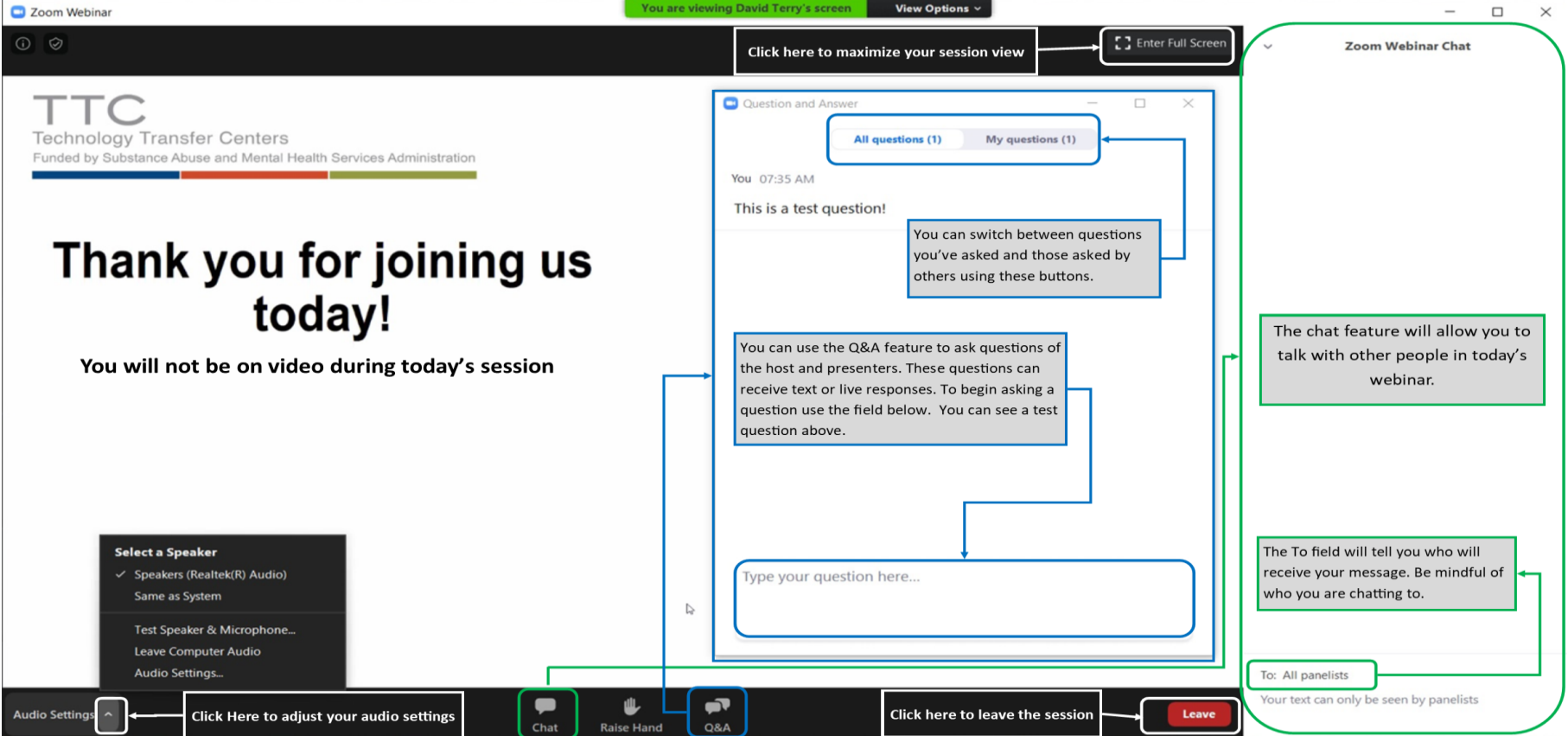


Please Note:

- All attendees are muted
- Today's session will be recorded

Get to know the Zoom Webinar interface



The screenshot shows a Zoom Webinar interface with several key components and annotations:

- Header:** "Zoom Webinar" title bar, "You are viewing David Terry's screen", and "View Options" dropdown.
- Session Controls:** "Click here to maximize your session view" and "Enter Full Screen" buttons.
- Main Content:**
 - TTC Technology Transfer Centers logo and text: "Technology Transfer Centers", "Funded by Substance Abuse and Mental Health Services Administration".
 - Large text: "Thank you for joining us today!"
 - Text: "You will not be on video during today's session".
- Audio Settings:** "Select a Speaker" menu with options: "Speakers (Realtek(R) Audio)", "Same as System", "Test Speaker & Microphone...", "Leave Computer Audio", "Audio Settings...".
- Q&A Feature:**
 - Buttons: "All questions (1)", "My questions (1)".
 - Text: "You can switch between questions you've asked and those asked by others using these buttons." (points to the buttons).
 - Text: "You can use the Q&A feature to ask questions of the host and presenters. These questions can receive text or live responses. To begin asking a question use the field below. You can see a test question above." (points to the question input field).
 - Text: "This is a test question!" (points to the question text).
 - Input field: "Type your question here...".
- Zoom Webinar Chat:**
 - Text: "The chat feature will allow you to talk with other people in today's webinar." (points to the chat area).
 - Text: "The To field will tell you who will receive your message. Be mindful of who you are chatting to." (points to the "To: All panelists" field).
 - Text: "Your text can only be seen by panelists" (points to the bottom of the chat window).
- Bottom Bar:**
 - Buttons: "Audio Settings", "Chat", "Raise Hand", "Q&A", "Click here to leave the session", "Leave".
 - Text: "Click Here to adjust your audio settings" (points to the Audio Settings button).
 - Text: "Click here to leave the session" (points to the Leave button).

**Perinatal Mental Health Learning Series:
*Strategies and Considerations for Behavioral
Health and Health Care Providers***

Wednesday, May 5, 2021
Wednesday, May 19, 2021

bit.ly/perinatal-mental-health-series

10-11:15am Pacific Time
11am-12:15pm Mountain Time
12-1:15pm Central Time
1-2:15pm Eastern Time



Recordings for each session will be made available on our website:

<https://bit.ly/perinatal-mental-health-series>



MHTTC

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

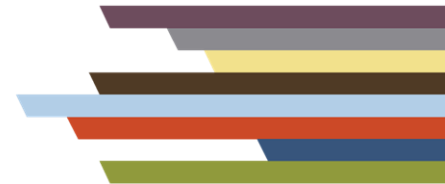
Perinatal Mental Health Learning Series

Session 1: Awareness and Detection of Perinatal Mental Health Concerns



Wednesday, May 5, 2021

Joia Crear-Perry, MD, FACOG

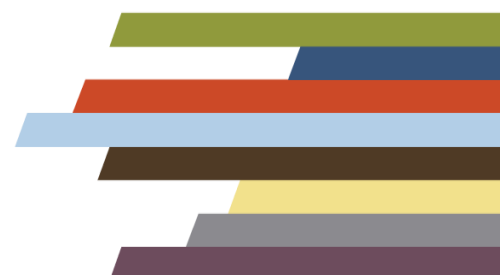
National Birth Equity Collaborative



Housekeeping Items

- We have made every attempt to make today's presentation secure. If we need to end the presentation unexpectedly, we will follow-up using your registration information.
- All attendees are muted and cannot share video.
- Have a question for the presenters? Use the Q&A
- Have a comment or link for all attendees? Use the Chat
- At the end of today's training please take a moment to complete a **brief** survey about today's training.
- You will receive an email following the presentation on how to access a certificate of attendance
- Follow us on social media:   @MHTTCNetwork

Please Note:
The session recording and slide deck will be posted on our website within a week.



Perinatal Mental Health and Self-Care

- Be sensitive to your own reactions throughout the Learning Series. Take breaks when needed, stand up, stretch...
- **Helplines and Support**
 - **Postpartum Support International (PSI) International Helpline** – 1-800-944-4773 (#1 in Español or #2 in English)
 - **NAMI** - 1-800-950-NAMI (6264) or info@nami.org
 - **Mental Health America** - 1-800-273-TALK (8255), text MHA to 741741
 - **SAMHSA's National Helpline** - referral and information - 1-800-662-HELP (4357)
 - **National Suicide Hotline** - 1-800-273-8255

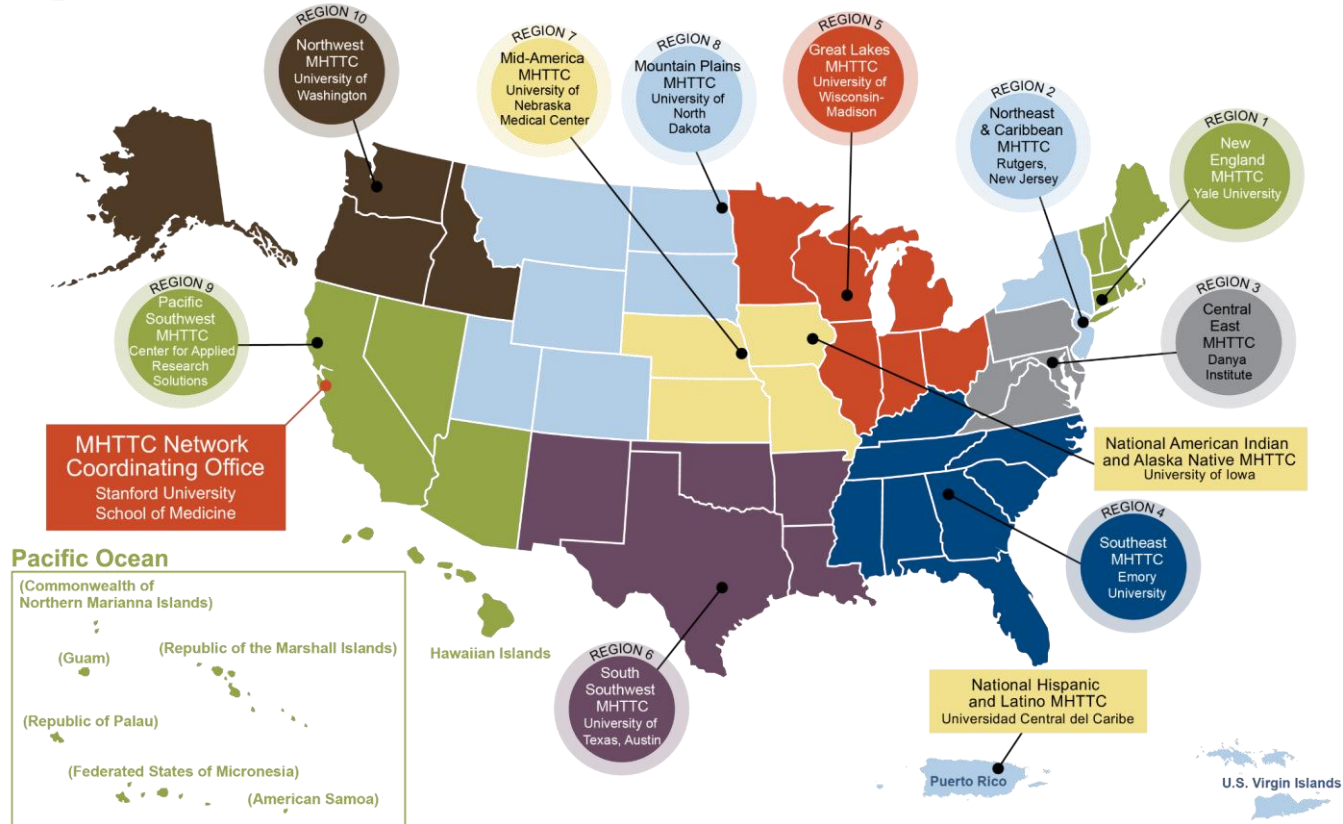


Connect with Your MHTTC at www.mhttcnetwork.org



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

MHTTC Network



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

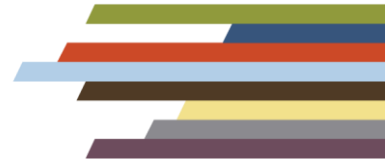
PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

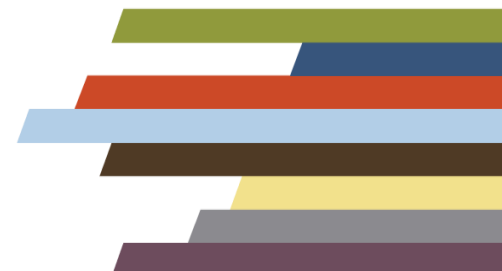
Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf



Disclaimer

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At the time of this presentation, Tom Coderre served as. The opinions expressed herein are the views of the speakers, and do not reflect the official SAMHSA Assistant Secretary position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.



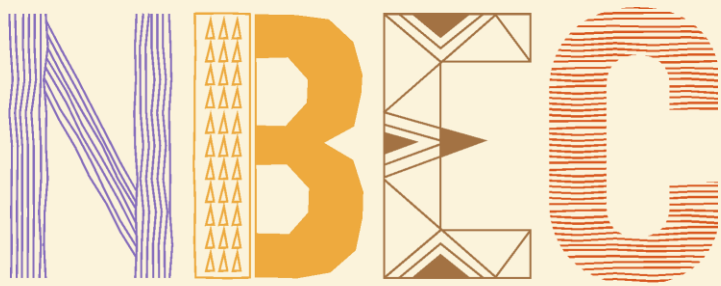
Joia Crear-Perry, MD, FACOG



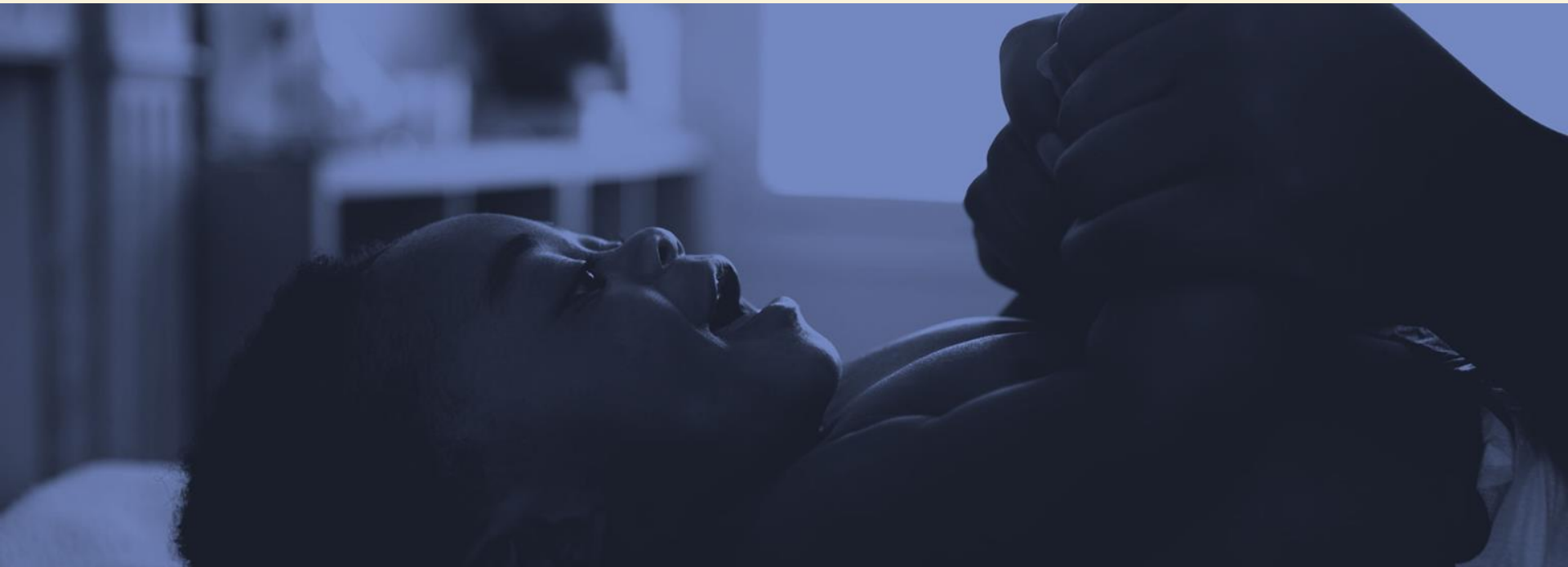
Joia Adele Crear-Perry, MD, FACOG

Joia Adele Crear-Perry, MD, FACOG – a thought leader around racism as a root cause of health inequities, Speaker, Trainer, Advocate, Policy Expert, and fighter for justice – is the Founder and President of the National Birth Equity Collaborative.

Recently, she addressed the United Nations Office of the High Commissioner for Human Rights to urge a human rights framework to improve maternal mortality. Previously, she served as the Executive Director of the Birthing Project, Director of Women's and Children's Services at Jefferson Community Healthcare Center and as the Director of Clinical Services for the City of New Orleans Health Department where she was responsible for four facilities that provided health care for the homeless, pediatric, WIC, and gynecologic services within the New Orleans clinical service area. Dr. Crear-Perry has been celebrated for her work to improve the availability and utilization of affordable health care for New Orleans' citizens post the Hurricane Katrina disaster of 2005. Currently, her focus has expanded nationally and internationally as it relates to Maternal and Child Health.



NATIONAL BIRTH EQUITY COLLABORATIVE



Awareness and Detection of Perinatal Mental Health Concerns

Mental Health Technology Transfer Center Network (MHTTC)

Joia Crear-Perry, MD, FACOG

Mission

NBEC creates solutions that optimize Black maternal and infant health through training, policy advocacy, research and community centered collaboration.

Vision

All Black mothers and babies thrive.



NATIONAL BIRTH EQUITY COLLABORATIVE

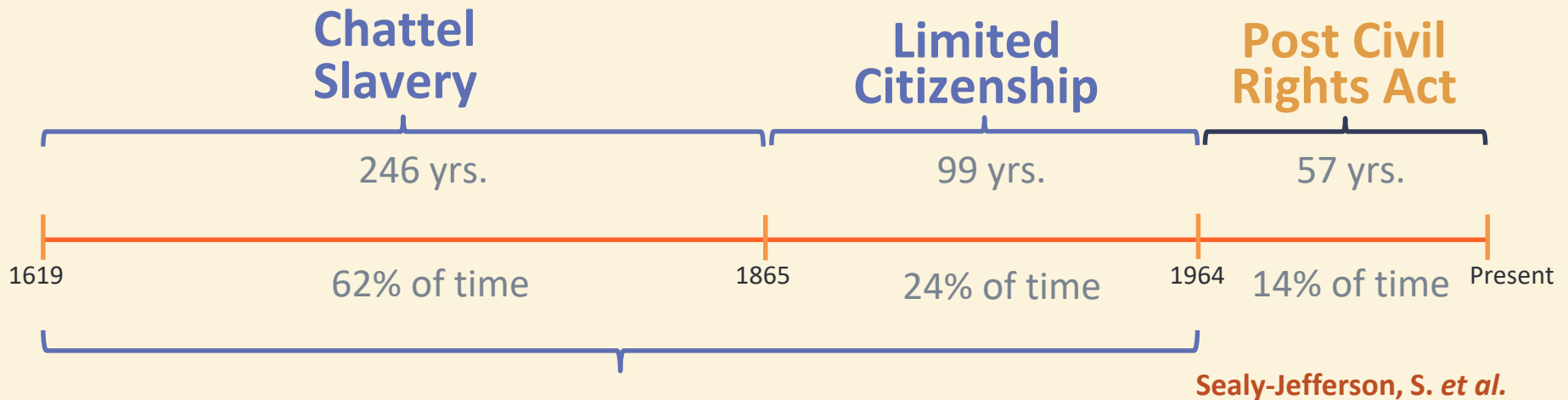
Core Values:

*Leadership, Freedom, Wellness,
Black Lives, Sisterhood*

Objectives

- Overview NBEC mission and vision
- Understand the social determinants of health inequities and explore racism as a social determinant
- Describe the maternal health and mortality crisis
- Examine the impact of stress on Black maternal health and mental health
- Strategies to address the perinatal mental health concerns

Timeline of African American Experience



86% of the Black experience has been under explicit racial oppression.

100% of the U.S. Black experience has been in struggle for humanity and equality.

Human Rights – The Global Standard

Article 2.

Everyone is entitled to all the rights and freedoms set forth in this Declaration, **without distinction of any kind**, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Article 3.

Everyone has the right to life, liberty and security of person

Article 25.

(1) Everyone has the right to a **standard of living adequate for the health and well-being of himself and of his family**, including food, clothing, housing and medical care and necessary social services

(2) Motherhood and childhood are **entitled** to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same protection.

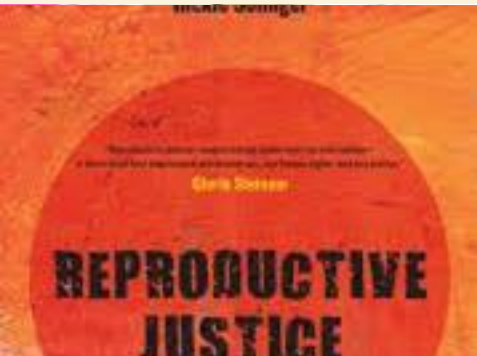
Reproductive Justice

The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.

-Loretta Ross

We must...

- Analyze power systems
- Address intersecting oppressions
- Center the most marginalized
- Join together across issues and identities



birth equity (*noun*):

1. The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort.

Joia Crear-Perry, MD
National Birth Equity Collaborative

Indicator ≠ Framework

Indicator

Indicator is a datapoint

- Measurement limited by current reality
- A product of our past understanding of public health and science
- Systems are more apt to adhere to specific prescribed indicators than to determine alternatives

Framework

A framework is a vision

- Expands understanding of current reality
- Allows freedom to explore language of indicators
- Exploration of alternatives to traditional data collection & application
- Questions historical construction health systems

A blue-tinted photograph showing a woman in the foreground smiling warmly while holding a baby. Another person is leaning in from the left, looking down at the baby. The scene is intimate and joyful. The text 'Root Causes of Inequities' is overlaid in white on the lower half of the image.

Root Causes of Inequities

Implicit bias (noun):

1. Bias is the “implicit” aspect of prejudice...[the] unconscious activation of prejudice notions of race, gender, ethnicity, age and other stereotypes that influences our judgment and decision-making capacity.

Devine, 1989

Unconscious/Implicit Bias

Bias is inherent

- Unconscious assumptions about an other skew our understanding, unintentionally affecting actions and judgments

Moving forward

- Reframe implicit bias as an unintentional and unconscious habit
- This allows us to focus on mindfulness in pursuit of conscious, deliberate behavior change

Reflexive Critical Thinking

Knowing how to question information, identifying and controlling for our personal biases.

- We all think of ourselves as objective and fair when looking at evidence.
- Critical thinking is moot with sexist, racist, or anti-science views.
- Beliefs and values are normative because they're linked to powerful social institutions, that we trust.
- When you don't know what information to trust, or you have a weak commitment to new ideas, research shows you don't take action.
- Some seek out alternative explanations to soothe

Decreasing Bias

Results

- Does not change racial attitudes or motivations to respond without prejudice
- Participants were more concerned and aware of discrimination and their own personal bias

Strategies

- Stereotype replacement
- Thinking of counter-stereotypic examples
- Individualizing instead of generalizing
- Perspective taking/"Walking in their shoes"

Root Causes

Institutional Racism

Class Oppression

Gender Discrimination and Exploitation

LABOR MARKETS

TAX POLICY

Power and Wealth Imbalance

HOUSING POLICY

EDUCATION SYSTEMS

GLOBALIZATION & DEREGULATION

SOCIAL SAFETY NET

SOCIAL NETWORKS

Safe Affordable Housing

Job Security

Social Determinants of Health

Living Wage

Quality Education

Transportation

Availability of Food

Social Connection & Safety

Psychosocial Stress / Unhealthy Behaviors

Disparity in the Distribution of Disease, Illness, and Wellbeing

Adapted by MPHI from R. Hofrichter, *Tackling Health Inequities Through Public Health Practice*.

Adopting a Common Framework

What are “Social Determinants of Health”?

“The social determinants of health are the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at the global, national, and local levels.

Examples of resources include employment, housing, education, health care, public safety, and food access.”

Racism as a Social Determinant and Root Cause

Racism affects health both directly (i.e., via chronic stress) and indirectly.

Race-based discrimination across multiple systems creates differential access to high-quality schools, safe neighborhoods, good jobs, and quality healthcare, in other words, by shaping SDOH.

Anthropological Approaches Demonstrate

- Race is real, and it matters in society, but not how racists think it does.
- Race is not a genetic cluster nor a population.
- Race is not biology, but racism has biological effects
- Social constructs are real for those who hold them

RACE

≠

ETHNIC GROUP

≠

POPULATION

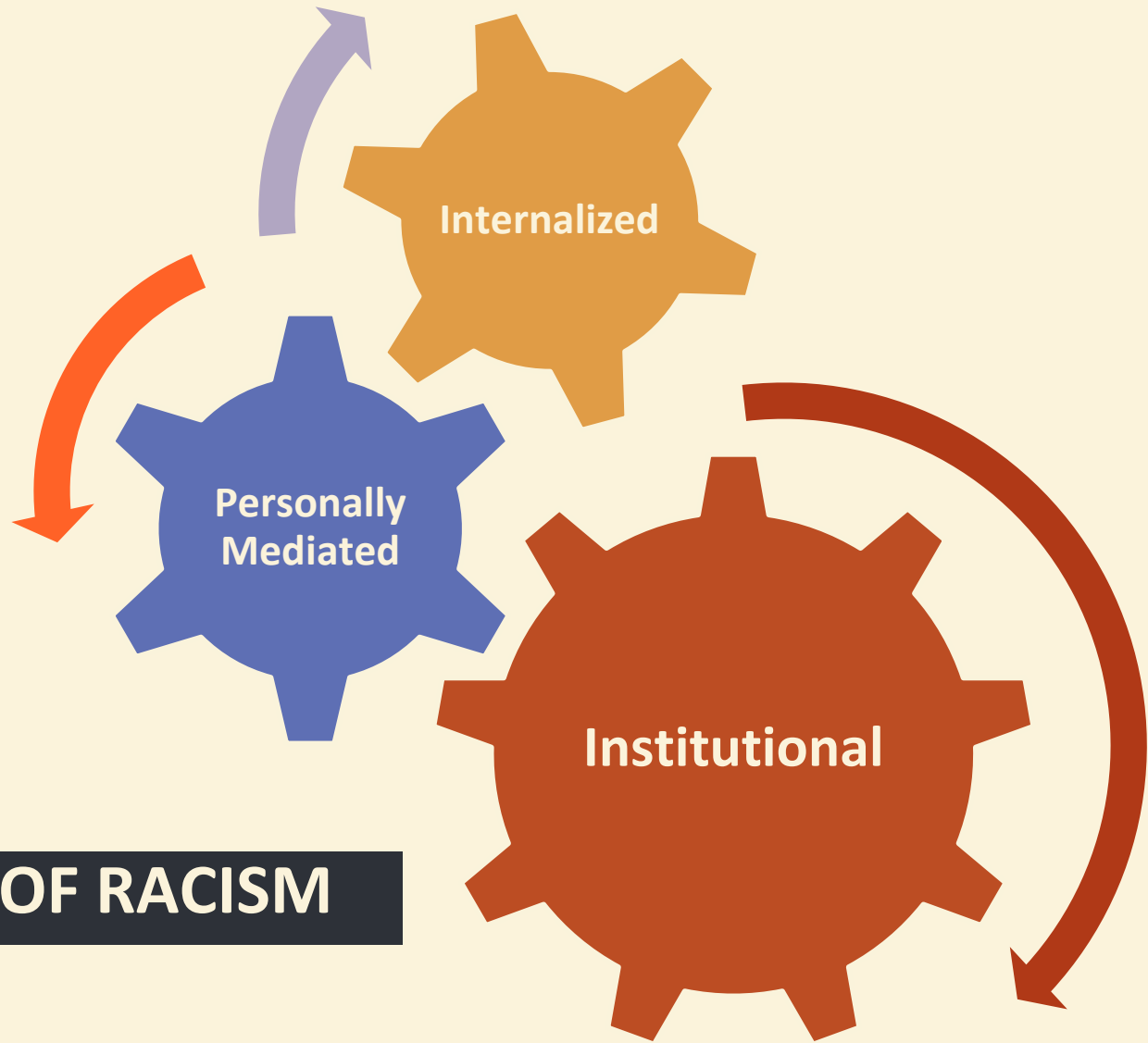
≠

ANCESTRY

These are four different ways to describe, conceptualize and discuss human variation... and cannot be used interchangeably

A blue-tinted photograph of two women smiling and looking down at a baby. The woman on the right is in the foreground, smiling broadly with her eyes closed. The woman on the left is slightly behind her, also smiling. They are both looking down at a baby who is partially visible in the bottom right corner. The overall mood is warm and affectionate.

Racism - Not Race



LEVELS OF RACISM

- **Institutionalized racism**- the structures, policies, practices and norms resulting in differential access to the goods, services and opportunities of societies by race.
- **Personally mediated** - the biases and differential assumptions about the abilities, motives and intentions of others by race.
- **Internalized racism** - the acceptance and entitlement of negative messages by the stigmatized and non stigmatized groups.

-Camara Jones, MD, PhD, Past President APHA

A blue-tinted photograph of a man kissing a baby's forehead while a woman smiles. The man is on the left, leaning over the baby. The woman is on the right, looking at the baby with a smile. The text "Maternal Health in the U.S." is overlaid in the center.

Maternal Health in the U.S.

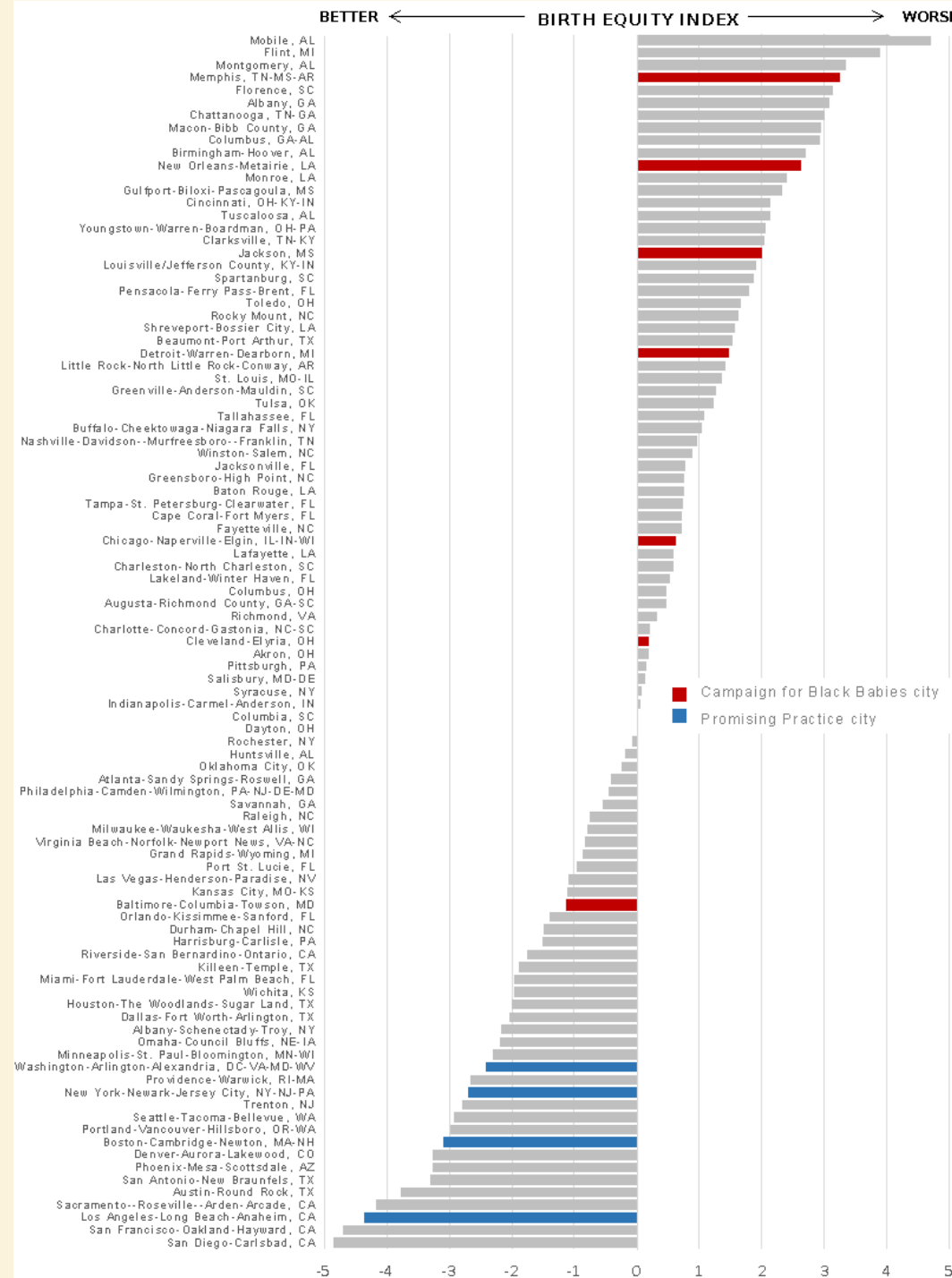
Birth Equity Index

Data tool to identify significant social determinants

- A comprehensive set (50+) of social determinant indicators were selected to broadly define health and opportunities for better health within the social and physical environment of 20 US metro areas with some of the highest black infant mortality rates in the country. We identified those that were at least marginally associated with black infant mortality rates including:

- prevalence of smoking and obesity among adult residents
- number of poor physical and mental health days experienced by residents
- percentage of residents with limited access to healthy foods
- rates of homicide and jail admissions
- air pollution
- racial residential segregation (isolation)
- rates of unemployment and low education among NH black residents
- income inequality between black and white households

- We used data-reduction techniques to combine values of these indicators into an overall index of black infant mortality social determinants, with higher values representing worse health conditions.



Maternal Mortality: the death of a woman while pregnant or within 1 year of the end of a pregnancy—regardless of the outcome, duration or site of the pregnancy.

Source: Centers for Disease Control and Prevention

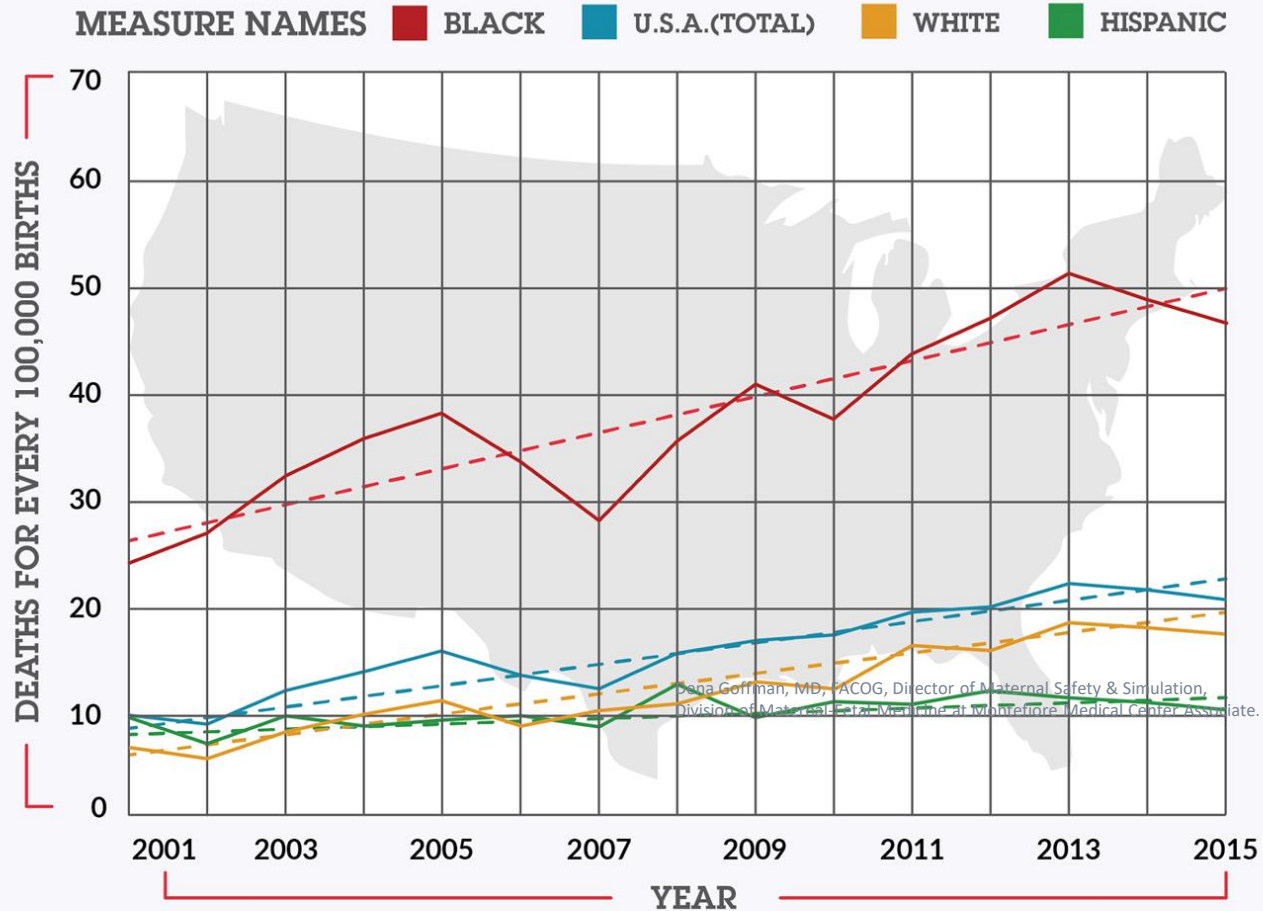
Two-thirds of pregnancy related deaths are preventable.

Leading causes: cardiovascular conditions, infection, hemorrhage.

For non-Hispanic Black birthing people: hypertensive disorders—pre-eclampsia and eclampsia—and cardiovascular conditions, such as cardiomyopathy.

Source: American Journal of Managed Care

Maternal Mortality



Source: CDC Wonder.

Maternal Mortality & Morbidity

Risk factors

Clinical

- Eclampsia
- Cardiac disease
- Acute renal failure
- Preconception BMI
- Chronic conditions
- Serious obstetric complications
 - Blood transfusion
 - Ventilation
 - Hysterectomy
 - Heart failure

Social

- Housing
- Income
- Neighborhood safety
- Air quality and environmental stresses
- Food Insecurity
- Access to quality, comprehensive healthcare services
- Low educational attainment
- Unemployment and rigid scheduling

A photograph of a family of three in a hospital bed, overlaid with a blue tint. The father is leaning over the child, kissing their forehead. The mother is lying in the bed, smiling. The text "Impacts of Stress on Maternal Health" is centered over the image.

Impacts of Stress on Maternal Health

Weathering

“Black [people] experience early health deterioration as a consequence of the cumulative impact of repeated experience with social or economic adversity and political marginalization.”

-Arline Geronimus

- Leads to premature **biological aging** and **poor health outcomes** for Black people.
- Exposure to chronic stress causes Black women's bodies to **age faster** than others, **making pregnancy riskier** at an earlier age.

What's Going on Today?

COVID-19

- Black Americans are disproportionately dying from COVID-19
- COVID-19 has had an overwhelming impact on Black maternal health outcomes
 - Restricting patients from seeking prenatal and postnatal care due to concerns or fear of exposure
 - Minimal support persons during labor and delivery

Police Violence

- Black people are disproportionately impacted by police violence
- The trauma of police violence creates stress and adds to the allostatic load and weathering, contributing to Black maternal mortality
- 2016 study found police killings of unarmed Black people substantially decreased the birth weight and gestational age of Black infants residing nearby
- The immediate and long-range trauma police brutality causes is deadly

Impact of Stress on Maternal and Infant Health Outcomes

Neuropsychopharmacology. 2017 Nov;42(12):2407-2413. doi: 10.1038/npp.2017.73. Epub 2017 Apr 11.

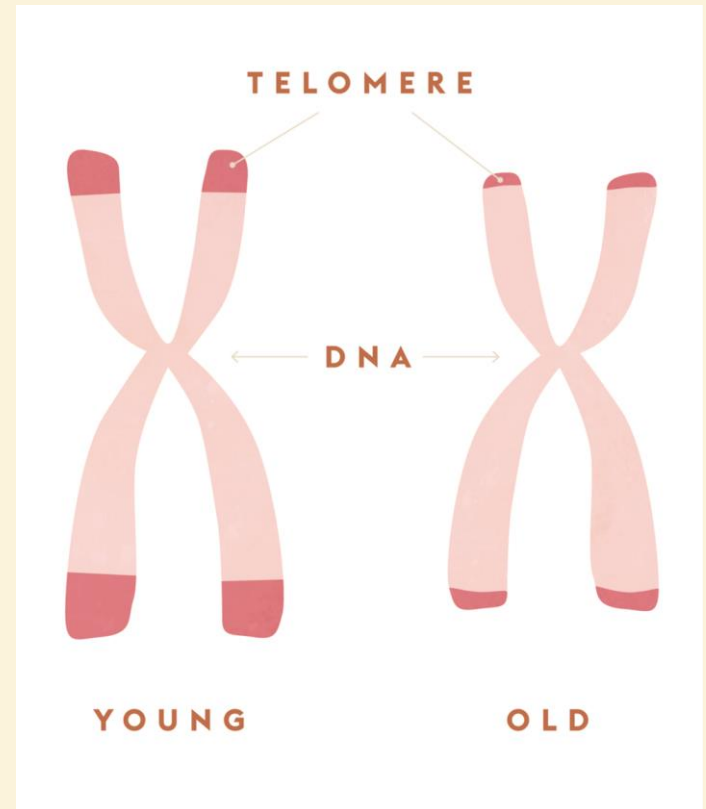
Telomere Length in Newborns is Related to Maternal Stress During Pregnancy.

Send TS¹, Gilles M¹, Codd V², Wolf J¹, Bardtke S¹, Streit F³, Strohmaier J³, Frank J³, Schendel D³, Sütterlin MW⁴, Denniff M², Laucht M^{5,6}, Samani NJ², Deuschle M¹, Rietschel M³, Witt SH³.

Accelerated telomere shortening in response to life stress

Elissa S. Epel, Elizabeth H. Blackburn, Jue Lin, Firdaus S. Dhabhar, Nancy E. Adler, Jason D. Morrow and Richard M. Cawthon

PNAS December 7, 2004. 101 (49) 17312-17315; <https://doi.org/10.1073/pnas.0407162101>



Impact of Stress on Maternal and Infant Health Outcomes

58 healthy premenopausal mothers/caregivers of either a healthy child or a chronically ill child. The more years of caregiving, controlling for mother's age:

- 1) the shorter the mother's telomere length
 - 2) the lower the telomerase activity
 - 3) the greater the oxidative stress
- Significant correlations between **perceived stress** and all **three markers of cellular aging** across the entire sample of caregivers and noncaregivers
 - Exists across the continuum of normative stress levels, especially notable at the extremes (low and high perceived stress).



Perinatal Mental Health

Stress and Mental Health

- Chronic stress leads to **anxiety** and **depression**
- Mental health is a leading cause of pregnancy-related maternal mortality
- Untreated mental health issues can cause adverse birth outcomes
 - Preterm Birth
 - Low Birth Weight

Perinatal Depression

- Up to 20% of women experience a perinatal mental health issues, with **2x rate inequity** for Black women
- New mothers of color have rates of postpartum depression close to **38%** compared with the 13 – 19% rate for all new mothers
- Recent study found that mothers who perceived they had been discriminated against were twice as likely to skip postpartum visits with clinicians

(Keefe, Brownstein-Evans, & Rouland Polmateer, 2016)

[Matern Child Health J.](#) 2017; 21(8): 1669–1677. PMID: PMC5515992
Published online 2017 Jan 23. PMID: [28116534](#)
doi: [10.1007/s10995-016-2259-7](#)

Is Perceived Discrimination in Pregnancy Prospectively Linked to Postpartum Depression? Exploring the Role of Education

[Irena Stepanikova](#)^{1,2,3} and [Lubomir Kukla](#)²

Perinatal Depression Symptoms

- Sadness
- Anxiousness
- Irritability
- Frequent crying
- Trouble sleeping (even when tired) or sleeping too much
- Indecisiveness
- Loss of interest in self-care (for example, dressing, bathing, fixing hair)
- Loss of appetite or overeating
- Trouble concentrating or remembering things
- Lack of interest in everyday tasks
- Showing too much (or not enough) concern for the baby
- Loss of pleasure or interest in things you used to enjoy (including sex)
- More severe symptoms that require urgent attention include:
 - Extreme confusion
 - Hopelessness
 - Seeing things or hearing voices that are not there
 - Cannot sleep (even when exhausted)
 - Distrusting other people
 - Refusing to eat
 - Thoughts of injuring oneself, baby, or others

Birth Trauma

- A mother's experienced distress during or after childbirth.
- Leads to postpartum post-traumatic stress disorders.
- Risk Factors:
 - Lack of informed consent
 - Lack of support
 - Feeling ignored or powerless
 - Disrespect
 - Surgical births
 - Negative birthing experiences

Black Maternal Health

“When life was hard, there was no luxury to wallow.”

-Tyrese Coleman

Black women are impacted more by risk factors and at higher risks for Perinatal Mental Health issues

- Chronic stress is a risk factor
- SDOH are risk factors

Despite these risks, Black women are less likely to receive quality and adequate mental health care

Barriers to Mental Health Care

- Stigma on mental illness
- Screening and general access to care
- Limited access to health care services
- Disconnection from providers
- Lack of access to providers that look like them
- Unavailability of culturally/linguistically appropriate services
- Indestructible Black superwoman narrative
- Accepting depression diagnosis is viewed as being an “unfit mother”
- Criminalization of mental health disorders for Black women increases worry about losing custody of children

A blue-tinted photograph of a man kissing a woman on the cheek while holding a baby. The man is on the left, leaning over the woman and baby. The woman is on the right, smiling. The baby is in the center, being held by the man. The text "Strategies to Address Perinatal Mental Health Concerns" is overlaid in white, bold, sans-serif font across the middle of the image.

Strategies to Address Perinatal Mental Health Concerns

“What’s missing from the care of Black women is their centered voice, validation of experience, and freedom to choose and be informed. Black women need **respectful care that is free of implicit and explicit bias**. It is the provider’s responsibility to address those biases. To address the issue of maternal mortality **we need care that originates from and is defined by Black women-led organizations, practitioners, and community members.**”



Jessica Roach, MPH

Moms Matter Act of 2021

- Part of the Black Maternal Health Momnibus
- Bill calls for financial investments to increase the:
 - Number of Black and Brown clinicians providing maternal mental health services
 - Community-based maternal mental health support
- One goal is to establish a maternal mental and behavioral health task force
 - Work to improve maternal mental and behavioral health outcomes with an emphasis on outcomes for minority women

Racial Equity Lens

The health care system alone isn't equipped to overcome the inequities driven by income, language, education or racism.

Racial Equity Lens

- Centers place, environment and social determinants
- Addresses aggravated risk for specific local challenges
- Addresses intergenerational and cumulative effects of structural racism on health

Useful Resources

Racial Equity Analysis

- What?
- Why care?
- Now what?

How can you better apply existing tools in your daily work?

Root Cause Analysis

- Identify systems vulnerabilities that impact patient safety and outcomes
- Identify measurable systems-based corrective actions
- Ensure follow-through and implementation
- Ensure that leadership at all levels of the organization participate and hold staff accountable for RCAs

5 Whys Exercise

- Identify an event or pattern that concerns staff
- Identify tangible and intangible structures that are contributing to results
- Brainstorm implications for action

Global Respectful Maternity Care

Respectful Maternity Care Charter: Universal Rights of Women and Newborns

The Global Respectful Maternity Care Council

- Researchers
- Practitioners
- Advocates
- Policymakers
- Programmers



What is Respectful Care?

Themes

- Accountability
- Equity
- Empathy
- Safety
- Racism
- Trust

COVID-19 Relevant Themes

- Autonomy
- Communication
- Information
- Medical recommendations
- Transparency
- Social capital and networks

Mother's Voices Driving Birth Equity



Robert Wood Johnson
Foundation

Transforming Health &
Healthcare Systems

“Cultural transformation deepens the capacity for providers and systems to listen to, understand, and respond to community voices in sharing stories of disrespectful and dismissive care and service gaps.”

- Dr. Karen Scott

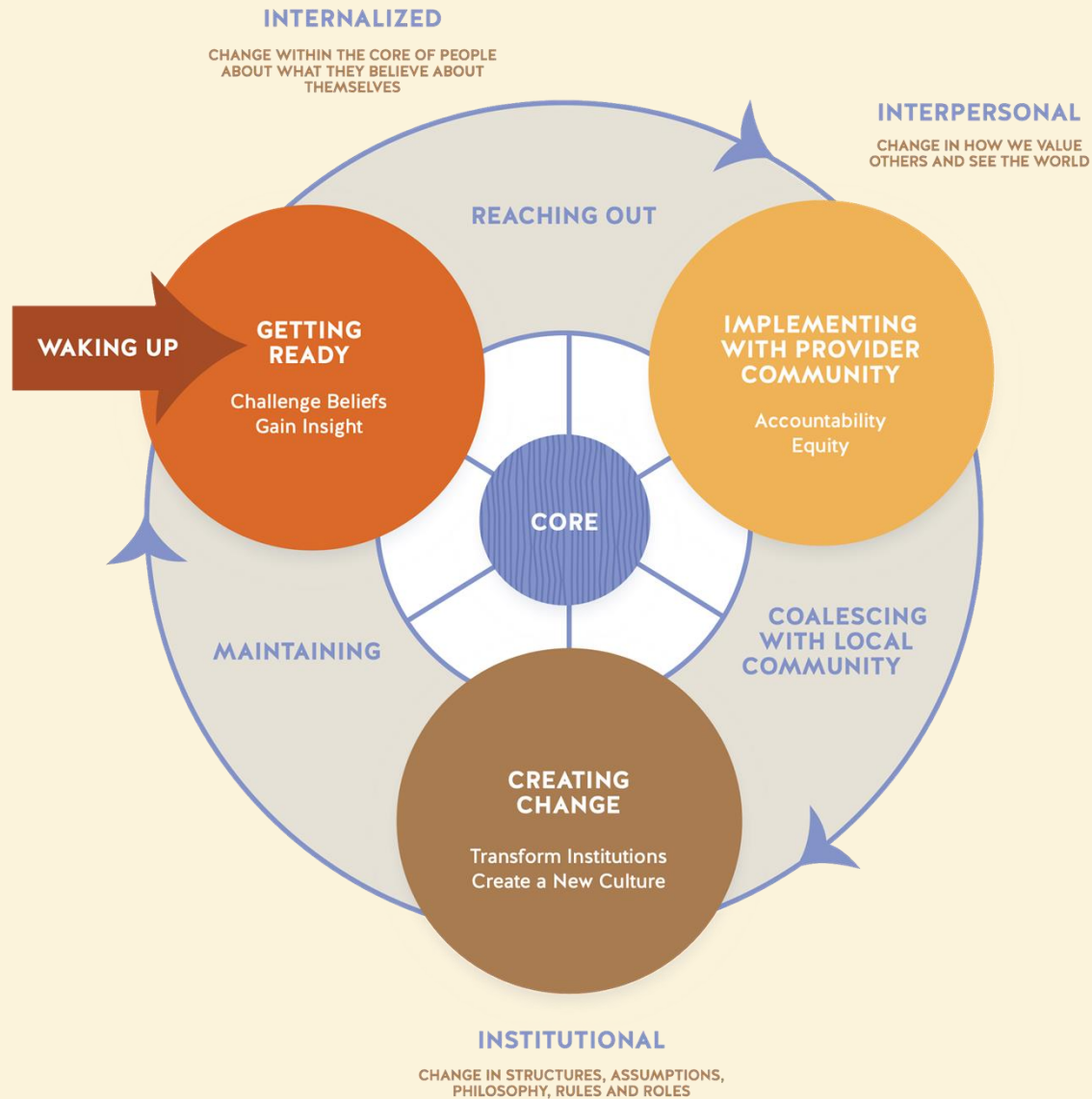
Participant Characteristics

Black women from U.S. and Africa
N=50, Mean Age: 32

Cities

- Atlanta, GA
- Baltimore, MD
- Chicago, IL
- Dallas, TX
- Houston, TX
- Tulsa, OK

Cycle to Respectful Care





Segregationists

Assimilationists

Anti-Racists



Thank you!

Joia Crear-Perry, MD, FACOG
Founder/President
drjoia@birthequity.org

   @birthequity

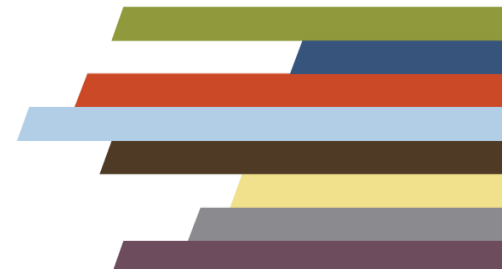
Q&A with Presenter



Additional Information on Perinatal Mental Health

Perinatal Mental Health Resources Webpage

- Visit our webpage for events and resources
 - <https://mhttcnetwork.org/centers/global-mhttc/perinatal-mental-health-resources>



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<https://bit.ly/perinatal-mental-health-series>

Evaluation Information

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a **brief** survey about today's training.

<http://bit.ly/mhttc-pmh-session-1-survey>

