

Welcome!

We are so glad you are here!

We will get started shortly.
In the meantime, we invite you to intentionally enter this space.



Silence your cell phone



Stretch



Close the door



Take a few deep breaths



Close browser windows



Emotionally release your to-do list



Check your audio and video



Take a bio break

Maternal Mental Health in the Media & Beyond

Wednesday, May 3, 2023 | 3-4:30 pm ET

NICHQ
National Institute for
Children's Health Quality

HEALTHY
start
TA & SUPPORT CENTER

Maternal Mental Health in the Media & Beyond

WEDNESDAY, MAY 3, 2023
3-4:30 PM ET

THE HEALTHY START TA & SUPPORT CENTER IS OPERATED BY THE NATIONAL INSTITUTE FOR CHILDREN'S HEALTH QUALITY (NICHQ). THIS PROJECT IS SUPPORTED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) UNDER GRANT NUMBER 1 UF5MC327500100 TITLED SUPPORTING HEALTHY START PERFORMANCE PROJECT.

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HEALTHY
start
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Maternal Mental Health in the Media & Beyond

Agenda

Housekeeping

Tatiana Egbuna
HEALTHY START TA &
SUPPORT CENTER (TASC)

**Maternal Mental Health
in the Media & Beyond**

**Megan Smith, DrPH,
MPH**

Wrap-up

Tatiana Egbuna





THIS SESSION IS BEING RECORDED.



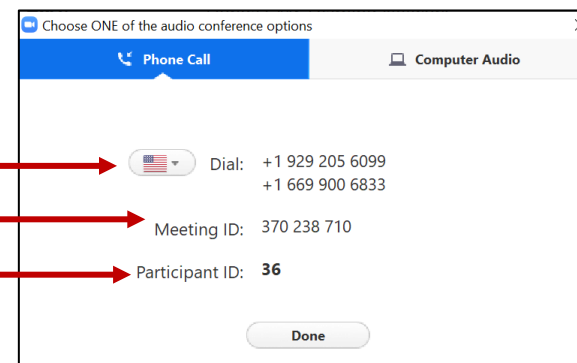
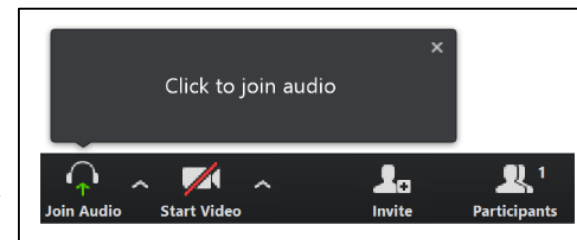
ALL PARTICIPANTS ARE MUTED UPON ENTRY. WE ASK THAT YOU REMAIN MUTED TO LIMIT BACKGROUND NOISE.



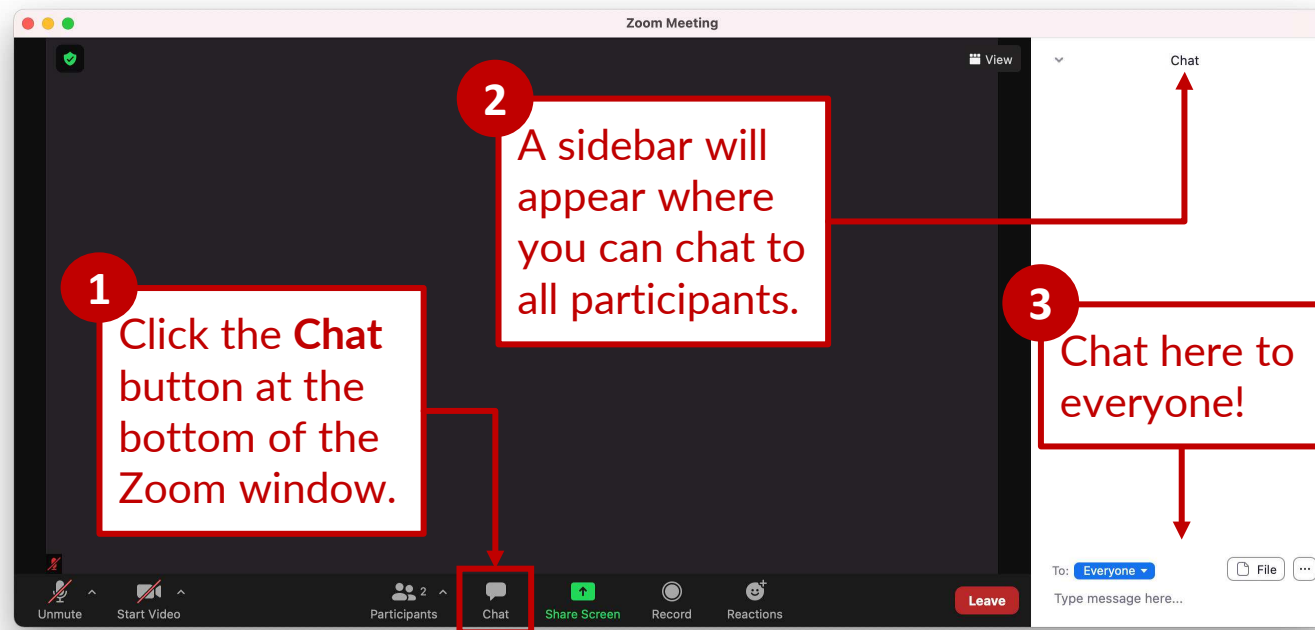
PARTICIPANTS ARE ENCOURAGED TO SHARE COMMENTS AND ASK QUESTIONS USING THE CHAT BOX.

Audio

- AFTER YOU JOIN THE ZOOM SESSION, AN AUDIO CONFERENCE BOX MAY APPEAR
 - IF YOU DO NOT SEE THE BOX, CLICK **'Join Audio'**
- FROM THE AUDIO CONFERENCE BOX, SELECT **'Phone Call'** OR **'Computer Audio'**
 - IF ACCESSING THE SESSION AUDIO VIA PHONE:
 - DIAL ONE OF THE GIVEN NUMBERS NEXT TO **'Dial'**
 - YOU WILL BE PROMPTED TO ENTER THE **Meeting ID**
 - THEN YOU WILL BE PROMPTED TO ENTER THE **Participant ID**



Chat





Maternal Mental Health in the Media & Beyond

Megan Smith, DrPH, MPH

*MATERNAL MENTAL HEALTH IN THE MEDIA & BEYOND
HOSTED BY THE HEALTHY START TA & SUPPORT CENTER AT NICHQ*

NICHQ
National Institute for
Children's Health Quality

**HEALTHY
start**
TA & SUPPORT CENTER



May 3, 2023

NICHQ

Maternal Mental Health Stories, Facts, and Resources

Dr. Megan V. Smith

Drmeganvsmith@gmail.com





Overview

Maternal Mental Health?

Maternal Mental Health & Maternal Mortality

In the Media and In their Own Words

Consequences of Media Representations

Resources for Your Work

What is Maternal Mental Health

- Maternal mental health is the range of feelings you can have during and after pregnancy including feeling
- Overwhelmed
- Sad
- Worried
- Exhausted
- Concerned not good enough as a mom

What is Maternal Mental Health

- For many individuals, these feelings go away on their own. But, for some, these emotions are more serious and may stay for months
- Some signs that symptoms may be indicative of a diagnosis for depression or anxiety include:
 - Feelings persist for two weeks or longer
 - Impact ability to function/perform activities of daily living
 - Poor sleep for an extended period of time
- Difficulties such as depression and anxiety around pregnancy and after the baby is born are common and treatable. They affect new parents of every culture, age, gender, race, and income level.

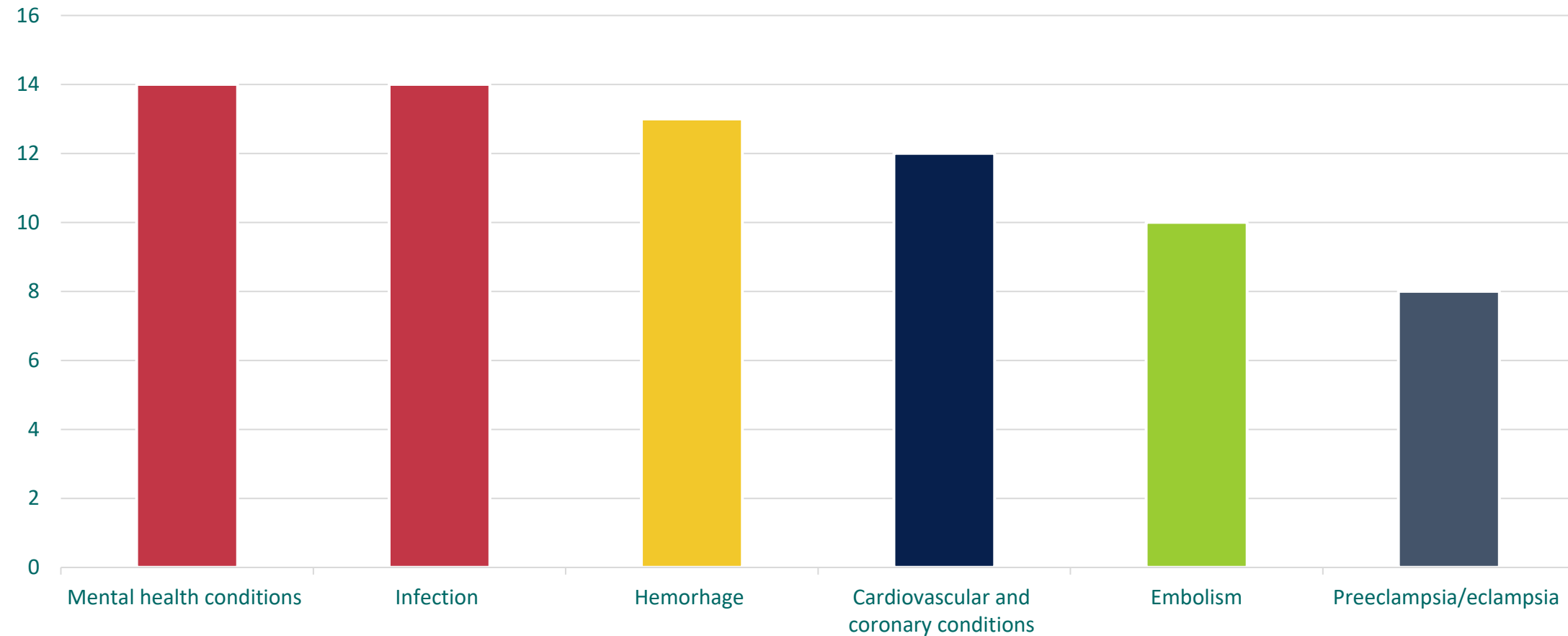
What is Maternal Mental Health

- Depression and anxiety affect pregnant people and new parents in different ways. Here are some of the common symptoms:
 - Feeling sad or hopeless most of the time
 - Lack of interest in things you used to enjoy
 - Less interest in caring for yourself (dressing, fixing hair)
 - Trouble concentrating
 - Trouble coping with daily tasks
 - Constant worry about your baby
 - Sleeping or eating too much or too little
 - Feeling very anxious or nervous
 - Unexplained irritability or anger
 - Unwanted or scary thoughts
 - Feeling that you are not a good mother

What is Maternal Mental Health

- Approximately, one in seven have a depressive or anxiety disorder postpartum
- One or two women per 1,000 experience postpartum psychosis. Usually occurs in the first 4-6 weeks postpartum and comes on suddenly
- Postpartum psychosis is not an official diagnosis in the DSM-V

Mental Health Conditions Leading Cause of Preventable Maternal Deaths



Davis NL, Smoots AN, Goodman DA. Pregnancy-Related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2019.

Breaking Down the Numbers

- 7% of pregnancy-related deaths were associated with underlying mental health conditions
- Of those deaths:
 - About 42% had patient related mental health contributing factors:
 - the absence of social support systems
 - lack of adherence to medications or treatment plans
- Another 27% had provider-related mental health contributing factors:
 - using ineffective treatments
 - failing to screen

Breaking Down the Numbers

- Black mothers have been more likely to die than White mothers for 100 years.
- Even higher education does not protect Black mothers from pregnancy-related death

Source: National Center for Health Statistics (NCHS), “Maternal Mortality and Related Concepts,” Vital and Health Statistics, series 33, no. 3 (Feb. 2007); and NCHS annual data reports. Data for 1915–1960 from NCHS, Vital Statistics Rates in the United States 1940–1960. Data for 2007–2016 based on two-year estimates of the pregnancy-related mortality rate, from Emily E. Petersen et al., “[Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016](#),” *Morbidity and Mortality Weekly Report* 68, no. 35 (Sept. 6, 2019): 762–65.

Emily E. Petersen et al., “[Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016](#),” *Morbidity and Mortality Weekly Report* 68, no. 35 (Sept. 6, 2019): 762–65.

Breaking Down the Numbers

- The weathering hypothesis proposes that the accumulation of racial stress over Black women's lives contributes to this observed pattern of racial disparities in maternal health and birth outcomes that increase with maternal age
- Repeated exposure to socioeconomic adversity, political marginalization, racism, and perpetual discrimination can harm health. This has been called weathering.

Geronomus, Arline (1992). "The weathering hypothesis and the health of African-American women and infants: evidence and speculations". *Ethnicity & Disease*. 2 (3): 207–221. [PMID 1467758](#) – via Europe PMC.

Holzman, Claudia; Eyster, Janet; Kleyn, Mary; Messer, Lynne C.; Kaufman, Jay S.; Laraia, Barbara A.; O'Campo, Patricia; Burke, Jessica G.; Culhane, Jennifer; Elo, Irma T. (2009). "[Maternal Weathering and Risk of Preterm Delivery](#)". *American Journal of Public Health*. 99 (10): 1864–1871.

Media Depictions

Postpartum psychosis and other postpartum mood disorders tend only to earn serious media investigation when the death of a child is involved. But the greatest physical and psychological risk posed by mood disorders are to the health of the mother.

Media Depictions

- In November, Clancy, who is thirty-two, posted to a Facebook group, called “I Am Not Alone: Postpartum Depression/Anxiety & Rage.”
- She disclosed that she was experiencing depression, insomnia, and decreased appetite while taking the antidepressant Zoloft; she fared better with Ativan, but worried that she might become addicted to it.
- In December, Clancy wrote in her journal and confided in her husband about recurrent suicidal thoughts and, at least once, thoughts of harming her children.
- On New Year’s Day, she voluntarily checked in to a psychiatric hospital for five days. Between October and January, Clancy was prescribed at least twelve different psychiatric medications.

Media Depictions

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Media Depictions

- “On Jan. 1, Lindsay checked herself into McLean Hospital, a psychiatric facility in Belmont, and was released five days later after being taken off some of the drugs and put on others”
- “When she got out, she still felt unwell, and kept going back to doctors to let them know that”
- Calling Lindsay "overmedicated," Reddington said that during the time that she was being prescribed these medications, "They both would go back to the doctor, and then they would tell her to get off the [medicine] and start up on something else," he says.

Media Depictions

- Often times race and class guide how much and what kind of attention these cases receive.
- In September, Erin Merdy, a Black woman in Brooklyn who was struggling with mental illness and facing eviction from her apartment, allegedly drowned her three children, ages seven, four, and three months.
- Unlike the Clancy case, none of these incidents became major national news or fodder for numerous lengthy Facebook and Reddit threads.

Media Depictions

- **“Biological”** Highlight when the articles states that postpartum depression is cause by biological circumstances.
- **“Motherhood Hard”** Mother or others explain that the demands of motherhood led to postpartum depression.
- **“Depressed Partner”** Men state that they are depressed because the mother is depressed.
- **“Not Enough Support”** Not enough social integration, poor support, social interactions.
- **“Individual Failure”** Individual problems such as not eating right are causal.
- **“Medical Failure”** When medical staff (counselors, doctors, etc.) heard the reported symptoms but did not help.
- **“Trouble Seeking Help”** The mother had trouble seeking help for the depression (or never sought it).

Media Depictions: Proposed Solutions:

- **Treatment**
- **Increase Cultural and Social Supports:** e.g. eat the placenta, drink menstrual blood, increase religious and spiritual involvement.
- **Just Keep Going.** No advice to do something for yourself, connect to resources, or family; just keep on going and doing what you are doing.
- **Step Back from Parenting:** When pressure is too much take a step away for a brief or extended time.
- **Self Medicate:** Think can handle or know cannot but need to handle privately
- **Society Must Change:** Society should aid in lessening pressures and providing resources for parents (parental leave, home visiting)

Outcomes?

- A majority of new mothers have unwanted thoughts about their infant being harmed, and around fifty per cent of postpartum people have thoughts of intentionally harming the baby themselves.
- “Intrusive thoughts have a pretty sensible evolutionary function...‘My goal as a mother is to protect this vulnerable being. I need to be aware, at every moment, of any harm that can come to the child.’ If you combine that with an American society that says that the mother is to blame for everything, then you have an evolutionary reason and a societal reason for people to have these thoughts”

By Jessica Winter March 2023



Outcomes?

Wendy N. Davis, the executive director of the nonprofit Postpartum Support International, told me,

“We’re talking about a picture of fear, not an urge, and not a lack of skill. In fact, the parents who have these unwanted thoughts tend to be vigilant, highly attuned parents. They’re not at risk of harming their children.” Davis went on, *“I know a mom who scooched down the stairs on her butt for four months with the baby, because she kept seeing—not wanting to do it—but she kept seeing the baby go over the railing.”*

Outcomes?

<https://www.facebook.com/ktla5/videos/allies-how-one-comedians-battle-with-postpartum-depression-turned-to-laughs-and-/324430048223239/>

Breaking Down the Resources

National Maternal Mental Health Hotline

1-833-943-5746 (1-833-9-HELP4MOMS)

<https://mchb.hrsa.gov/national-maternal-mental-health-hotline>



24/7, Free, Confidential Hotline for Pregnant and New Moms in English and Spanish

The National Maternal Mental Health Hotline can help. Call or text 1-833-943-5746 (1-833-9-HELP4MOMS). TTY users can use a preferred relay service or dial 711 and then 1-833-943-5746.

⚠ If you are in suicidal crisis, please call or text 988 or visit the [988 Suicide & Crisis Lifeline](#).

Breaking Down the Resources

- 988 Suicide & Crisis Lifeline: **988**
- Parental Stress Hotline – Help for Parents: **1-800-632-8188**
- Crisis Text Line: **Text “Got5’ to 741741**

988
SUICIDE
& CRISIS
LIFELINE

GET HELP LEARN GET INVOLVED PROVIDERS & PROFESSIONALS

988 CHAT

En Español | For Deaf & Hard of Hearing

The Lifeline and 988

SHARE

988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline (now known as the 988 Suicide & Crisis Lifeline), and is now active across the United States.

When people call, text, or chat 988, they will be connected to trained counselors that are part of the existing Lifeline network. These trained counselors will listen, understand how their problems are affecting them, provide support, and connect them to resources if necessary.

The previous Lifeline phone number (1-800-273-8255) will always remain available to people in emotional distress or suicidal crisis.

The Lifeline’s network of over 200 crisis centers has been in operation since 2005, and has been proven to be effective. It’s the counselors at these local crisis centers who answer the contacts the Lifeline receives every day. Numerous studies have shown that callers feel less suicidal, less depressed, less overwhelmed and more hopeful after speaking with a Lifeline counselor.

Answer the call! These centers are looking to bring on new volunteers and paid employees. You will receive training, so if you are a caring person who wants to help those in crisis, apply today. Find your opportunity: [samhsa.gov/988-jobs](https://www.samhsa.gov/988-jobs)

Breaking Down the Resources

National Network of Perinatal Psychiatry Access Programs



Our National Network of Perinatal Psychiatry Access Programs:

- Facilitates peer learning and resource sharing among aspiring, emerging, and established Perinatal Psychiatry Access Programs and relevant partners across the U.S.
- Facilitates quality improvement, program evaluation, and equity advancement within and across programs
- Nurtures relationships to promote continued support for, and innovation and expansion of, existing and future programs

If your state doesn't have a Perinatal Psychiatry Access Program yet and you are interested in consulting with a perinatal psychiatrist, you can contact the **Postpartum Support International (PSI) Perinatal Psychiatric Consult Line** online or by calling **877-499-4773**.

A CALL TO ACTION



MIND THE GAP

Ensuring Perinatal Mental Health Is A National Priority

Undiagnosed and untreated Perinatal Mental Health disorders are a silent health crisis in the United States, deserving national recognition and action to save lives and improve the health and well-being of America's mothers, babies, fathers, families, and the community.

Postpartum Support International is proud to be working with a coalition of women, families, and organizations who have set forth a **national strategic action plan to turn the tide on the crisis.**

Together, we stand for increasing research and funding and improving awareness and access to prevention, education, screening, diagnosis, treatment and support services for pregnant and postpartum women and their families.



https://beyonddlabels.marchofdimes.org/index.html#stories_grid

PERINATAL MENTAL HEALTH ALLIANCE FOR PEOPLE OF COLOR



<https://www.postpartum.net/perinatal-mental-health-alliance-for-people-of-color/>

PSI PSA

<https://www.youtube.com/watch?v=HVUyohUGZis>

Things That Help:

Take a Break

Sometimes the emotions associated with Perinatal Mood and Anxiety Disorders might feel like more than you can handle. If they do, give yourself permission to take a "time out."

Go for a walk. Take a shower. Take a nap. Ask for help with the kids.

If you need to, it's ok to put your baby down in a safe place and walk away for a few minutes.

Try this Breathing Exercise.

Box breathing relaxation technique:

[How to Calm Feelings of Stress or Anxiety](#)

from [Sunnybrook Hospital Health Sciences](#)

[Center Department of Psychiatry](#).



We are **3 million** strong.

Take Action this Mental Health Awareness Month.

 **Mental Health FIRST AID**
from NATIONAL COUNCIL FOR MENTAL WELLBEING



Identify. Understand. Respond.

Meet Portia

Portia Smith's most vivid memories of her daughter's first year are of tears. Not the baby's. Her own.

Smith was diagnosed with gestational diabetes, which black women are at a 63 percent higher risk of, and was required to get regular non-stress tests to monitor the health of her baby. Two weeks before her due date, her midwife explained the results of her recent non-stress test were "off," and she needed to give birth right then.

"I cried and I begged to go home and get my stuff." "I had a birth plan. I wanted to labor at home before coming to the hospital, but now that wasn't going to happen."

A maternal-fetal specialist sent her immediately to labor and delivery, where a series of unexpected events continued.

Smiths' baby's heart rate was too high, and doctors and nurses rushed to get her out. She was fine after a frightening birth:

When her daughter finally made her grand entrance, her umbilical cord was wrapped around her neck and body. "She wasn't moving," Smith said. "It was really scary, especially with nobody telling me anything." The baby spent a couple weeks in the NICU, making bonding almost impossible.

The postpartum period has been equally as isolating. It's been just her and her partner and their new baby. Smith's family lives in another state. Smith was diagnosed with postpartum depression by her pediatrician at her baby's 3 month well-child visit, and with a lack of physical connection and a present support system, she's struggling.

Her partner, she says, is depressed too, so most of the child care burden falls on her. “I’m doing this alone, and it’s just too much. I need help.” On top of that, Smith is facing going back to work and finding childcare for her infant, which adds another huge set of worries.

“I would just hold her and cry all day,” Smith said.

“I really didn’t have a connection for her,” said Smith, now a motivational speaker and mother of three children. “I didn’t even want to breastfeed because I didn’t want that closeness with her.”

The emotions were overwhelming, but Smith couldn’t bring herself to ask for help.

“You’re afraid to say it because you think the next step is [for the authorities] to take your children away from you,” she said.

“You’re young and you’re African American, so it’s like [people are thinking], ‘She’s going to be a bad mom.’”

Open the Front Door Framework

- **Observe:** Concrete, factual observations, not evaluative, “I noticed...”
- **Think:** Thoughts based on observation, “I think...”
- **Feel:** Emotions, “I feel...”
- **Desire:** Specific request or inquiry about desired outcome, “I would like...”

Satisfaction Survey

*YOUR FEEDBACK IS EXTREMELY VALUABLE AND WILL HELP
ENSURE OUR OFFERINGS MEET YOUR SUPPORT NEEDS!*



HEALTHY START REGION 7, 8, 9 & 10 REGIONAL MEETING

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TASC's Upcoming Activities

Conference Scholarship Opportunities:

- **NPCL International Fatherhood Conference: 6/6-6/8**
- **ROSE/ROBE Regional Summit: 6/16-6/17**
- **HealthConnect One Birth and Beyond Summit: 6/20-6/21**
- **Shades of Blue Maternal Mental Health Summit: 7/20-7/21**
- **BMBFA Birth & Breastfeeding Conference: 7/26-7/27**

Mental Health Training Scholarship Opportunities:

- **TO BE ANNOUNCED IN MID-MAY**



*MATERNAL MENTAL HEALTH IN THE MEDIA & BEYOND
HOSTED BY THE HEALTHY START TA & SUPPORT CENTER AT NICHQ*



Thank you !

NICHQ  **HEALTHY** 
National Institute for **start**
Children's Health Quality TA & SUPPORT CENTER