

Perinatal Mental Health and Culturally Responsive Services for Latinx

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Objectives

1. Provide an overview of perinatal mental health
 - a. Discuss PMH and emergencies
 - b. Address differential diagnosis
2. Discussion of culturally sensitive care for the Latinx perinatal populations
 - a. Culturally responsive psychotherapy approaches for client intake and interview
 - b. Consideration of cultural values
3. Considerations for perinatal Grief and Loss
 - a. Overview of related experiences
 - i. Fertility challenges
 - ii. NICU experience
 - iii. Cultural considerations
4. Discussion of Trauma and birth including:
 - a. Maternal Mortality and health disparities
 - b. Perinatal PTSD and trauma
 - c. Implications on dyad bonding, maternal experience, family system
 - d. Public Policy
5. Community Resources

What is perinatal
mental health?



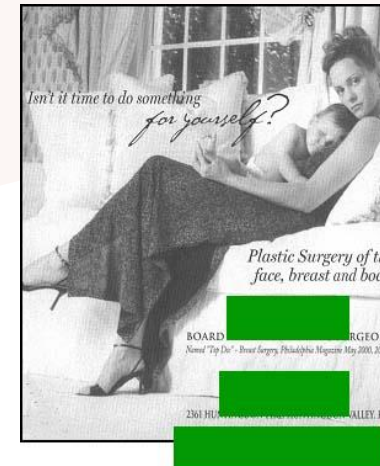
Relevant Concepts



- Antenatal/ Prenatal = before birth; during pregnancy
- Perinatal/peripartum period = “around” birth. Period immediately before and after birth. Also defined to include from the 20th week of gestation up to 4 weeks pp.
- Postpartum = medically defined as the six weeks after birth. However, literature may describe up to the first year after birth.
- Perinatal Mood and Anxiety disorders (PMADs) vs. Perinatal Mental Health
- Diversity of the human experience and the different definitions of parenthood and family

Expectations

- Motherhood
- Conception
- Pregnancy
- Birth
- Postpartum



Expectations in Latinx



When is this depression?

- Matrescence
- 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 considerable 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



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.

Perinatal experiences that impact mental health

- Anxiety
- ACE
- IPV
- Infertility
- Perinatal Loss
- NICU
- History of sexual trauma
- Breastfeeding (D-MER)
- Relationship
- Sexuality
- Substance use
- Age
- Eating disorders

Cultural Humility

Implicit bias

- History and culture
- Low screening for black and Brown families

Barriers to seek treatment

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

PMH in disasters

- Pandemic is different from natural disaster...it is invisible and ongoing
- Maternal-infant tool kit...preparedness, response
- <https://www.phe.gov/Preparedness/planning/abc/mch-planning-toolkit/Pages/default.aspx>

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.

Latinx community

- One size does NOT fit all
- The term Hispanic was first used by the U.S. government in the [1970s](#) after Mexican American and other Hispanic organizations lobbied the federal government to collect data on the population.
- The 1990s brought [resistance](#) to the term Hispanic, as it embraced a strong connection with Spain, and an alternative term emerged: Latino.
- Latinx (gender-neutral nouns and pronouns) has emerged as an alternative to Hispanic and 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?

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.

Psychotherapy in a changing world

- Disasters
- Emergencies
- COVID-19
- Telehealth

Culturally sensitive care for the Latinx perinatal population



Latinx cultural norms

- Familism = the subjugation of one's individual needs to those of the family (Lugo Steidel & Contreras, 2003).
- 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, firm control as a value (Ayón, et. al 2015).
 - Migrant experience
 - Mothering in a different land

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)

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 do you want to replace?
- What is the role of your mother (or significant other) in your journey?
- What role does religión play in your role as a mother?
- How do you understand maternal mental health?
- Who do you go to for emotional support and understanding?

Competence vs. Humility/Awareness

- Competency suggests culture can be reduced to a technical skill that can be trained and mastered.
- Competence as “do’s” and “don’ts”
- “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.



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
- Integrate and educate family members whenever appropriate
- Provide resources.

Looking inward

- As clinicians we need to know our understanding, attitudes and belief 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](#))

Intake

- Family inclusion





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?

Recognizing Our Own Feelings

- Who has/have experienced perinatal loss in your family?
- What was my first experience with death?
- How do I feel about death?
- Am I comfortable talking to others about death?
- Do I have any unresolved issues regarding a death/loss in my life?

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

Margaret Mead

#rompeelsilencio

por un hijo reemplazado



VERA ESTUVO AQUÍ DENTRO 38 SEMANAS
NO ME DIGAS QUE NO ES MI HIJA.
NO ME PIDAS QUE LA OLVIDE.

#rompeelsilencio

por un hijo reemplazado



ADRIÁN NACIÓ SIN VIDA.
SU HERMANO NO LE REEMPLAZA.
HEMOS TENIDO 2 HIJOS, UN
HIJO NO SE SUSTITUYE.

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.



The death of any child is tragic.

BUT

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

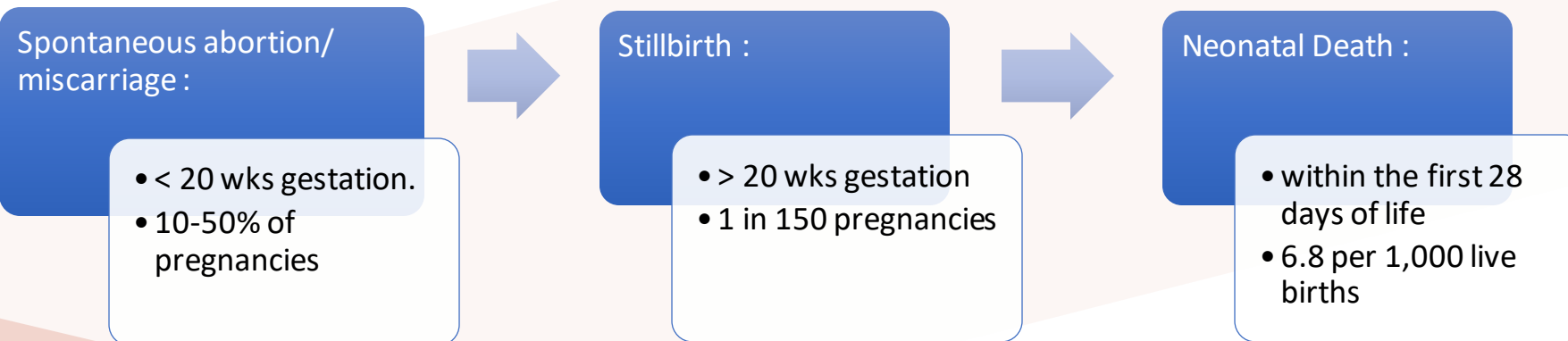
- › \$17 million in federal funds allocated annually for SIDS research.
- › \$26.8 million allocated for pediatric cancer research by the American Cancer Society alone.
- › \$298 million allocated for prematurity research
- › **Less than \$3 million in federal funds allocated annually for stillbirth research.**

Star Legacy Foundation
www.starlegacyfoundation.org

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

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).



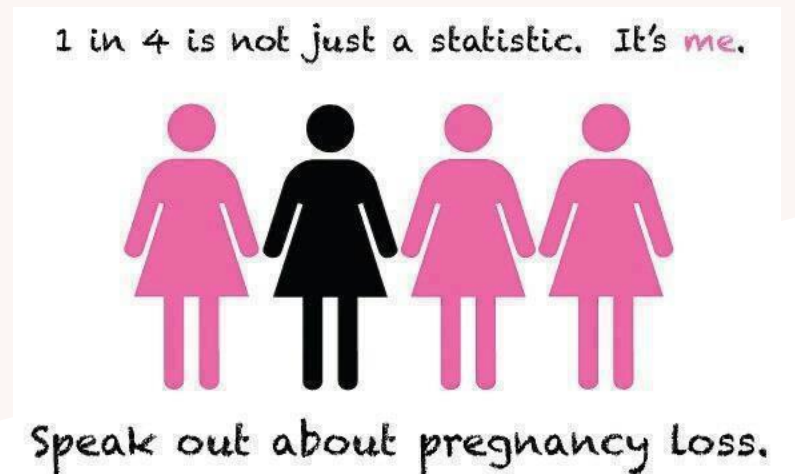
- Miscarriage
- Intrauterine Fetal Demise (IUFD)

Perinatal Loss (Kowalski, 1987)

- Infertility/ fertility challenges
- Ectopic pregnancy
- Abortion (elective, therapeutic or spontaneous)
- Elective reduction
- Fetal death, death of a multiple
- Neonatal death
- Sudden infant death syndrome (SIDS)
- Adoption

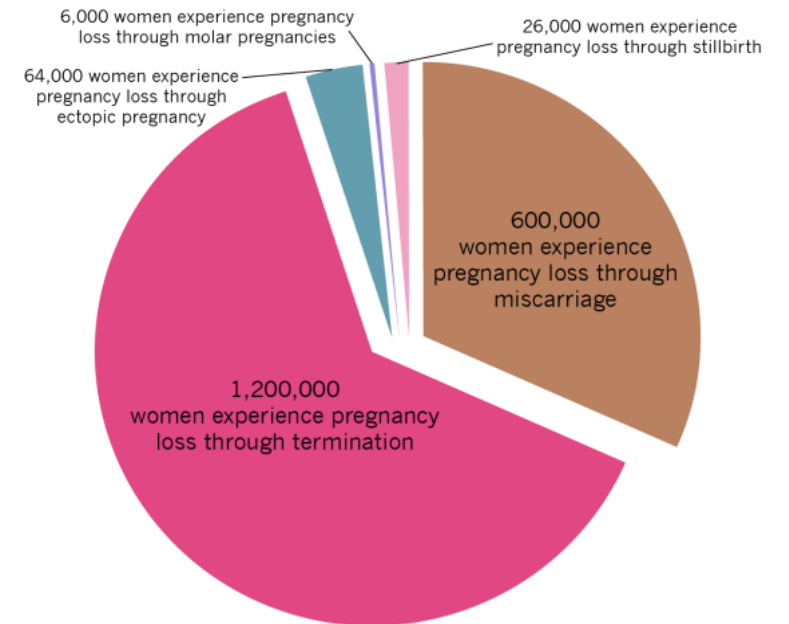
Frequency in United States

- More than 1 million pregnancy losses annually
- 1 in 160 births (24,000 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



Qualitative Study on premonitions

614 women


- 64% had a premonition that their unborn baby might be unwell.

Of these:

- 70% contacted their clinic and were invited to come in for a check-up, but by then it was too late.
- 22% decided to wait believing that the symptoms were part of normal pregnancy.
- 8% contacted their clinic but were told that everything appeared normal without an examination of the baby.

Acta Obstet Gynecol Scand. 2012 Jan;91(1):28-33. doi: 10.1111/j.1600-0412.2011.01209.x. Epub 2011 Jul 22. Women's premonitions prior to the death of their baby in utero and how they deal with the feeling that their baby may be unwell. [Erlandsson K1, Lindgren H, Davidsson-Bremborg A, Rådestad I.](#)



Count the Kicks is a project of: 



Count the Kicks

[ABOUT](#) | [SUPPORT](#) | [NEWS](#) | [FREE RESOURCES](#) | [EN ESPANOL](#)

How to Count the Kicks

By keeping track of each time your baby kicks, rolls or pokes, you can monitor your baby's health and begin to create a bond with him or her.

As a parent, it's reassuring to **Count the Kicks** to make sure your baby is active and healthy, and counting may reduce the risk of a stillbirth, which occurs in one out of every 160 pregnancies in the United States.

- **Count the Kicks** every day, preferably at the same time.
- Pick your time based on when your baby is usually active, such as after a snack or meal.
- Make sure your baby is awake first; walking, pushing on your tummy or having a cold drink are good wake-up calls.
- To get started, sit with your feet up or lie on your side. Count each of your baby's movements as one kick, and count until you reach 10 kicks.
- Most of the time it will take less than a half-hour, but it could take as long as two hours.
- Log your recorded times using our Count the Kicks App or a [kick chart](#).

Charting your baby's activity is a great way to get to know your baby and can alert you to potential problems. Your charts are also useful for visits with your doctor.

HOW TO COUNT THE KICKS



ORDER MATERIALS



START COUNTING
GET THE APP



FREE COUNT THE KICKS CHART



CTK App Video



[Click here to see more videos](#)



Count the Kicks



Unique aspects of
perinatal

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.

- No established rituals
- Minimal support available
- Few socially acceptable avenues for mourning
- Little opportunity for anticipatory grief
- High technology
- No actual body to grieve
- Prospective vs retrospective grief

A wife who loses a husband
is called a widow.

A husband who loses a wife
is called a widower.

A child who loses his
parents is called an orphan.

*There is no word for a parent
who loses a child.*

That's how awful the loss is.



Detroit Institute of Arts

Definition

- **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 in which grief is being resolved.

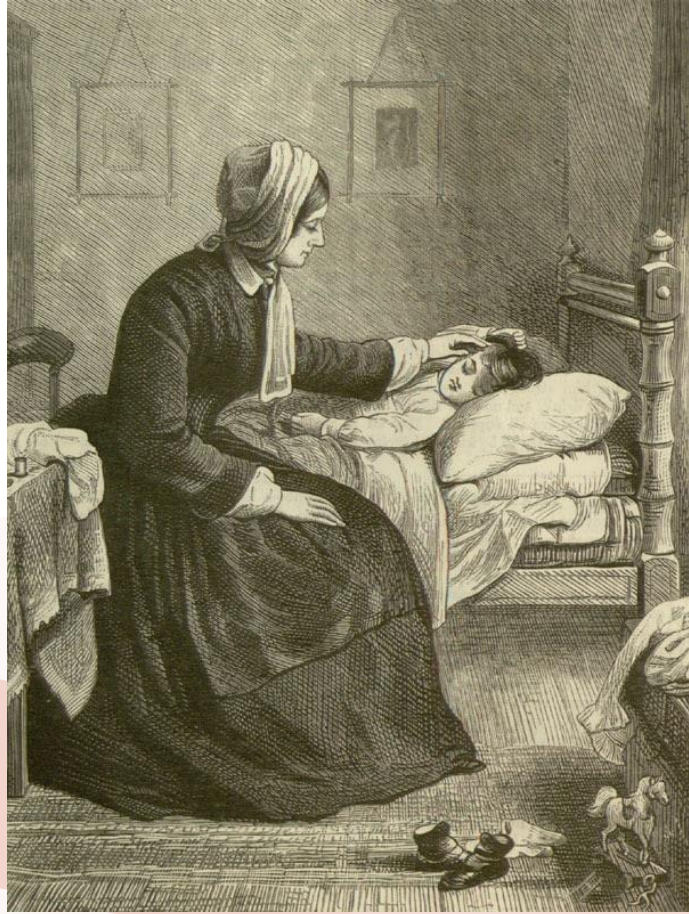
Fears regarding grief

- Loss of control
- Appearing weak to others
- Tears will never stop
- Unable to bear the loss
- Deceased will be forgotten

Rando, T. (1991). How To Go On Living When Someone You Love Dies.



Early 20th century



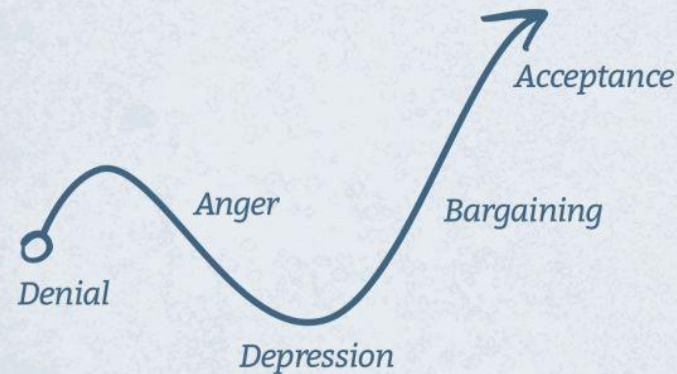
Models of Grief- Stage theories

Elizabeth Kubler - Ross (1969)

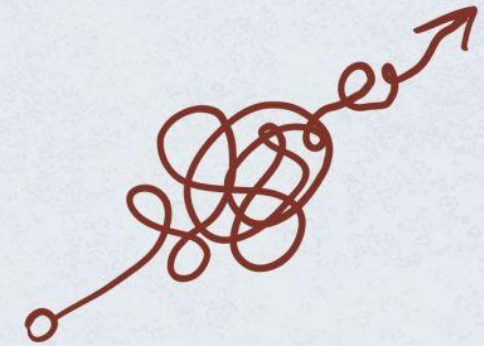
- Denial (this can't be happening to me)
- Anger (why is this happening)
- Bargaining (if I promise to do better this will not happen)
- Despair or Resignation (loss of hope; there is no way to stop it)
- Acceptance (it has happened)

Stages of Grief

The roadmap you expected:



The road you got:



Phases of Bereavement (Parkess & Bowlby, 1982)

- Shock and numbness.
- Searching and Yearning.
- Disorientation and despair.
- Reorganization.

Intensity and length of grief

- NOT necessarily determined by duration of pregnancy
- More important is the psychological attachment to developing fetus
- Could have significant grief after failed IVF
- Type of perinatal loss not a factor
- Was pregnancy desired or not; readiness or wish to take on responsibility of becoming a parent
- Extent and intensity of attachment
- Ultrasound and other technology, allows earlier attachment



The Tasks of Grief, Worden (2002)

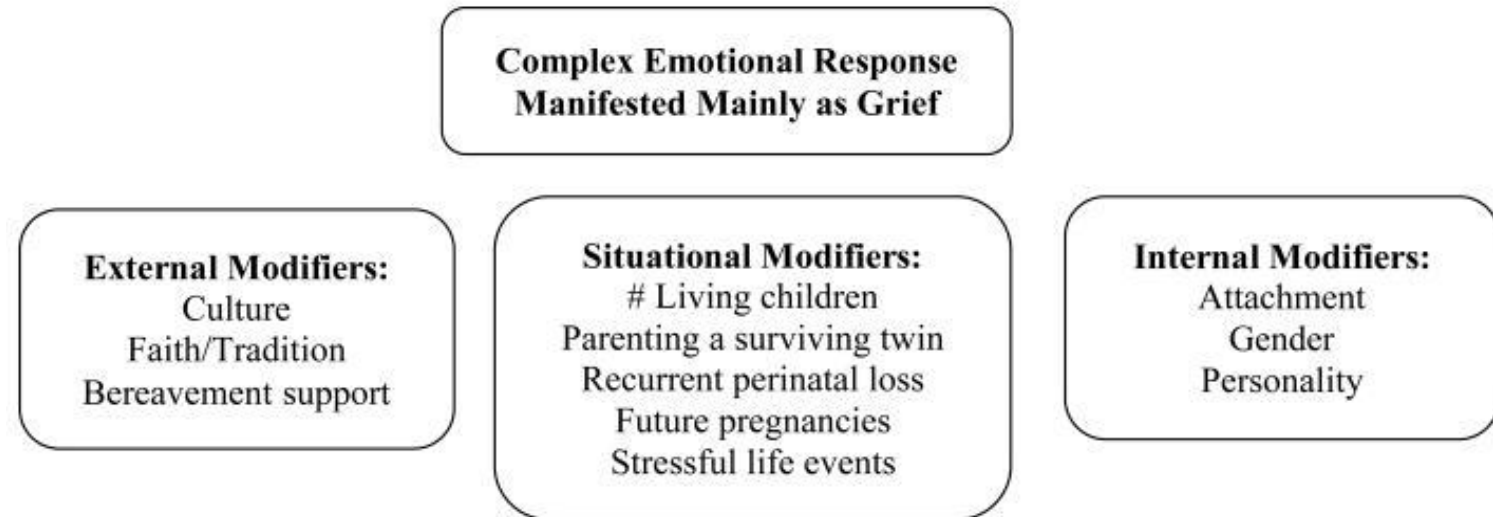
Worden, J.W. (2002) Grief Counseling & grief
therapy (3rd edition) New York: Springer
Publishing

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:



Outcomes:

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

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.



Disenfranchised loss-socially ambiguous (Doka, 2002)

The relationship is not socially recognized.

The loss is not socially recognized or is hidden from others.

The griever is not socially recognized.

Disenfranchised grief may lay hidden for years, only to be triggered by later losses.

Complicated grief

- Prolonged, abnormal response to loss that impairs participation with usual daily activities.
- Can lead to PTSD symptoms.
- Avoidance of situations that serve as reminders of the loss.
- **1 in 4 mothers prescribed psychiatric medication within days after the loss (ILacasse & Cacciatore, 2014).**

Perinatal grief: A family's journey

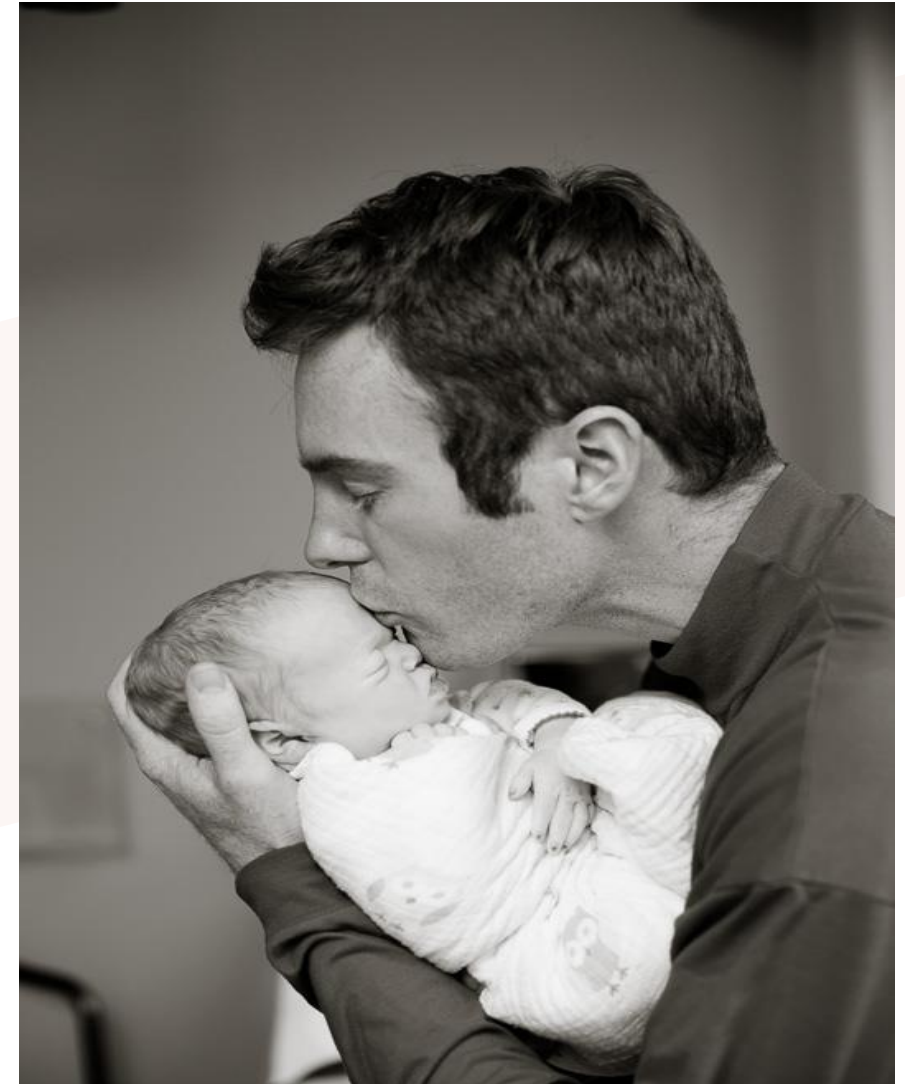


Mother's grief

- 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'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 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

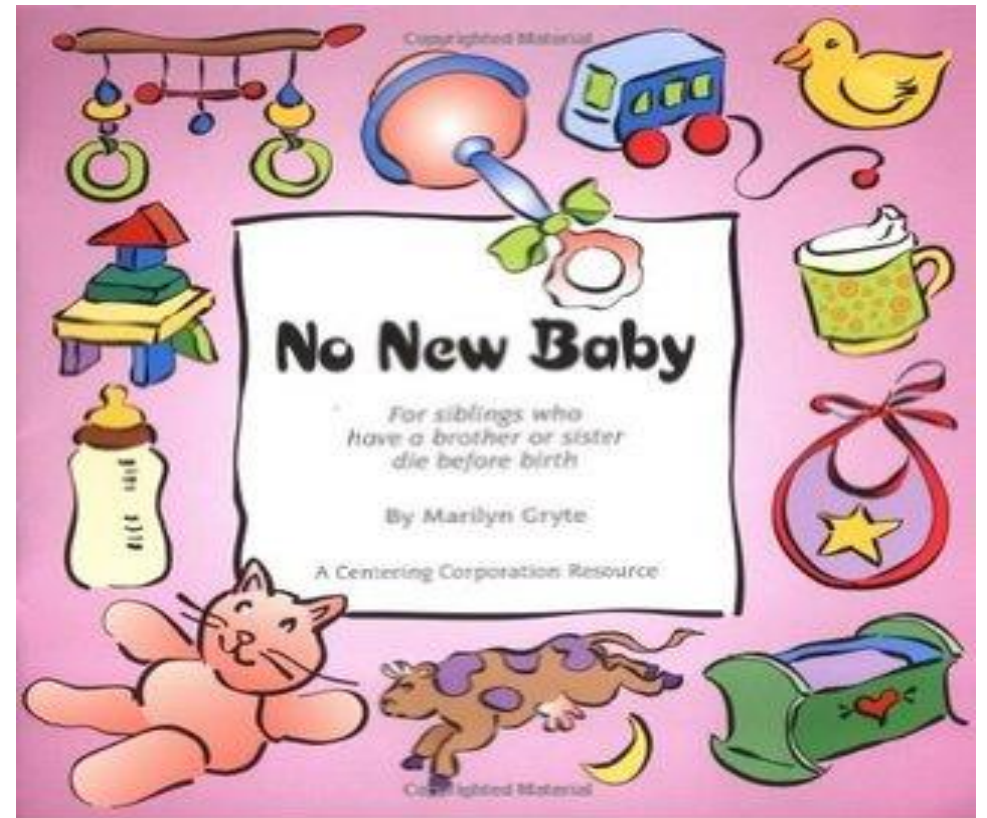
Siblings



- 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

Common concerns...

- Own mortality
- Survivors guilt
- Parents mortality
- Afterlife



Siblings and Other Children

- Healthy grieving for children can be predicted by two factors (Himebauch et al., 2008):
 - Accessibility of one significant adult
 - Being in a safe environment where they are physically and emotionally taken care of
- Infants: Maintaining routines and avoiding separation are important.
- Preschoolers: Nurses and parents can give children straightforward explanations, correct their thinking when necessary, and be clear that the baby is not coming back.

Siblings and Other Children (Continued)

- School-age children: Caregivers can give clear explanations and involve them with funeral or memorial services if they are comfortable participating.
- Adolescents need adult support and time with their peers.
- Provide opportunities for self expression (journal, art, letter to baby).
- Focus on finding safe place to work out feelings.



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 failure. Fear of forgetting the lost baby.
- Biological clock...
- When is the best time to conceive again? How do I know am ready?
- When the desire of having another baby outweighs the fear of the possibility of another loss...

Fathers and Pregnancy After Loss

- Fathers, too, fear another loss.

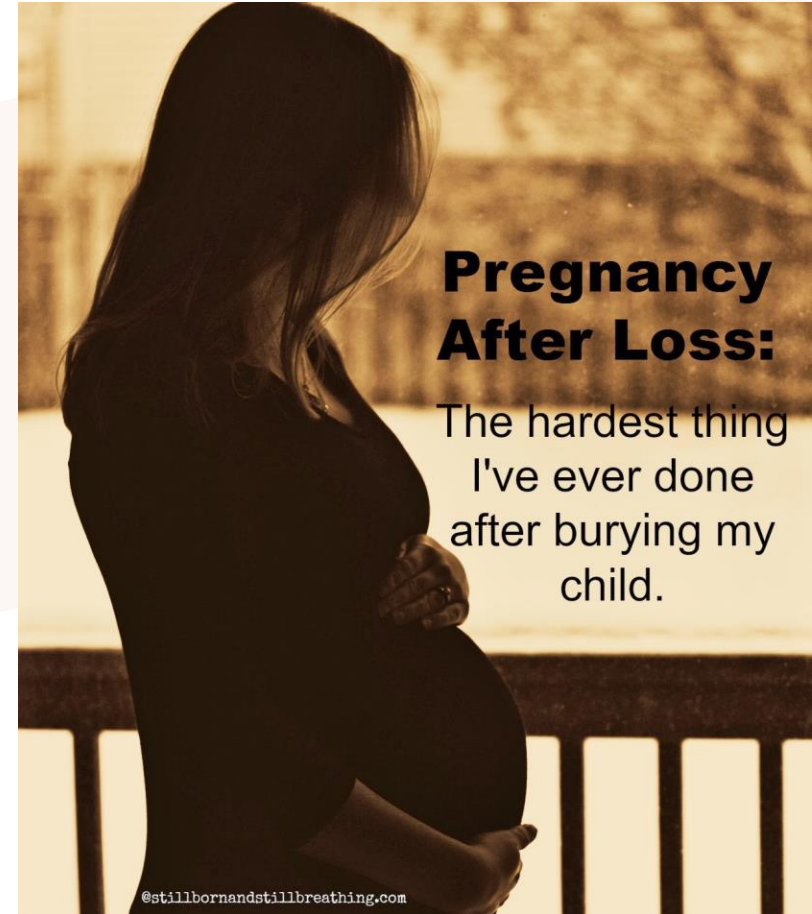
They may:

- 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

Parents may need help addressing milestones:

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



Pregnancy After Loss:

The hardest thing I've ever done after burying my child.



What can we do?

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

Psychological aspects of perinatal bereavement, 2009



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.
- Facilities and health care professionals should have protocols established 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)

To see or not to see the body?

- Some contradictory results.
- In depth interviews were conducted with 21 mothers three months after stillbirth.
- All saw their baby, 19 held the baby.
- Average age 34 yrs
- Average time of loss- 35 wks

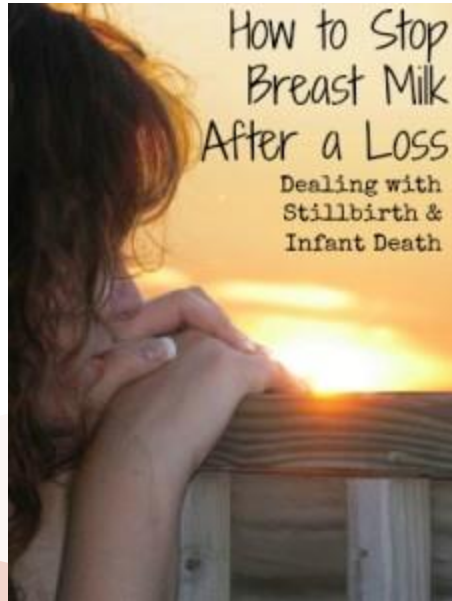
Experience:

- 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.

Helping to Create Memories

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

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 any more”).
 - 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 ¹
- Internet-based CBT ²
- Support groups
- Individualized Psychotherapy
- Mindfulness ³

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.

Support virtual groups | www.postpartum.net

- Black Moms in Loss Support Group
- Early Pregnancy Loss Support for Moms
- Fertility Challenges
- Pregnancy after Loss
- Pregnancy and Infant Loss for Moms
- Pregnancy and Infant Loss Support for Parents
- Termination for Medical Reasons
- Post-Abortion Support

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.



Parents in NICU may feel...

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





Types of losses in NICU

- Pérdida de salud, funcionamiento corporal y órgano.
- Pérdida de los planes originales, esperanzas y sueños de un embarazo y parto normal y de un bebé saludable.
- Pérdida de control y rol de padre dando el cuidado de sus hijos a extraños.
- Pérdida de la presencia de su bebé. El bebé no está en casa.
- Pérdida de vida.

Shake it off, breath...



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?

D. Stern, *The Birth of a Mother*

“The birth of her baby is a central event in a life that is in equal parts **miraculous** and **traumatic**, producing unforgettable emotions and implications. It is an unmovable cornerstone in the construction of her **STORY.**”



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

Briere, J. (2006). Dissociative symptoms and trauma exposure: Specificity, affect dysregulation, and posttraumatic stress. *Journal of Nervous and Mental Disease*, 194, 78-82.

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)

“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)

 **hrp**
human reproduction programme
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

Ladies' Home Journal, 1958

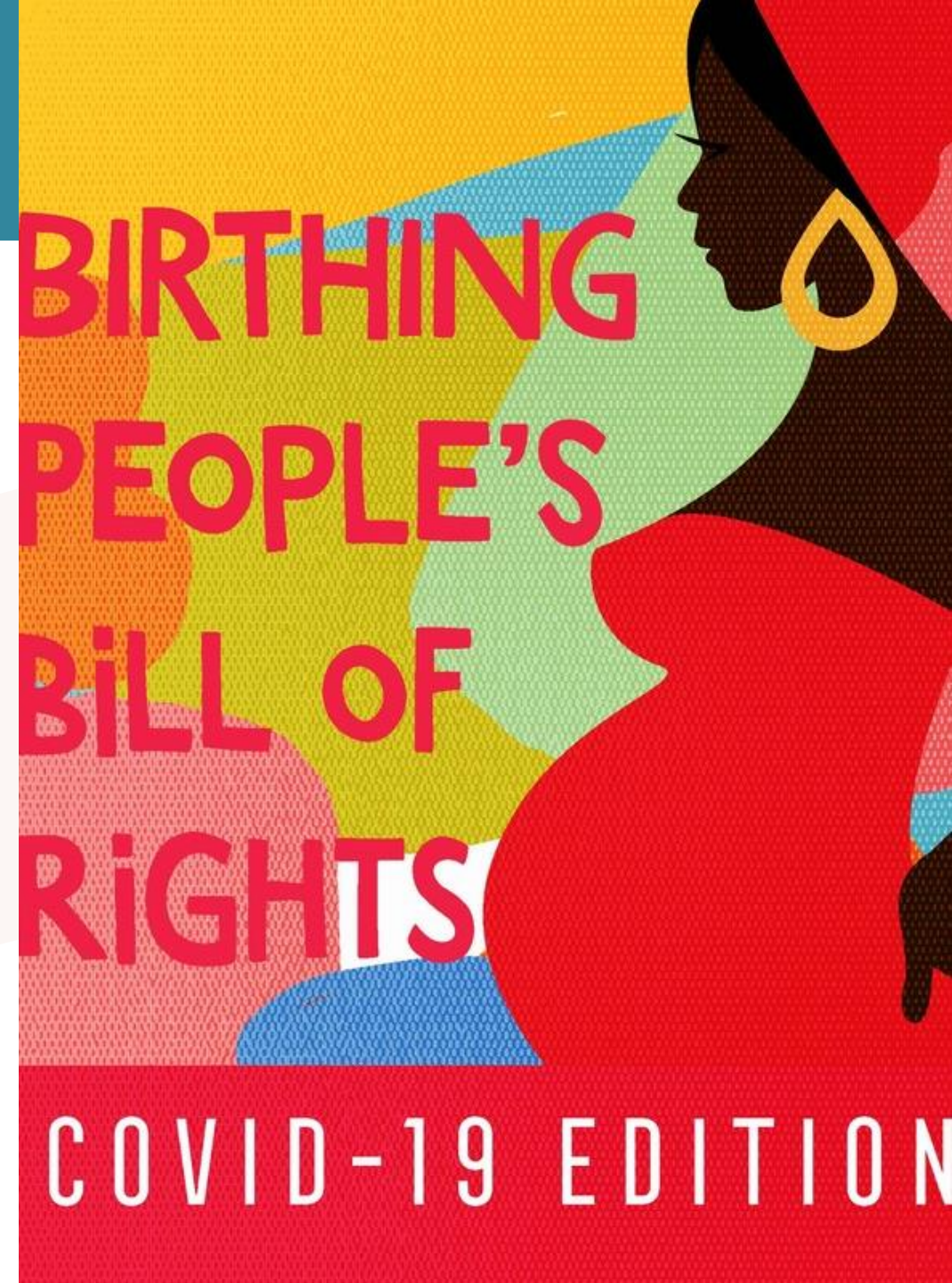
Stories included:

- women being strapped down for hours
- a woman having her legs tied together to prevent birth while her obstetrician had dinner,
- women being struck and threatened with the possibility of giving birth to a dead or brain damaged baby for crying out in pain,
- a doctor cutting and suturing episiotomies without anesthetic while having the nurse stifle the woman's cries with a mask.



Birth and postpartum during 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



Trauma and PTSD

- Sudden
- Dangerous
- Overwhelming

K.Kendall-Tackett. (2007). The Psychological Impact of Birth Experience: An Underreported Source of Trauma in the Lives of Women



- 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)
 - 6 month follow - up (859 online, 44 telephone)
 - 9% met PTSD diagnostic criteria
 - 18% scored above the cutoff for PTSD

How common is PTSD after childbirth ?

Birth Partners



Scibeeia

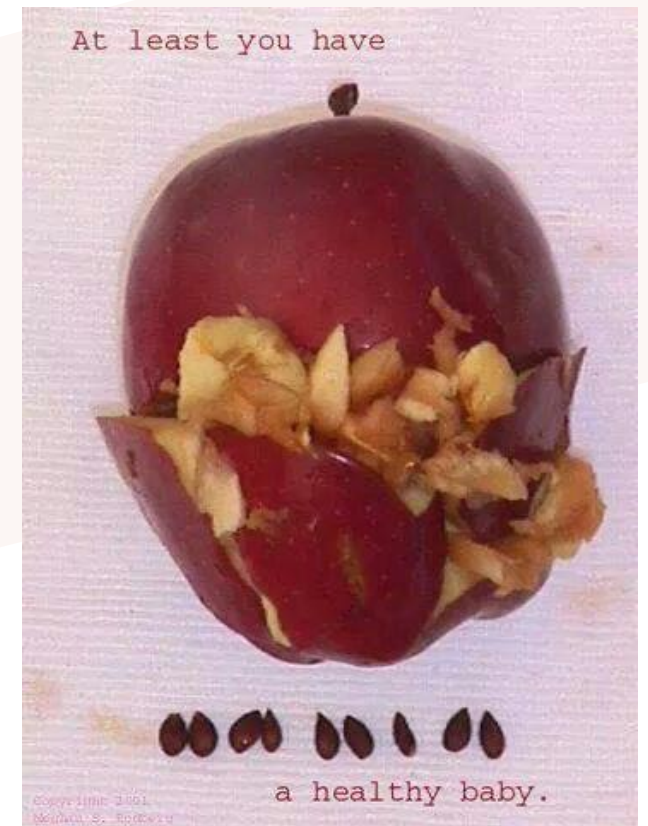
- 97% of women will have someone with them during birth
- Approximately 90% of fathers will attend the birth
- May experience feelings of frustration, fear, and helplessness
- Cultural/social expectation to “man up!”
- Vicarious trauma

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)



Posttraumatic Growth

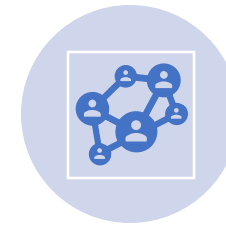
Post-traumatic Growth (PTG)



Positive psychological changes after encountering challenging events



Changes in self-perception



Relationships



New possibilities



Appreciation of life



Existential views

- Ask
- Acknowledge
- Assess
- Assume
- Avoid
- Arrange
- Advocate
- Ascertain

What do women need?

(Seng, J. Abuse-related posttraumatic stress and desired maternity care practices: women's perspectives. Journal of Midwifery and women's health. Vol. 47, Nov.5 2002)

What works?

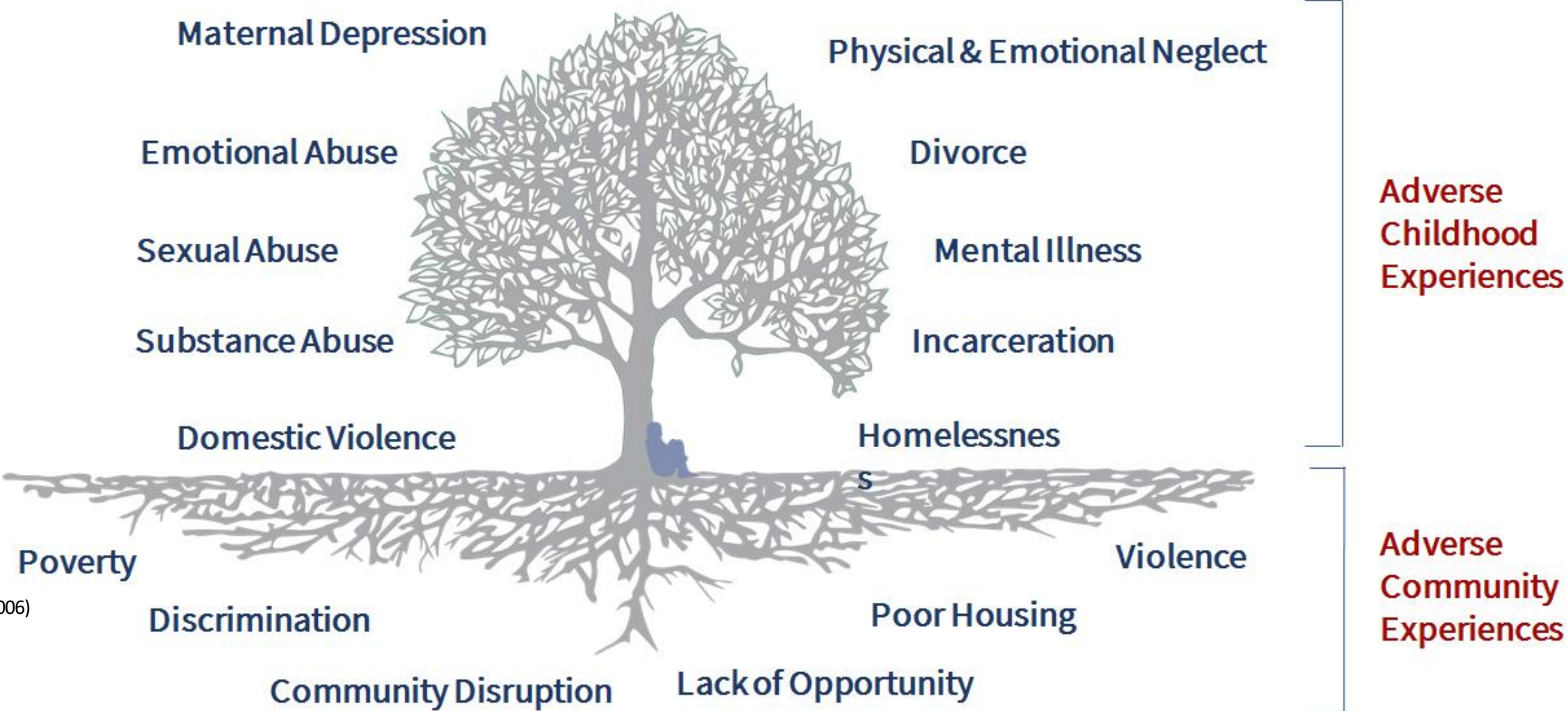
- Eye-movement desensitization reprocessing (EMDR), www.emdr.org
- Journaling, Writing to Heal
- Cognitive therapy
 - What does this experience mean for the mother's identity, her ability to mother, her body's competence, her future?
- Considering starting a support group for mothers
- Trauma-informed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

A Trauma Informed Care Practice

- **Understand Trauma** by recognizing that many behaviors and responses are ways of adapting to and coping with past traumatic experiences.
- **Promote safety** by establishing a safe physical and emotional environment where basic needs are met through ensuring your agency's discipline and behavior management practice do not add new traumatic experiences
- **Competency** by ensuring your staff responses are consistent, predictable, and respectful
- **Supporting Control, Choice, and Autonomy** by helping clients regain a sense of control over their daily lives
- **Cultural Humility** by respecting diversity of families
- **Integrating Care** by believing that establishing safe, authentic, and positive relationships can be corrective and restorative to trauma survivors.
- **Recovery is Possible** by understanding that recovery is possible for everyone regardless of how vulnerable they may appear

Many Types of ACEs

The are many types of trauma other than abuse, neglect, and household dysfunction.



Adverse Childhood Experiences

Adverse Community Experiences

(Dr. Paul Farmer, 2006)

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



Intervention- more than just translation



Validate

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”

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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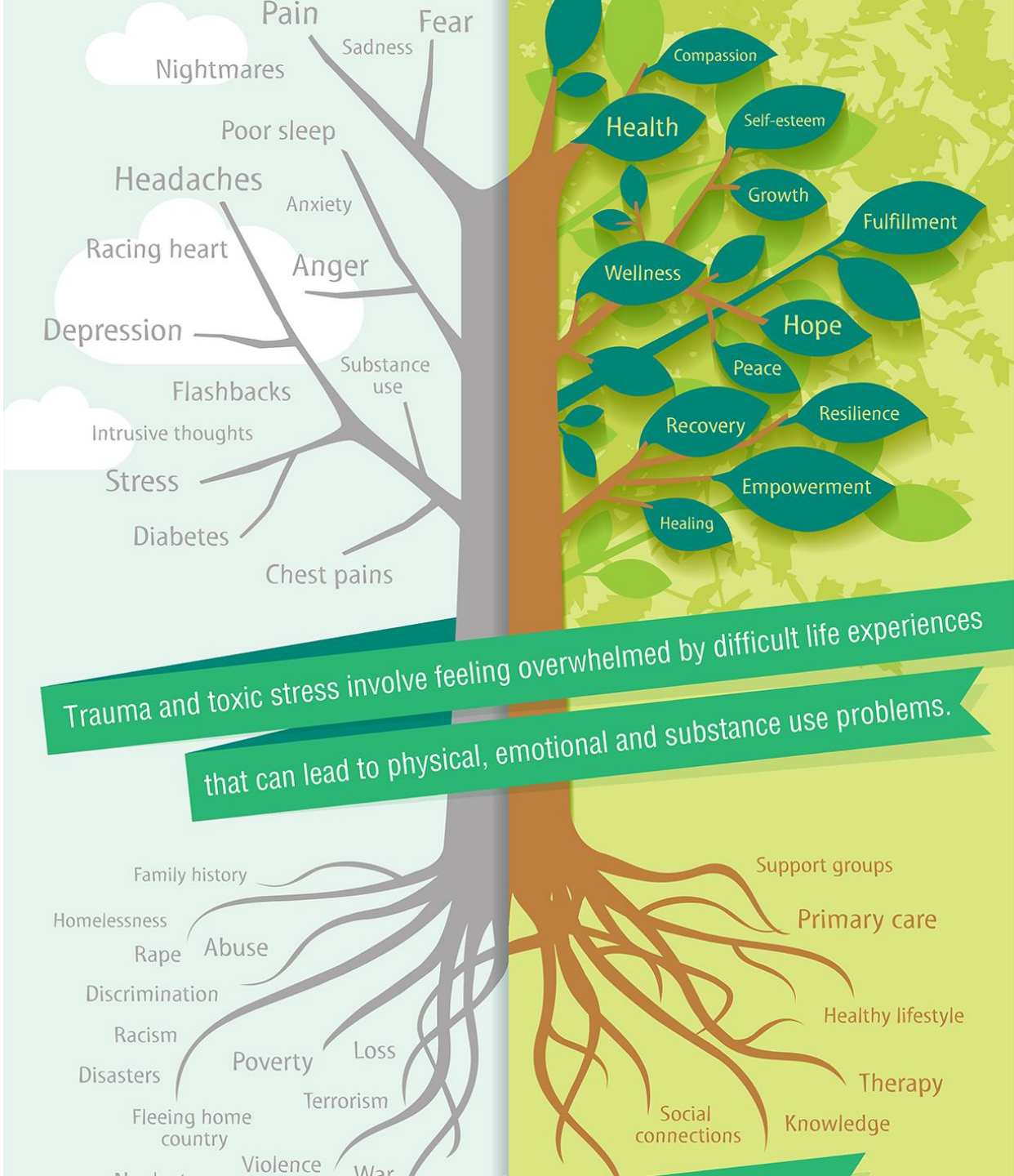
Postpartum Support International | www.postpartum.net | 800.944.4773

Conceptual model

Person-Centered

Healing takes time

Strength/Resilience based



6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's [Office of Public Health Preparedness and Response \(OPHPR\)](#), in collaboration with SAMHSA's [National Center for Trauma-Informed Care \(NCTIC\)](#), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by [OPHPR](#) and [NCTIC](#) was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

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'S YOUR KNOWLEDGE AND CONSENT
- 3 PRIVACY AND CONFIDENTIALITY**
NO ONE CAN LEAVE 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 Universal Declaration on Bioethics 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 Health World Conference on Women's Health. National instruments are also referenced if they state specific measures of childbearing women.

For more information visit: www.AmericanObstetrics.com/respectfulcare



Human Rights in Childbirth



Informed consent
The right to CONSENT, REFUSE OR REVOKE

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