



MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

A project of Community Partners,
a 501(c)3 organization.

Intersectionality and Perinatal Mental Health

Anna King, LCSW, PMH-C (she/her/hers)

September 8, 2022



Maternal Mental Health NOW staff occupy space on the unceded native lands of the Tongva, Chumash, and Kizh people in what is now called Los Angeles, CA.

<https://nativ-land.ca>

"It is important to understand the longstanding history that has brought you to reside on the land, and to seek to understand your place within that history. Land acknowledgements do not exist in a past tense, or historical context; colonialism is a current ongoing process, and we need to build our mindfulness of our present participation." Northwestern University

www.maternalmentalhealthnow.org

Maternal Mental Health NOW as **AGENTS OF CHANGE**



RAISE

awareness of Perinatal
Mood and Anxiety
Disorders



SUPPORT

happy and healthy
pregnancy and
postpartum



BOND

support as each child
deserves to bond with a
loving, attentive caregiver



CARE

in healthy transitions
to parenthood



ALIGN

efforts to support
a system of care



MMH-NOW **HISTORY**

It started with...empanadas

Grounding Practice

Objectives:

- Define intersectionality as it relates to the spectrum of reproductive health care
- Identify at least 3 disparities in the screening and treatment of perinatal mental health conditions
- Explore an intersectional approach to addressing perinatal mental health and wellness planning

TERMS AND GENDER INCLUSIVE LANGUAGE

- PREGNANT PERSON
- BIRTHING PERSON
- BREAST/CHESTFEEDING
- PARENT/CAREGIVER
- PARTNER/SUPPORT PERSON/CO-PARENT

PERINATAL MOOD AND ANXIETY DISORDERS:

PREVALENCE

When is the perinatal period?



Preconception
Before pregnancy - includes those on
their fertility journey



Pregnancy
After conception, before
birth



Postpartum
After birth, up to 2 years

Perinatal Mood and Anxiety Disorders



Depression



Anxiety Disorders



Obsessive-Compulsive Disorder (OCD)



Post Traumatic Stress Disorder (PTSD)



Bipolar Disorder



Psychosis

*1/7 birthing people in the United States will
experience a PMAD...*



MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

A project of Community Partners,
a 501(c)3 organization.

Myths of Parenthood



Pregnancy & parenting are easy, intuitive, instinctive



Pregnant people “glow”



Good caregivers don’t get depressed



Unrealistic expectations that become internalized before the reproductive journey even begins

FEARS

- Fear of judgment / “crazy”
- Fear of CPS / children being taken away
- Fear of deportation

Co- Occurrences With Perinatal Depression



Intimate partner violence (IPV) and domestic violence



Substance Use Disorders (SUDs)



Disordered eating

Sources: National Harm Reduction Coalition, 2022

Perinatal Depression **CROSSES** **ALL LINES**

1

Perinatal depression can affect any birthing person or partner

2

Crosses cultural, racial, economic lines

- Some communities are more, or less, open to expressing mental health issues
- Historical context of racism in reproductive care
 - Medical experimentation + forced sterilization + poor pain management

3

Culture can determine whether it is socially acceptable to acknowledge or discuss Perinatal Mood and Anxiety Disorders

4

Culture may affect range of symptoms

5

Culture may influence treatment

- Is it acceptable?
- Compliance
- Treatment team
- Types of treatment

Adverse Childhood Experiences (ACEs)

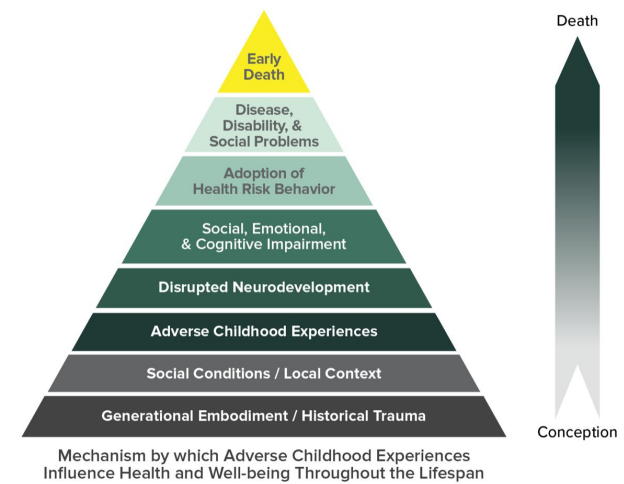
CDC & Kaiser Permanente

ACE Screening Tool

- 10 Types of Trauma
 - Abuse
 - Household stressors
 - Neglect

Higher score means greater implications for physical and emotional well being (chronic disease) and risk for early death in adults

Toxic stress changes brain architecture!



Prevalence Rates + Financial Toll



1:4 in California



50% (+) of cases go undiagnosed and untreated



Annual cost of untreated perinatal depression =
\$32,000/person totalling \$2.5 billion

- Increased frequency/duration of hospital stay
- Work productivity decrease
- Risk of suicide/death
- Risk of other poor health outcomes

INTERSECTIONALITY AND REPRODUCTIVE JUSTICE

*"Living in a female body,
a Black body,
an aging body, a fat body,
a body with mental illness
is to awaken daily to a planet
that expects a certain set of
apologies
to already live on our tongues."
-Sonya Renee Taylor*



MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

A project of Community Partners,
a 501(c)3 organization.

Intersections Of Identity



Intersectionality (Crenshaw, 1990)



Intersection of each layer of a person's identity



Impacts expression of gender identity and attraction orientation, ethnic and racial identity, language, socioeconomic status and class, education, spiritual orientation, range of ability



Marginalization, oppression, power, privilege, subjugation



Collective experience includes great variance

Reproductive Justice



1990s - Reproductive justice movement was initiated by a group of Black midwives, public health, and community activists: Loretta J. Ross, Dr. Dázon Dixon Diallo, Dr. Toni Bond

- Movement includes everyBODY - all genders, ethnic identities, and bodies that reproduce



Access includes transportation, childcare, environmental circumstances, education, food/nutrition



Access to reproductive care including family planning, birth control, abortion, prenatal care, postpartum services, paid leave - **BARE MINIMUM!**



Joy + strengths + resilience focus



Autonomy + choice + sovereignty

Sources: Ross, 2017

PERINATAL MOOD AND ANXIETY DISORDERS (PMADs):

BARRIERS AND DISPARITIES

Perinatal Depression Impacts...

20% of all
birthing people

38% of BI&POC
birthing people

Source: Gress-Smith, et al., 2012

Perinatal Mental Health Disparities



4x more Black and indigenous birthing people are injured or die from pregnancy or childbirth related complications



Only **15-50%** of birthing people with perinatal depression receive care - many go unidentified



10% of fathers and partners develop postpartum depression - those rates go up to 25-60% if the mother/birthing person experiences mental health struggles



Rates of perinatal depression are 2x higher in birthing people w/ disabilities - little to no research on their needs



10-30% of adoptive parents experience post-adoptive depression

Perinatal Mental Health Disparities

- Screening gaps
- Morbidity and mortality (i.e., pain management, overdose, dangers in childbirth)
- Criminalization
 - CPS
 - “Welfare” / public assistance
- Reduced access to timely and appropriate care
 - Unhoused + uninsured
- Suppression of full range of emotional expression
- Lack of representation and affirmative care

Sources: Keefe et al., 2016

COVID-19 AND PERINATAL MENTAL HEALTH

1

Fear of contagion

2

Increased isolation

- Reduced childcare support
- Reduced sense of community
- Medical policies/procedures

3

Decreased access to financial and living resources

- Impacts marginalized communities greatest

4

Decision fatigue + uncertainty

5

Challenges coping with stress and responsibilities

↑

Rates of PMH have tripled since the start of the pandemic!!

Sources: Osborne et al., 2021

*...100% of parents, caregivers,
and birthing people deserve to
raise their children in a healthy
environment and to receive the
care they need in a timely and
appropriate manner-
perinatal depression is
preventable and treatable!*
- A. King



MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

A project of Community Partners,
a 501(c)3 organization.

FUTURE CONSIDERATIONS

Implications For Care



Family-centered care



Trauma-informed, culturally responsive, gender affirmative care

- Representation matters!



Remove barriers to access to care

- Institutional gatekeeping (Roberts et al., 2020)



Implicit bias + cultural humility (Tervalon & Murray-Garcia, 1998)



Expansive, comprehensive services

- Think outside the box
- Consider non-traditional approaches to care
 - Peer support
 - Community-based services
- Alternative treatments

Sources: Roberts et al., 2020; Tervalon & Murray-Garcia, 1998

What Can Be Done?



Co-create wellness plan - challenge hierarchical approach

- Prioritize consent



Cultural humility - language, rapport, suspend judgment, listen

- Comfort with discomfort



Honor community wisdom



Raise awareness + reduce stigma



Culturally sensitive, frequent screening

*Reproductive care begins long
before conception.*



MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

A project of Community Partners,
a 501(c)3 organization.

Community Resources



MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

A project of Community Partners,
a 501(c)3 organization.

Community Wisdom for Your Journey to Parenthood

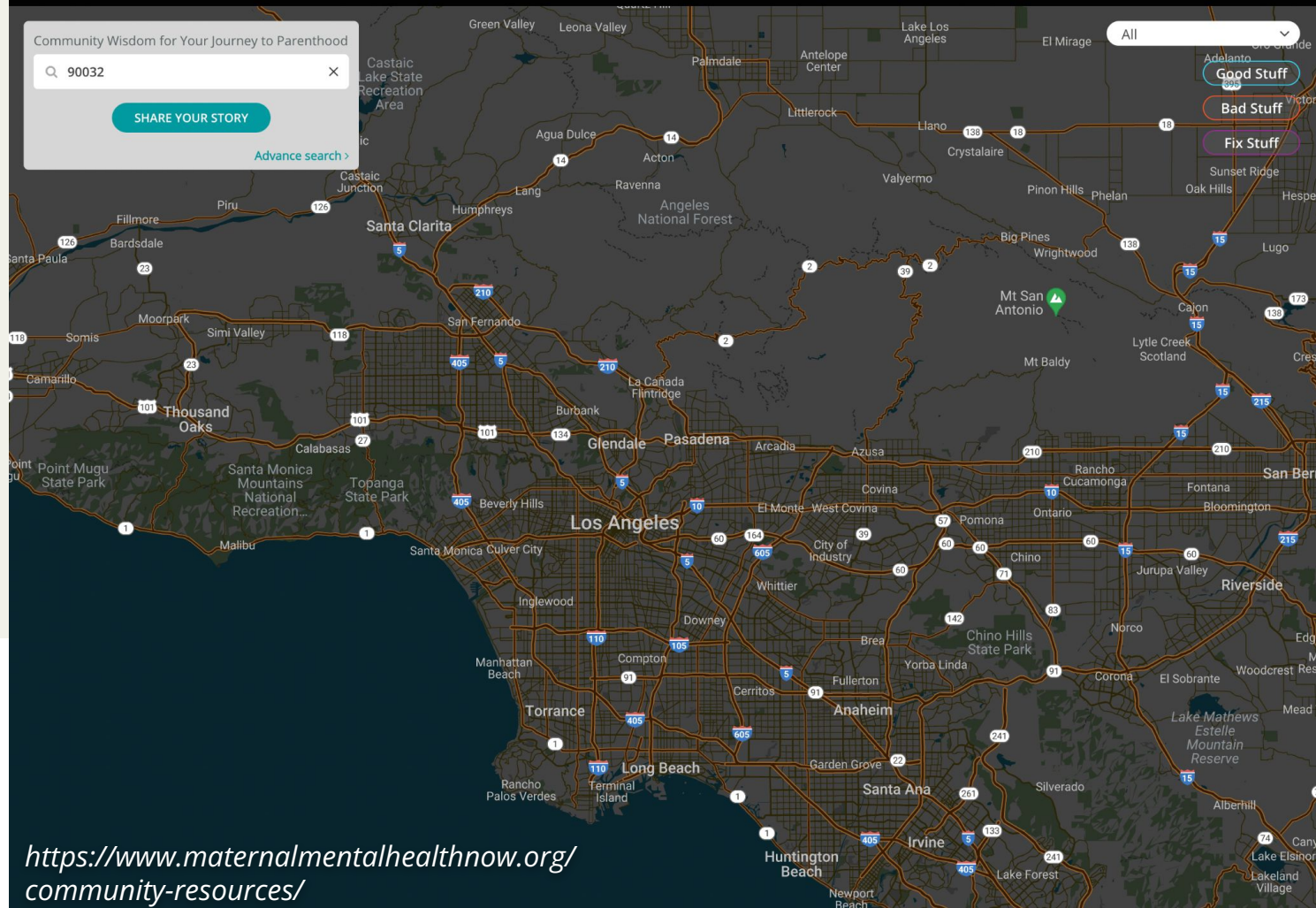
90032

SHARE YOUR STORY

Advance search >

All

- Good Stuff
- Bad Stuff
- Fix Stuff



[https://www.maternalmentalhealthnow.org/
community-resources/](https://www.maternalmentalhealthnow.org/community-resources/)



MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

QUEER & TRANS

Perinatal Mental Health

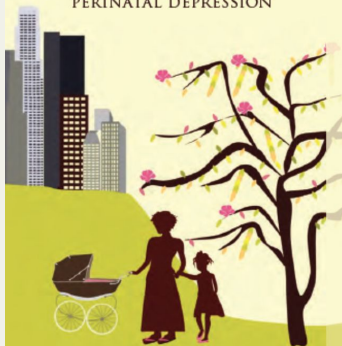
Toolkit

v1

STORIES, INFORMATION,
RESOURCES & INCLUSIVE PRACTICES

SPEAK UP WHEN YOU'RE DOWN

6 THINGS EVERY NEW MOM & MOM-TO-BE SHOULD KNOW ABOUT PERINATAL DEPRESSION



LOS ANGELES COUNTY
PERINATAL MENTAL HEALTH TASK FORCE
LACountyPerinatalMentalHealth.org

For referrals and resources, call 211
or
1.800.944.4773 www.postpartum.net
or contact your healthcare provider

1

Perinatal depression is common.

It is, in fact, the number one complication of pregnancy. In the US, 15% to 20% of new moms, or about 1 million women each year experience perinatal mood and anxiety disorders, and some studies suggest that number may be even higher.

YOU ARE NOT ALONE.

Perinatal depression can affect any woman regardless of age, income, culture, or education.

2

You may experience some of these symptoms

- Feelings of sadness.
- Mood swings: highs and lows, feeling overwhelmed.
- Difficulty concentrating.
- Lack of interest in things you used to enjoy.
- Changes in sleeping and eating habits.
- Panic attacks, nervousness, and anxiety.
- Excessive worry about your baby.
- Thoughts of harming yourself or your baby.
- Fearing that you can't take care of your baby.
- Feelings of guilt and inadequacy.
- Difficulty accepting motherhood.
- Irrational thinking; seeing or hearing things that are not there.

Some of the ways women describe their feelings include:

*I want to cry all the time.
I feel like I'm on an emotional roller coaster.
I will never feel like myself again.
I don't think my baby likes me.
Everything feels like an effort.*

3

Symptoms can appear any time during pregnancy and up to the child's first year.

Baby blues, a normal adjustment period after birth, usually lasts from 2 to 3 weeks. If you have any of the listed symptoms, they have stayed the same or gotten

LACountyPerinatalMentalHealth.org
LOS ANGELES COUNTY PERINATAL MENTAL HEALTH TASK FORCE

worse, and you're 5 to 6 weeks postpartum, then you are no longer experiencing baby blues, and may have a perinatal mood or anxiety disorder.

4

You did nothing to cause this.

You are not a weak or bad person. You have a common, treatable illness. Research shows there are a variety of risk factors that may impact how you are feeling, including your medical history, how your body processes certain hormones, the level of stress you are experiencing, and how much help you have with your baby. What we do know is, **THIS IS NOT YOUR FAULT.**

5

The sooner you get treatment, the better.

Recent studies show that your baby's well-being and development are directly tied to your physical and emotional health. You deserve to be healthy, and your baby needs a healthy mom in order to thrive. Don't wait to reach out for **HELP**. It is available.

6

There is help for you.

There comes a time in every woman's life when she needs help. **NOW** is the time to reach out to a caring professional, who is knowledgeable about perinatal depression, and who can help you through this time of crisis. He or she can understand the pain you are experiencing and guide you on the road to recovery. Contact Postpartum Support International, 1.800.944.4773 or www.postpartum.net, for referrals and support near you.



Los Angeles Community Child Abuse Councils
www.lacchildabusecouncils.org



Adapted from *Postpartum Progress*, www.postpartumprogress.com
Printing generously provided by the Los Angeles Community Child Abuse Councils.



MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

A project of Community Partners,
a 501(c)3 organization.

Maternal Mental Health NOW

Emotional Wellness Self-Help Tool

Helping those who want to become pregnant, are pregnant and just welcomed a baby understand and manage perinatal depression and anxiety

mycare.mmhnow.org



MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

A project of Community Partners,
a 501(c)3 organization.

Get Help

PSI Helpline:

1-800-944-4773

#1 En Español or #2 English

OR TEXT:

English: 503-894-9453

Español: 971-420-0294

[FIND LOCAL RESOURCES](#)

*The PSI HelpLine does not handle emergencies. People in crisis should call their local emergency number or the National Suicide Prevention Hotline at 1-800-273-TALK (8255).



postpartum.net



MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

A project of Community Partners,
a 501(c)3 organization.

PERINATAL PSYCHIATRIC CONSULT LINE



PSI Perinatal Psychiatric Consult Line
1-877-499-4773

postpartum.net



MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

A project of Community Partners,
a 501(c)3 organization.

JEWISH FAMILY SERVICE LA

SEARCH



DONATE NOW

VOLUNTEER



[Our Services](#) [Locations](#) [Support Our Work](#) [About Us](#)



PREGNANCY & POSTPARTUM SUPPORT



well baby center[®]

NON-PROFIT PARENTING & COUNSELING

Black Infants & Families
LOS ANGELES



MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

A project of Community Partners,
a 501(c)3 organization.

PREGNANCY AND SUBSTANCE USE:

A HARM REDUCTION TOOLKIT

NATIONAL
HARM REDUCTION
COALITION



IN COLLABORATION WITH
Academy of Perinatal
Harm Reduction



MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

A project of Community Partners,
a 501(c)3 organization.

SISTERS *in loss*

Fall Support Groups Registration Open

[DONATE](#) [ABOUT](#) [FOR PARENTS](#) [FOR FAMILY AND FRIENDS](#) [FOR PROVIDERS](#) [GET INVOLVED](#) [SHOP](#)

RETURN TO ZERO: H.O.P.E.

Transforming the Culture of Silence
and Isolation Around
Pregnancy and Infant Loss

FIND THE RIGHT INFORMATION FOR YOU:



MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

A project of Community Partners,
a 501(c)3 organization.

12 Continuing Education Units

Bringing Light to Motherhood

Perinatal Mental Health Certificate Training

The Bringing Light to Motherhood training is comprised of 7 independent modules, including video recordings and additional supplemental reading, covering: (1) Risk Factors and Prevalence, (2) Symptoms and Diagnoses, (3) Screening and Assessment, (4) Attachment and Bonding, (5) Interventions, (6) Treatment Plans, and (7) Psychopharmacological Considerations.

In this course, participants will hear from various experts in the field of perinatal mental health who will provide foundational training and information on perinatal mood and anxiety disorders (PMADs), Perinatal Mood and Anxiety Disorders (PMADs) occur in approximately 1 in 7 birthing people, 1 in 3 Black birthing people, and 1 in 10 fathers and partners. The effects can become chronic and pervasive when left unaddressed and unsupported. This training is designed to offer a beginning understanding of perinatal mental health issues to assist any provider serving the birthing community in better supporting their unique needs.

Bringing Light to Motherhood is an approved certificate course (the full 14-hour foundational training requirement) for Postpartum Support International's Certification in Perinatal Mental Health (PMH-C).

Following completion of this course, participants will be able to:

- ✓ Recognize and describe symptoms of perinatal mood and anxiety disorders.
- ✓ Differentiate between a normal range of emotional and behavioral changes that may occur when pregnant or postpartum (including baby blues) and perinatal mental health disorders.
- ✓ Identify risk factors, comorbid conditions and additional considerations for rule out during differential diagnosis.
- ✓ Administer screening and assessment tools with pregnant and postpartum birthing people.
- ✓ Identify the facets of the Adverse Childhood Experiences (ACEs) study and their implications for perinatal mental health.
- ✓ Explain how parent/child attachment may be impacted by perinatal mental health.
- ✓ Identify what protective factors may play a role in the treatment and care of a family with a history of trauma.
- ✓ Identify and explain the four Ps: Predisposing, Precipitating, Perpetuating, Protective and their implications during the course of treatment planning.
- ✓ Apply the basics of effective intervention and utilize resources for informed care.
- ✓ Name 3 evidence based interventions recommended for perinatal mental health disorder treatment.
- ✓ Review basic guidelines for medication use during pregnancy and postpartum, including the four areas of informed consent.
- ✓ Explain the importance of individualized care planning and name 2 recommendations for implementation.

Cost: \$495

For more information and to register visit www.maternalmentalhealthnow.org

Continuing Education:
12 CEUs provided by



Community Partners 1500 Maternal Mental Health Now is approved by the American Psychological Association, Community Partners 1500 Maternal Mental Health Now requires no supervision by the person and is correct.

This course meets criteria for 12 continuing education credits for LMFTs, LPCCs, LCSWs, LEPs, and psychologists through the Board of Behavioral Sciences (BBS) in the state of CA. If you hold a license not listed here or are licensed outside of the state of California please check with your licensing board directly to confirm that these CE credits will be accepted. We are unable to assist in verifying if CE credits will be approved for your license type/state outside of California.

8 ADVANCED COURSES ON PERINATAL MENTAL HEALTH

Cost: \$40 each Registration: www.maternalmentalhealthnow.org



What to Know & How To Screen for Perinatal Mental Health

This introductory course defines perinatal mental health for medical providers serving birthing people and infants/children. Instructors model sensitive communication with screening demonstrations presenting both clinical and outpatient settings.



The Role of Pediatrics in Screening & Care for Perinatal Mental Health

This course reviews the importance of perinatal mental health screening in the pediatrician's office and provides tools and resources. Instructors discuss differential diagnoses and provider recommendations on when to screen, what to do with a positive screen, successful interventions (including psychopharmacology) and guidelines surrounding breast/chestfeeding and medication.



The Role of Obstetrics and Gynecology in Screening & Care for Perinatal Mental Health

This course covers perinatal mental health screening in the obstetrician's (or midwife's) office and provides information and resources. Lecturers discuss differential diagnoses and provider recommendations on when to screen, what to do with a positive screen, successful interventions (including psychopharmacology), and guidelines surrounding breast/chestfeeding and medication.



Miscarriage, Stillbirth & Infant Death and Perinatal Mental Health

This course defines perinatal loss, addresses how infant death affects parents and families. The presentation reviews cultural considerations related to perinatal loss and offers resources for providers serving families coping with the loss of pregnancy, stillbirth or death of an infant.



My Baby Would Be Better Off Without Me: Suicide & Perinatal Mental Health

In this course, experts will review statistics, risk factors, warning signs, screening tools, risk assessment, safety plans and other tools and resources to address suicidality before and after childbirth.



Intersectionality and Perinatal Mental Health

This training will address intersectionality as it relates to perinatal mental health and implications to the mental and physical well-being of birthing people and families. Participants will explore Black, Indigenous, and People of Color (BIPOC) perinatal mental health disparities, tools and tips for becoming an intersectional practitioner, and ways to navigate their own discomfort in the lifelong journey of cultural humility.



Psychopharmacology and Perinatal Mental Health for Physicians

This course, for prescribers, reviews foundational information on perinatal mood and anxiety disorders (PMADs) and the current landscape and recommendations for psychopharmacology in the perinatal period. The instructor will review the safety and efficacy of psychotropic medication during pregnancy and lactation, and will provide guidance for informed consent on risk-risk analysis with perinatal patients.



It Takes A Village: Creating Perinatal Mental Health Support Groups

In this course, perinatal psychotherapists and group facilitators will cover the risks and benefits of facilitating a perinatal mental health support group for both provider and client. Specialized tips for serving the perinatal community covering the who, what, when, where, why and how of starting a support group will be covered including a list of suggested group topics.

For more information and to register visit www.maternalmentalhealthnow.org

Continuing Education:
CEs provided by



Community Partners 1500 Maternal Mental Health Now is approved by the American Psychological Association, Community Partners 1500 Maternal Mental Health Now requires no supervision by the person and is correct.

Continuing Education:
CME Credit



This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Cedars-Sinai Medical Center and Maternal Mental Health NOW. Cedars-Sinai Medical Center is accredited by the ACCME to provide continuing medical education for physicians. The Cedars-Sinai Medical Center designates this enduring material for a maximum of 2.0 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. The California State Board of Registered Nursing accepts courses approved by the ACCME for Category 1 credit as meeting the educational requirements for license renewal. Terms of Credit: CMEs will be available for these modules from August 2021 to August 2023.

This course meets criteria for 2 continuing education credits for LMFTs, LPCCs, LCSWs, LEPs, and psychologists through the Board of Behavioral Sciences (BBS) in the state of CA. If you hold a license not listed here or are licensed outside of the state of California, please check with your licensing board directly to confirm that these CE credits will be accepted. We are unable to assist in verifying if CE credits will be approved for your license type/state outside of California.

THANK YOU



www.maternalmentalhealthnow.org



[/MaternalMentalHealthNOW](https://www.facebook.com/MaternalMentalHealthNOW)



[@MaternalMentalHealthNOW](https://www.instagram.com/MaternalMentalHealthNOW)



MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

A project of Community Partners,
a 501(c)3 organization.