **three enslaved women who lived and worked on different plantations near Montgomery, Alabama, in the 1840s**.
- All three women developed a painful medical condition after childbirth that caused them to lose control of their bladders and bowels.

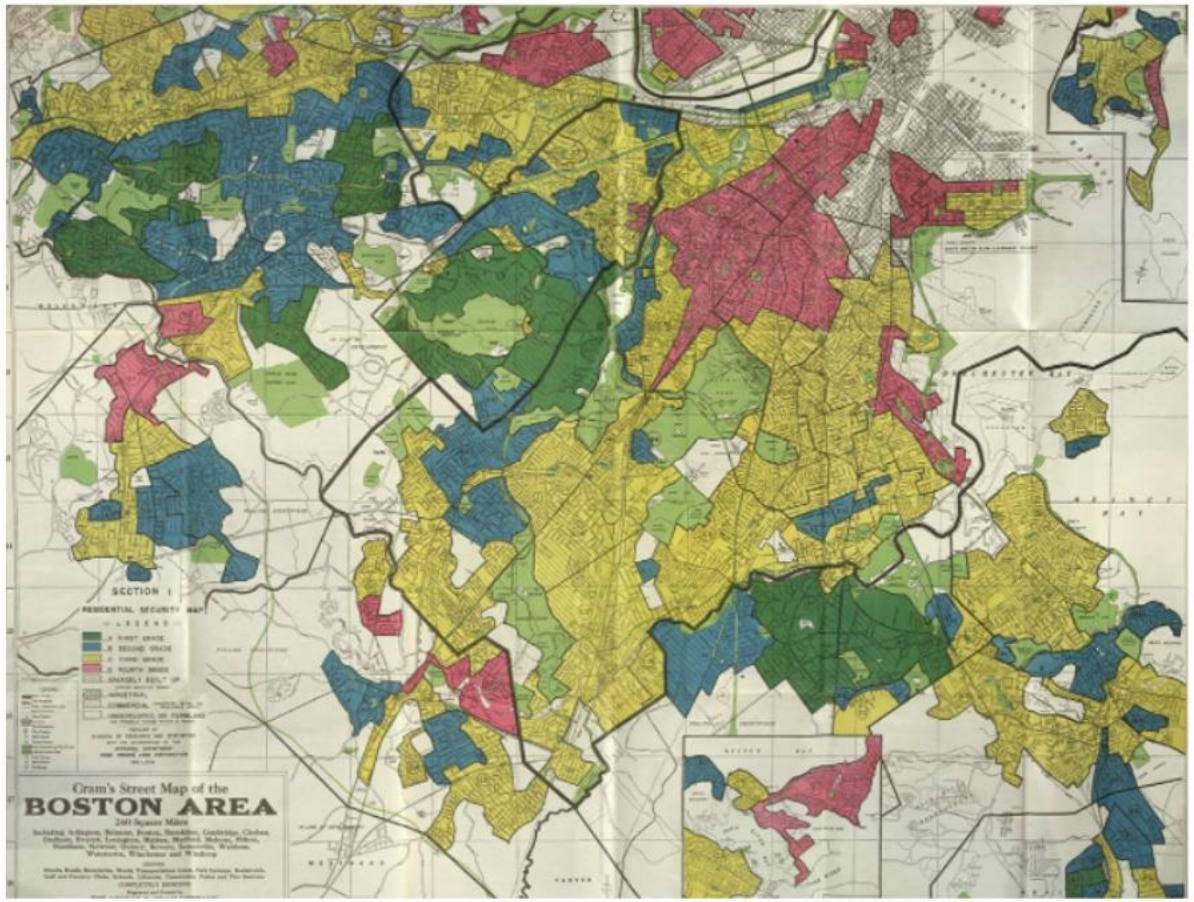
What does institutional racism look like more recently?

- **Maternal Deprivation**
- Social and psychological theory
- It suggests that “Slum” homes of poor black urban families were seen to cause sensory deprivation, whereas the “matriarchal” structure of African American families, famously referred to by Daniel Moynihan in “The Negro Family: The Case for National Action” (1965) as pathological, was somewhat counter-intuitively seen to cause “maternal deprivation”
- TERRIBLE.

STRUCTURAL RACISM

A SYSTEM IN WHICH **PUBLIC POLICIES, INSTITUTIONAL PRACTICES, CULTURAL REPRESENTATIONS, AND OTHER NORMS** WORK IN VARIOUS, OFTEN REINFORCING WAYS TO **PERPETUATE RACIAL GROUP INEQUITY.**

https://www.aspeninstitute.org/blog-posts/structural-racism-definition/



THIS SYSTEM IDENTIFIES DIMENSIONS OF OUR HISTORY AND CULTURE THAT HAVE ALLOWED PRIVILEGES ASSOCIATED WITH *WHITENESS* AND DISADVANTAGES ASSOCIATED WITH *COLOR* TO ENDURE AND ADAPT OVER TIME

https://www.aspeninstitute.org/blog-posts/structural-racism-definition/

STRUCTURAL RACISM IS **NOT SOMETHING THAT A FEW PEOPLE OR INSTITUTIONS CHOOSE TO PRACTICE.** INSTEAD, IT HAS BEEN A FEATURE OF THE SOCIAL, ECONOMIC, AND POLITICAL SYSTEMS IN WHICH WE ALL EXIST

STRUCTURAL MECHANISMS **DO NOT REQUIRE THE ACTIONS OR INTENTIONS** OF OTHERS

https://www.aspeninstitute.org/blog-posts/structural-racism-definition/

EVEN IF INTERPERSONAL DISCRIMINATION WAS ELIMINATED TODAY,

RACIAL AND ETHNIC INEQUITIES WOULD REMAIN

DUE TO PERSISTENCE OF STRUCTURAL RACISM

Crenshaw K. Mapping the margins: Intersectionality, identity politics, and violence against women of color. Stan. L. Rev.. 1990;43:1241.

HOW STRUCTURAL RACISM IMPACTS MATERNAL MENTAL HEALTH

Table 1. Percentage of white participants endorsing beliefs about biological differences between blacks and whites

Item	Study 1: Online sample (n = 92)	Study 2			
		First years (n = 63)	Second years (n = 72)	Third years (n = 59)	Residents (n = 28)
Blacks age more slowly than whites	23	21	28	12	14
Blacks' nerve endings are less sensitive than whites'	20	8	14	0	4
Black people's blood coagulates more quickly than whites'	39	29	17	3	4
Whites have larger brains than blacks	12	2	1	0	0
Whites are less susceptible to heart disease than blacks*	43	63	83	66	50
Blacks are less likely to contract spinal cord diseases*	42	46	67	56	57
Whites have a better sense of hearing compared with blacks	10	3	7	0	0
Blacks' skin is thicker than whites'	58	40	42	22	25
Blacks have denser, stronger bones than whites*	39	25	78	41	29
Blacks have a more sensitive sense of smell than whites	20	10	18	3	7
Whites have a more efficient respiratory system than blacks	16	8	3	2	4
Black couples are significantly more fertile than white couples	17	10	15	2	7
Whites are less likely to have a stroke than blacks*	29	49	63	44	46
Blacks are better at detecting movement than whites	18	14	15	5	11
Blacks have stronger immune systems than whites	14	21	15	3	4
False beliefs composite (11 items), mean (SD)	22.43 (22.93)	14.86 (19.48)	15.91 (19.34)	4.78 (9.89)	7.14 (14.50)
Range	0–100	0–81.82	0–90.91	0–54.55	0–63.64
Combined mean (SD) (medical sample only)			11.55 (17.38)		

Hoffman KM, Trawalter S, Axt JR, Oliver MN. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. Proceedings of the National Academy of Sciences. 2016 Apr 19;113(16):4296-301.

IN 2018:

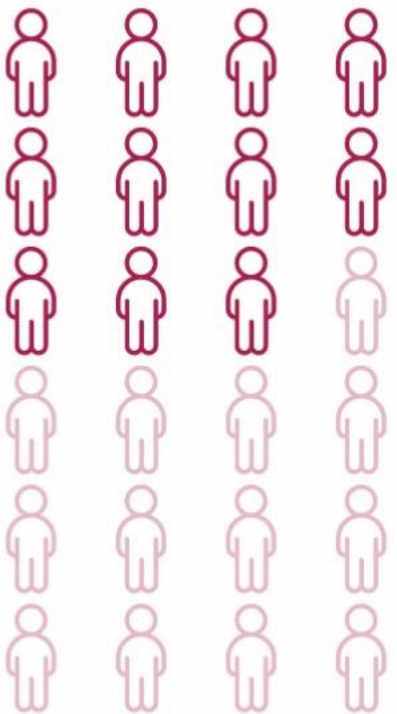
69%

of Black adults with **any** mental illness received **no treatment**

67%

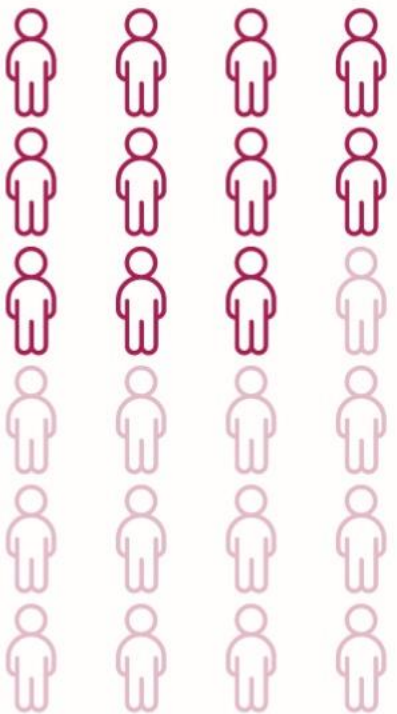
of Latinx adults with **any** mental illness received **no treatment**

42%



of Black adults with **serious** mental illness received **no treatment**

44%



of Latinx adults with **serious** mental illness received **no treatment**

Substance Abuse and Mental Health Services Administration: Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health. Rockville, SAMHSA, 2019

89%

of Latinx adults with **substance use disorders** reported receiving **no treatment**

88%

of Black adults with **substance use disorders** reported receiving **no treatment**

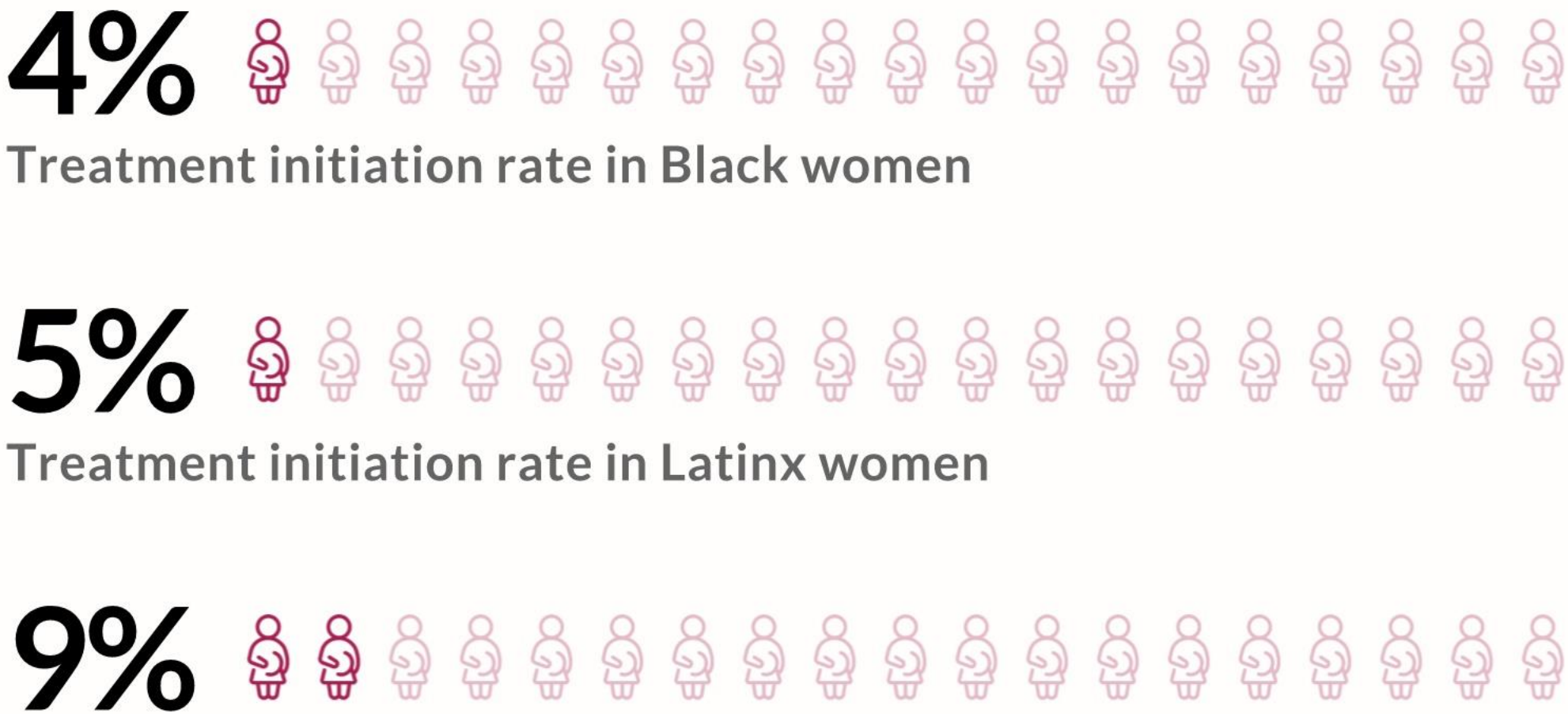
Substance Abuse and Mental Health Services Administration: Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health. Rockville, SAMHSA, 2019

COST IS THE MOST COMMONLY CITED REASON FOR NOT SEEKING CARE

TWICE AS OFTEN AS **MINIMIZATION OF SYMPTOMS** AND **NEARLY FIVE TIMES** AS OFTEN AS **STIGMA**

Alang SM: Mental health care among blacks in America: Confronting racism and constructing solutions. Health Serv Res 54:346-355, 2019

TREATMENT INITIATION RATES FOR POSTPARTUM DEPRESSION



4%

Treatment initiation rate in Black women

5%

Treatment initiation rate in Latinx women

9%

Treatment initiation rate in White women

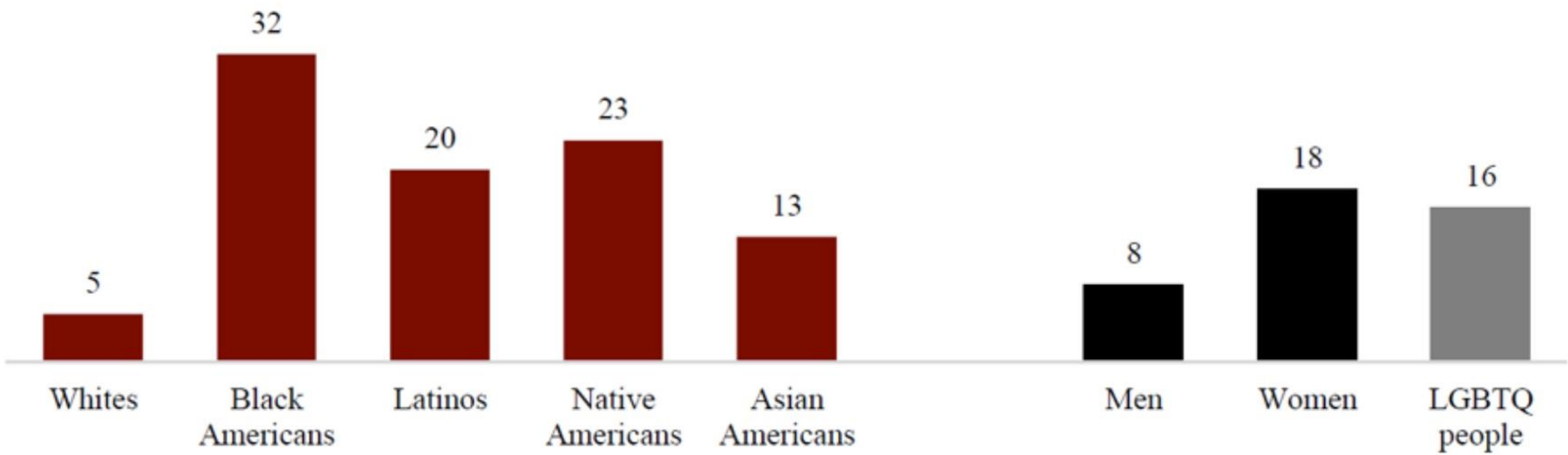
Kozhimannil KB, et al. Racial and ethnic disparities in postpartum depression care among low-income women. Psychiatr Serv. 2011 Jun;62(6):619-25

ODDS RATIOS OF SCREENING FOR POSTPARTUM DEPRESSION

- **Black women** (0.64), **Asian women** (0.81), and **Native American/Hawaiian/Alaska Native/Multiracial women** (0.44) were less likely to be screened for postpartum depression compared to White women
- **Women with Medicaid/Medicare** (0.78) were less likely to be screened for postpartum depression compared to women with private insurance

Sidebottom, A. et al. Perinatal depression screening practices in a large health system. Arch Womens Ment Health 24, 133–144 (2021)

Percent of Each Group Saying They Have Been Personally Discriminated Against When Going to A Doctor Or Health Clinic Because of their Race or Ethnicity, Gender, or LGBTQ Identity

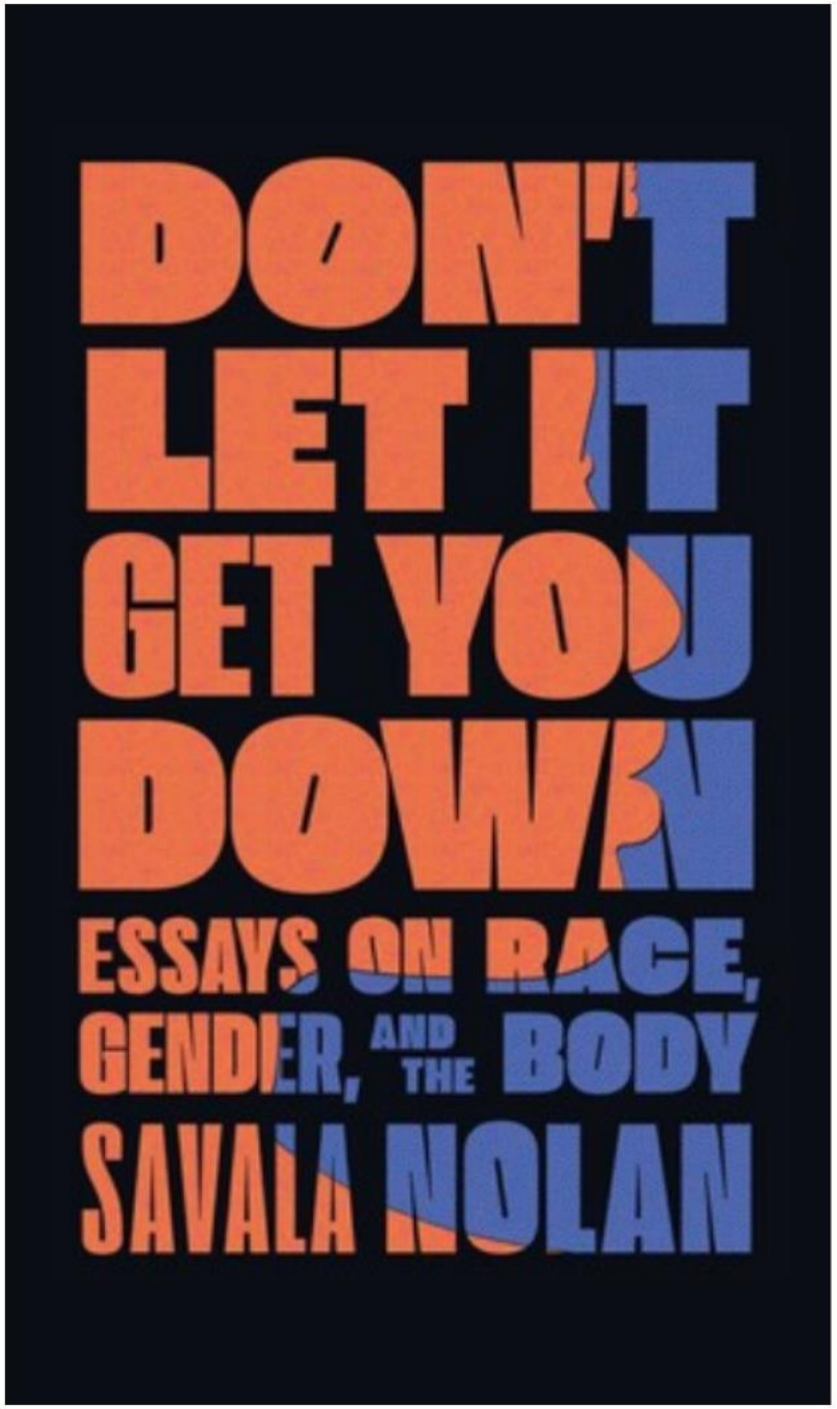


Robert Wood Johnson Foundation. (2017). Discrimination in America. https://www.rwjf.org/en/library/research/2017/10/discrimination-in-america--experiences-and-views.html.

Summary:

- Postpartum depression (PPD) affects one in eight women; however, the risk is 1.6 times higher for Black women than White women.
- While the risk may be higher, Black women are less likely to receive help due to factors such as financial barriers, stigma associated with mental health struggles, structural racism and a historical mistrust of the health care system.
- Maternal mental health symptoms and issues among Black women are often overlooked and under addressed.

https://www.aha.org/news/blog/2022-07-19-supporting-black-womens-maternal-mental-health-journey



"IF I WERE A WHITE LADY, A THIN ONE, I BELIEVE IT WOULD HAVE GONE DIFFERENTLY. I CAN'T KNOW FOR SURE, BUT SOCIAL SCIENCE SUPPORTS MY HUNCH. WE KNOW MEDICAL STUDENTS SOMETIMES DON'T BELIEVE BLACK PEOPLE FEEL AS MUCH PAIN AS WHITE PEOPLE DO. WE KNOW BLACK PEOPLE ARE LESS LIKELY TO BE GIVEN DIAGNOSTIC MEDICAL TESTS. WE KNOW BLACK WOMEN ARE MORE LIKELY TO DIE IN CHILDBIRTH REGARDLESS OF SOCIOECONOMIC STATUS. **SO, HAD I BEEN WHITE, SOMEONE MIGHT HAVE TAKEN MY HEART PALPITATIONS AND MY PAINFUL VOMITING SERIOUSLY...THEY MIGHT HAVE LISTENED WHEN I ASKED TO SEE MY NEWBORN MORE THAN ONCE A DAY AS I RECOVERED ALONE IN THE CARDIAC ICU. THEY MIGHT HAVE DIAGNOSED ME EARLIER."**

PRACTICING CULTURAL HUMILITY

1 | Commit to a **lifelong process** of **self-evaluation** and **self-critique**

2 | Desire to **fix power imbalances** between providers and clients

3 | **Develop community partnerships** to advocate within the larger organizations in which we participate

Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. Journal of Health Care for the Poor and Undeserved, 9, 117-125.

STRUCTURAL COMPETENCE

THE TRAINED ABILITY TO DISCERN HOW A HOST OF ISSUES DEFINED AS SYMPTOMS, CLINICAL PROBLEMS, ATTITUDES, OR DISEASES (E.G., DEPRESSION, HYPERTENSION, OBESITY, SMOKING, MEDICATION "NON-COMPLIANCE," TRAUMA, PSYCHOSIS) ARE INFLUENCED BY UPSTREAM SOCIAL DETERMINANTS OF HEALTH.

Metzl JM, Hansen H. Structural competency: theorizing a new medical engagement with stigma and inequality. Soc Sci Med. 2014;103:126–133. doi:10.1016/j.socscimed.2013.06.032

“I AM NOT FREE WHILE ANY WOMAN IS UNFREE, EVEN WHEN HER SHACKLES ARE VERY DIFFERENT FROM MY OWN.”

- **In 2020, the maternal mortality rate for Black women was 55.3 deaths per 100,000 live births** – 2.9 times the rate for non-Hispanic White women, and a significant increase from previous years.
- **In 2019, Black women's mortality rate was 44.0 deaths per 100,00 live births** and **37.3 deaths per 100,00 live births in 2018**.

https://www.aha.org/news/blog/2022-07-19-supporting-black-womens-maternal-mental-health-journey

Hypothalamic Pituitary Adrenal Axis

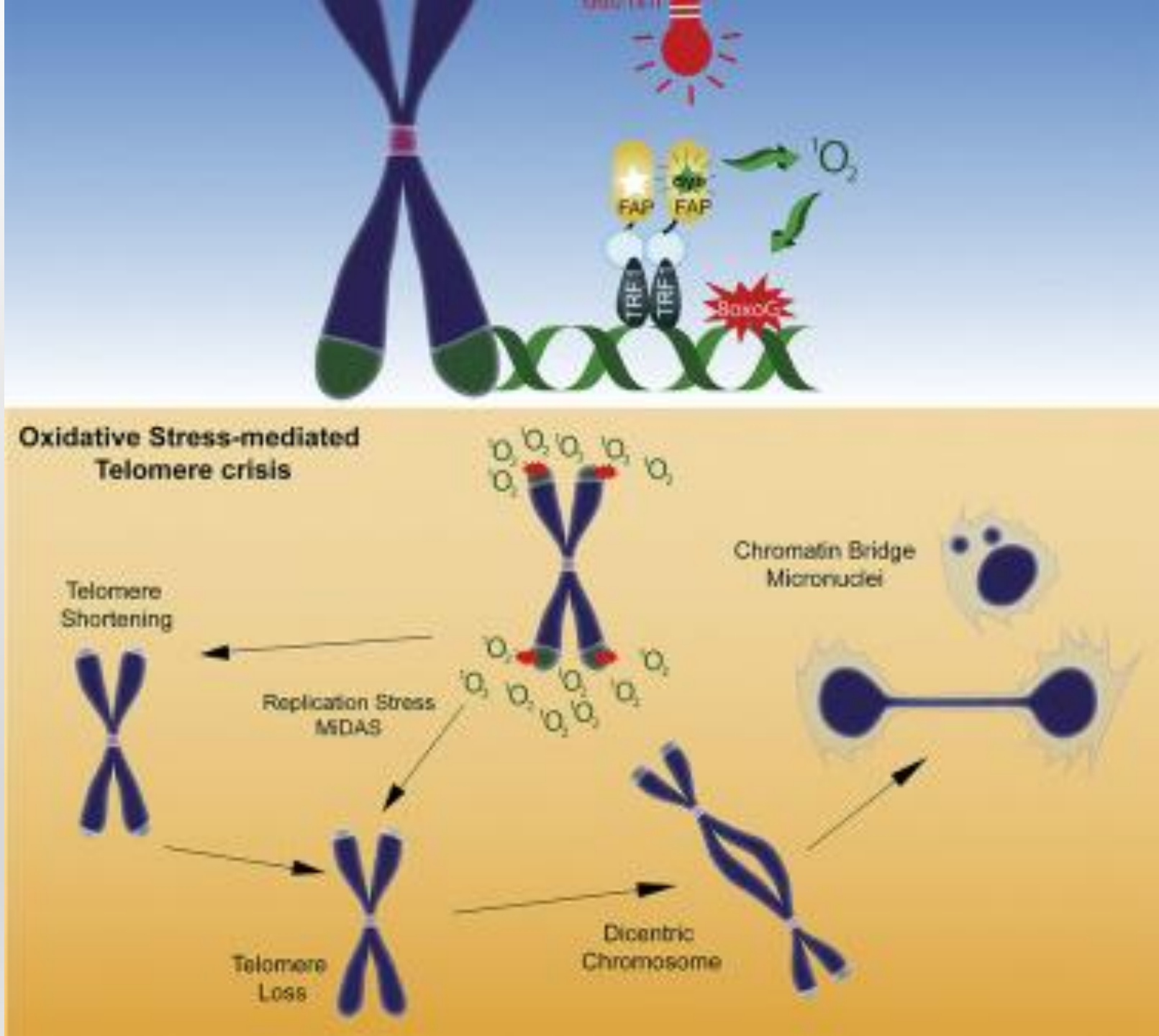
- Chronic stress in animal models has been shown to impact growth, behavior and HPA function in juvenile offspring
- In humans, there is evidence of similar impact in the context of untreated mental health conditions.

How do the past and present affect the body?

- Weathering
- Chronic exposure to stress:
  - Hypothalamic-Pituitary Axis
  - Weight
  - Hypertension (Blacks and Latinas)
  - Glucose metabolism
  - Respiratory health

How do the past and present affect the body?

Weathering: the methylation of DNA as a result of repeated exposure to stress



Chronic Exposure to Stress: Telomeres

- Telomeres are repetitive sequences of DNA at the ends of chromosomes that protect against DNA degradation.
- Studies in human tissue, mice, and cell culture show that oxidative stress and chronic inflammation accelerate telomere shortening or dysfunction
- Leukocyte telomere length (LTL) is an indicator of general systemic aging, with shorter LTL being associated with several chronic diseases of aging and earlier mortality.

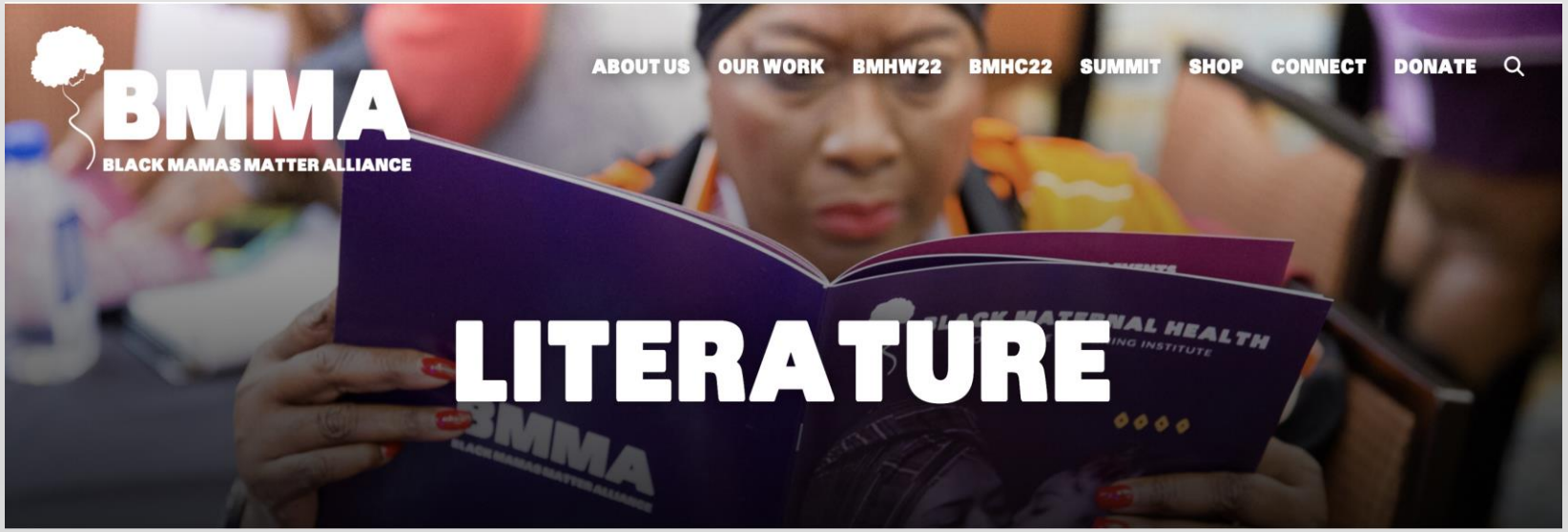

BLACK WOMEN DEALING WITH TRAUMA AND SUFFERING.
SOCIETY
"YOU'RE SO STRONG!!"
@Real Toons
2020

Four ways hospitals and health systems can support Black Women's Maternal Mental Health:

1. **Listen to Black women.**
2. **Implement and prioritize postpartum education and support during healthcare visits.**
3. **Incorporate robust postpartum depression and anxiety screening during appointments.**
4. **Partner with Black Maternal Health Organizations.**

Black Maternal Health Organizations

- Black Mamas Matter Alliance
- National Birth Equity Collaborative



Breaking News:

- National Maternal Mental Health Hotline
- Call the number
- Run a case by a repro psychiatrist in real time
- Scaled pretty big
- Staffed by repro psych volunteers
- It’s FREE
- Started August 2022

Call or text the National Maternal Mental Health Hotline at 1-833-9-HELP4MOMS (1-833-943-5746).

Free, confidential, 24/7 mental health support for moms and their families before, during, and after pregnancy. English- and Spanish-speaking counselors are available.

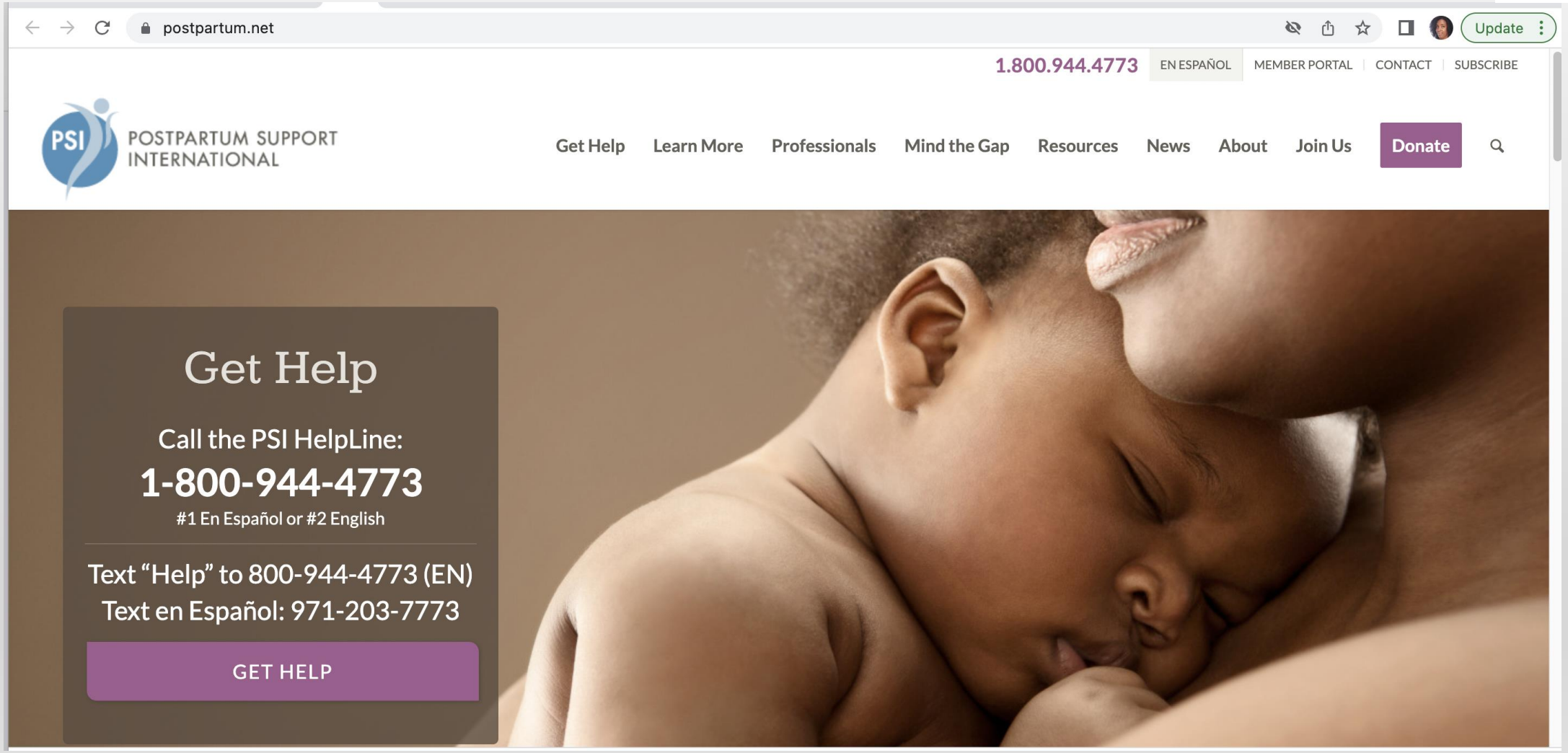
About the National Maternal Mental Health Hotline

What can I expect when I call the National Maternal Mental Health Hotline?
Parents and their loved ones who contact the Hotline will speak to professional counselors. Counselors will immediately provide real-time support, information, and resources.

Counselors will also provide referrals to local or telehealth providers if you need longer-term care and support. Counselors are licensed or certified, and also have training in how to provide culturally appropriate and trauma-informed support. They will take into consideration your preferences for age, gender, ethnicity, and language-specific resources when providing referrals for you.

Who will I speak to when I call or text?
Hotline counselors include the following maternal and child health professionals:

Resources for patients and clinicians



LISTENNNN!!

Impact of depression vs impact of med

- Data to support correlation of depression and anxiety with obstetrical complications and poor neonatal outcomes in depressed or anxious pregnant people
- Increased preterm birth
- Lower birth weight
- Small gestational age
- (as presented in Lee Cohen's talk on Maternal Mental Health for NYS OMH, via Project Teach training)
- Cigarette smoking, substance abuse*, and inadequate obstetrical care (Wisner, Am J Psych, 2009)

Lee Cohen's advice:

- It's a difficult decision
- No absolutes and no perfect answers
- Private decision, often stigmatized
- The conversation should always include an explanation of the risks of untreated/undertreated depression on the health of the pregnant/postpartum person vs risks of psychotropic med

Guidelines

- American College of Obstetricians and Gynecologists (ACOG) recommends clinicians screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. Screening should be coupled with appropriate follow-up and treatment when indicated.
- United States Preventive Services Task Force (USPSTF) recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. *

Ways to make pregnancy safer for Black birthing people

- **SCREENING** for mental disorders and substance use
- NOT stigmatizing or criminalizing substance use
- Engaging about mental health and substance use
- Coming up with solutions in a collaborative, structurally-competent way

The case for integrated care

- Build the capacity of providers and state agencies to provide comprehensive services that address intersections between different risk factors, such as IPV, substance use, mental health, and homelessness.

Screening Tools that may be useful

- PHQ-2
- PHQ-9
- Edinburgh
- PDSS

Screening for Anxiety Disorders

- Perinatal Anxiety Screening Scale (PASS): better for identifying the severity of anxiety symptoms
- EPDS is better at helping us know whether anxiety is an issue or not

Screening in Primary Care (Family Medicine, Internal Medicine and Ob Specialists)

- Montefiore Primary Care division
- Bronx and Lower Westchester, serving approx. 300K unique patients per year
- Screening via PHQ2|GAD2|Audit C at every visit

Adult BHIP Referral & Treatment Workflow

Referral Process

Triage Process

Intervention

Step 1: Check-in online includes screening/PCP listens for emotional or mental distress, food insecurity, and financial insecurity.
1. Administer PHQ2 and GAD2
2. Place order for referral to Social Work.
3. Include reason for referral in clinical note.

Step 2: PE reviews referral and clinical note by PCP.

Step 3: PE/SW contacts patient to do brief assessment for urgency and symptom severity.

Step 4: PE schedules appointment with SW or refers to Valera for check-ins via text.

Step 5: Social Work meets with patient and does fuller assessment.

Step 6: Mild

Step 6: Moderate

Step 6: High & Medication Management

Step 6: Acute

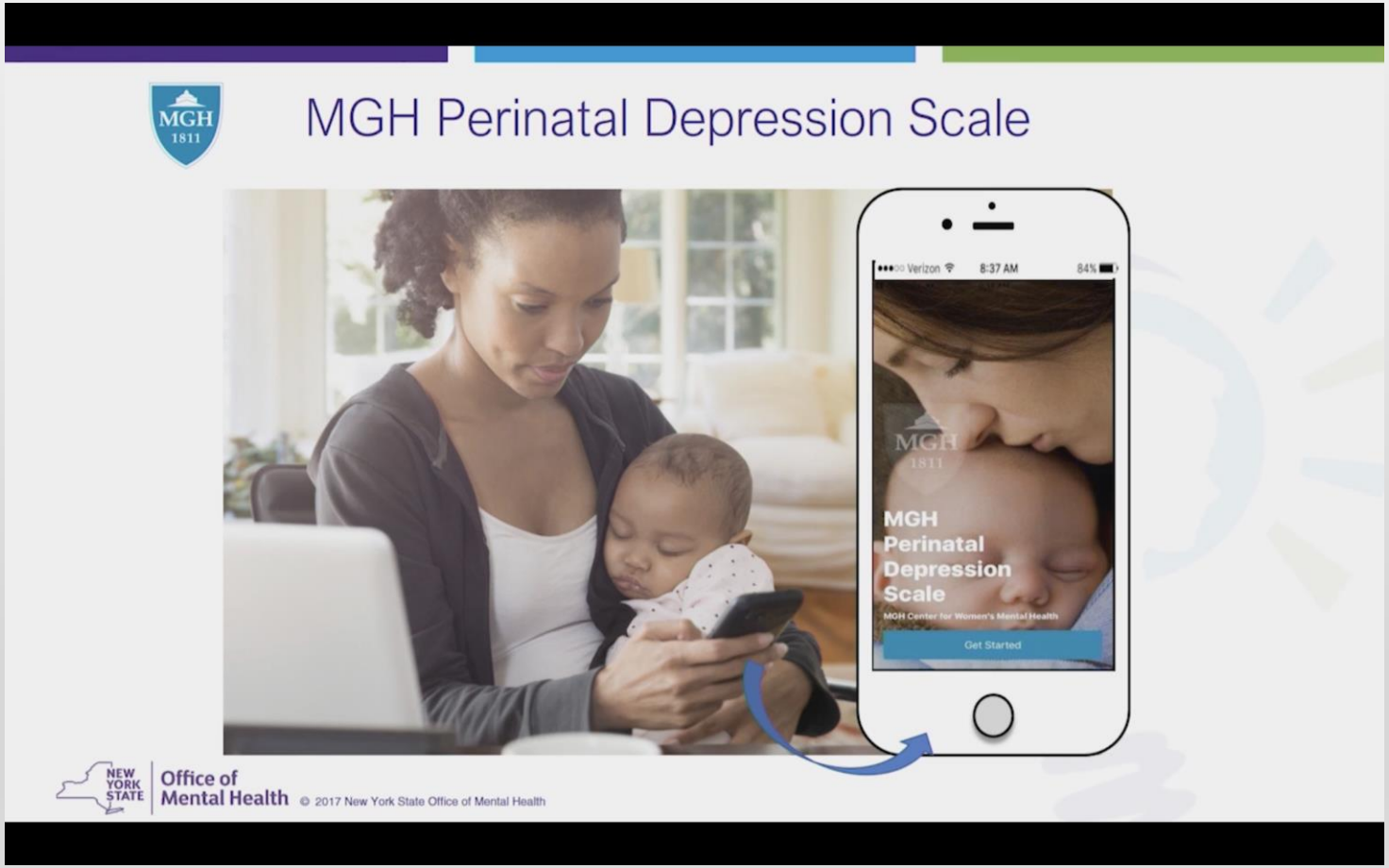
Step 7:
1. Send pt resources.
2. Refer to Montefiore CALM Line: (718) 920-CALM.
3. Add pt. to waitlist.

Step 7:
1. Schedule bi-weekly session via telephone or video.
2. Enroll pt in Valera.

Step 7:
1. Speak with MMG Psychiatry re: chart review vs. televisit.
2. Possible referral to Dept. of Psychiatry.
3. Schedule a weekly session via telephone or video.

Step 7:
Send to Emergency Department or call Mobile Crisis

An App for screening



How can untreated mental health conditions affect the pregnant body?

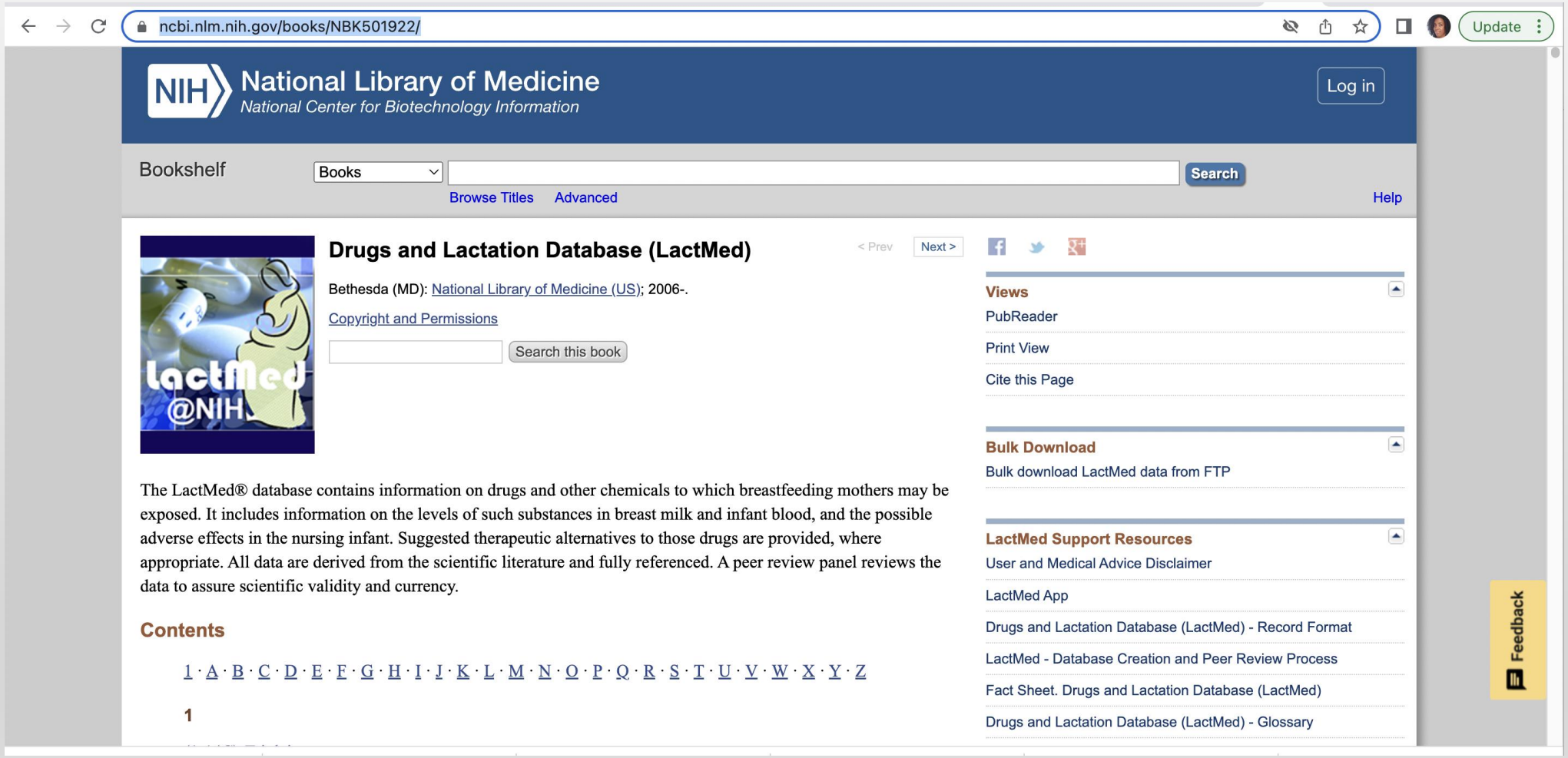
- Chronic exposure to stress:
  - Hypothalamic-Pituitary Axis
  - Weight
  - Hypertension (Blacks and Latinas)
  - Glucose metabolism
  - Respiratory health

For the prescribers:

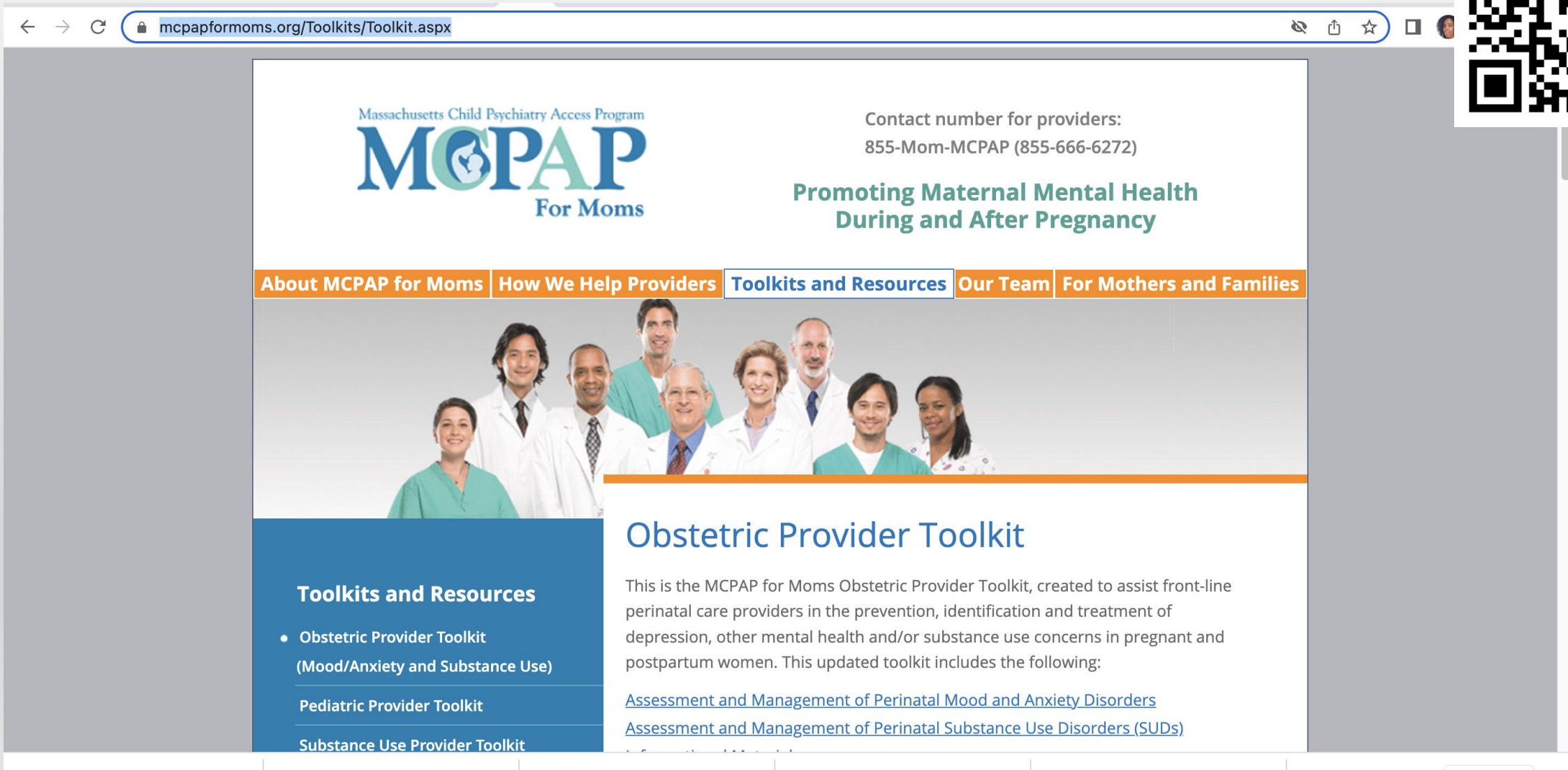
PLLR not Pregnancy Categories

- The categories were confusing and misleading and out of date
- FDA was not updating the
- Huybrechts in NEJM – major study, more sophisticated analyses, no significant relationship between paroxetine (Paxil) and malformations
- Categories linger on the internet and in clinicians' minds
- The only concerning meds: **VPA, carbemazepine, risperidone**
- https://womensmentalhealth.org/posts/the-pregnancy-and-lactation-labeling-rule/

Breastfeeding: “LactMed”



Really good resource: “mcpap” “toolkit”



OCD in pregnancy

- The lifetime prevalence rate estimated to be 2%-3% in the general adult population in the United States.
- In a study by Fairbrother, et al the weighted prevalence of OCD during pregnancy was 7.8% and increased to 16.9% across the postpartum period.
- Pregnancy and the postpartum period is a time of increased vulnerability to OCD
- New onset of OCD is relatively common during pregnancy and postpartum period, with 9% of women reporting postpartum onset of OCD in this study

OCD Screening Tools

- POCS: Perinatal Obsessive-Compulsive Scale (a checklist covering 19 obsessions and 14 compulsions)
- PDM: Postpartum Distress Measure (10-item scale for checking behaviors, fear of harm, illness anxiety, and intrusive thoughts)
- PTBC: Parental Thoughts and Behaviors Checklist (extensive, time-consuming, requires training)
- EPDS: Edinburgh Perinatal Depression Scale (can be used to identify women with anxiety disorders.

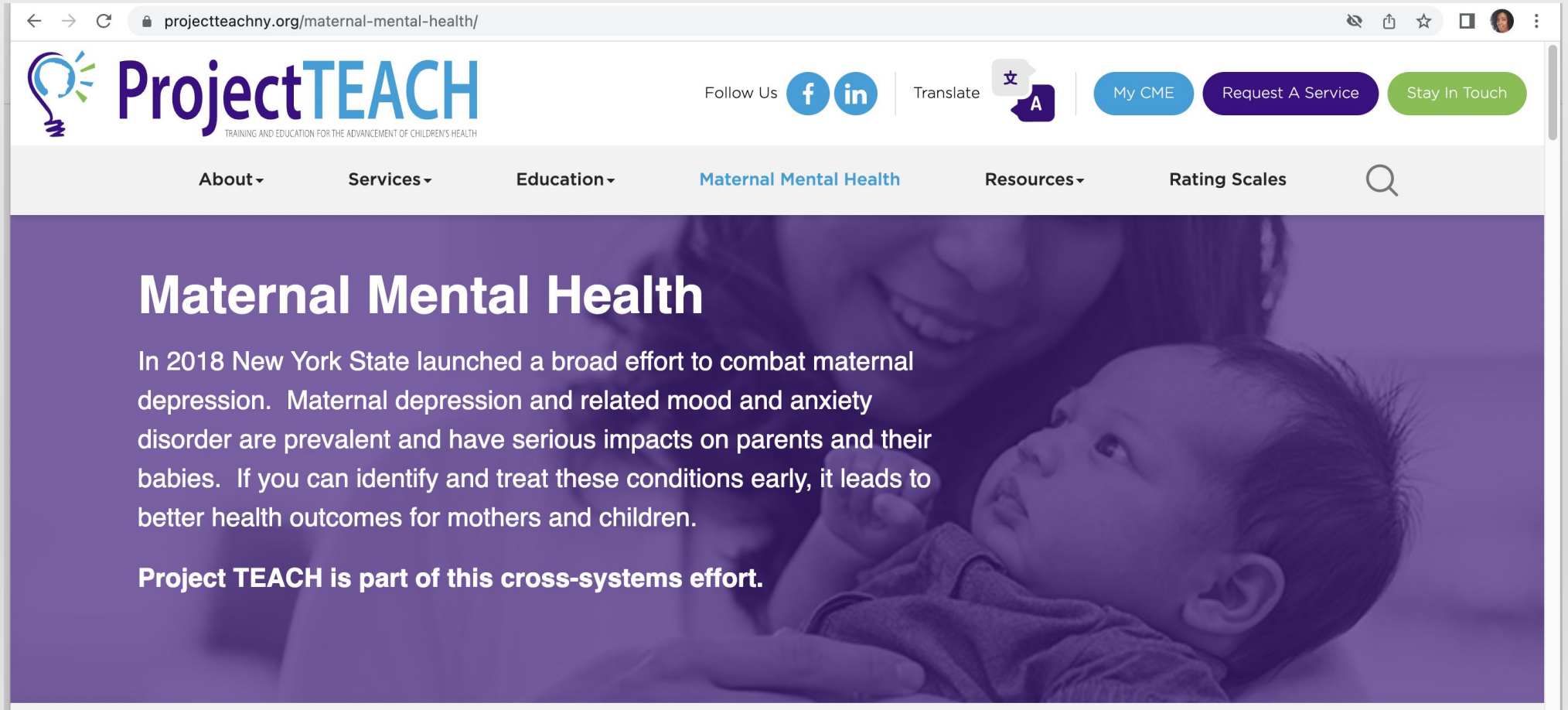
EPDS, continued

The three questions comprising this EPDS anxiety subscale are:

1. I have blamed myself unnecessarily when things went wrong
2. I have been anxious or worried for no good reason
3. I have felt scared or panicky for no very good reason

CME Resources

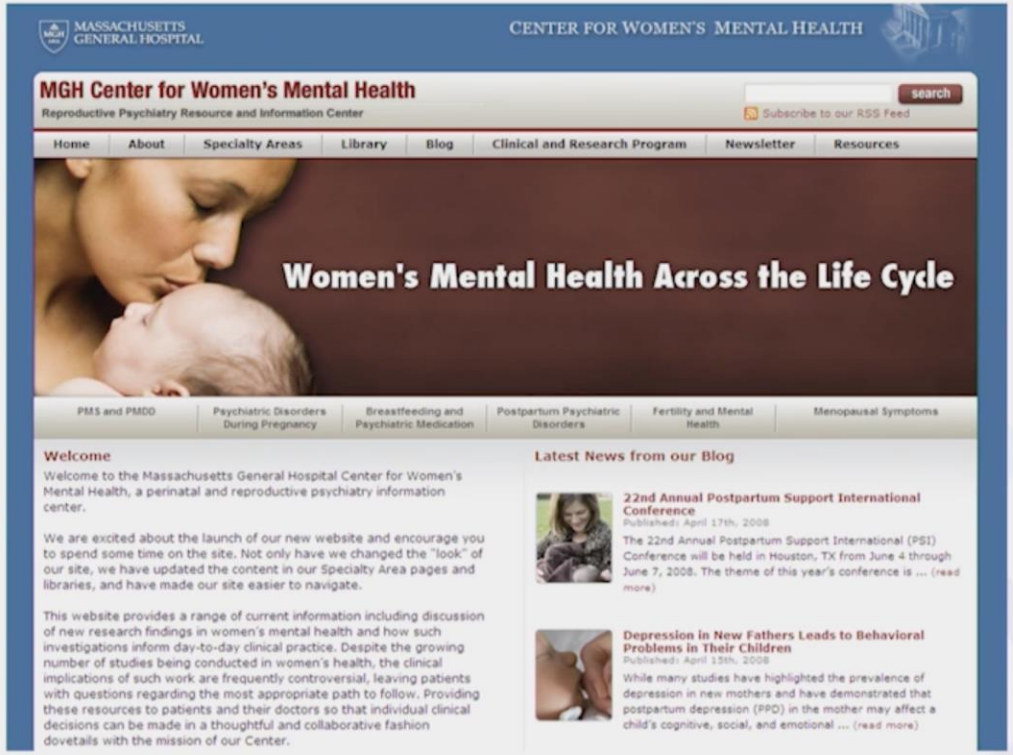
- Project Teach. https://projectteachny.org/maternal-mental-health/



CME Resources

For Further Information:

www.womensmentalhealth.org



NEW YORK STATE | Office of Mental Health

SSRI's in Pregnancy

- Huybrechts in NEJM: no increase in risk of paroxetine over other SSRI's
- The baseline risk for birth defects in 3-5%
- Exposure to SSRI's in first trimester does not increase the baseline risk for birth defects

SSRI's in pregnancy

- We know more about the reproductive safety of SSRIs than any other class of medications, with the one exception being prenatal vitamins.
- We should feel confident using SSRIs when warranted in pregnancy
- All are pretty OK, depending on med-med interactions and side effect profiles
- Use the SSRI that has worked for the patient in the past.
- Use the dose that works for the patient and do not undertreat

Non-SSRIs During Pregnancy

- Bupropion
  - Prospective studies have not demonstrated overall increased risk of malformations, compared to control groups exposed to other ADs or non-exposed controls
  - Retrospective case control study from birth defect registry suggested small but increased risk of cardiovascular left outflow defects
    - Absolute risk was approximately 2 out of 1000 pregnancies
  - Recent case control study: increased risk for VSD, no risk for other cardiac malformations

http://pregnancyregistry.gsk.com/documents/bup_report_final_2008.pdf;
Chun-Fai-Chan et al. *Am J Obstet Gynecol*. 2005;
Cole et al. *Pharmacoepidemiol Drug Saf*. 2007;
Alwan et al. *Am J Obstet Gynecol*. 2010.
Louik et al. *Pharmacoepidemiol. Drug Saf*. 2014.

Mirtazapine in Pregnancy

- Sparse safety data
- 390 infants exposed to mirtazapine over 31 papers
  - In a total of 334 mirtazapine-exposed cases, the incidence of major malformations did not differ from the incidence observed in children exposed to other antidepressants or non-teratogenic medications. Nine children (or 2.9%) of the mirtazapine-exposed children had major malformations.
  - One study showed a trend toward increased risk of respiratory problems and hypoglycemia; however, no other significant adverse effects on neonates were reported.

Mirtazapine in Pregnancy

- No known adverse breastfeeding issues
- No adverse effects on behavioral development were reported.
- While these data are reassuring and there is no indication that mirtazapine carries more risk than other antidepressants, the number of mirtazapine exposures remains small.
- Can be very sedating. Even the lowest dose, 7.5mg qhs, can leave patients feeling quite zonked.

Mirtazapine and Hyperemesis Gravidarum

- antagonist at 5HT3 R → less likely to cause nausea and may have anti-emetic effects
- often used to treat nausea and vomiting in other medical settings
- **nausea and vomiting have a profound impact on mood**
- case reports that it can be used to treat HG
  - pts who failed other anti-emetics got mirtazapine 30mg + IVF → response within 24-48h an able to resume normal diet
  - women with HG tend to have increased anxiety and therefore it may have advantages over other medications

Insomnia in Pregnancy

- Pregnancy associated with increased risk for restless leg syndrome (RLS), OSA (obstructive sleep apnea), mood disorder-associated sleep disturbance
  - Sleep disturbance in pregnancy a/w increased risk of perinatal depression and anxiety
- Z-meds: Ambien (zolpidem), Lunesta (eszopiclone), Sonata (zaleplon), commonly prescribed to women with sleep disturbance
- Data regarding their reproductive safety is limited and generally we try to avoid their use during pregnancy.

Insomnia in Pregnancy

- Sedating tricyclic antidepressants, such as amitriptyline or nortriptyline, may be a better choice for women with sleep disturbance and have not been associated with an increase in risk of congenital malformation.
- Unisom is fine, too

Bipolar Disorder

- Having had one manic episode in life
- Often misdiagnosed complex trauma
- One week or more of racing thoughts, impulsivity, hypersexuality, expansiveness, hyper-religiosity
- Getting into conflict with strangers, poor judgement, spending thousands of dollars, some psychotic sx

Bipolar disorder

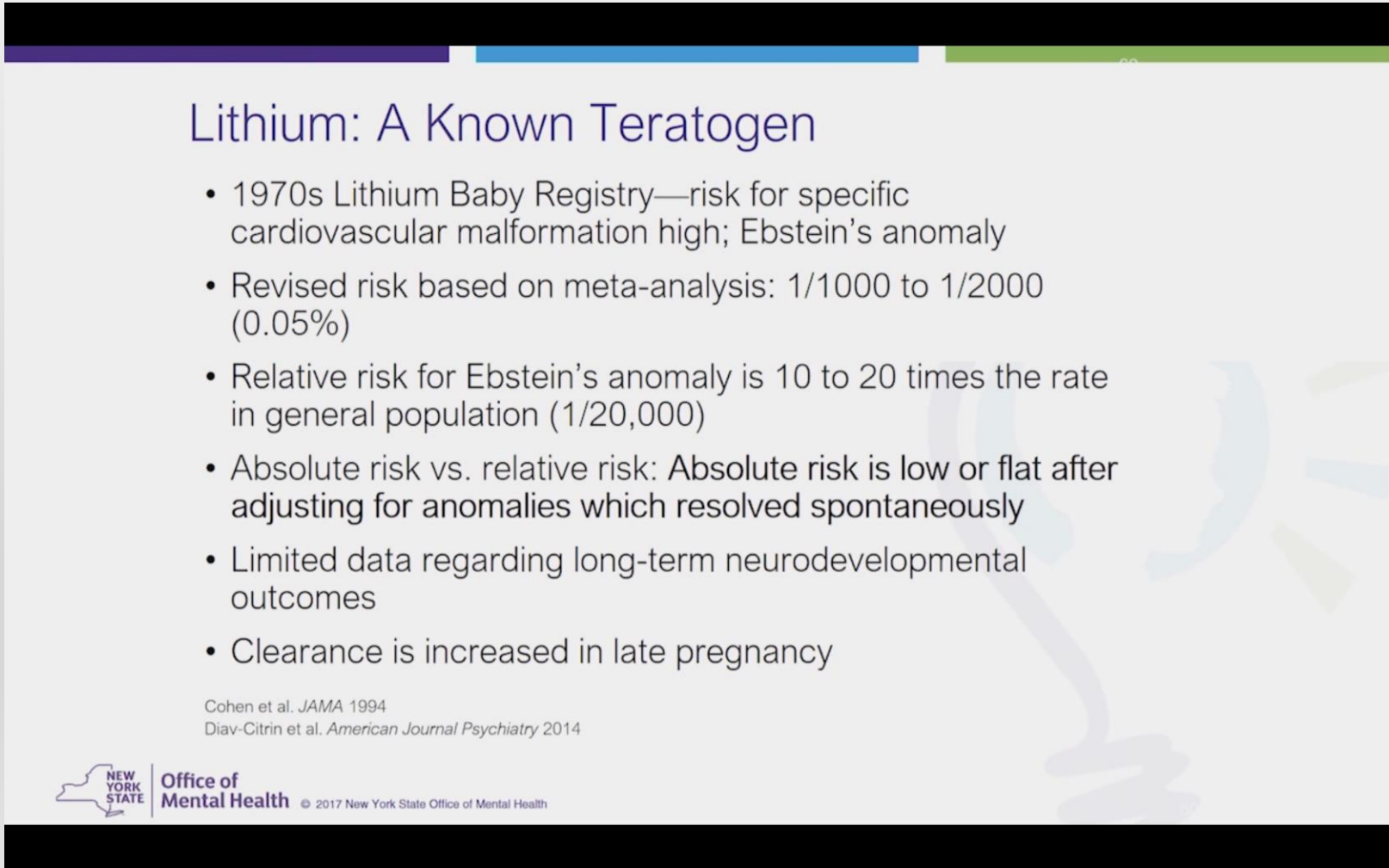
- Acute Mania Treatment: Usually in setting of hospital
- Treatments usually include Li, a mood stabilizer (antiepileptic drug) and a second generation antipsychotic
- Data is reassuring so far about the safety of antipsychotics (quetiapine, risperidone, olanzapine)
- We should talk about Valproate
- We should talk about Lithium

VPA (aka Depakote)

- Documented risk of neural tube defects
- Folate usually not enough to prevent neural tube defects
- Risk of cognitive and neurodevelopmental toxicity
- Also, increased risk of PCOS
- **AVOID**.

Lithium

- Risk of Ebstein's Anomaly: RV hyperplasia, Tricuspid Valve insufficiency
- BUT…
- Risk of relapse is quite high
- Get a fetal echo



Antipsychotics

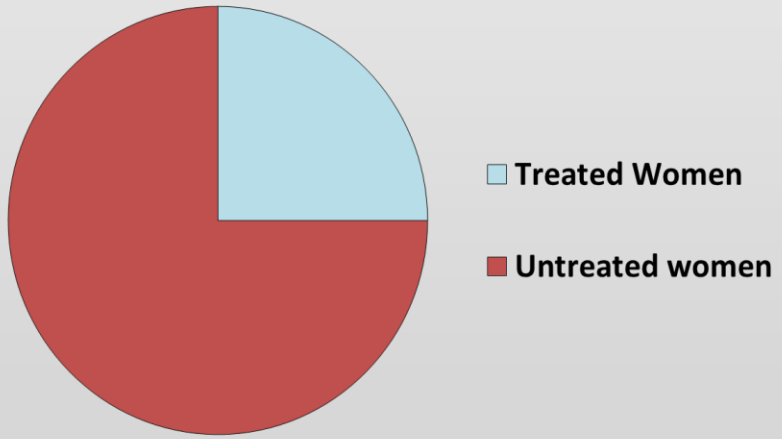
- Heavily relied upon for unipolar depression, bipolar mania and bipolar depression and psychotic disorders like schizoaffective and schizophrenia
- The frequency of antipsychotic (AP) use during pregnancy has approximately doubled during the last decade.
- Huybrechts et al (2016) : The study cohort included 1 341 715 pregnancies
- After adjustment for confounding, the risk ratio for congenital malformation in exposed versus unexposed infants was 1.05 (95% CI=0.96-1.16)

Antipsychotics, continued

- Risperidone: dose-dependent, above 2mg daily conferred slightly higher risk of cardiac malformation (RR, 2.08; 95% CI, 1.32-3.28)
- BUT…
- Keep in mind, those on AP's tended to be on other medications with potentially teratogenic effects, tended to be lower income, and have other comorbidities
- And there's no biological mechanism to explain the risperidone outcome, so the correlation might not be replicated in another study

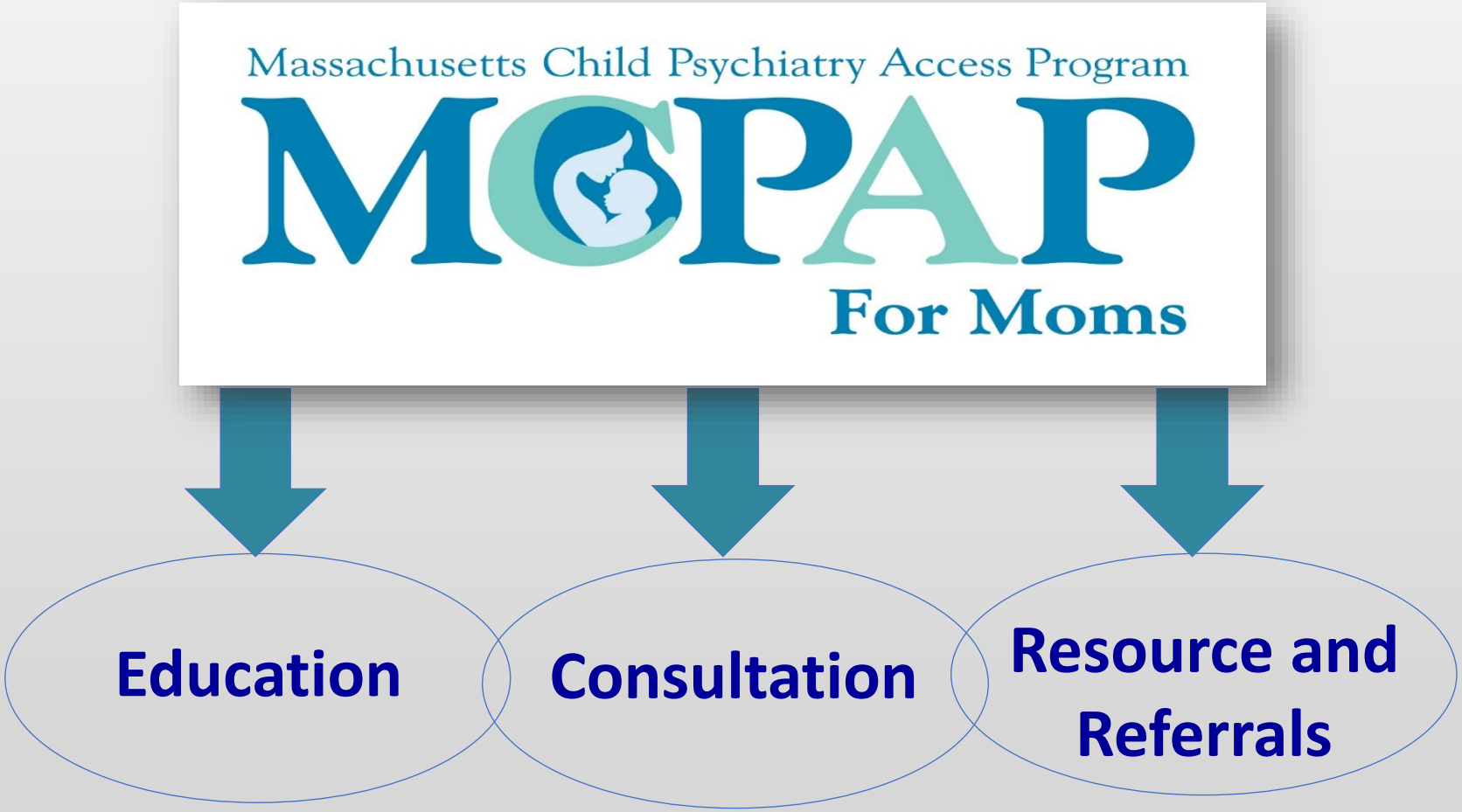
Maternal Depression: an initiatve addressing equity

Perinatal mood and anxiety disorders are common, undertreated, and a leading cause of maternal death



Vesga-Lopez et al. (2008). *Arch Gen Psychiatry*. Byatt et al. (2015). *Ob Gyn*. Davis NL et al. (2019). CDC MMRC Report.

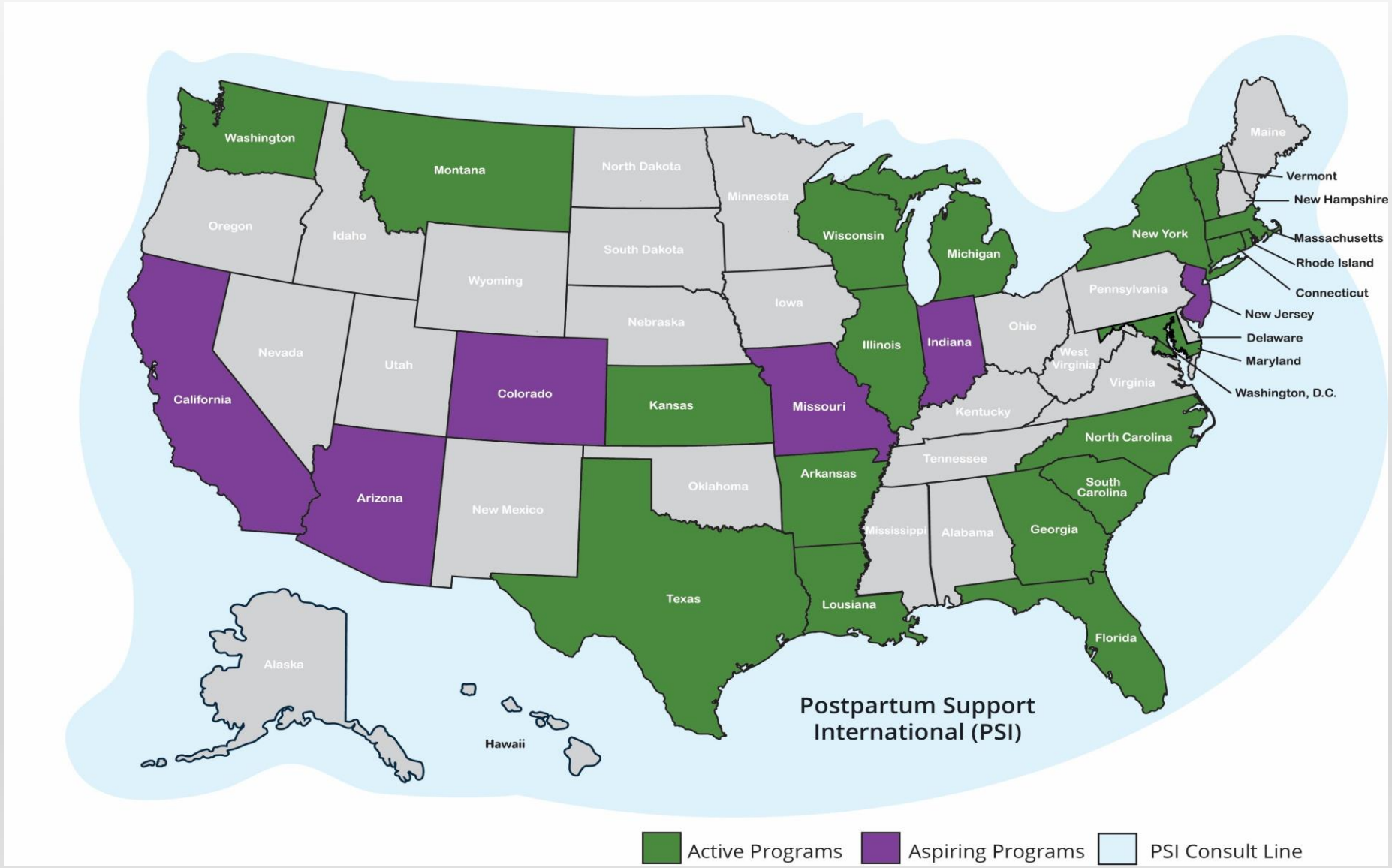
MCPAP for Moms aims to build the capacity of obstetric settings to provide mental health care



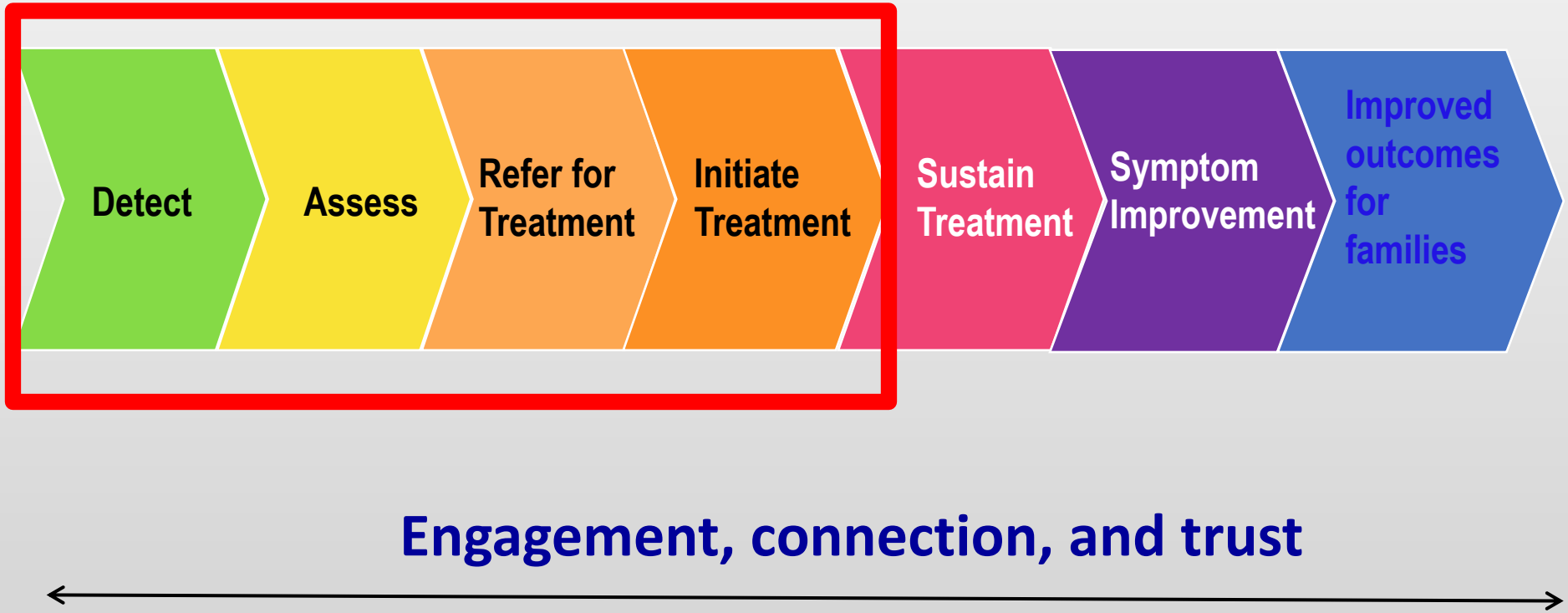
With MCPAP for Moms, all perinatal individuals across MA have access to evidence-based mental health treatment

Byatt et al. (2016). *General Hospital Psychiatry*. Byatt et al. (2018) *Ob Gyn*.

There are now 20 Access Programs covering 1.8 or 50% of the of 3.6 millions birth in the US

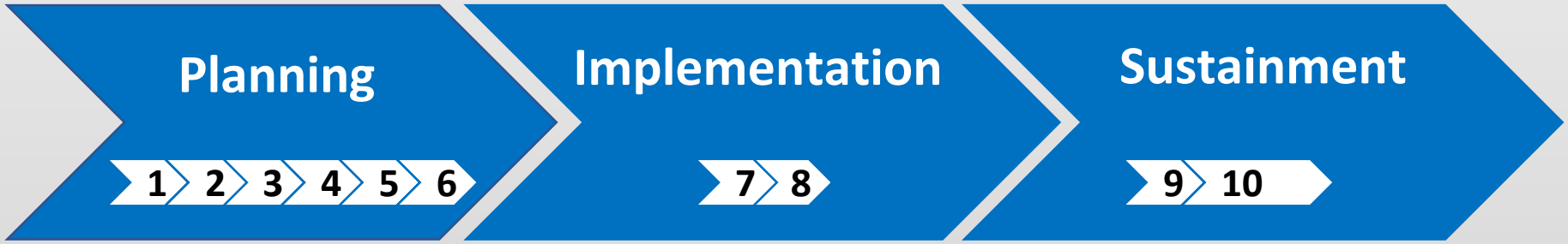


Additional interventions are needed to fully integrate mental health care into obstetric care

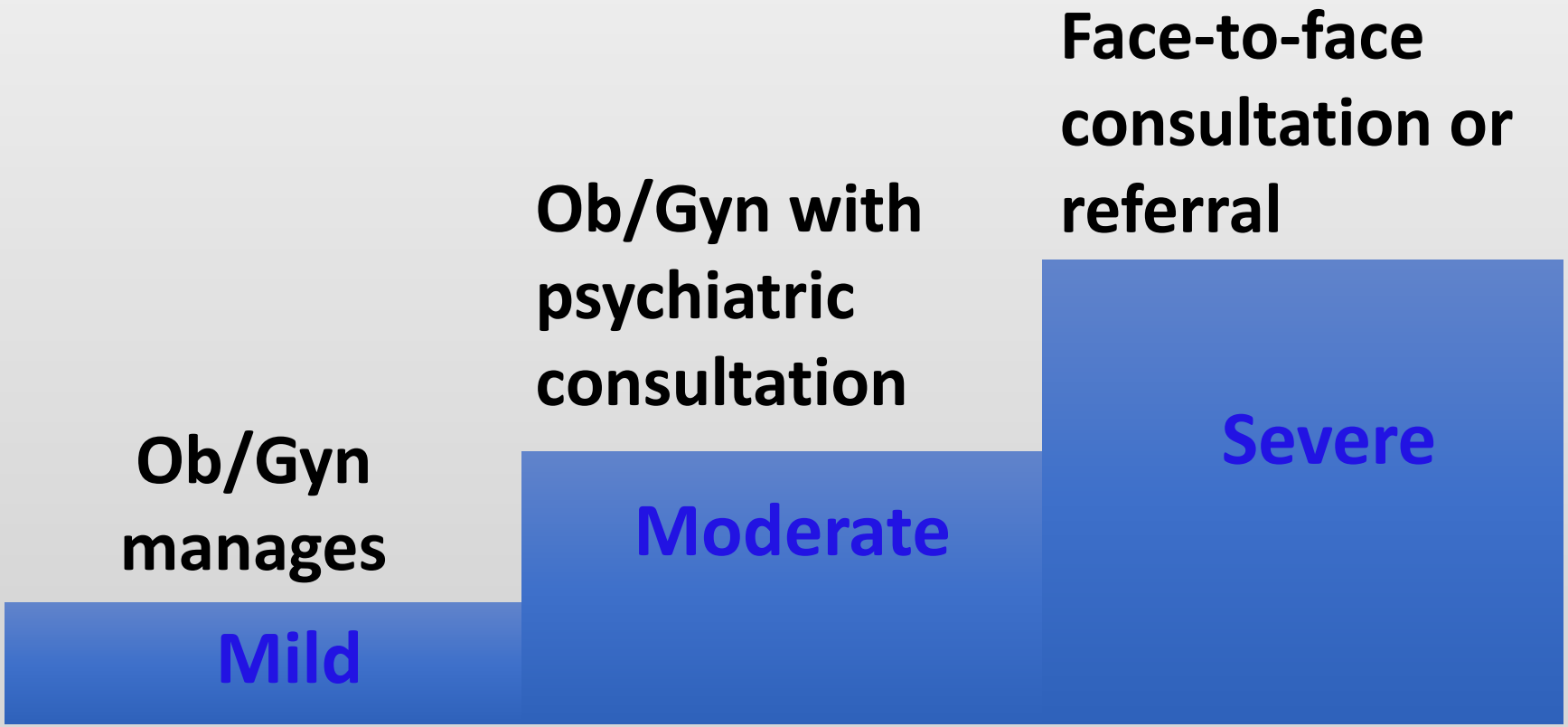


Byatt et al. (2019). *International Review of Psychiatry.*

Program In Support of Moms (PRISM) helps practices integrate all the steps in the mental health care pathway into their workflow



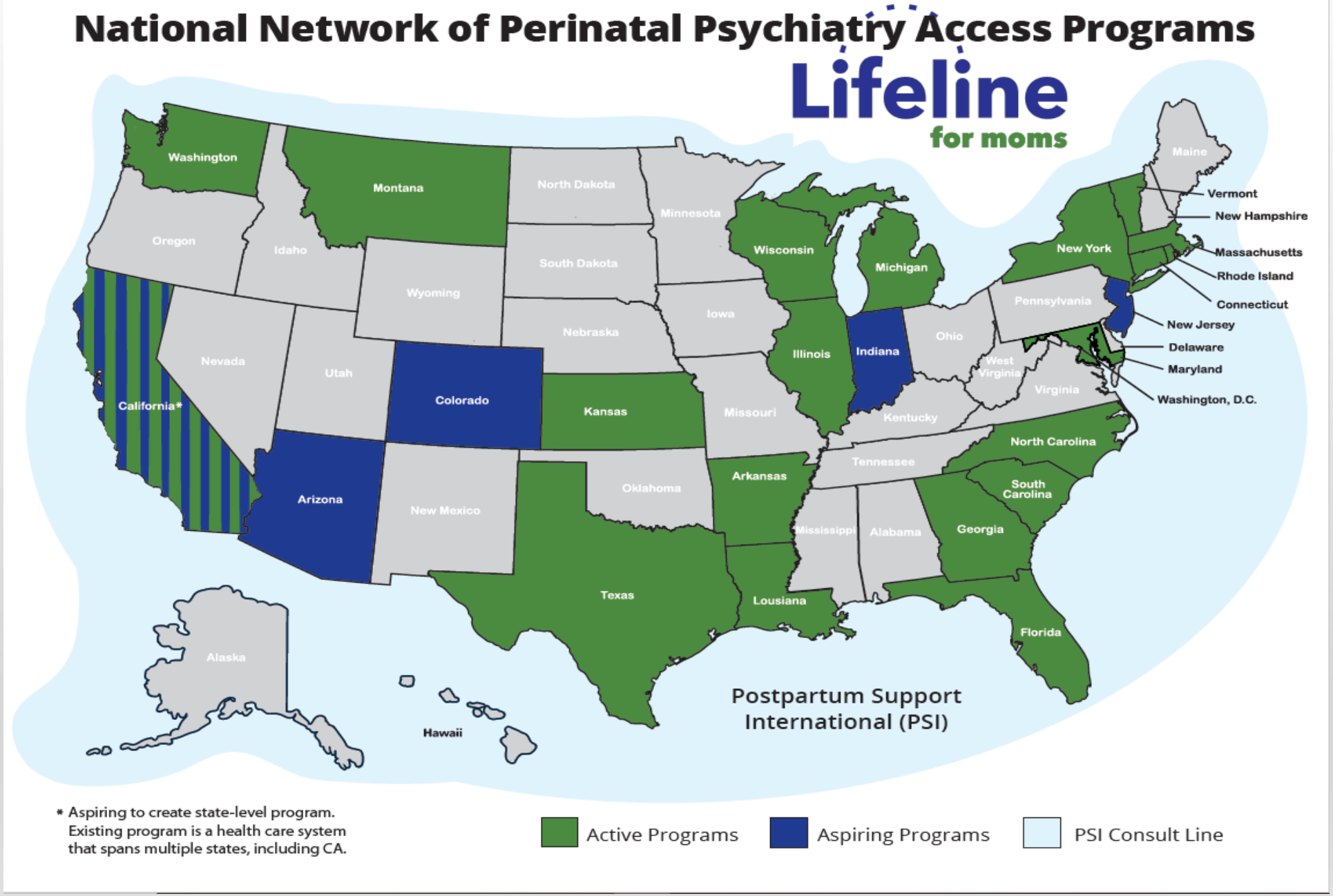
With PRISM, treatment is ‘stepped up’ with increasing illness severity



Navigator helps patients navigate care pathway

Byatt et al. (2017). *Journal of Psychosomatics Obstetrics and Gynecology*.

National Network of Perinatal Psychiatry Access Programs



PTSD FC (Following Childbirth)

- One study showed that about 45% of women experienced traumatic childbirth [3] and up to 4–6% of women developed PTSD following childbirth (PTSD-FC) [4, 5].
- How could it be traumatic?
- Birth is a predictable event, typically undertaken voluntarily and generally seen, on a cultural level, as a positive event.
- This differs from other stressors that can lead to PTSD such as sexual assault, road traffic accident, or exposure to conflict.

Trauma, continued

- Objectively traumatic delivery event, such as a postpartum hemorrhage in which the woman believes she will die, or a sudden drop in the baby's heart rate in which she fears her baby will die.
- Or something more subjective: feeling unheard by the labor team, abandoned by the team,
- Sometimes the baby is a reminder/trigger for disturbing memories of the trauma

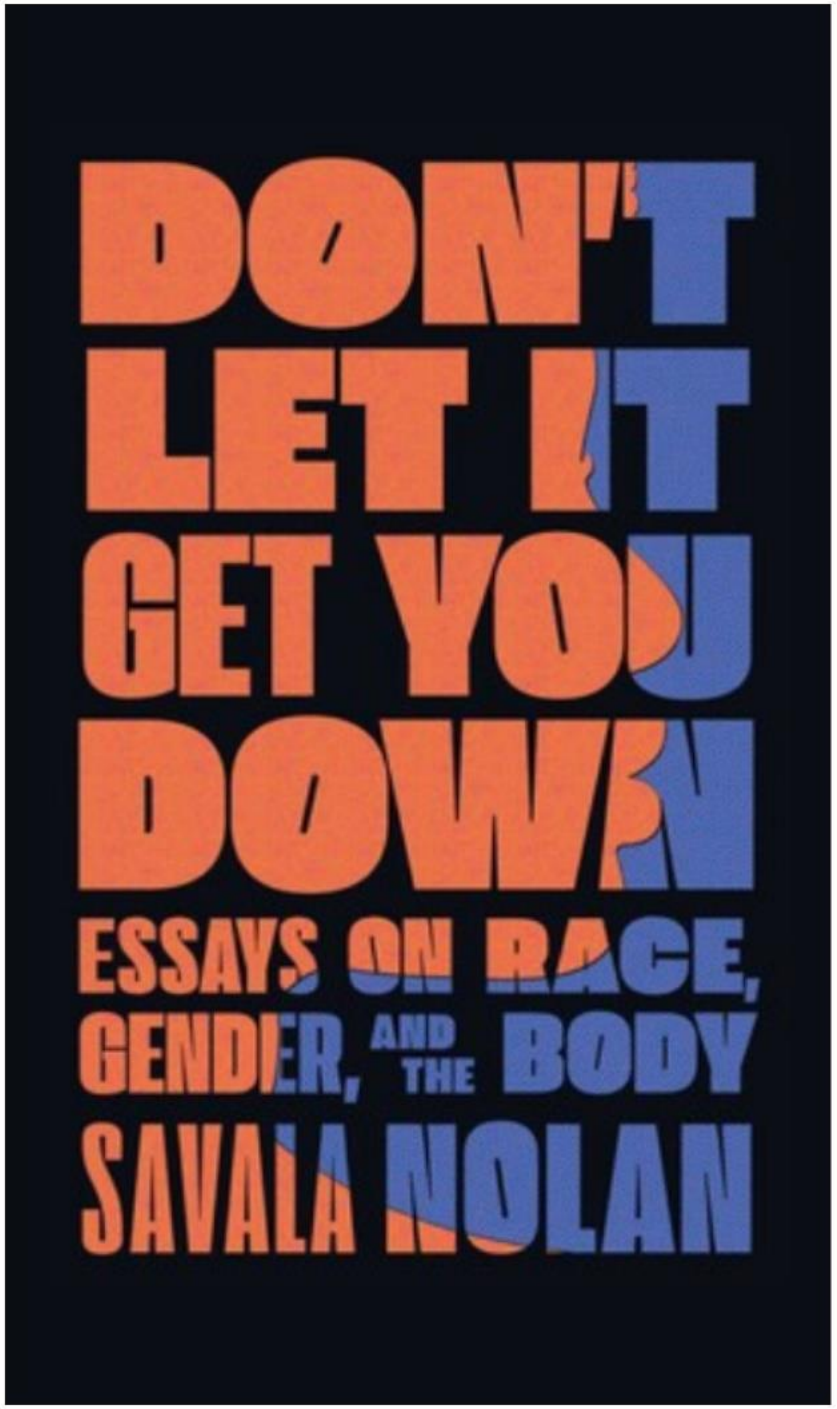
Trauma, continued

- PTSD has been associated with partus-related experiences such as stillbirth, pregnancy loss, premature birth and perinatal loss.

- A study on the psychological consequences of stillbirth reported that 29% of the women consequently developed PTSD at one point in their lives

Overlap with Blackness:

- Risk factors for the development of PTSD FC, including a history of psychological problems, trait anxiety, obstetric intervention, negative staff–woman contact, loss of control over the birth situation, and poor partner support.
- Subjective response to such events, i.e., feelings of intense fear, helplessness or horror.
- **This definition may apply to some Black women's birthing experiences**



"IF I WERE A WHITE LADY, A THIN ONE, I BELIEVE IT WOULD HAVE GONE DIFFERENTLY. I CAN'T KNOW FOR SURE, BUT SOCIAL SCIENCE SUPPORTS MY HUNCH. WE KNOW MEDICAL STUDENTS SOMETIMES DON'T BELIEVE BLACK PEOPLE FEEL AS MUCH PAIN AS WHITE PEOPLE DO. WE KNOW BLACK PEOPLE ARE LESS LIKELY TO BE GIVEN DIAGNOSTIC MEDICAL TESTS. WE KNOW BLACK WOMEN ARE MORE LIKELY TO DIE IN CHILDBIRTH REGARDLESS OF SOCIOECONOMIC STATUS. **SO, HAD I BEEN WHITE, SOMEONE MIGHT HAVE TAKEN MY HEART PALPITATIONS AND MY PAINFUL VOMITING SERIOUSLY...THEY MIGHT HAVE LISTENED WHEN I ASKED TO SEE MY NEWBORN MORE THAN ONCE A DAY AS I RECOVERED ALONE IN THE CARDIAC ICU. THEY MIGHT HAVE DIAGNOSED ME EARLIER."**

For the therapists:

Therapy Modalities: thinking outside the therapy suite

- Conventionally, the role of psychologists in addressing perinatal and postnatal mood and anxiety disorders has largely been limited to clinical work within offices.
- The intricate cultural, systemic, educational, and now pandemic-related barriers call for the expansion of this role beyond that of reduction of anxiety and depressive symptoms
- They include patient advocacy and effective communication, mother and infant health education, and psychosocial support (e.g., breastfeeding and community resource identification).

Therapy Modalities: thinking outside the therapy suite

- PMAD: Perinatal or postpartum mood and anxiety disorder (PMAD) is **the term used to describe distressing feelings that occur during pregnancy (perinatal) and throughout the first year after pregnancy (postpartum)**.
- While cognitive-behavioral strategies such as cognitive restructuring, gradual exposure, problem-solving, and communication strategies are effective ways of decreasing PMADs long term, comprehensive standards of care involve integration of professional support and advocacy into treatment.
- Psychologists are faced with a unique privilege and responsibility of minding the gap when it comes to treating PMADs in Black women.

Therapy Modalities: IPT

- Interpersonal Psychotherapy: empirically validated treatment.
- Used for a variety of affective disorders, anxiety disorders, and eating disorders, age 9 to 99+.
- Perinatal depression also has a negative impact on the person's relationship with their partner and other children.
- Important to intervene early to reduce the negative sequelae of perinatal depression.

Interpersonal Psychotherapy

- Time-limited, focusing on interpersonal issues, a factor in the genesis and maintenance of psychological distress.
- Targets of IPT: symptom resolution, improved interpersonal functioning, and increased social support. Range from 6-20 sessions with provision for maintenance treatment as necessary.
- The Defining Elements of IPT: divided into the ***theories*** supporting IPT; the ***targets*** of IPT; the ***tactics*** of IPT (i.e., the concepts applied in the treatment); and the ***techniques*** of IPT (i.e., what the therapist says or does in the treatment).

Operationalizing it: walking the walk

Timeline of Factors Influential to Perinatal Depression Care in Massachusetts

Timeline includes a 1) mechanism of action, 2) eligibility, 3) catchment

Policy and Community Factors

1987. Massachusetts expands Medicaid coverage for pregnant women and children under the age of 1 if their income is below 185% of the federal poverty level under the Omnibus Budget Reconciliation Act of 1987.[3]

1987. Postpartum Support International Warm Line opens and provides toll-free and confidential information, support, and listing of local resources to perinatal women Nationally.[4]

2004. Massachusetts Child Psychiatry Access Program opens to provide consultation to pediatricians in Massachusetts.[5]

April 1, 1992. Massachusetts receives federal waiver 1915(b) and enrolls 375,000 disabled and non-disabled Medicaid recipients in a managed care plan.[3]

April 12, 2006. Massachusetts Healthcare Reform bill is signed into law that aims to provider near universal health coverage for all residents in Massachusetts.[3]

2009. Children's Health Insurance Program Reauthorization Act (CHIPRA), provides MassHealth benefits to legally residing immigrant children and pregnant women without a 5-year waiting period in Massachusetts.[3]

2010. Health Reform Patient Protection and Affordable Care Act of 2010 (ACA) is enacted which expands coverage under Medicaid to all individuals with incomes up to 133% of the federal poverty level .[3]

2010. An Act Relative to Postpartum Depression created a special legislative commission to address postpartum depression in the Commonwealth.[6]

1980

1990

2000

2010

Program Factors

Timeline of Factors Influential to Perinatal Depression Care in Massachusetts

Timeline includes a 1) mechanism of action, 2) eligibility, 3) catchment

Policy and Community Factors

2014. Massachusetts implements the ACA which expands coverage under Medicaid to all individuals with incomes up to 133% of the federal poverty level . [4]

2015. Council on Patient Safety in Women's Health Care develops an evidence-based patient safety bundle to address mental health.[7]

May 2015. American College of Obstetricians and Gynecologists recommends screening for patients at least once during the perinatal period for depression and anxiety.[8]

November 2018. American College of Obstetricians and Gynecologists updates screening recommendations.[5]

Program Factors

November 2013. Massachusetts Child Psychiatry Access Program for Moms (MCPAP for Moms) receives funding from MCPAP to launch the first perinatal psychiatry access line in Massachusetts for prescribing perinatal providers.

2014

April 2014. MCPAP for Moms launches in Massachusetts.

April 2014. MCPAP for Moms launches statewide trainings for perinatal care providers in Massachusetts.

July 2014. MCPAP for Moms opens first perinatal psychiatry access line for prescribing perinatal professionals in Massachusetts.

July 2014. MCPAP for Moms begins offering one-time psychiatric evaluations to patients in-person statewide.

July 2014. MCPAP for Moms implements a referral database available to prescribing perinatal professionals in Massachusetts.

July 2014. MCPAP for Moms launches resource and referral website available to the public in Massachusetts.

2015. Legislature added budgetary language to charge commercial insurers to share the cost proportional to the insurers use of outpatient health services. [2]

2015. Massachusetts Child Psychiatry Access Program for Moms (MCPAP for Moms) receives state funding.

2018

2018. MCPAP for Moms expands to provide services for substance use disorders for perinatal individuals and prescribing providers in Massachusetts.

Massachusetts Child Psychiatry Access Project
MCPAP For Moms

Timeline of Factors Influential to Perinatal Depression Care in Massachusetts

Timeline includes a 1) mechanism of action, 2) eligibility, 3) catchment

Policy and Community Factors

2019

January 2019. American Academy of Pediatrics recommends screening for PPD at well-child visits at 1,2,4 and 6 months of age.[9]

March 2020. COVID-19 Pandemic

2020. The Massachusetts Acts of 2020 creates the Racial Inequities in Maternal Health commission in Massachusetts.[10]

April 2022. MassHealth extends postpartum coverage period to provide 12 months of coverage to individuals with an income up to 200% of the federal poverty level in Masssachusetts.[11]

Program Factors

March 2020. MCPAP for Moms starts providing one-time psychiatric evaluations via telemedicine to patients in Massachusetts.

March 2020. MCPAP for Moms begins performing multiple consultations visits in-person and via telehealth patients in Massachusetts.

2022

https://deliverbirthjustice.org

#DeliverBirthJustice

END RACISM.

BIRTH JUSTICE.

HOME TAKE ACTION ABOUT THE ISSUE ABOUT THE CAMPAIGN

#DeliverBirthJustice is a partnership with five Bay Area counties - click on logos below to learn more about them.

The campaign is part of the Perinatal Equity Initiative, a statewide initiative.

Santa Clara County PUBLIC HEALTH

CONTRA COSTA HEALTH SERVICES

SOLANO PUBLIC HEALTH

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

San Francisco
Department of Public Health

BARHII
Bay Area Regional Health

Alameda County Program Counters Health Industry Racism Experienced by Black Expectant Mothers

August 21, 2021 | By Center for Health Reporting

Press contact: **Stephanie Hedt** (213) 821-455

Summary:

- Postpartum depression (PPD) affects one in eight women; however, the risk is 1.6 times higher for Black women than White women.
- While the risk may be higher, Black women are less likely to receive help due to factors such as financial barriers, stigma associated with mental health struggles, structural racism and a historical mistrust of the health care system.
- Maternal mental health symptoms and issues among Black women are often overlooked and under addressed.

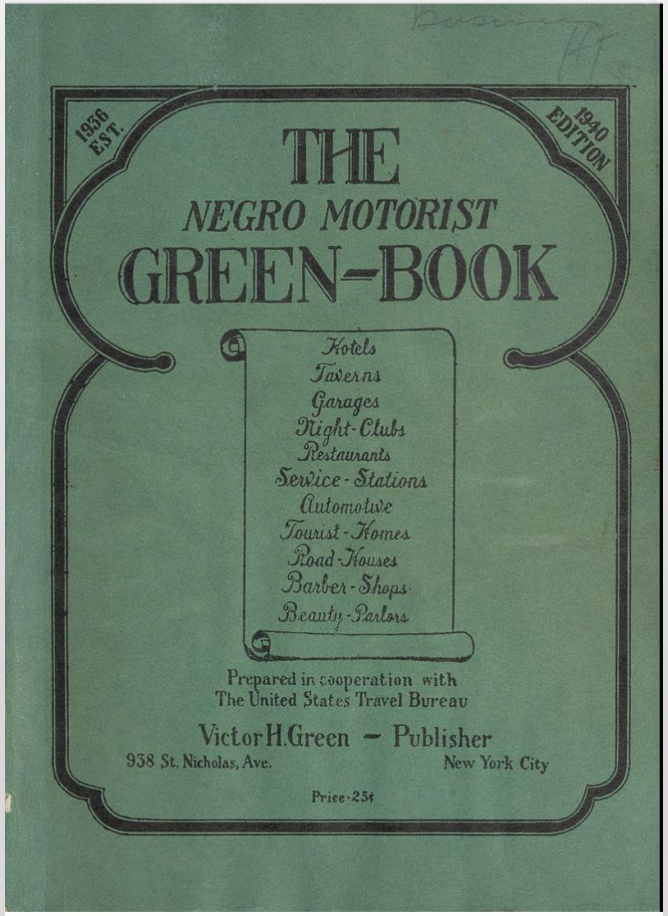
https://www.aha.org/news/blog/2022-07-19-supporting-black-womens-maternal-mental-health-journey

Summary:

- There are ways to change this!
- Devote time, energy, people, and community intelligence to creating solutions
- Consider ways to create equity for those close to the pregnant person
- Look at online resources for the pregnant person and for yourself

Birthing persons find it difficult to access treatment for perinatal mood and anxiety disorders due to a lack of time to get screened because of work or childcare, transportation limitations, language barriers, unaffordable mental healthcare, and lack of access quality mental healthcare in the community, along with other societal and structural barriers.[7]

The Negro Motorist Green Book



Online directories mental health services:

- www.therapyforblackgirls.com
- www.therapyforlatinx.com
- https://www.nqttcn.com/ (Queer and Trans Therapists of Color)
- https://openpathcollective.org/ (for lower cost options)
- https://www.beam.community/ for online mental health resources focusing on the Black community
- https://www.safeblackspace.org/ for healing circles

Therapy Apps and solutions for connecting patients with mental health services

- Ayana Therapy
- Valera Health
- Talkiatry: to connect with a psychiatrist
- Talkspace and Cerebral are under scrutiny lately
- Ginger
- Alma
- Lyra
- Headway

Other connections to mental health

- Blackline
- Clinicians of Color
- Free Black Therapy
- Headway
- Inclusive Therapists
- Innopsych
- Men to Heal
- Therapy for Black Girls
- Therapy for Black Men
- WOC Therapy

Resources

- https://womensmentalhealth.org/posts/screening-perinatal-anxiety/
- *Andersen et al, JAMA Psychiatry, 2020*
- *Huybrechts et al, JAMA Psychiatry 2016*
- *Wisner et al, Am J Psychiatry, 2009*
- Guclu S, Gol M, Dogan E, Saygili U. Mirtazapine use in resistant hyperemesis gravidarum: report of three cases and review of the literature. Arch Gynecol Obstet. 2005 Oct;272(4):298-300.
- Fairbrother et al, BMJ 2019

Resources, continued

- American Hospital Association https://www.aha.org/news/blog/2022-07-19-supporting-black-womens-maternal-mental-health-journey
- Aftershock Film
- Black Maternal Mental Health (issue brief)
- https://adaa.org/learn-from-us/from-the-experts/blog-posts/professional/mind-gap-worsening-black-maternal-mental
- Interpersonal Psychotherapy
- Alameda County Services for birthing people

Thank you!

- Questions?
- Stay in touch!
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- IG @drkarinn