

HEALTHY
birthDAY
IMPROVING BIRTH OUTCOMES

Count
the KICKS®



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

bit.ly/CTK_BlackMaternalMentalHealth

**July 20
12 PM CST**

Sponsored by:

MERCYONESM

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Thank YOU to our Sponsor!!!

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



MOTHER IS SUPREME
P O S T P A R T U M C A R E



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



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Jacquie
Easley-McGhee

Division Director,
Health Equity,
Diversity &
Inclusion



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)**

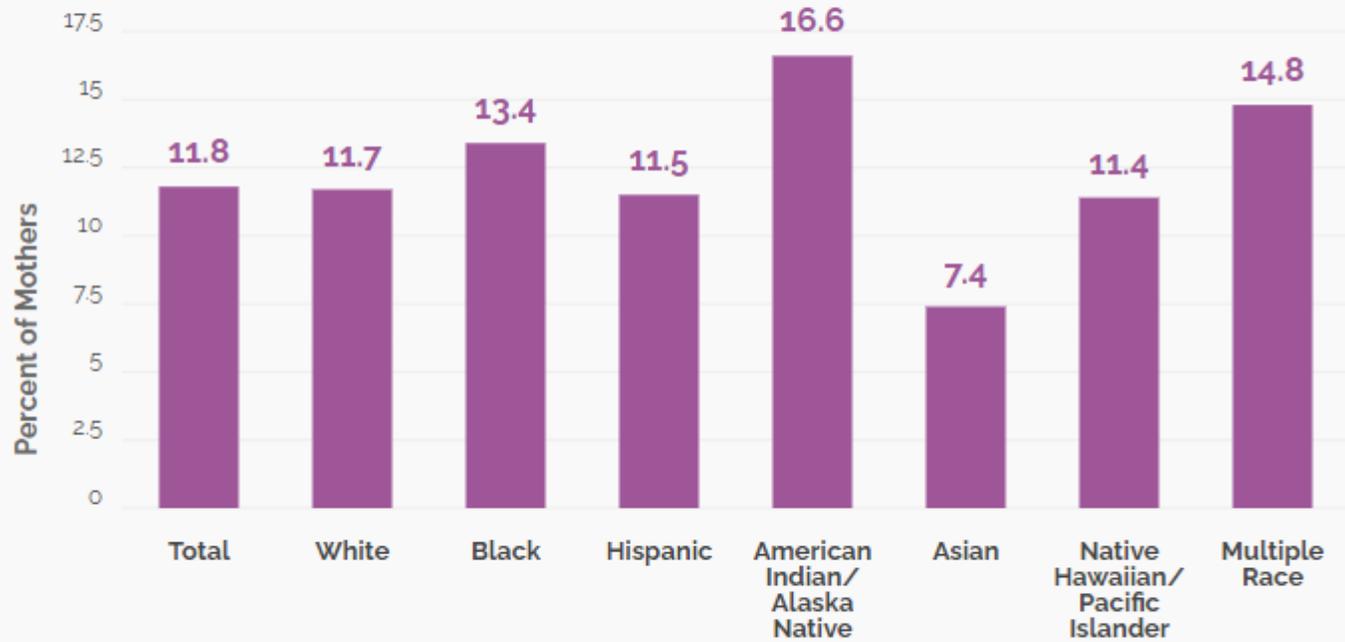
Why do we recognize Black Maternal Mental Health Week?



- ▶ 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

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.



<https://mchb.hrsa.gov/chusa13/perinatal-health-status-indicators/p/postpartum-depressive-symptoms.html>



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 ever 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>



Stillbirth by the numbers

National Data

- ➔ 1:169 pregnancies end in stillbirth¹
- ➔ Racial disparities persist¹
 - ➔ 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.*



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APRIL 2022
STILLBIRTH IN THE U.S. REPORT

The Link Between Stillbirth & Maternal Mortality and Morbidity: Firsthand Accounts from American Women



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 countries¹ and stillbirth rates remain high compared to other developed countries.²

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.**^{3,4,5}

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

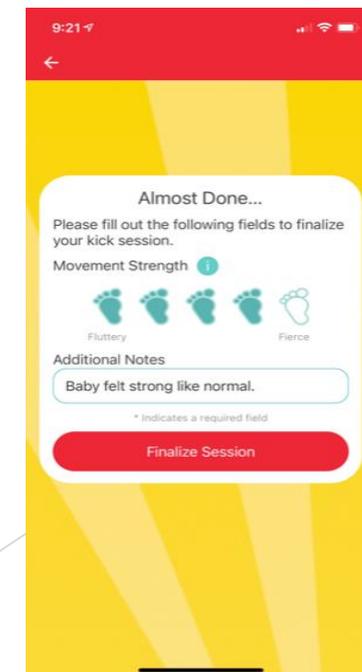
— Design & Layout
Anh Nguyen



Stillbirth & Maternal Mortality and Morbidity are Intrinsicly Connected!

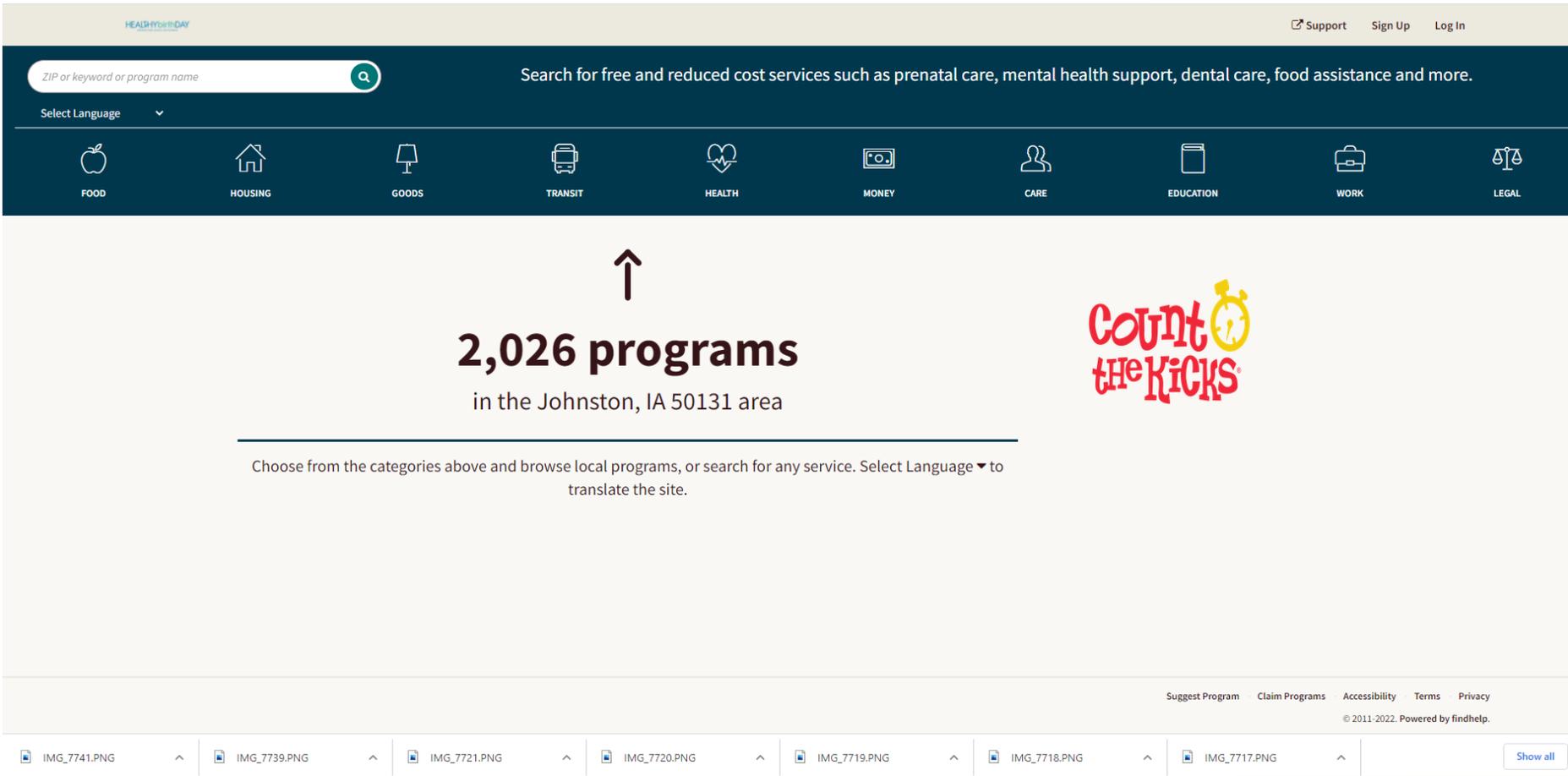


- Our FREE app is evidence-based and available in 14 languages: Amharic, Arabic, Chinese, English, French, Haitian-Creole, Hindi, Marshallese, Russian, Spanish, Swahili, Vietnamese, Burmese and Dari.
- Available for Apple and Android products including Apple Watch
- Users can restart their session or 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





www.healthybirthday.findhelp.com





Counting kicks is what moms should do. It's important and easy too!

Here's How:
Starting at the 3rd trimester, begin counting.

- 1 Track your baby's movements with the **FREE Count the Kicks®** app or download a **Count the Kicks®** chart at countthekicks.org.
- 2 Count kicks every day—preferably at the same time.
- 3 After a few days, you will begin to see a pattern for your baby—how long it takes your baby to get to 10 movements.
- 4 Call your provider right away if you notice a change in strength of movements or how long it takes your baby to get to 10 movements.

Download the **FREE Count the Kicks®** app today

[Instagram](https://www.instagram.com/countthekicks.org) [Facebook](https://www.facebook.com/countthekicks.org) [Twitter](https://www.twitter.com/countthekicks.org) countthekicks.org

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Count the Kicks® is a campaign of Healthy Birth Day, Inc.®, a 501(c)(3) organization dedicated to the prevention of stillbirth and infant death through education, advocacy and support. This information is for educational purposes only and is not meant for diagnosis or treatment. Use of this information should be done in accordance with your healthcare provider.

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Georgia Strong Families Healthy Start Program

This handout is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number 1R59CE001049 Healthy Start Initiative: Eliminating Disparities in Perinatal Health. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsement be inferred by HRSA, HHS or the U.S. Government.

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 Maternal 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](https://www.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

Relationship to Birth

- 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

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
ctumblin@positivelymyeek.com

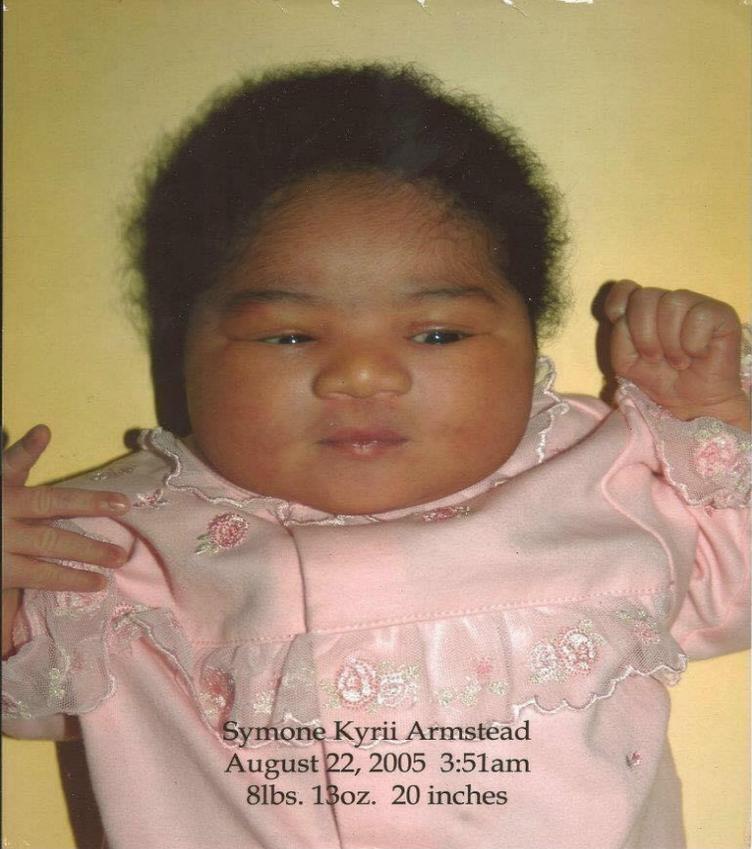
Mental Health and the Postpartum Doula

Nneka Hall, presenter





Jelani Logan
August 9, 2000



Symone Kyrii Armstead
August 22, 2005 3:51am
8lbs. 13oz. 20 inches



Bradleigh Jeaneil
September 12, 2014



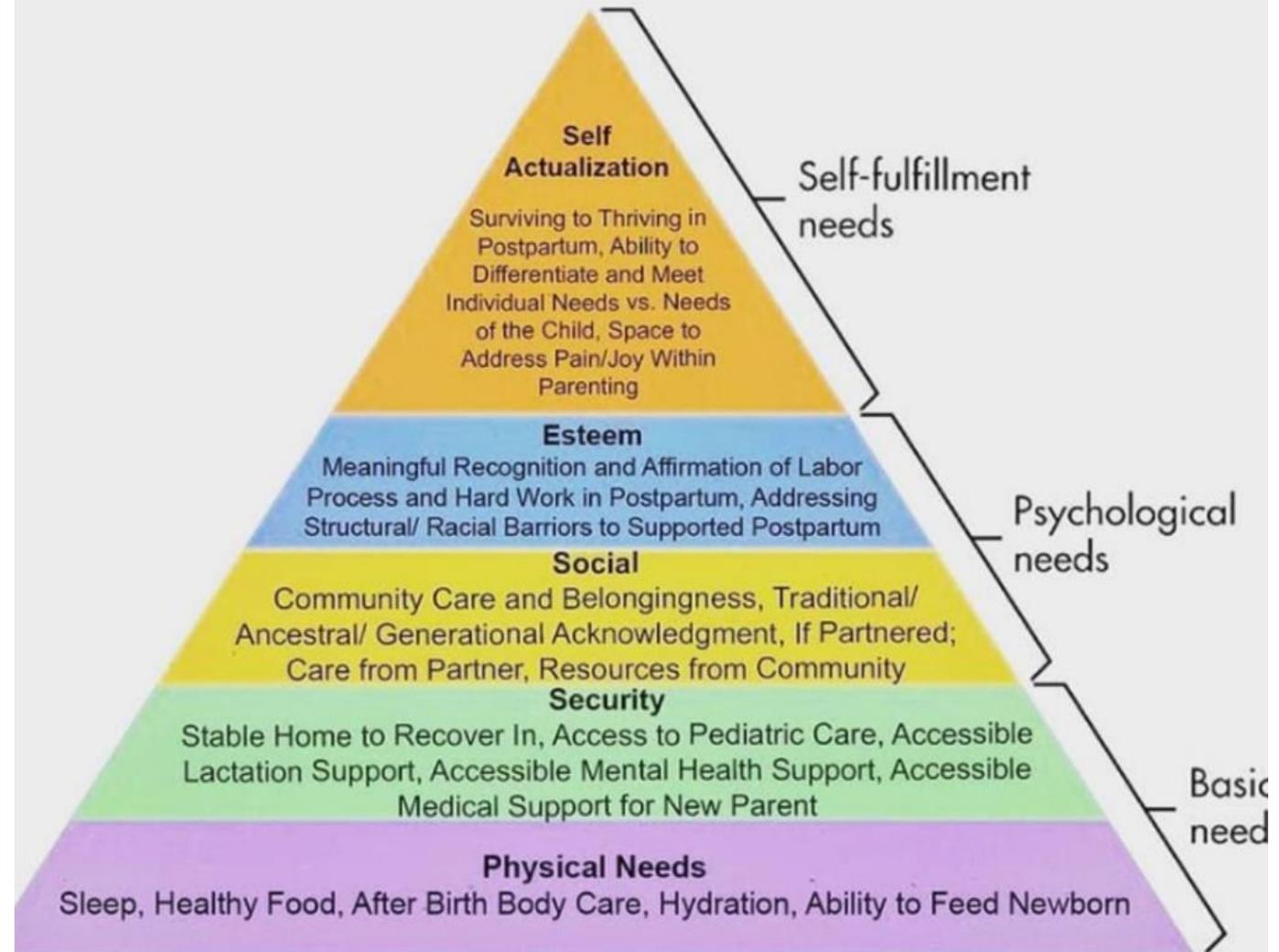
Annaya Marie
August 27th, 2010

Always anxiously awaited and fully cared for.



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Maslow's Hierarchy Of Needs Postpartum Edition



"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



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Our Future is the Past

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.





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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.



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- 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



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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:

Nneka J. Hall

nneka@motherissupreme.org



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***Challenged
but NOT
defeated....
Life After
Loss***

AJ Bostic

LPC, CD-PICD, PMH-C





CONTACT ME:

AJ Bostic

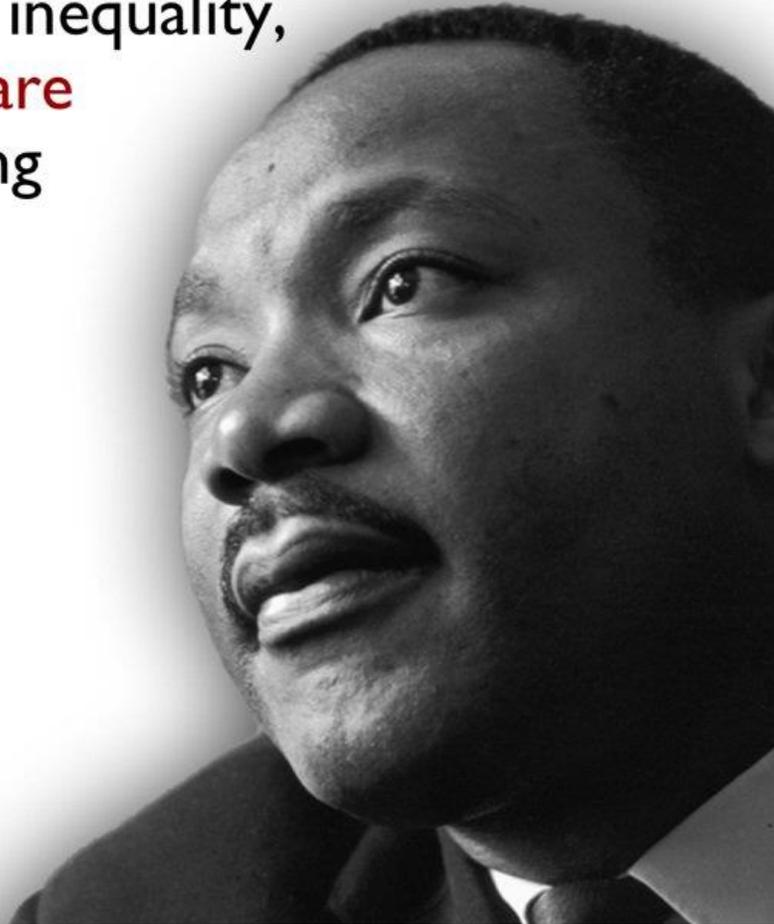
thehealingwomb.stl@gmail.com



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



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Equality



Equity



Justice



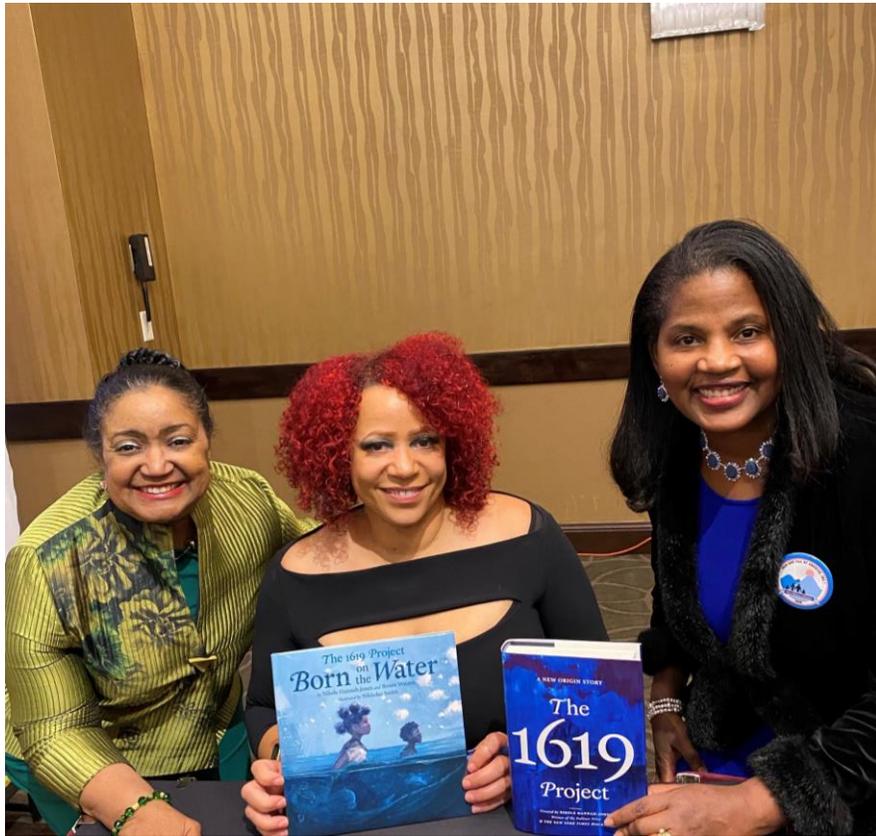


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Cultural Competence Vs. Cultural Humility

- ❑ **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



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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.



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www.HRSA.gov



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Thanks for joining us today!