The State of BLACK MATERNAL MENTAL HEALTH in the U.S.

July 20
12 PM CST

bit.ly/CTK_BlackMaternalMentalHealth

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**Agenda**

**Welcome & Introduction of Speakers:** Stephaney Moody – Moderator

**Presentations:**
- Count the Kicks / The Impact of Social Determinants of Health – Stephaney Moody
- Perinatal Mental Health Matters – Chemyeeka Tumblin MSPH, MMFT
- Postpartum Doula’s & Maternal Mental Health – Nneka Hall
- Challenged but not defeated…Life After Loss – AJ Bostic, LPC, CD-PICD, PMHC
- Justice in Today’s Health Care Systems – Jacquie Easley-McGhee
- HRSA Maternal Mental Health Hotline – Dawn Levinson MSW

**Panel Discussion including Live Q&A**

**Trigger Warning:** Content might include graphic references to fetal demise, mental health, mental illness, and systemic racism.
Meet Stephaney Moody
Moderator – CTK
Chemyeeka Tumblin MSPH, MMFT
Founder/Executive Director of PositivelyMyeek
Full Spectrum Holistic Doula, Public Health Professional
Certified Master Life Coach
Nneka Hall
Mother IS Supreme - Founder
QUILT (Quietly United In Loss Together) – Founder
Doula, Postpartum Care Specialist, International Bereavement Specialist, Uterine Health Coach, Nominated Changemaker
Mass Ambassador
AJ Bostic
LPC, CD-PICD, PMH-C
Owner of “The Healing Space, LLC & The Healing Womb Program”
Licensed Professional Counselor
Outpatient Behavioral Health
Doula
Perinatal Mental Health (PMH-C)
Outpatient Behavioral Health
Dawn Levinson, MSW

Deputy Director
Division of Healthy Start and Perinatal Services
Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration (HRSA)
Department of Health and Human Services (HHS)
Why do we recognize Black Maternal Mental Health Week?

- July – BIPOC Mental Health Month
- Herstory
  - Postpartum Depression affects 1 in 8 women in the USA (NAMI).
    - Half are not diagnosed or do not seek treatment
  - Racial Disparities Persist
    - 20% show symptoms of PPD
      - 44% Black
      - 31% White
  - Approximately 900,000 women suffer from PPD annually
  - Anyone who has any type of loss can still experience PPD
  - Lack of representation - According to APA only 5.3% of Psychologist are Black

Addressing the Increased Risk of Postpartum Depression for Black Women | NAMI: National Alliance on Mental Illness
Postpartum Depression in New Mothers by Ethnicity/Race

The following data displays the percentages of women with symptoms of postpartum depression among various different ethnic groups.

Count the Kicks is a highly effective, evidence-based stillbirth prevention campaign.

We developed an early warning system for moms. We save 1 in 3 at-risk babies in Iowa.

Our campaign is ready to go and low cost.
Definitions and Facts

- Miscarriage: a miscarriage is usually defined as loss of a baby before the 20th week of pregnancy.
- Stillbirth: a stillbirth is loss of a baby after 20 weeks of pregnancy.
  - Stillbirth is further classified as either early, late, or term.
    - An early stillbirth is a fetal death occurring between 20 and 27 completed weeks of pregnancy.
    - A late stillbirth occurs between 28 and 36 completed pregnancy weeks.
    - A term stillbirth occurs between 37 or more completed pregnancy weeks.
- On average 23,500 babies are born still every year in the US.
- Infant Mortality: death of an infant before his or her first birthday.
  - On average around 22,000 infants die every year in the US.
- [https://www.cdc.gov/ncbddd/stillbirth/facts.html](https://www.cdc.gov/ncbddd/stillbirth/facts.html)
Stillbirth by the numbers

National Data

- 1:169 pregnancies end in stillbirth\(^1\)
- Racial disparities persist\(^1\)
  - Black moms 1:96
  - Hispanic moms 1:199
  - Indigenous moms: 1 in 138
  - White moms 1:204
  - Asian Pacific Islanders: 1 in 233
  - Just as prevalent as infant mortality
  - Families 10 times more likely to lose a baby to stillbirth than to SIDS

Racial Disparities

Why are there such large disparities for stillbirth?

 ► Research shows that there are a lot of contributing factors to the racial health disparities in stillbirth.

 ► Researchers point to the following as causes for the disparities:
   
   ► Systemic Racism.
   
   ► Toxic Stress. Research shows that years of being treated unequally and/or unfairly --- essentially being an African American woman in a systemically unjust society --- and all that comes with it --- have led to real and pervasive health issues for Black women.
   
   ► Epigenetics - Physiological variations that are caused by external or environmental factors that switch genes on and off and affect how cells read genes instead of being caused by changes in the DNA sequence.
   
   ► Predisposition to certain conditions that may lead to stillbirth like gestational diabetes, preeclampsia or high blood pressure, which all are linked to maternal stress. Experts say Black women are less likely than other races to receive early treatment for these conditions.
   
   ► Access to healthcare.
   
   ► Socioeconomic barriers.

 ► Research shows education is NOT a determining factor. A college-educated Black woman is still more likely to lose her baby than a high school educated white woman.
Stillbirth & Maternal Mortality and Morbidity are Intrinsically Connected!

Overview

America is seen as a leading developed country in almost all aspects, including our medical and technology sectors. Billions of dollars are spent each year on health care innovation; yet the rate of maternal morbidity is higher than other well-resourced developed countries and stillbirth rates remain high compared to other developed countries.¹

Some attention and effort is given to researching stillbirth trends and identifying strategies to change the stagnant reduction in stillbirth rates; however, less research and attention is given to maternal outcomes for expectant parents who experience a stillbirth.

According to one study, more than 15% of maternal deaths within 42 days of delivery occur in women who experienced a stillbirth.²,³ This isn't surprising when examining the risk factors associated with stillbirth, the demographics of women who experience the highest rates of stillbirth, and the current approaches to preventing and treating expectant parents who experience or are at risk of experiencing stillbirth.

Author:
Dr. Lyndi Buckingham-Schutt

Design & Layout:
Anh Nguyen
● Our FREE app is evidence-based and available in 14 languages: Amharic, Arabic, Chinese, English, French, Haitian-Creole, Hindi, Marshallese, Russian, Spanish, Swahili, Vietnamese, Burmese and Dari.

● Available for Apple and Android products including Apple Watch

● Users can restart their session or delete a kick

● Set a daily reminder to Count the Kicks

● Review kick-counting history

● Download history to share with provider

● Count the Kicks with twins

● Track future pregnancies on the same profile

● Manage multiple devices registered to your account

● Tracks Strength

● Notes Section

● Videos: Baby Save, How to, New Features
Search for free and reduced cost services such as prenatal care, mental health support, dental care, food assistance and more.

ZIP 50131

Search

Healthy Birth Day, Inc’s mission is to improve birth outcomes through programming, advocacy and support. Through this resource we hope to connect you to free or low cost services to support you in having a healthy pregnancy and delivery.

By continuing, you agree to the Terms & Privacy

This resource is brought to you by: https://countthekicks.org/

2,026 programs
in the Johnston, IA 50131 area

Choose from the categories above and browse local programs, or search for any service. Select Language ▼ to translate the site.
Educational Material

- Promo Posters in English and Spanish
- How To Posters in English and Spanish
- App Card Reminders
- Brochures
- FREE in partnered states!
- www.countthekicks.org
Let’s save babies together!
Connect with me @ Info@HealthyBirthDay.Org
Black Maternal Mental Health

- Chemyeeka Tumblin, MSPH, MMFT
- PositivelyMyeek, LLC
- Black Maternal Mental Health Week
- July 20th, 2022
Objectives

01 Audience will be able to identify the importance of ending the stigma around Maternal Mental Health.

02 Audience will be able to name 2 facts about Maternal Mental Health.

03 Audience will be able to list 3 ways to promote positive messaging around Mental Mental Health.
Ending the Stigma

- **Stigma: Noun**
  - a mark of shame or discredit.
  
  (Merriam-Webster, n.d.)

- **Myths:**
  - Poor Mental Health = Poor Prayer Life
  - Mental Health Disorder = Curse
  - “You too young to be depressed.”
  - Mental Health Disorder = Weakness
Ending the Stigma cont.

(MentalHealth.gov, 2022)

• 1 in 5 adults experience a mental health issue
• 1 in 6 young people experience a major depressive episode
• 1 in 20 Americans live with a serious mental illness

• Suicide is a leading cause in death within the United States.
• 2nd leading cause of death for ages 10-24.
• Most mental health disorders have an onset before age 24.
• Mental health disorders are often clinically diagnosable, and products of biological, psychological, and social factors.
• People with severe mental health issues are likely to experience violent crimes 10 times more than others.
• Friends and loved ones make a BIG difference.
Contributing Factors

- Transitions
- Environment(s)
- Social Circles
- Fear
Impact

- Self Esteem
- Relationships
- Social Skills
- Attachment

- Community
- Economic Status
- Quality of Life
• Higher rates of Maternal Mortality and Perinatal Mood and Anxiety Disorders (PMADs)
• Under diagnosed & Lower rates of access care
• Bias within Healthcare System

• “Put that baby first”
• Large support system but not enough needed support

https://wmmhday.postpartum.net/, 2022
Messaging

• Start the conversation(s) early.
• Involve family, friends and the community.
• Increase awareness but also action.
• Increase capacity to both listen and respond
Starts with US

- Mothers
- Teachers
- Doulas
- Therapists
- Physicians
For more information: Chemyeeka Tumblin
tumblin@positivelymyeek.com
Mental Health and the Postpartum Doula

Nneka Hall, presenter
Always anxiously awaited and fully cared for.
Maslow’s Hierarchy Of Needs
Postpartum Edition

- **Self Actualization**
  - Surviving to Thriving in Postpartum, Ability to Differentiate and Meet Individual Needs vs. Needs of the Child, Space to Address Pain/Joy Within Parenting

- **Esteem**
  - Meaningful Recognition and Affirmation of Labor Process and Hard Work in Postpartum, Addressing Structural/Racial Barriers to Supported Postpartum

- **Social**
  - Community Care and Belongingness, Traditional/Ancestral/Generational Acknowledgment, If Partnered; Care from Partner, Resources from Community

- **Security**
  - Stable Home to Recover In, Access to Pediatric Care, Accessible Lactation Support, Accessible Mental Health Support, Accessible Medical Support for New Parent

- **Physical Needs**
  - Sleep, Healthy Food, After Birth Body Care, Hydration, Ability to Feed Newborn

Self-fulfillment needs
Psychological needs
Basic needs
"Mothers who report very poor or drastically decreasing sleep quality during pregnancy are more likely to develop postpartum depression."

National Library of Medicine, Biotech Information
It is necessary to adopt traditional healing practices from other countries to preserve our birthing families.
Postpartum Doula’s purpose
To relieve the mental and physical load of the birthing person using practical physical and emotional support.
The Postpartum Doula is to care for the postpartum body.

A newborn care specialist is a trained professional to care for the newborn baby/ies.
• Sitting the Month allows the birthing person to recover from the trauma of childbirth
• Promotes bonding between birthing person and infant
• Cares for the birthing person's mental and physical health
Necessary Postpartum Care Supports

- LPN who specializes in Obstetrics
- Postpartum Care Specialists
- CNAs
- Social Worker
- Mental Health Counselor
- Yoga Instructor
- Pelvic Floor Physical Therapist
- Massage Therapist
- Lactation Consultant
- Contraceptive Health Counselor
- Cleaning Staff
- Chef
- Newborn Care Specialist
- Community Centered Herbalist
- Community Health Worker
- Mentally Healthy Maternal Figures
Our babies deserve the same start that we give our cats and dogs.

In the most states kittens and puppies are allowed to remain with their mothers until they are 8 weeks old.
CONTACT ME:
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nneka@motherissupreme.org
Challenged but NOT defeated....
Life After Loss

AJ Bostic
LPC, CD-PICD, PMH-C
CONTACT ME:
AJ Bostic
thehealingwomb.stl@gmail.com
Justice & Today’s Health Care System
By: Jacquie Easley-McGhee
Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane.

Dr. Martin Luther King, Jr.
March 25, 1966
Cultural Competence Vs. Cultural Humility

- Cultural competence implies an endpoint.
- Cultural humility is a commitment for active engagement:
  - Lifelong learning and critical self-reflection.
  - Recognizing and challenging power imbalances.
  - Pursuing institutional accountability.
THANK YOU!
Jacquie Easley-McGhee
515-643-8238
National Maternal Mental Health Hotline
July 20, 2022

Dawn Levinson, MSW
Deputy Director
Division of Healthy Start and Perinatal Services
Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People
National Maternal Mental Health Hotline

For Support, Understanding, and Resources, CALL OR TEXT 1-833-9-HELP4MOMS 1-833-943-5746
Free - Confidential - Available 24/7
TTY users can dial 711 and then 1-833-943-5746.

Learn more at https://mchb.hrsa.gov/national-maternal-mental-health-hotline | Questions? hotline@postpartum.net
Connect with HRSA

Learn more about our agency at:

www.HRSA.gov

Sign up for the HRSA eNews

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Thanks for joining us today!