

Perinatal Mental Health and Culturally Responsive Services for Latinx

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Objectives

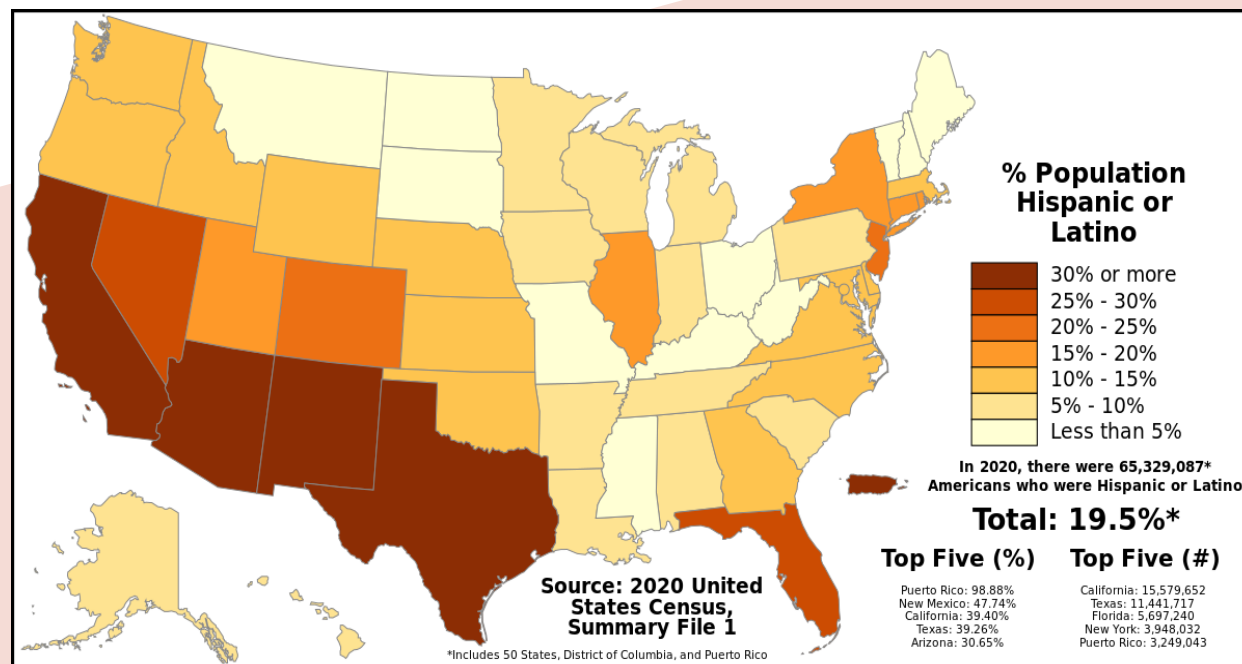
- Overview of perinatal mental health
- Culturally responsive care for the Latinx perinatal populations
- Perinatal Grief and Loss
- Birth Trauma
- Community Resources

What is perinatal mental health?

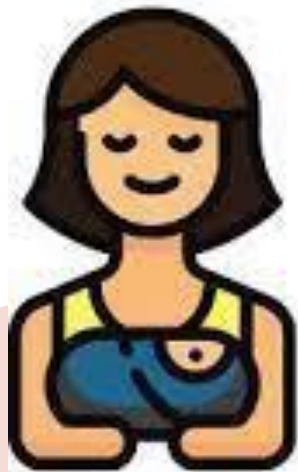
- Antenatal/ Prenatal = before birth; during pregnancy
- Perinatal/peripartum period = “around” birth.
- Postpartum = medically defined as the six weeks after birth. However, literature may describe up to the first year after birth.
- Perinatal mental health is used as an umbrella term for mental health during pregnancy and up to 2 years after birth.
- Diversity of the human experience and the different definitions of parenthood and family.

What is Latinx?

- One size does NOT fit all
- Hispanic vs Latino
- The Latinx community is the largest ethnic group in US today.
- Latinx US-born vs Foreign-born.
- What it looks like in your state?



Latina maternal and child health review



13 Million
HISPANIC WOMEN

of Reproductive Age in the U.S.

20.5%
of all women
15-44



Fertility Rate: 70.6 per 1,000 Hispanic women 15-44 in 2016

Martin JA, Hamilton BE, Osterman MJK, Driscoll AK, Drake P. Births: Final data for 2016. National Vital Statistics Reports, vol 67 no 1 Hyattsville, MD: National Center for Health Statistics. 2018.

Nearly 4 million births in the U.S.



Approximately
1 in 4 births
were to **Latinas**



70.6
per 1,000 Hispanic
women 15-44 in 2016

Martin JA, Hamilton BE, Osterman MJK, Driscoll AK, Drake P. Births: Final data for 2016. National Vital Statistics Reports, vol 67 no 1 Hyattsville, MD: National Center for Health Statistics. 2018.



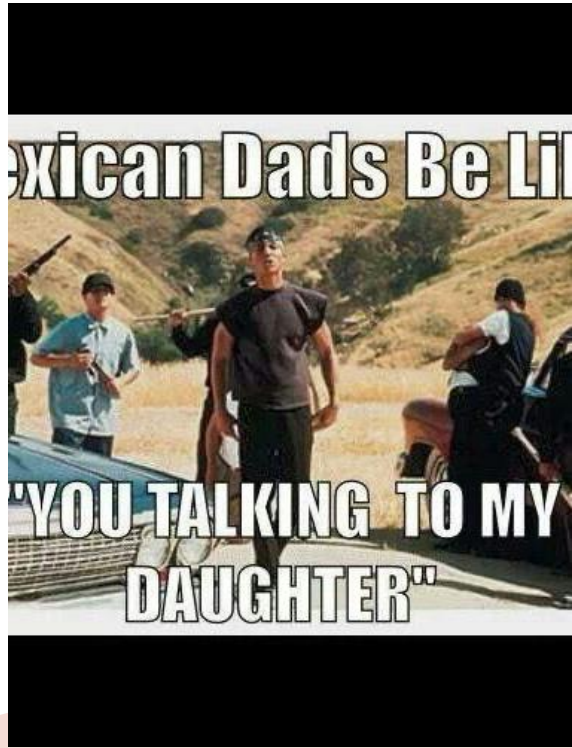
Life transition matrescence

- Body-hormonal changes
- Relationship
- Role and identity
- Cultural assumptions
- Reproductive journey
- Expectations meet reality

Expectations

- Motherhood/Parenthood
- Conception
- Pregnancy
- Birth
- Postpartum





Expectations Latinx



Perinatal Mood & Anxiety Disorder

Depression in Pregnancy

Bipolar Disorder

PTSD

Obsessive Compulsive Disorder

Anxiety

Insomnia

Postpartum Depression

Psychosis

Source: Postpartum Support International
(Graphic by Jordan Elder / Cronkite News)

They can present before or during pregnancy and up to 12 months after birth. Symptoms can have a unique presentation.

When is this depression?

- Pregnancy vs depression
- Baby blues vs postpartum depression
- DSM-5, peripartum specifier

Determine:

- Are the symptoms in excess of what is experienced by most new mothers?
- Are the symptoms considerably different from the women's usual level of functioning?
- Do the symptoms persist even when they are less likely to be explained by the demands of new parenthood?
 - ✓ Frequency
 - ✓ Duration
 - ✓ Intensity

Kelinman & Wenzel, 2011

Experiences that impact perinatal mental health

- History of mental health
- ACE
- IPV
- Fertility challenges
- Perinatal Loss
- NICU
- History of sexual trauma
- Breast/chestfeeding (D-MER)
- Substance use
- Age
- Eating disorders
- Immigration; SDH

Cultural Humility

Latinx mothers in US

- In 2019, about 83,023 Hispanic mothers gave birth to their fourth child.
- In 2020, about 3.4 million Hispanic families with a **single mother** were living in the United States.
 - This is an increase from 1990, when there were about 1.19 million Hispanic families with a single mother in the U.S.
- Latinxs are about *three times as likely* as white people to contract COVID-19.
- Almost two-thirds of Latina women with incomes below \$35,000 reported losing employment income since the pandemic started.

Prevalence

- Latinx under-represented in the literature
- 37% of Latinx parents have suffered MH disorder at some point
- 12-59% depression in the perinatal period (*Blackmore & Chaudron, 2014*)
- Perinatal mental health disorders occur more frequently in immigrant women than in women born in their host country (*Fox, 2022; Noroña-Zhou et al., 2022*)
- Only 36% receive treatment compared to 52% of non-Hispanic Whites

Barriers to seek treatment

- Mental health stigma
- Not knowing where to find specialized care
- Lack of transportation to access treatment
- Low health literacy
- Not being able to take time off from work
- Lack of childcare
- Documentation issues/fear of child protective services

Cultural and linguistic differences

According to APA (2018) only 5% of psychologist could provide services in Spanish.

Only **6.3%** therapists in the US of Hispanic or Latino ethnicity.

10.8% Hispanic or Latinx Marriage and Family Therapists

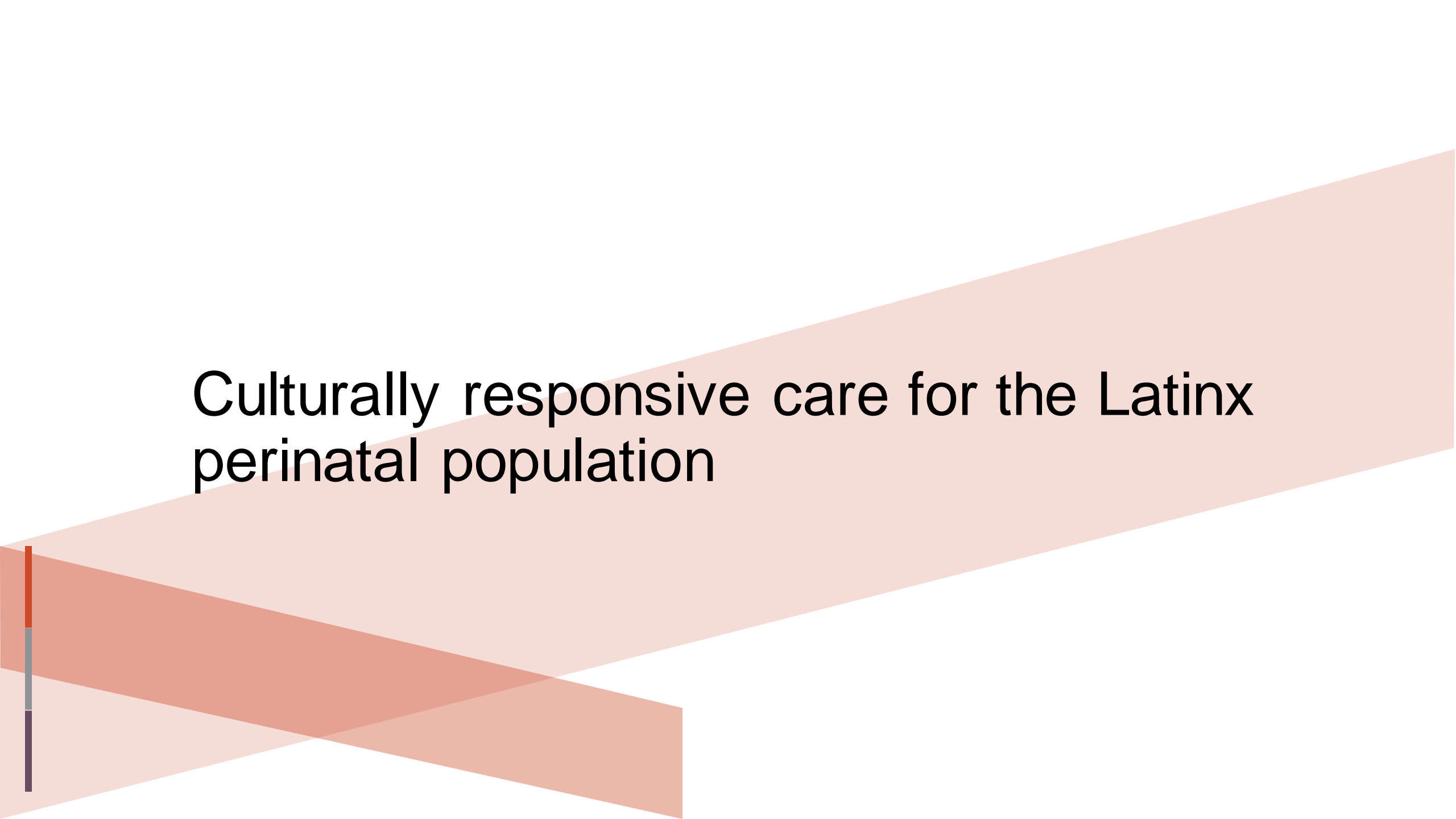
Listening to Latina Mothers in California (2018)

It explores the views and experiences of 2,500 childbearing women with an in-depth focus on maternity care. Results for Latinx:

- 5% said they were treated unfairly during their hospital stay because of their race or ethnicity.
- 7% reported that they felt medical staff did not communicate well with them.
- 10% felt that medical staff did not support them during labor.
- 80% said they believed that childbirth should not be interfered with unless medically necessary, compared to only 66 percent of white women.

Listening to Latina Mothers in California (2018)

- 13% of Latinx screened positive for depression and 22% for anxiety during pregnancy.
- 6% of Latinx screened positive for depression, and 8% for anxiety PP.*
- Nearly 20 % of Latinx reported they never had someone to turn to for emotional or practical support after giving birth, compared to approximately 5% of white women.
- **Conclusion:** Latinas are not receiving the health care or the nonmedical support they need to thrive before, during and after childbirth.



Culturally responsive care for the Latinx perinatal population

Competence vs. Humility/Awareness

- “The idea of isolated societies with shared cultural meanings...leads to dangerous stereotyping such as: ‘Chinese believe this/that’ (Kleinman & Benson, 2006)

Vs.

- “What matters most to you in this experience?”
- We can’t forget the individual and the family.



Implicit bias

- Cultural Stereotypes
- In 2020, MMR increased 44% for Hispanic women.
- Large scale study by Sidebottom et. al (2021)
 - Low screening for non-White birthing individuals
 - Women insured by Medicaid/Medicare less likely to be screened postpartum than women who were privately insured.
- Study by Masters et. al (2021) during COVID-19
 - participants of color (Black, Asian, Multiracial, and/or Hispanic/Latinx) were more likely to report that the pandemic changed their mental healthcare access

Looking inward

- As clinicians, we need to know our understanding, attitudes and beliefs of the Latinx culture.
- Be aware of own cultural bias and stereotypes
- “an understanding of one’s own cultural conditioning and how this conditioning affects the personal beliefs, values, and attitudes of a culturally diverse population” (*Sue et al., 2019*)
- What do I bring into the room as a therapist?
- Use of self disclosure?
 - WAIT-Why am I talking?

Latinx cultural norms

- Cuarentena = mother is expected to do nothing but take care of herself and the baby, leaving everything else to family, for a period of 40 days, or six weeks.
- Familism = the subjugation of one's individual needs to those of the family.
- Marianismo = cultural value, first defined by Stevens (1973), that describes women's ability to self-sacrifice and suffer for the sake of the family.
 - “Mother identity”
- Parenting practices – authoritarian strategies, and firm control as a value
 - Migrant experience
 - Mothering in a different land
- Many live in a multigenerational household

Idioms of distress

- “Nervios”- feelings of anxiety and sadness. Latinx may perceive these as normal during the postpartum period and not seek help.
- “Susto” - An illness attributed to a frightening event that causes the soul to leave the body and results in unhappiness and sickness. Individuals with **susto** also experience significant strains in key social roles. Includes symptoms of sadness, poor self-image and somatic symptoms.
- “Mal de ojo” – illness that results from the perception that some people possess innate strength and the power to harm the most vulnerable (children) by making eye contact. May cause multiple gastrointestinal problems. (Azabache)



Engaging

- Rapport, compassion, and empathy are key
- Mutual respect, trust, and personalism is expected
- Validate the story. Mother needs to feel heard, not judged.
- Use eye contact
- Curiosity
- Do not assume

Intake

- Integrate and educate family members whenever appropriate
- Education regarding perinatal depression and anxiety (addressing stereotypes or misconceptions)
- Provide resources
- Assess physical complaints
- What is the meaning, value, and implication of a MH diagnosis?
- How has the intake changed since the pandemic?
 - Delayed conception
 - Safety
 - Trauma, loss

Assessment: Cultural understanding

- What does motherhood look like within your family expectations?
- What mothering skills do you want to repeat in your parenting journey?
- Which one/s do you want to replace?
- What is the role of your mother (or significant other) in your journey?
- What role does religion play in your role as a mother?
- How do you understand maternal mental health?
- Who do you go to for emotional support and understanding?

Treatment

- Intervention- more than just translation
- Social and practical support
- Common perception that therapies are effective and that antidepressants are addictive
- Active role in treatment planning/decision-making process
- Religiosity/spirituality

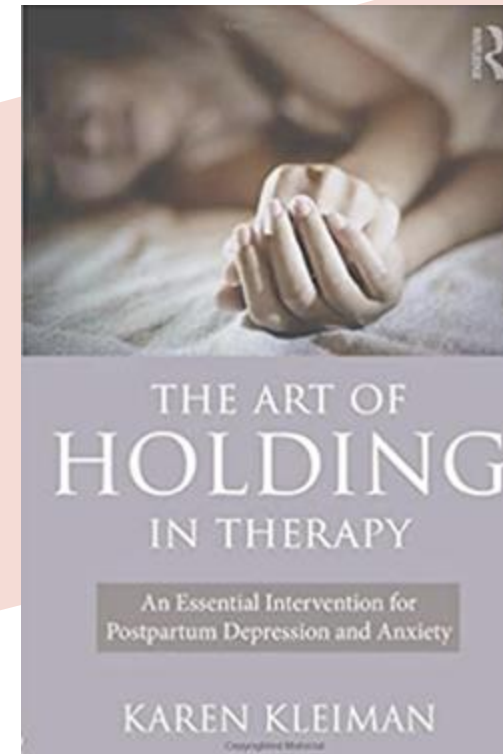
“La receta” = Prescription

- Encourage stress management and coping skills
- Physical health
- Sleep hygiene
- Nutrition
- Exercise
- Social and practical support
- Reinforce her strengths



Holding Fundamentals

- Grounding
- Current State
- Expert
- Design
- Presence and Safeguarding



Psychotherapy in a changing world

- Disasters
- Emergencies
- COVID-19
- Telehealth
- Pandemic is different from natural disaster...it is invisible and ongoing
- Maternal-infant tool kit...preparedness and response

<https://www.phe.gov/Preparedness/planning/abc/mch-planning-toolkit/Pages/default.aspx>





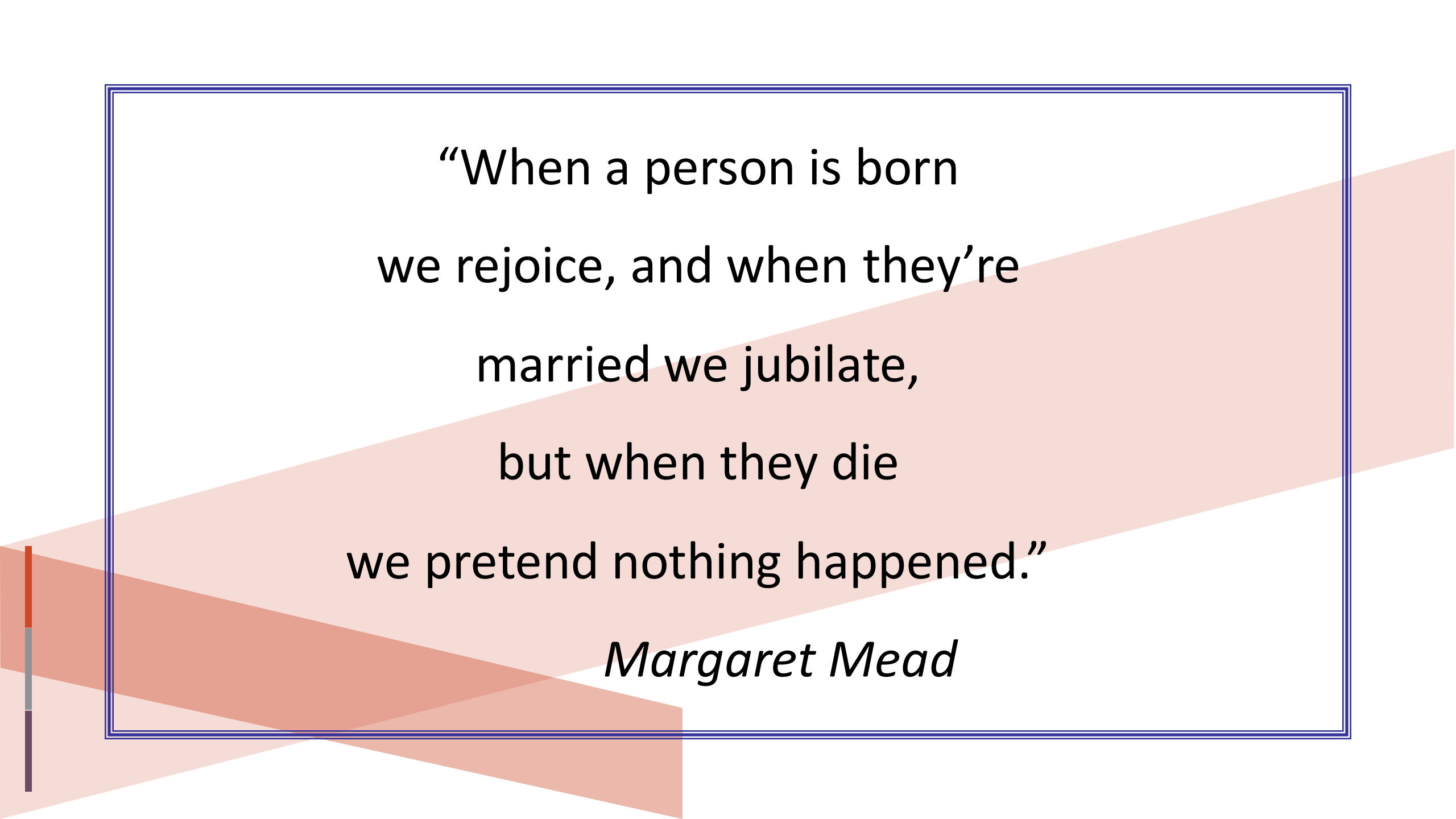


Perinatal Grief and Loss

- *Trigger Warning

Take a moment...

- Do you customarily think of perinatal work as dealing with grief and loss?
- Do you integrate questions about perinatal loss in your clinical history/intake? What do you do with that information?
- Make a list of all the instances in which losses may occur, from the decision to get pregnant through birth.
- How many did you list?
- To recognize your own feelings



“When a person is born
we rejoice, and when they’re
married we jubilate,
but when they die
we pretend nothing happened.”

Margaret Mead

Why the silence?

- Unborn baby is not perceived as a “**social being**”.
- **Physical** = we cure it, we forget, we hide.
- **Taboo**: Blood, pain, sex, and death.
- Definition of motherhood, fatherhood.
- Latinx family communication pattern (privacy)



The death of any child is tragic.

BUT

But the disparity in urgency, funding and action to prevent stillbirth is obvious.

› \$17 million in federal funds allocated annually for SIDS research.

› \$26.8 million allocated for pediatric cancer research by the American Cancer Society alone.

› \$298 million allocated for prematurity research

› **Less than \$3 million in federal funds allocated annually for stillbirth research.**

Star Legacy Foundation
www.starlegacyfoundation.org

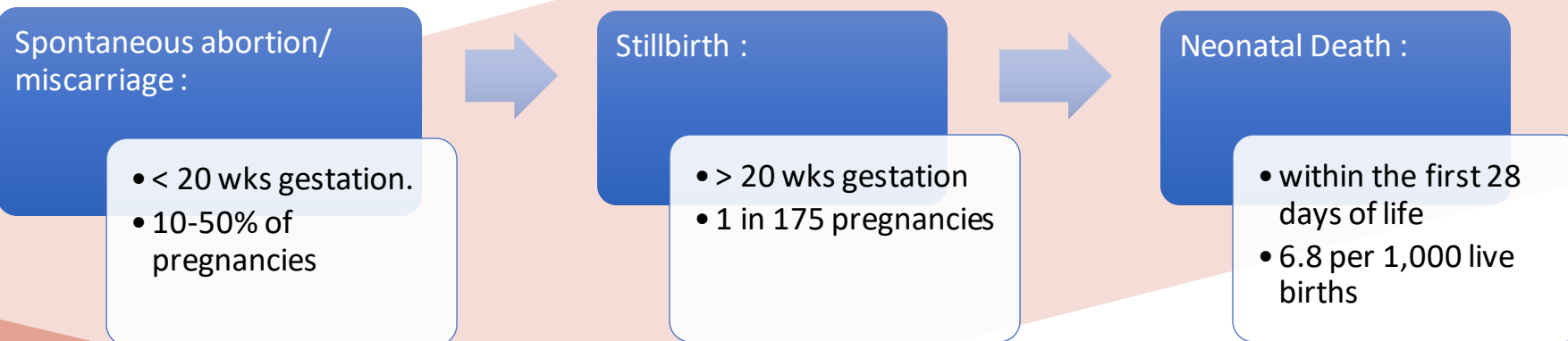
Source: National Vital Statistics Reports
Vol. 61, No. 6, October 10, 2012

Breaking the silence



Definitions and terminology

- Perinatal loss is most often defined as the involuntary end of pregnancy from conception, during pregnancy, and up to 28 days of the newborn's life (AAP & ACOG, 2002).



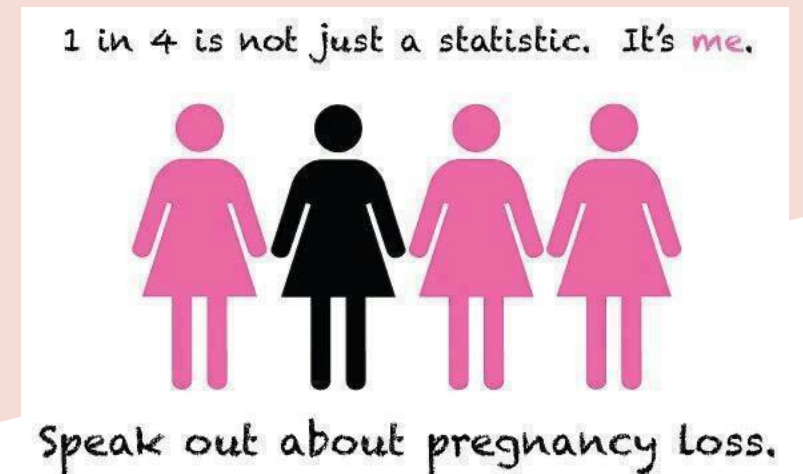
- Miscarriage
- Intrauterine Fetal Demise (IUFD)

General Definitions

- **Loss** a state of being without usually accompanied by grief.
- **Grief** is an emotional response to the loss of something or someone held dear; it is the internal response to loss.
- **Mourning** is the process, often culturally defined, that one goes through to deal with these emotions. It is a public or external response to the death of a loved one.
- **Bereavement** is the period of time during which grief is being resolved.

Frequency in United States

- More than 1 million pregnancy losses annually
- 1 in 175 births (21,000 babies a year) are stillborn
- 25% of all conceptions end in loss
- 24.5 % (28 weeks until birth)
- 33.8% are neonatal deaths (> 28 days)
- 16.1% occur from 28 days to 1 year of age.



Etiology and risks

- 76% of cases worldwide are unexplained
- Half of the world's stillbirths linked to intrapartum complications
- Fetal growth restriction
- Placental abnormalities
- Diabetes increases risk of stillbirth x 5
- Race (non-Hispanic black women)
- Obesity
- Age

Risks for Latinx

a higher teen birth ratio (81.7 per 1000 versus 27.2)

more births to unmarried mothers (51.3 per 1000 births versus 27.8)

twice the likelihood of receiving late care (beginning in the third trimester of pregnancy) or no care

Perinatal grief: paradoxes



Todd Hochberg

- Death can happen before birth.
- Go through pregnancy and end up without a baby.
- The body behaves as if there was a baby to nurture.
- The ability to conceive and give birth to a healthy child.
- Parents outliving their children.

Major life transition

- Re-define our role as an adult.
- Abandon or adjust to the parental role.
- Reproductive story.
- Introjections- keeping a sense of the child and emotional bond.



Cultural differences in grief expression

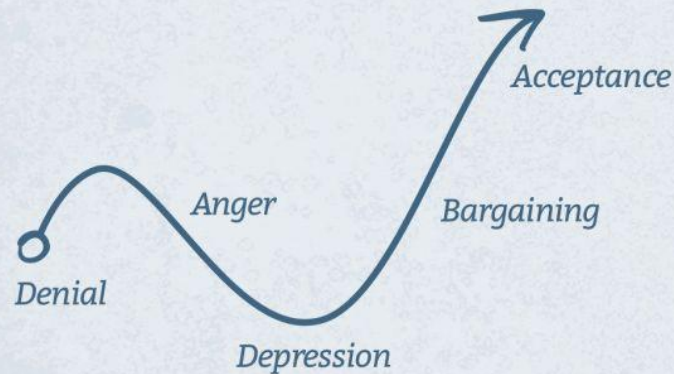
- Differences within Latinx groups and religious/spiritual practices
- Acculturation
- Generational differences
- Physical manifestations
- Limited research with Latinx perinatal grief
- Rituals (maintaining ties with deceased vs 'letting go')

Models of Grief

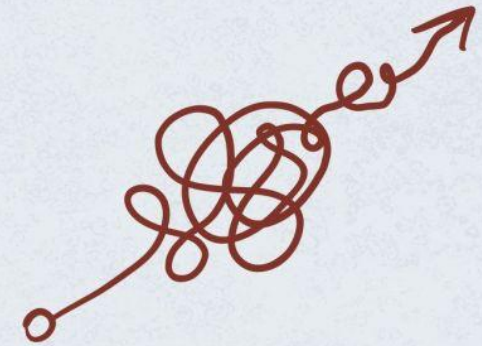
- Elizabeth Kubler-Ross (1969)
- Phases of Bereavement (Parkess & Bowlby, 1982)
- The Tasks of Grief (Worden, 2002)

Stages of Grief

The roadmap you expected:



The road you got:



Perinatal Bereavement

(Fenstermacher & Hupcey, 2013)

Antecedents

- Hopes and dreams of parenthood
- Sudden or unexpected loss of an infant through miscarriage, stillbirth, neonatal death or by elective termination for fetal anomalies
- Experienced by the parents

Attributes:

**Complex Emotional Response
Manifested Mainly as Grief**

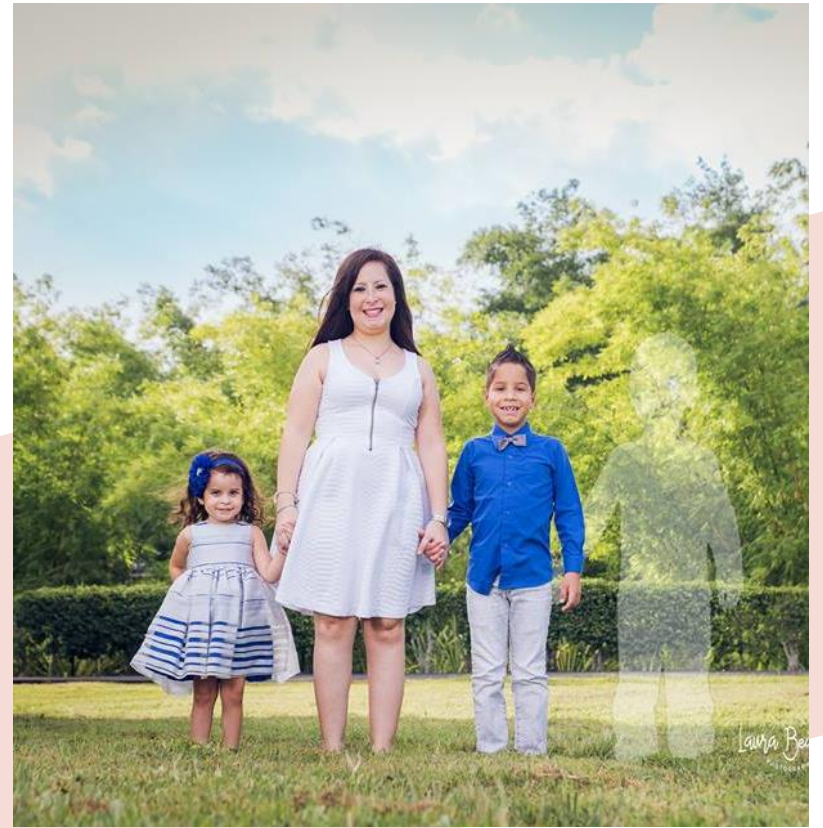
External Modifiers:
Culture
Faith/Tradition
Bereavement support

Situational Modifiers:
Living children
Parenting a surviving twin
Recurrent perinatal loss
Future pregnancies
Stressful life events

Internal Modifiers:
Attachment
Gender
Personality

Outcomes:

- Interpretive experience with no prescribed ending point
- Renegotiating sense of self, redefining hopes and dreams of parenthood
- Ascribing meaning to the experience



Perinatal grief: A family's journey

Mother/birthing person's grief

- Mothers whose experience the sudden death of a child tend to have more **intense grief** reactions than those mothers whose children die as a result of a chronic condition.
- **Mortality rates** are higher in mothers who have experienced the death of a child.
- **Isolation** from peers and from the world
- Cause **inner conflicts** and the need to re-organize self-esteem
- Grief impacted by physiological changes in her body and hormone levels
- “**Phantom**” fetal movements
- Her arms may literally ache for the baby



Father/partner's grief: Forgotten bereaved

- Differences in gender roles
- Underestimated in research and practice
- May not be validated to the same degree as the mother's grief
- May be perceived as mere witness
- Tends to peak around **30 months** after the death of a baby.
- May experience physical pain.
- Need to protect their partner and grieve in their "own way".

Non-binary people's experience

2020 international qualitative study:

- Identified 10 themes including: feelings of devastation, minimization of loss; fears; lack of inclusion from hospital settings; lack of understanding from family; importance of friends

Recommendations for clinical practice:

- Focus on emotions attached to pregnancy
- Need for targeted support for trans men and non-binary individuals
- Training for hospital staff on the provision of trans-affirming medical care

Grandparents



- Grieve the death of their grandchild
- Hurt because their children are hurting
- Question their own existence, survivors' guilt
- May be asked to help with decision-making
- May try to take over, unsure how to help
- May have history of own perinatal loss that was unsupported

Siblings



- May minimize their own grief in order to avoid “upsetting” their parents
- May delay their own grief
- Behavioral changes
- May fear their own death
- Grieving parents may be emotionally unavailable
- Usually do not have a social support system to help them cope

Rainbow Babies

Pregnancy after loss



Pregnancy after loss

50-60% are pregnant within one year after the loss (Lamb 2002)

- High risk pregnancy?
- Fear, anxiety vs. hope, optimism
- ANXIETY is the hallmark of PAL
- Substitute baby syndrome
- Impact on parenting



Common themes

Fears: sexuality

When does the joy
come?

Reliving memories
of the previous
pregnancy

Fear of forgetting
the lost baby.

Biological clock;
How do I know am
ready?

Fathers/Partners and Pregnancy After Loss

- Fathers, too, fear another loss.

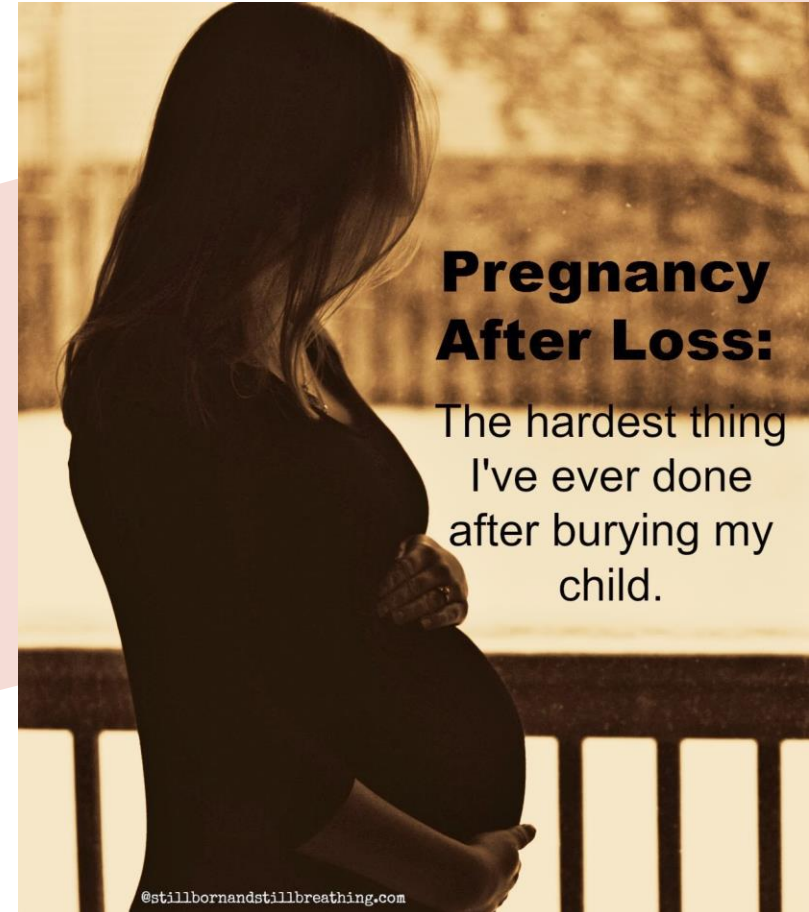
They may:

- Feel a loss of control
- Recognize their real but unfulfilled role as father and protector
- Appear to be preoccupied but are worried
- Try to appear strong
- Need support



Milestones

- Gestational age of past losses
- Previous due dates
- Anniversaries
- Ultrasonography, fetal heart rate monitoring, and prenatal tests
- Setting up the nursery for the new baby





Support

Can't find the heartbeat...

- Who tells a mother her baby has died?
(Gold, et al., 2017)
- Many bereaved families lack support at critical times.
- Communication and sensibility.
- Is there a protocol to ensure that all aspects of care, respect, spirituality, and memory creation are addressed?

“The moment when a parent gets the news of the baby’s death is a moment crystallized in time. The memories are lifelong and have bearing on the grief process”.
(Wright, 2010; Lang, 2011)

Key Recommendations

- Respect
 - Baby
 - Parents
 - Cultural/religious practices
- Provision of Information
 - Autopsy, funeral arrangements
 - Timing, delivery, mode
- Birth Options
- Creating Memories
- Health Care Professionals
 - Trained



To see or not to see the baby?

- Provided mothers with time to process what had happened
- Helped build memories and to 'say goodbye'. Sharing the experience with partners and other family members.
- The majority of mothers felt satisfied with their decision to spend time with their stillborn baby
- Importance of preparing the body.
- Some mothers experienced strong disbelief and dissociation during the contact.

*Holding, naming, and baptizing the baby may be practices consistent with Latinx

Help Create Memories

“Grieving is not a process of forgetting, but rather of remembering.”

A woman with long brown hair is seen from the side, looking out a window at a bright sunset. The sun is low on the horizon, creating a warm, golden glow. The window has white curtains.

How to Stop Breast Milk After a Loss

Dealing with Stillbirth & Infant Death

Consult lactation specialist

- Donating milk
- Breastfeed another baby
- Cold cabbage leaves to relieve engorgement
- Pain relievers
- Medication/herbs/homeopathic/teas
- Expressing via hand or breast pump to relieve discomfort
- Warm baths

Return to Home: Anticipatory Guidance

- What to say/how to tell others:
 - Supply parents with a few phrases (e.g., “Our baby has died,” or “We aren’t pregnant anymore”).
 - Suggest they plan what/how they might tell others.
 - Suggest sending mail to notify others.
- How to deal with the reactions of others
- Offer follow-up

Counseling and Psychotherapy

- Research is limited
- Couples therapy
- Internet-based CBT
- Support groups
- Individualized Psychotherapy
- Mindfulness

Goals of Treatment

- **Validate loss**
- **Facilitate mourning process**
 - Creating a safe relationship in which to grieve
- **Catharsis**
 - Connection and understanding
 - Containment
 - Clarification of experience
- **Facilitate acceptance**
 - Reduce isolation
- **Normalize loss**
 - Telling others, the story
 - Development of new attachments

Clinical errors...

- Minimizing or avoiding painful affects related to the miscarriage
- Assuming grief is resolved upon a subsequent healthy pregnancy
- Neglecting early unresolved losses that are reawakened by the loss of the pregnancy

vs. Assuming...

- Miscarriage is often a traumatic loss in a woman's life
- Approach the traumatic event of the loss within a safe affect regulating relationship with the therapist.

What clinicians miss about miscarriages: Clinical errors in the treatment of early term perinatal loss. Markin, Rayna D. Psychotherapy, Vol 53(3), Sep 2016, 347-353

Responses to Parental Grieving

HELPFUL

- I am so sorry.
- Some parents find that _____ is helpful. Would you like to try that?
- Your baby is beautiful.
- Do you see any family resemblance?
- What a shock this must be for you.

HURTFUL

- It was not meant to be.
- It was for the best. Your lucky you never took him home.
- You are young. You can have another baby.
- Over time, you will forget your baby.
- When was the last time you felt your baby move?

Companioning is about...-Alan Wolfelt

- Walking alongside; NOT about leading.
- Being still; NOT frantic movement forward.
- Discovering the gift of sacred silence; NOT about filling up every movement with words.
- Listening with the heart; NOT analyzing with the head.
- Bearing witness to the struggles of others; NOT judging or directing these struggles.

NICU experience for parents

- Up to 70% of parents who have a baby in the NICU suffer from trauma.
- The environment is not familiar, lights, alarms, monitors, procedures, smells, medical language.
- It's like being in a strange country: they don't know the culture or the language.
- Experience multiple types of losses (expectations, loss of control,...)



Parents in NICU may feel...

- Terrified
- Inadequate
- Hopeless
- Anxious
- Angry
- Irritable
- Guilty
- Nervous
- Depressed
- Tired/Exhausted



MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Lived Experience Discussion

Sara

- 35y/o, married, professional, Mexican/indigenous descent
- 3rd pregnancy (2 previous terminations)
- Experienced a stillbirth
- They had prepared for a home birth but had to be transferred to the hospital after complications.
- The OBGYN told her: “This is your fault for not coming to the hospital on time. You are in the US now”
- Suffered from clogged ducts
- Admitted to sexual abuse in childhood

Trauma and birth

- *Trigger Warning

TO GIVE BIRTH, TO BE BORN

- DO YOU KNOW YOUR BIRTH STORY?
- How did your mom learn she was pregnant with you? How did she feel?
- Where did she give birth?
- Who was with her?
- What kinds of interventions were used, if any?
- Where you placed skin to skin?
- To what extent was your father involved?

“The birth of her baby is a central event in a woman’s life, in equal parts **miraculous** and **traumatic**, packed with unforgettable emotions and implications.

It is an unmovable cornerstone in the construction of her LIFE STORY.”

D. Stern, *The Birth of a Mother*



Maternal Mortality in the US

- “The rate of **life-threatening complications** for new mothers in the U.S. has more than **doubled in two decades** due to pre-existing conditions, medical errors and unequal access to care.” (ProPublica, 2017)
- According to the CDC, **maternal mortality has significantly increased** for women of color since the pandemic started.
- Black women increased from **44 per 100,000** in 2019 to 55.3 per 100,000 in 2020.
- For Hispanic women, the death rate went **from 12.6 per 100,000** in 2019 to 18.2 in 2020.

Black and Indigenous women are **2-3x more likely than white women to die from complications of pregnancy and birth**

and are also more likely to experience near misses or severe complications.



One in three people of color giving birth in a hospital reported that they experienced disrespectful care or mistreatment.



What is trauma?

- “Trauma is an event that is extremely upsetting and at least temporarily overwhelms internal resources.”
- It can be a single event
- More often than not it is multiple events over time (complex, prolonged trauma)
- An interpersonal violence or violation, especially at the hands of an authority/trust figure is especially damaging

What is birth trauma?

“A traumatic childbirth experience refers to a woman's experience of interactions and/or events directly related to childbirth that caused overwhelming distressing emotions and reactions; leading to short and/ or long-term negative impacts on a woman's health and wellbeing.” (Leinweber et al., 2022)



Keyla
I almost bled to death. It was scary - the surgery, the blood transfusions, the trauma. And now that the baby is here, I don't know how to feel. I didn't want any of this to happen. How am I going to do this on my own?

Laura
I carried this sweet baby for 9 months & did everything "right" - yoga, staying hydrated, prenatal vitamins. An unplanned C-Section stole the moment of my daughter's birth from me. A moment I've dreamed about my whole life. Now I feel sad, isolated, lost & guilty.


Britt
The birth was easy. But no one prepared me for my son's lung collapsing & having him in the NICU! They told me to breastfeed, not pump, but how do you do that with a NICU baby?

How did my birth go?
How did/do I feel about it?

“Trauma is in the eye of the beholder.”
C. Beck

WHO Statement


MANY WOMEN EXPERIENCE UNCONSENTED PROCEDURES



10.8% unconsented caesarean section

56.1% unconsented episiotomy

26.9% unconsented induction of labour

 **World Health Organization**


For more information DOI: [10.1016/S0140-6736\(19\)31992-0](https://doi.org/10.1016/S0140-6736(19)31992-0)

human reproduction programme **hrp**
research for impact
UNDP UNFPA UNICEF WHO WORLD BANK

 **All women have the right to a safe and positive childbirth experience, whether or not they have a confirmed COVID-19 infection.**


 Respect and dignity

 A companion of choice

 Clear communication by maternity staff

 Pain relief strategies

 Mobility in labour where possible and birth position of choice

 **World Health Organization**

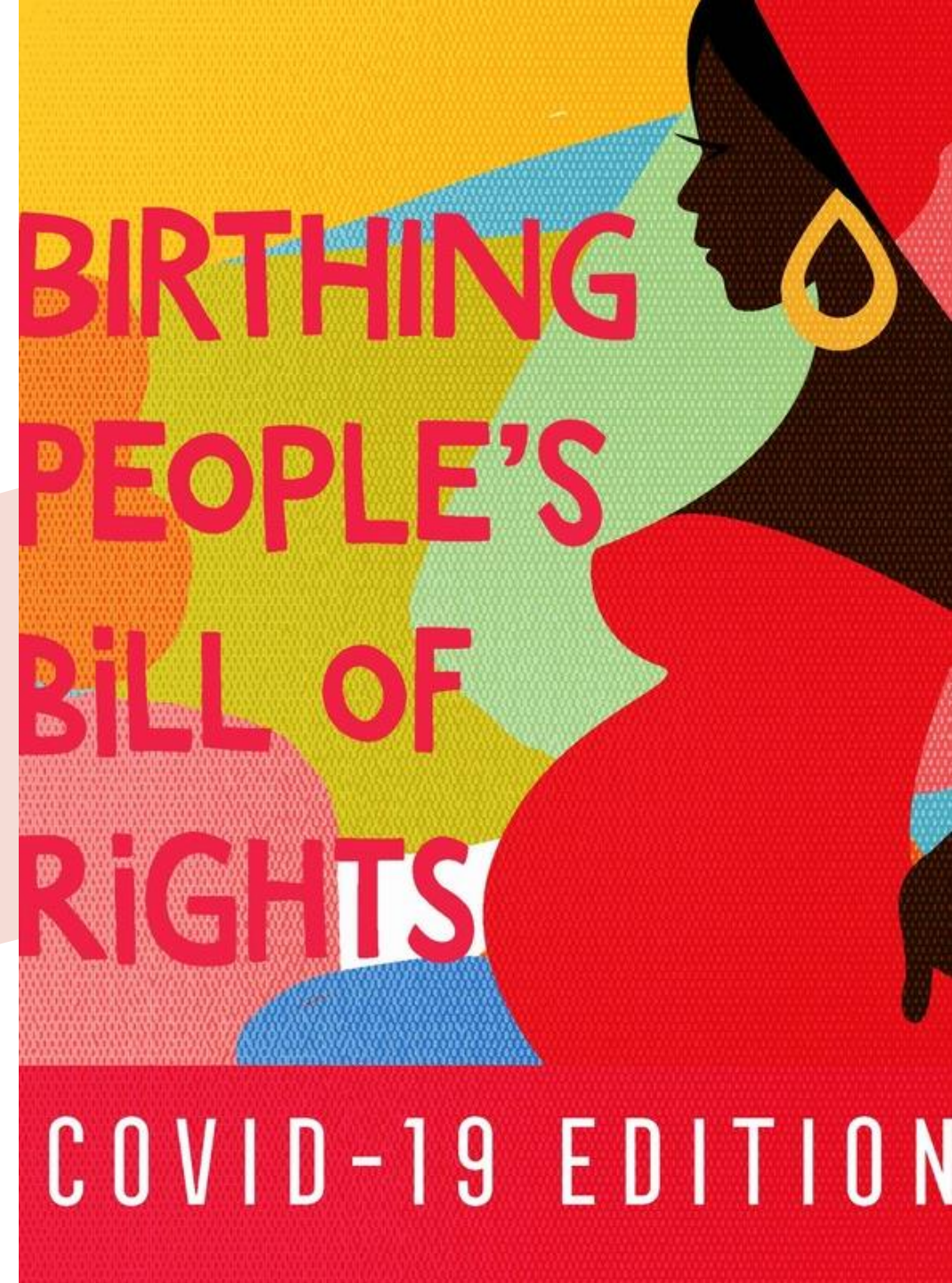
#COVID19 #CORONAVIRUS

Prevalence

- Hispanic women in the United States were more likely to experience severe postpartum hemorrhage, peripartum infection, and perinatal depression compared to non-Hispanic white women, despite controlling for patient characteristics and care facility.
- One-third of Latina teens appraised childbirth as traumatic with 50% displaying symptoms suggestive of acute trauma at immediate postpartum.
- Babies born at rural hospitals are more likely to experience a birth-related injury than those born in urban hospitals.

Birth and postpartum during the pandemic

- Women who gave birth during the pandemic were more likely to experience birth trauma
- Higher stress
- Mother-baby bonding difficulties due to separation
- Isolation
- Changes in hospital protocols
- Visiting hours; birthing alone
- Reduced resources and support
- Additional financial, childcare strains



How common is PTSD after childbirth ?



- 25-34% felt traumatized by their child's birth (APA, 2006-2012)
- *NOT ALL CONTINUE TO DEVELOP PTSD
- Listening to Mothers II Survey (1,373 mothers online, 200 phone interviews) at 6-month follow-up:
 - 9% met PTSD diagnostic criteria
 - 18% scored above the cutoff for PTSD

Common manifestations

Hypervigilance

Emotional
Dysregulation

Flashbacks

Nightmares

Numbing/Withdrawal

Somatization

Avoidance

Others?

Birth Partners

- 97% of women will have someone with them during birth
- Approximately 90% of fathers will attend the birth
- May experience feelings of frustration, fear, and helplessness
- Cultural/social expectation to “man up!”
- Vicarious trauma

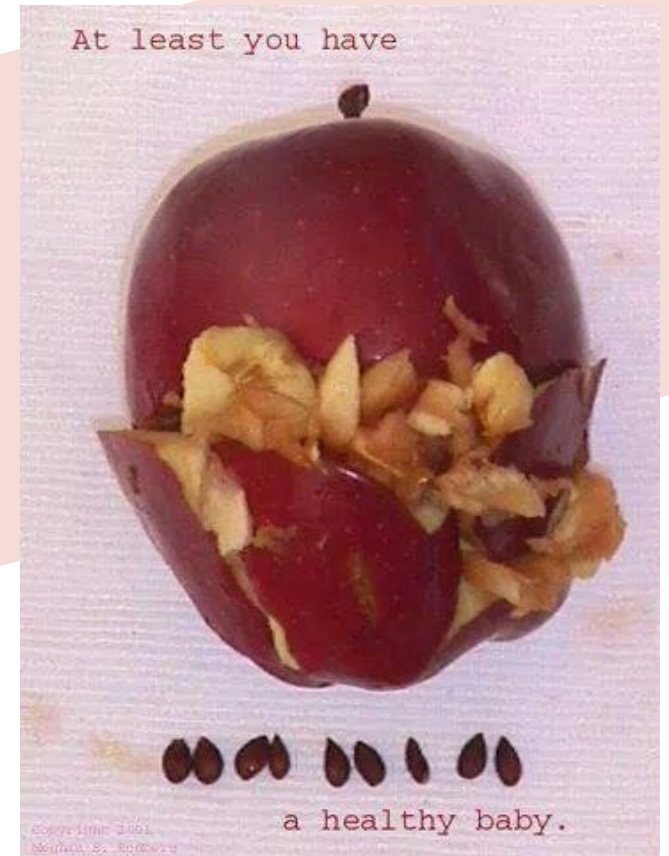


Screening for risk factors

- Long and painful labor.
- Assisted birth with vacuum or forceps.
- An emergency caesarean section.
- Baby was born with a disability.
- Baby spent time in special care.
- Feared for your, or your baby's life or health, during or after the birth.
- Felt powerless during the birth.
- Medical staff were unsupportive or unsympathetic.
- History of trauma.

Impact of untreated trauma

- Avoids postpartum care; avoids visiting hospital
- May define her identity
- Could interfere with bonding and breastfeeding
- Vicarious trauma of person who witnessed birth
- May impact sexuality
- Baby as reminder of trauma
- Avoidance of further pregnancies
- Triggers in future pregnancies



Key themes

**Negative health
care provider
interaction**

**Dysfunctional
operation of the
maternity care
system.**

Lack of Support

**Person's sense of
knowing
(informed-consent)
and control.**

Screening Tools

- City Birth Trauma Scale-has 29 questions that measure PTSD according to the DSM-5.
- Perinatal Post Traumatic Stress Disorder Questionnaire-II (PPQ-II)
- PTSD Checklist Civilian version (PCL-C)
- ACES
- Life Events Checklist from the National Center for PTSD, (LEC-5)

Evidenced based and emerging practices

- ACT-considerations for family roles and culturally relevant metaphores
- Compassion Focused Therapy
- Narrative Exposure Therapy
- Mindfulness
- Support groups



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Lived Experience Discussion

Amanda

- 24 y/o, Latina, first pregnancy, accompanied by her mother. She planned for a physiological birth
- Labor begins. During contractions, Dr approaches with the scissors. Panting with the contraction, Amanda calls out desperately, “No, don’t cut me!”
- Amanda’s mother chastises her in Spanish, telling her not to argue with the doctor, to let the doctor do his job. The doctor says, “Yes, tell her!” Amanda begs, “No! Why? Why can’t we try?”
- The doctor’s voice is authoritative now, even angry, as he responds: “What do you mean, ‘Why?’ I am the Doctor.”
- Grandmother says, “No, you can’t fight with the doctor. Just do it, doctor.”
- The doctor starts to snip Amanda with the scissors. She was cut 12 times. He reaches in and wrenches, twists, and pulls the baby out of her. Everybody around Amanda cheers throughout this delivery. Amanda is silent. The nurse lifts her beautiful baby up to meet her. Amanda tries to smile.

José

Trying to describe the combination of sadness and bewilderment that I feel is difficult. I know, in my head and in my heart, that my wife is suffering for reasons beyond her control. I know that she is frustrated beyond words that she sometimes doesn't feel like she's really our son's mother, or that it will never get better.

I have heard her say that she was disappointed by the whole birth experience, that it didn't go the way she wanted. I know all of this hurts her, and I'm so sorry because I can't make any of it better.

But in my selfish moments (which I seem to have too often) I don't understand why she can't just forget the way the birth went. Why can't she move on? The baby, and I, need her here, and now.

When I find myself thinking like that, the hardest thing is to put the brakes on it and remember that none of this is voluntary. She really does love our little boy. She is still who she always was, and I believe there is hope for tomorrow to be better than today.

Posttraumatic Growth



Post-traumatic Growth (PTG)



Positive psychological changes after encountering challenging events



Changes in self-perception



Relationships



New possibilities



Appreciation of life



Existential views

What works?

- Eye-movement desensitization reprocessing (EMDR), www.emdr.org
- Journaling, Writing to Heal
- Cognitive therapy
 - What does this experience mean for the mother's identity, her ability to mother, her body's competence, her future?
- Considering starting a support group for mothers
- Trauma-informed care

A trauma-informed care practice

Understands
Trauma

Promotes safety

Supports
Control, Choice,
and Autonomy

Cultural
Humility

Recovery is
Possible

What makes your practice trauma-informed?

“It can’t be like the last time”
(Greenfield et al., 2019)



Responses to birth trauma

Unhelpful statements

- “At least mom and baby are healthy”
- “You should be grateful”
- “Stop complaining”
- “This is what you wanted”
- “You need to be well for the baby”

Helpful Statements

- “I am so sorry this happened to you”
- “I am here to listen”
- “How are you feeling?”
- “Would you like to share your birth story?”
- “What you went through is incredibly difficult, painful, and scary”



Community Resources

Organizations working with perinatal grief





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Sign up here: <http://bit.ly/FindSupportGroup>

PSI POSTPARTUM SUPPORT INTERNATIONAL

Get Help Learn More P

Support for Pregnancy and Infant Loss & Fertility Challenges

- + Black Moms in Loss Support Group
- + Early Pregnancy Loss Support for Moms
- + Fertility Challenges
- + Parenting After Loss
- + Pregnancy after Loss Support
- + Pregnancy After Stillbirth and Early Infant Loss
- + Pregnancy and Infant Loss Support for Moms
- + Pregnancy and Infant Loss Support for Parents
- + Pregnancy and Parenting After Termination for Medical Reasons: Support for Parents
- + Stillbirth and Infant Loss Support for Parents

Postpartum Support International
800-944-4773 | postpartum.net

Online Support Groups

- Free weekly online support groups on numerous topics
- Trained facilitators offer peer (not clinical) support
- "Come as you are" atmosphere - cameras optional
- 90-minutes in length, providing information and resources, with the majority of time spent on open discussion among peers.

#ilovepsi

Support groups and information

[Prevention and Treatment of Traumatic Birth](#). PATTCh is a collective of birth and mental health experts dedicated to the prevention and treatment of traumatic childbirth.

[International Cesarean Awareness Network \(ICAN\)](#). Offers information and support regarding the prevention of unnecessary cesareans and recovery from cesareans, including recovery from birth trauma.

[Improving Birth](#). A national nonprofit organization founded to bring evidence-based care and humanity to childbirth.

[Solace for Mothers](#). Provides information and support for mothers who experienced childbirth trauma.

[The Birth Trauma Association](#). A United Kingdom-based organization providing help to women traumatized by childbirth.

[Trauma and Birth Stress \(TABS\)](#). Provides information for women recovering from a traumatic childbirth and from birth stress.

[Black Women Do VBAC](#). Offers an empowering forum for black mothers for sharing and learning about options for vaginal birth after cesarean.



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FAMILIES AFTER
PREGNANCY-
RELATED DEATH**
STARTING OCTOBER

JOIN US ON THE
2ND MONDAY OF
EVERY MONTH
AT 2:30 PM
REGISTER NOW

Postpartum Support International | www.postpartum.net | 800.944.4773



In the obstetric setting, recognize that a competent pregnant woman is the appropriate decision maker for the fetus that she is carrying.

American Congress of Obstetricians & Gynecologists
Committee on Ethics Opinion No. 390, Dec. 2007
Ethical Decision Making in Obstetrics & Gynecology

BirthMonopoly.com/ALLOWED

RESPECTFUL MATERNITY CARE: THE UNIVERSAL RIGHTS OF CHILDBEARING WOMEN

Every Motherhood is more than the prevention of death and disability. It is respect for every woman's humanity, feelings, choices, and preferences.

- 1 BE FREE FROM HARM AND ILL TREATMENT**
NO ONE CAN PHYSICALLY ABUSE YOU
- 2 INFORMATION, INFORMED CONSENT AND REFUSAL, AND RESPECT FOR HER CHOICES AND PREFERENCES, INCLUDING COMPANIONSHIP DURING MATERNITY CARE**
NO ONE CAN FORCE YOU TO DO THINGS TO YOUR FETUS WITHOUT YOUR KNOWLEDGE AND CONSENT
- 3 PRIVACY AND CONFIDENTIALITY**
NO ONE CAN LEASE YOU OR YOUR PERSONAL INFORMATION
- 4 BE TREATED WITH DIGNITY AND RESPECT**
NO ONE CAN HUMILIATE OR VERBALLY ABUSE YOU
- 5 EQUALITY, FREEDOM FROM DISCRIMINATION, AND EQUITABLE CARE**
NO ONE CAN DISCRIMINATE BECAUSE OF SOMETHING THEY DO NOT LIKE ABOUT YOU
- 6 HEALTHCARE AND TO THE HIGHEST ATTAINABLE LEVEL OF HEALTH**
NO ONE CAN PREVENT YOU FROM GETTING THE MATERNITY CARE YOU NEED
- 7 LIBERTY, AUTONOMY, SELF-DETERMINATION, AND FREEDOM FROM COERCION**
NO ONE CAN SEIZE YOU OR YOUR BABY WITHOUT LEGAL AUTHORITY

Disrespect and abuse during maternity care are a violation of women's basic human rights.

All rights are guaranteed by international human rights instruments: the Universal Declaration of Human Rights, the International Declaration on Breasts and Human Rights, the International Convention on Economic, Social and Cultural Rights, the International Convention on Civil and Political Rights, the Convention on the Elimination of All Forms of Discrimination Against Women, the Declaration of the Elimination of Violence Against Women, the Report of the Office of the United Nations High Commissioner for Human Rights on gender-related violence and impunity and Human Rights, and the United Nations World Health Organization's Women, Birth, and Health. National Instruments are also referenced if they state specific mentions of childbearing women.

For more information visit: www.respectmaternity.com

Human Rights in Childbirth



Informed consent
The right to CONSENT, REFUSE OR REVOKE

Support in Spanish



MENTAL HEALTH IS A LATINO ISSUE TOO

LATINOS ARE SEEN AS HAPPY PEOPLE
by 60% of the U.S. population.

HELP! Truth is some of us need **MENTAL HEALTH SUPPORT** & ARE NOT GETTING IT.

During 2009.....

- 10M LATINOS** reported having a **MENTAL ILLNESS** IN THE U.S.
- 86% OF FARMWORKERS** said the pandemic has affected their mental health.
- ONLY 34% OF LATINOS WITH MENTAL ILLNESS** are receiving treatment.
- 4M LATINOS** are not receiving treatment.

WHERE TO FIND HELP: American Society of Hispanic Psychologists, American Psychiatric Association, National Hispanic Leadership Initiative, National Latino Leadership Initiative, National Latino Leadership Initiative, National Latino Leadership Initiative.

TOGETHER WE SHINE

LATINOS NEED ACCESS TO mental health services

- LANGUAGE:** Only 2% of licensed U.S. therapists are able to provide services in Spanish.
- INSURANCE:** 60% of Latino dual language health insurance is not covered.
- CULTURAL DIFFERENCES:** Only 7% of licensed psychologists in the U.S. identify as Latino.
- STIGMA:** Cultural beliefs encourage silence on mental health. "Let's hope you're a doctor's care!"

MAY IS MENTAL HEALTH Awareness Month

SOCIAL TABOOS NEED TO BE LIFTED
Let's end stigma about & the need for mental health care.

For more info go to BISPANX.ORG



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If you have a patient who is struggling...



Call the Free PSI HelpLine **1-800-944-4773(4PPD)** or text **503-894-9453**
Someone will return message within 24 hours



Visit **<https://psidirectory.com>**
Search free online directory of vetted providers and support groups



Prescribers can call PSI Perinatal Psychiatric Consultation Line **1-800-944-4773, ext 4**
Medical prescribers (only) can consult with experts



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Support

Postpartum Support International
800-944-4773 | postpartum.net 

social media groups

- *PSI Closed Facebook Group:* For support & peer educational purposes, not clinical help.
- *PSI Dads Closed Facebook Group:* For support & peer educational purposes specific for dads, not clinical help.
- *Smart Patients:* An online community outside of regular social media for patients and their families beyond the postpartum period. Survivors are welcome to share stories of recovery and hope. Users can be anonymous.

#HealingStartsWithHelp



SAMHSA
Substance Abuse and Mental Health
Services Administration

MATERNAL MENTAL HEALTH MONTH

POSTPARTUM SUPPORT INTERNATIONAL | 800-944-4773 | POSTPARTUM.NET

Help is just a call or text away

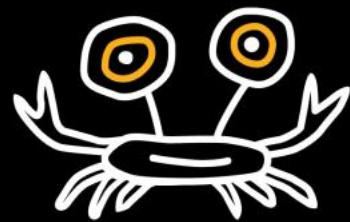
POSTPARTUM SUPPORT INTERNATIONAL
HELPLINE AT 800-944-4773

NATIONAL MATERNAL MENTAL HEALTH
HOTLINE AT 1-833-943-5746

NATIONAL SUICIDE & CRISIS
LIFELINE AT 988

#IHealendwithHelp





MARIA
FARINHA
FILMES

Thank you!



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Dr. Marianela Rodríguez Reynaldo, PMH-C

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