

Black and Latinx Perinatal PTSD: What Behavioral Health Providers Need to Know *Understanding the Intersectionality of Race, Culture, and Perinatal PTSD*

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Advocates For Human Potential, Inc.

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Acknowledgment

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D., served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the views of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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Presented 2024



MHTTC

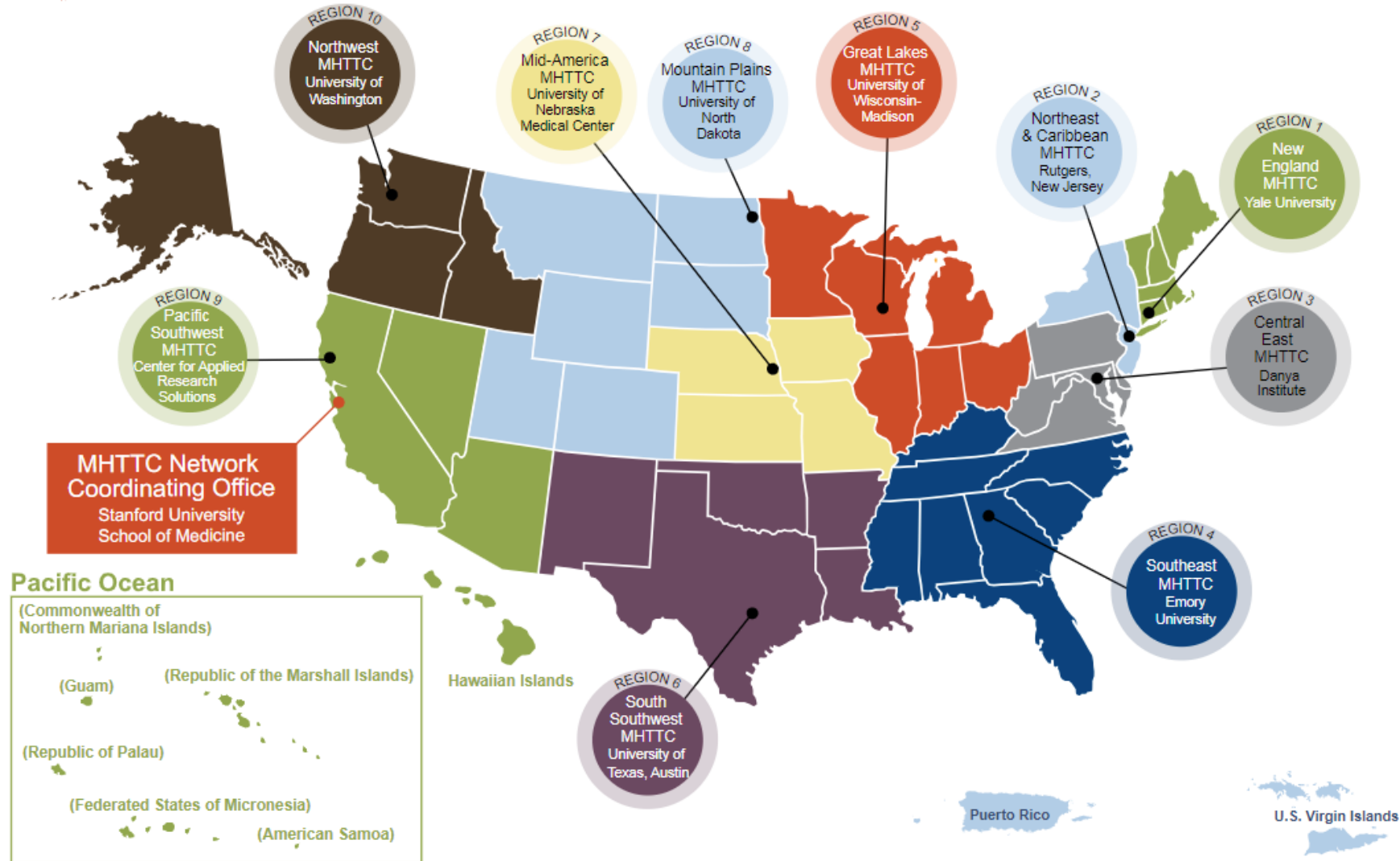
Mental Health Technology Transfer Center Network

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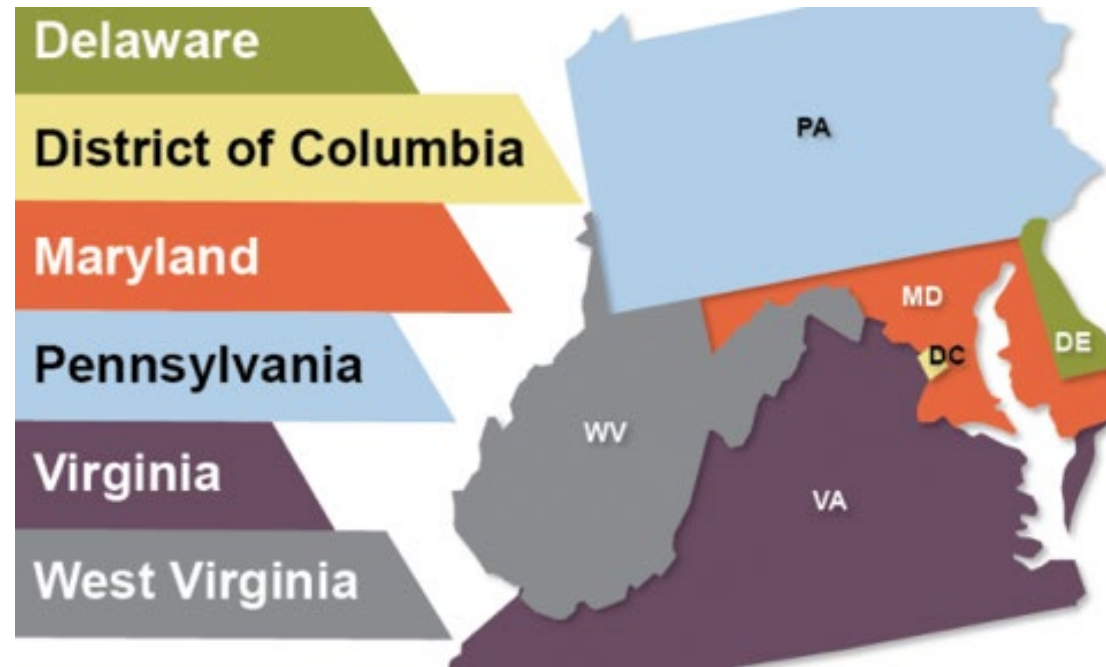
The purpose of the MHTTC Network is technology transfer—disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.



Central East Region 3



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network

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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

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.

[Evaluation Link](#)





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Objectives

- 1 Explore the specific challenges and experiences of Black and Latinx mothers in the perinatal period.
- 2 Discuss the impact of racial and cultural factors on the development and manifestation of perinatal post-traumatic stress disorder (PTSD).
- 3 Identify the barriers that Black and Latinx mothers face in seeking and receiving appropriate mental health care.

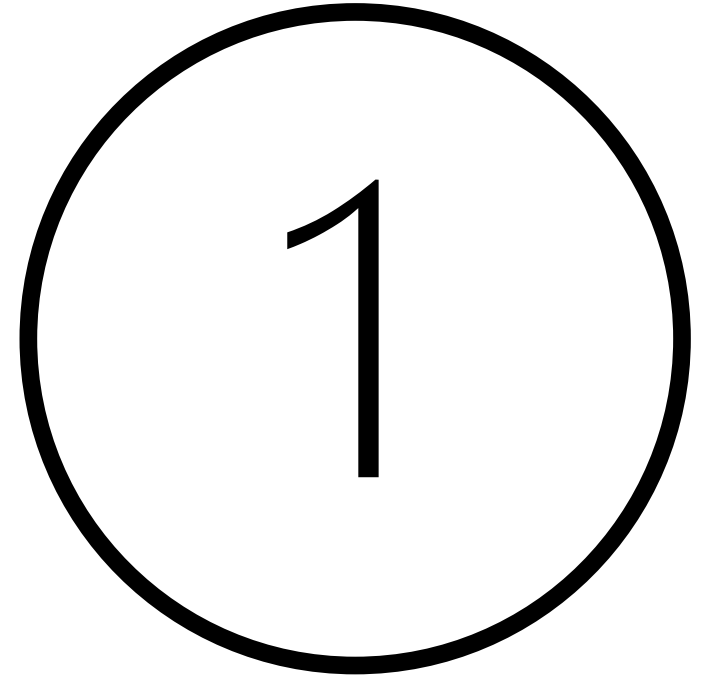




Interactive Poll

- How do you perceive the level of awareness and support for perinatal mental health issues within your community or workplace?

Explore the specific challenges and experiences of Black and Latinx mothers in the perinatal period.



Introduction to Perinatal Period

The perinatal period is a crucial timeframe encompassing:

- **Pregnancy:** From conception to the onset of labor.
- **Childbirth:** The process of giving birth.
- **Postpartum:** The first year after childbirth, also known as the fourth trimester.

- Maternal health
- Physical health
- Mental health
- Infant health
- Development
- Mental well-being
- Stress and anxiety
- Perinatal mental health disorders
- Mother-infant bonding
- Family dynamics



Socioeconomic Disparities

- **Income Inequality**
- **Insurance Coverage**
- **Employment Barriers**





Healthcare Access and Quality

- **Access to Providers**
- **Quality of Care**
- **Systemic Bias**

Maternal Mortality and Morbidity

A “CDC study, based on analysis of national data on pregnancy-related mortality from 2007-2016, found that overall pregnancy-related mortality ratios (PRMRs) increased from 15.0 to 17.0 pregnancy-related deaths per 100,000 births.”

Black mothers are over three times more likely to die from pregnancy-related causes than white mothers.

“Non-Hispanic black (black) and non-Hispanic American Indian/Alaska Native (AI/AN) women experienced higher PRMRs (40.8 and 29.7, respectively) than all other racial/ethnic populations (white PRMR was 12.7, Asian/ Pacific Islander PRMR was 13.5 and Hispanic PRMR was 11.5). This was 3.2 and 2.3 times higher than the PRMR for white women – and the gap widened among older age groups.”

(CDC, 2019).



Explaining
Health
Disparities
Among
Hispanics



Explaining Health Care Disparities Among Hispanics –
YouTube:

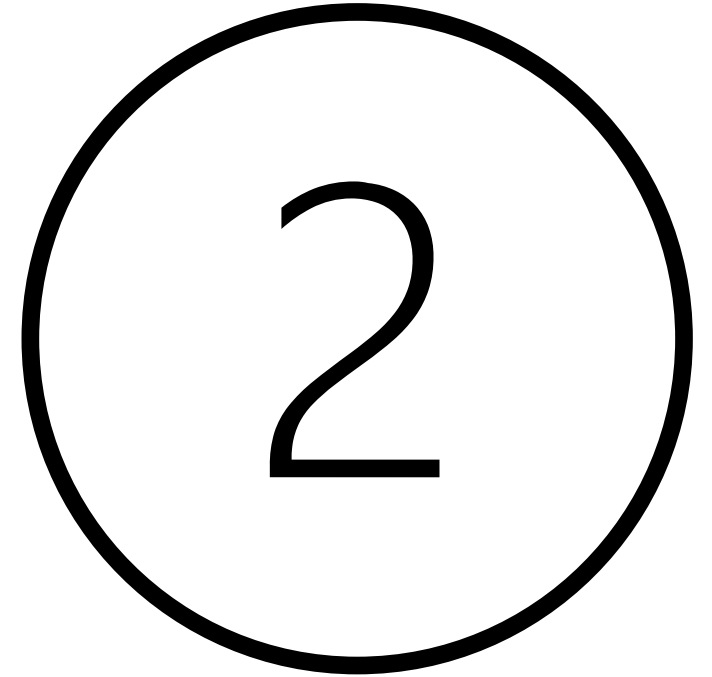
<https://www.youtube.com/watch?v=675hOD6adxS>

Reflection

- How can you advocate for policy changes and support initiatives aimed at reducing maternal health disparities?
- What role can healthcare providers have in advocating for their patients and supporting community-based programs?



Understanding Perinatal PTSD: Definition and Prevalence Rates



Definition and Prevalence Rates

Perinatal PTSD refers to the development of post-traumatic stress disorder during the perinatal period, which includes pregnancy, childbirth, and the postpartum period (American Psychiatric Association [APA], 2013).

It is characterized by intrusive thoughts or memories, avoidance of reminders of the trauma, negative changes in mood and cognition, and heightened arousal and reactivity (APA, 2013).

While perinatal PTSD shares similarities with PTSD in other contexts, it is uniquely influenced by the experiences and stressors associated with pregnancy and childbirth (Söderquist et al., 2009).

Prevalence rates of perinatal PTSD vary depending on the population studied and the criteria used for diagnosis. Studies have reported prevalence rates ranging from 3% to 15% among women who have recently given birth (Yildiz et al., 2017; Ayers et al., 2009).

Prevalence rates of perinatal PTSD among Black and Hispanic Mothers.

- **Black Mothers:** Studies suggest that Black mothers have a higher prevalence of perinatal PTSD, with rates ranging from 15% to 20% in some populations (Seng et al., 2011).
- **Hispanic Mothers:** Hispanic mothers also show elevated rates of perinatal PTSD, with prevalence rates ranging from 8% to 12% (Martinez-Schallmoser et al., 2003).
- **Health Outcomes:** Untreated PTSD can lead to difficulties in bonding, increased risk of postpartum depression, and adverse developmental outcomes for the infant (Yildiz et al., 2017).
- **Healthcare Utilization:** Disparities in PTSD prevalence rates among Black and Hispanic mothers highlight the need for culturally competent mental health care and targeted interventions to address these disparities.

Symptoms of Perinatal PTSD

Negative changes in mood or thoughts, including feelings of guilt or shame

Perinatal PTSD can lead to significant distress and negative emotional states.

Women may experience persistent feelings of guilt or shame related to their perceived role in the traumatic event or their reactions to it.

Other mood-related symptoms may include sadness, hopelessness, or a sense of detachment from others (APA, 2013).

Hyperarousal or heightened reactivity, such as irritability or difficulty sleeping

Hyperarousal symptoms involve an exaggerated state of alertness or arousal in response to perceived threats or triggers.

Women with perinatal PTSD may experience irritability, anger outbursts, or hypervigilance.

Sleep disturbances are also common, including difficulty falling asleep, staying asleep, or experiencing restless sleep (APA, 2013).



Symptoms of Perinatal PTSD cont:

Intrusive thoughts or flashbacks related to the childbirth experience:

- Women experiencing perinatal PTSD may have recurrent and distressing memories of the traumatic aspects of their childbirth experience.
- These intrusive thoughts or flashbacks can be triggered by various stimuli, such as sights, sounds, or sensations reminiscent of the trauma (APA, 2013).

Avoidance of reminders of the trauma, such as hospitals or medical settings:

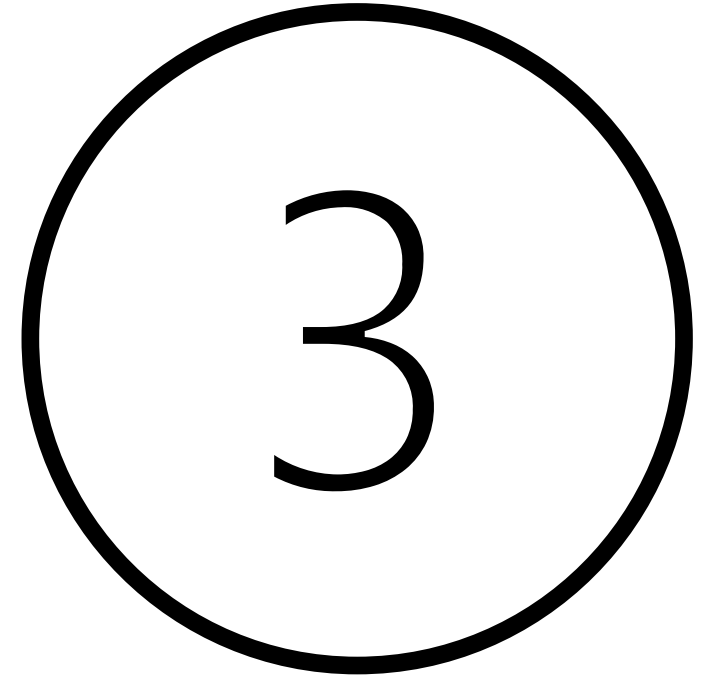
- Avoidance behaviors are common among individuals with PTSD and may manifest in perinatal PTSD as well.
- Women may actively avoid places, people, or situations associated with their traumatic childbirth experience, including hospitals, medical professionals, or even discussions about childbirth (APA, 2013).

New documentary sheds light on epidemic of Black maternal deaths



New documentary sheds light on epidemic of Black maternal deaths | Nightline –
YouTube: <https://www.youtube.com/watch?v=cymjwz7TS6s>

Identify the barriers that Black and Latinx mothers face in seeking and receiving appropriate mental health care.





Barriers to Care

- Lack of access to culturally competent care
- Stigma and mistrust within healthcare systems
- Intersectionality of race, gender, and socioeconomic status
- Statistical data on disparities in mental health treatment

Barriers to Mental Health Care for Black and Latinx Mothers

Structural:

Structural barriers refer to the tangible, infrastructural, and logistical obstacles that prevent access to mental health care services.

Systemic:

Systemic barriers encompass the broader institutional and policy-related obstacles embedded within the healthcare system that perpetuate inequalities for Black and Latinx mothers.

Cultural/Intrapersonal:

Cultural barriers refer to the beliefs, values, and practices within Black and Latinx communities that impede access to mental health care.

Structural Barriers to Mental Health Care



Inadequate Access to
Healthcare Facilities



Limited Availability of
Culturally Competent
Providers



Transportation Challenges



Financial Barriers
(Insurance Coverage and
Cost of Services)

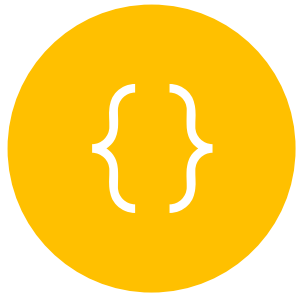
Systemic Barriers to Mental Health Care



Racial and Ethnic
Discrimination in
Healthcare Settings



Bias and Stigma within the
Healthcare System



Language Barriers



Lack of Outreach and
Engagement

Personal and Cultural Barriers to Mental Health Care

1

Stigma surrounding mental health within Black and Latinx communities

2

Cultural beliefs and misconceptions about mental health and treatment

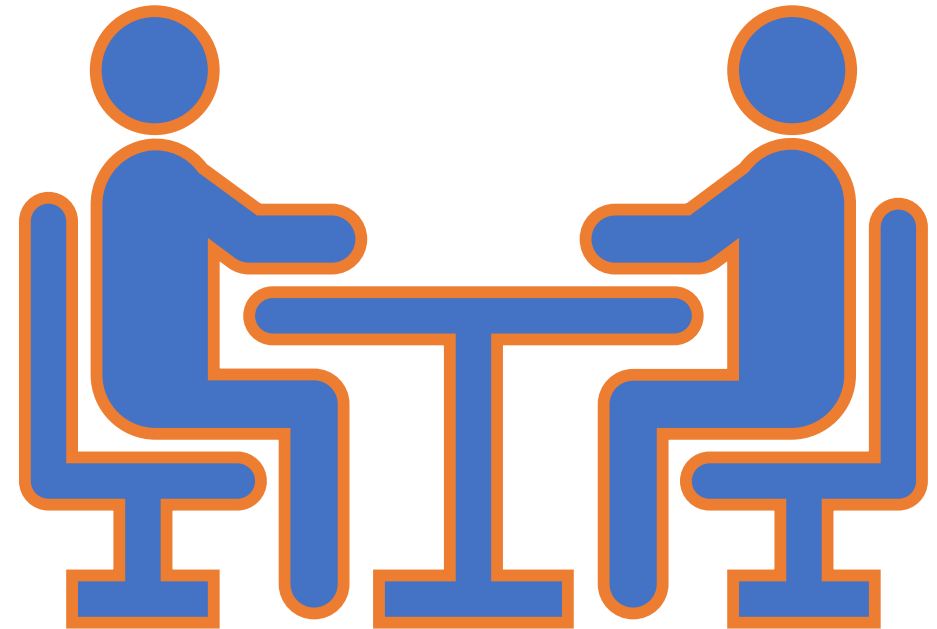
3

Reluctance to seek help due to mistrust of medical institutions

Discussion

Discussion on Systemic Racism and Bias:

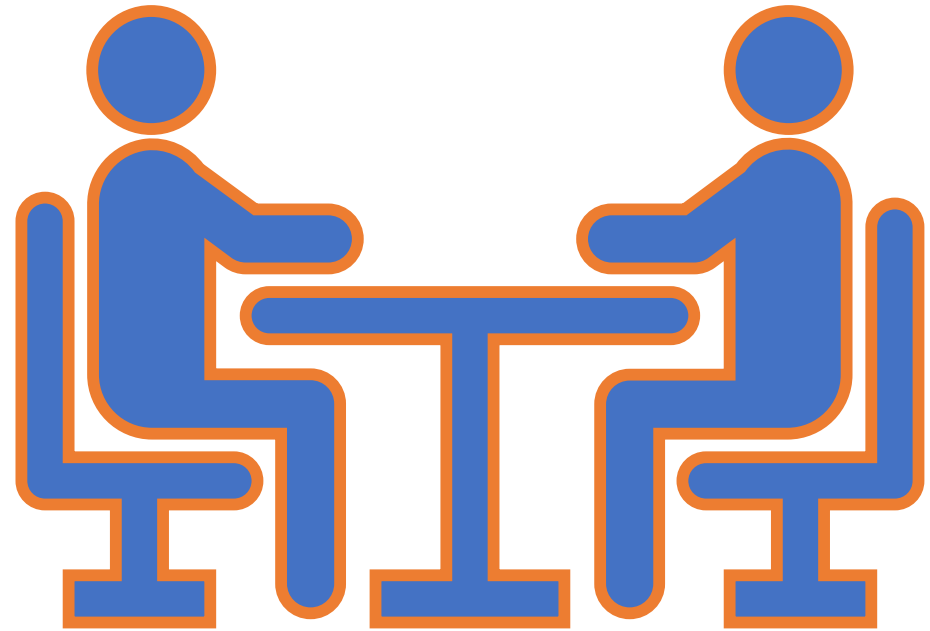
- How do you perceive the role of education and training in reducing systemic racism and bias in maternal health care?
- What challenges might arise when addressing systemic racism in health care, and how can they be overcome?
- How can healthcare institutions foster an environment that actively works against systemic racism and supports equitable care?



Something To Think About....

Advocating for Policy Changes and Accountability:

- What are some key policy changes that could address disparities in maternal health care for Black and Latinx mothers?
- How can healthcare professionals and community members advocate for increased accountability in healthcare settings?
- What strategies can be employed to raise awareness and push for systemic changes at the local, state, or national level?



Final Thoughts and Looking Ahead

Today, we covered:

- **Specific challenges and experiences** of Black and Latinx mothers in the perinatal period.
- The **impact of racial and cultural factors** on the development and manifestation of perinatal PTSD.
- The **barriers** that Black and Latinx mothers face in seeking and receiving appropriate mental health care.

Next Session Date: June 26, 2024, 2:00-3:30 p.m.

[Exploring Trauma During the Birthing Process and Its Impact on Black and Latinx Mothers](#)

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Questions



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