THE STATE OF BLACK MATERNAL MENTAL HEALTH
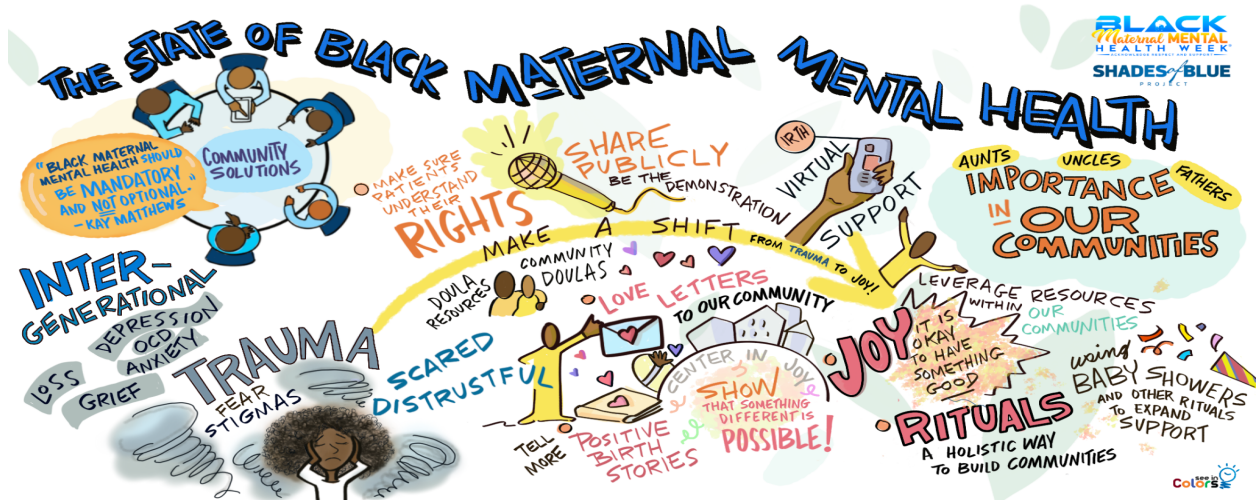# 2022 REPORT

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Our Collective Effort Recommendations and Community Driven Solutions of Care

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2021 State of Black Maternal Mental Health Roundtable Recommendations

Our History and Our Trauma

In the United States, Black women are twice as likely to develop postpartum depression than their white counterparts but half as likely to get treated. The current state of Black maternal mental health is the product of hundreds of years of social structures impacting the environments of Black people. For Black women, the aftermath of these social structures combined with societal expectations on women to bounce back right after birth results in an incredible burden to carry when seeking help. The barriers to affordable, accessible, and culturally competent care are directly related to these social structures and societal and cultural expectations. While none of these can be overhauled overnight, we can start by providing the tools needed to seek treatment.

Our Black Bodies, along with our Black Voices, Are Imperative For Change

The Shades of Blue Project created the State of Black Maternal Mental Health Roundtable to have an informal discussion that we could all learn from and include statements, recommendations, and solutions that we could all feel compelled to act in some way. This is the lens through which our Maternal and Mental health leaders see the daily challenges and the choices and decisions affecting their own lives and the clients and community they serve. These are the voices of those individuals, and these are also the voices of our change makers.

We have to broaden our definition of postpartum…it may be time to go back to work or final check-up, but it doesn't mean everything is okay."**- Sierra McClain, Sankofa Mama Birth Services.**

"We are the community, those Black and Brown providers that work in the community and have exposure to the same racism and the same disparities as the communities they are working with is often traumatizing for people and they are not going anywhere so whether you fund us, whether you listen to what we are saying, we are still going to be here serving our communities but what does that do to us? How are we talking about caring for ourselves and growing a sustainable workforce? How do you convince people to grow a workforce when all the Black therapists they know are extremely stressed, while they may have a lot of people knocking at their door, they don't have the ability to serve; it is hard not to serve your neighbor brother, sister, cousin when you know they need you so people are taking more than they can, they are not taking a vacation or supporting their families because of this extreme strain" **-Dr. Sayida Peprah, Diversity Uplifts Inc.**

"We are in a situation where we can't really focus on one person, we have to focus on a collective…we need to expand and really talk about the wellness of Black people, in general, moving forward"**- Dr. Serwaa Omowale, University of California, San Francisco.**

"The community-based doula works need data, but from the metrics we designed, the metrics folks want to show aren't going to show where the pivotal change is happening"**- Dr. Twylla Dillion, Health Connect One.**

"We can make new outcome metrics…this is where the supremacy of physicians and research is problematic because we have not looked at nursing outcomes, public health outcomes, social work outcomes, we have not looked at other disciplines that use outcomes other than life and death"- **Dr. Monica McLemore, University of Washington.**

"The impact of the overturn of Roe v Wade is exacerbating the existing barriers and challenges in Black maternal mental health workers and communities." **-Angela D Aina, Black Mamas Matter Alliance.**

"Being forced to carry a child when you are unsure about your capabilities to raise one adds additional stress, and what we are doing is moving backward and not prioritizing what we need to improve health outcomes" **-Tiffany Bishop, Raising Resilience.**

"When you see that abortion aftercare isn't even mentioned for people, you have to consider that they still have a postpartum experience, they still go through stress during their pregnancy even if it was only six weeks" **-Whitney Coble, Raising Resilience.**

"You cannot discount the physiological changes that happen to your body and not say that they are not going to have some type of impact upon how it is that you view the world"- **Jessica Roach, Restoring Our Own Through Transformation.**

"We need to talk about power and who holds that power and how that affects the relationship with the community"**-Tina Sherman, Moms Rising.**

"It's not the community-based or grassroots organizations that get funding; it's typically the academic institutions that have a "history" of doing this work and already have all the tools in place to secure funding…we have to call that out there are several foundations and organizations that fund the same institutions over and over again with no different results" **-Dr. Ifeyinwa Asiodu, University of California.**

Inclusion vs. Exclusive in Mental Maternal Health

Enriching the mind and body with education and proper nutrition is vital during pregnancy and continues to be important postpartum. The data on postpartum illnesses is severely lacking as 40% of women do not attend their postpartum appointment. Beyond the single postpartum appointment, patients with newborns generally visit their pediatrician more regularly than their gynecologist or family practitioner. Symptoms typically go undiagnosed during the first year postpartum range from insomnia, depression, and complications from procedures like episiotomies and cesarean-section incisions. Whether it be mistrust, lack of information, or lack of time, racial differences exist in how follow-up is addressed when someone is diagnosed with PPD.

There is evidence that African Americans may be less inclined to disclose symptoms due to mistrust and perceived discrimination within the medical care setting. Differences can significantly impact the kind of care given to patients and thus plays a heavy role in the mortality statistics of specific populations. Research has found that birthing experiences of minority

women differ significantly depending on location: home birth vs. hospital; incidents of mistreatment were found to be more significant when women gave birth in the hospital (28.1%) vs. at home (5.1%). This information is not presented to scare or force women to give birth at home but is necessary to highlight the reality of the system with which we live and how it can impact our life experiences. The provision of health care interpretation services, recruitment/retention of minority staff, and employment of doctors in areas that identify with most of the patient population are all essential aspects of patient care. Doctors should be able to coordinate with community health workers and traditional healers, incorporating cultural forms of healing into the patient treatment process. Intrapersonal determinants play a significant role in postpartum mental health as well.

However, not everyone has similar experiences; two new mothers could be affected by policies, institutions, and interpersonal factors very differently. One may develop depression, while the other may not, perhaps due to differences in brain chemistry or life experiences. Postpartum mental health is not an objective reality; each person's experience with bringing a baby into the world will be unique. Health care providers must acknowledge the existence of the social determinants of health and their effects on Black women's health outcomes.

Acknowledgment requires a deep understanding of the potential social determinants in individual patients' lives that affect their health status. Health care providers must support patients and help protect them, via high-quality care, from some of the potentially harmful effects of social determinants.

Support requires deep listening and a commitment to anti-racist care practices. Doctors and other healthcare professionals should create environments where Black women feel comfortable sharing aspects of their lives that affect their physical health but may not be narrowly conceived as only medical.

Respect, which is often lacking in the hegemonic history and current practice of medicine for Black people, especially Black birthing people, is a necessary component of compassionate care and effective implementation of competency related to the social determinants of health. Black people experience extreme, long-lasting, and systematic forms of disrespect in their everyday lives and their encounters with health care due to racism. To adequately care for Black birthing people's physical and mental health, providers should engage in a radical form of respect that requires deeply interrogating one's potential biases toward specific populations and behaviors.

Educational interventions teach providers about a particular cultural group's attitudes, values, and beliefs. Such interventions educate providers about the common secondary conditions certain to the target populations. When we think about inclusiveness, we must consider all birthing experiences, not just birth outcomes. When this is accomplished, you can capture a population of birthing individuals that are so often not included in the data and dynamics of adverse maternal mental health outcomes. We recommend looking at all stages of pregnancy and the effects it could have on the birthing individual; this is not exclusive to live births and includes a loss at any stage (Abortion, Miscarriage, Stillbirth).

The language that we use is crucial as it is the communicator of information and the way we receive and understand it. "Maternal Mental Health" is most widely used and can be identified within communities and support group dynamics.

We also need to mention that "Maternal" is not exclusive to women or gender. Yet "Maternal Mental Health" includes the pregnancy and what occurs during and after. It is based on the birthing experience but not exclusive to the birthing outcome.

Importance of Patient Advocation

The western standard of birth revolves around delivery in a hospital, typically on the back, under the strict supervision of health care practitioners. Birthing cultures around the world have variations that revolve heavily around spirituality, community, and a period of confinement to heal and nourish the body. The support needed during stress is critical during pregnancy, birth, and the period after delivery. Patients who gave birth during COVID-19 restrictions reported strong feelings of isolation and anxiety when separated from their partners and support systems. In recent years, the role of a doula has been growing as birthing people who have doulas are likely to have better health and birth outcomes.

While doulas do not provide medical care, their role as educators and emotional support systems helps bridge the gap between patients and health practitioners. Studies have shown that having a doula can also bridge the gap for patients affected by racism and classism, as low-income birthing people of color benefit the most from the support of a doula. While doulas are not necessary for every person in the delivery room, having a trustworthy and trained individual to support and communicate the patient's needs can make all the difference, especially in communities where the ignorance and silence of practitioners have resulted in preventable deaths.

This also includes the implementation of Community Health Workers and their essential role during and after childbirth. Community Health Workers are an intricate part of the support role for birthing individuals, especially in the postpartum period. Community Health Workers can commonly assist in navigating resources available to support the birthing individual and the entire family dynamic. This, coupled with Doula support services, is the changing dynamic that has been our proven collaborative effort working within our communities. And we will be developing and disseminating our model of care.

The Shades of Blue Projects Community Efforts In Action

The Shades of Blue Project started in 2013 as a local effort to bridge the gap by providing new moms with diapers, wipes, meals, and connections to a growing community. In the following years, the community continued to grow, along with the services provided. From delivering essential items in person to shipping weekly care packages to zip codes in 12 states, The Shades of Blue Project looks for innovative ways to reach birthing individuals in need across the nation. Virtual support groups for perinatal, infant loss, general mental health, LGBTQ+, and teen support allow members access to a safe space to share their experiences with like-minded peers. Virtual methods of reaching clients have been fundamental during the COVID-19 pandemic, with over 4,200 clients being served virtually since 2020. As for in-person services, over 1,500 clients have visited the office to pick up supplies, attend support sessions, and receive healthcare services.

The Shades of Blue Projects Maternal Mental Health Resource Center is also home to the INSPIRE collaborative, a safe space for birth workers to work, train and engage with the community. Birth workers and community leaders will work to develop curricula for healthcare

workers who provide and treat people of color to help increase their ability to provide culturally competent care.

The Shades of Blue Project is actively involved in public policy, raising awareness on issues that pertain to maternal health and birth workers. "Our goal is to help support and train more doulas and healthcare workers to be licensed in Texas and continue to support and help the community grow over the next five years using the Theory of Change Model," says Matthews, who is the Executive Director and Founder. The Theory of Change Model starts with roots in the community through engagement and partnership to create a strong, trusting relationship to understand the unique needs of the community better. Next, the Theory of Change Model pushes for progress through advocacy and involvement with public policy to bring awareness to overlooked issues. A crucial stage is an investment in proper education and training of new and existing personnel to provide culturally sensitive care.

The evidence-based training curricula created by The Shades of Blue Project have proven to be a training that identifies unique stressors in Black women and birthing individuals dealing with Maternal Mental Health complications. By implementing the I.NS.P.I.R.E method into everyday practices for self-care alignment and prioritizing this method in practices for the community, the training can help those who take the training on what they can do to change the current outlook of maternal mental health in Black women and birthing individuals and understanding the social determinants of health and cultural barriers. And can demonstrate the INSPIRE method of compassion care strategy for patients and providers, including mindfulness, hug therapy, music, and more. The final step is to route funds to community organizations and partners dedicated to transparency and sustainably creating change.

Next Steps Recommendations and Impact Plan Steps

Starting the process of leveling the playing field can be daunting, but we have some key recommendations that will support the progress. We begin with properly educating the current and future generation of healthcare practitioners. Training in cultural sensitivity and humility will give practitioners the tools to interact and treat patients in a way that acknowledges their values without attaching preconceived opinions. Providing access to affordable, culturally competent care is the first step to building a stronger relationship with patients that fosters self-efficacy. Patients actively creating their treatment plans with practitioners are more likely to adhere to them and yield better health outcomes. Investing in organizations that are led by and cater to the needs of Black women is also integral to creating equitable and anti-racist maternal mental health care. To create lasting change, the community needs to be at the forefront of the movement, making decisions in the same room as stakeholders and giving a clear voice at the table and throughout any implementation process.

To move forward with the change that has the potential to impact the members of the community who need it the most, we must first support and care for our birth workers. Birth workers such as doulas and community health workers are proven effective, but most funding programs exclude those who do not have certification or licensing from elite institutions. The cost of training adds up and is especially hard when the reimbursement rates of doulas from insurance companies are meager. How do we keep people in this vital occupation when they cannot support themselves or their families? Using the Theory of Change Model, we must start with the community, advocate for their rights and raise funds to support the education and career of future birth workers.

Once birth workers are a sustainable occupation, we can start focusing on equitable relationships between the community and funding institutions. The hoops communities have to jump through to secure funds from these institutions are distracting valuable resources from the core function of these organizations to fulfill requirements that often do not benefit the community directly.

Conclusion

For years, we have known the problems within the same system that was never designed to care for Black people and that systematic racism has created barriers for hundreds of years. What we know to be true is that the mortality and morbidity rates for Black birthing individuals will continue to exist and that maternal mental health underdiagnosis will be a continuum until we collectively come together to dismantle a broken system of care that continues to devalue who we are as a people. When we say community-based solutions are the critical factor, The efforts of the past few years will mean nothing if we do not bring the essential issues to the forefront and address them with not just the acknowledgment that they exist but the funds to do the work without having to make sacrifices to serve our communities not just how they need but also how they want. Reshaping the way community-based organizations are in the running to receive funding is also crucial to the shift in systematic processes.
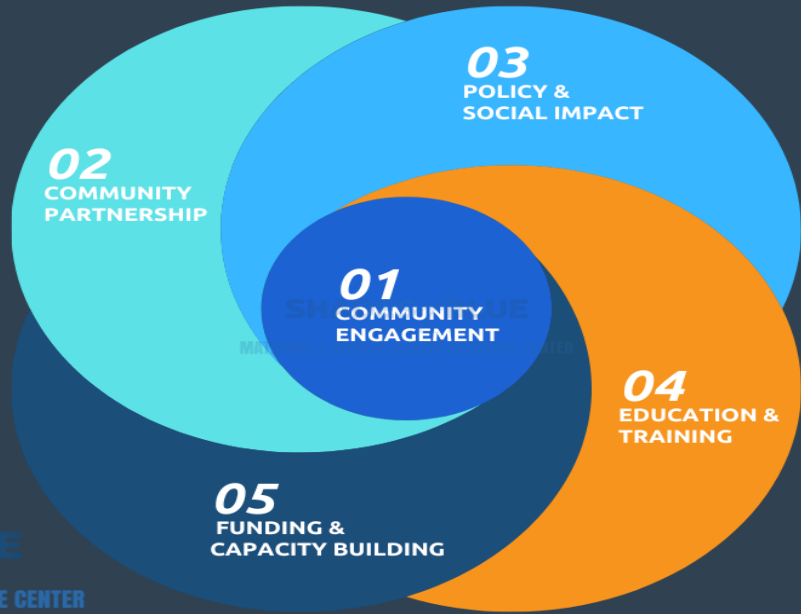
We can all be the change we need and want to see but certainly cannot do it without seeing the value in what each of us plays in this process. Our recommendations are simple and complicated yet necessary for the betterment of those on the receiving end, **the community**. "Black Maternal Mental Health is Mandatory, not Optional"**- Kay Matthews**

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THEORY OF CHANGE

Our action plan for Maternal Mental Health community development and the process of collective efforts.

02 COMMUNITY PARTNERSHIP

03 POLICY & SOCIAL IMPACT

01 COMMUNITY ENGAGEMENT

04 EDUCATION & TRAINING

05 FUNDING & CAPACITY BUILDING

SHADES of BLUE
PROJECT
MATERNAL & MENTAL HEALTH RESOURCE CENTER

1.COMMUNITY ENGAGEMENT

- Local, National, International Reach
- Address Stigma, Mistrust and Unmet Needs
- Build Community Social Support Networks
- Storytelling and Sharing the Voice of the Community
- Maternal Child & Infant Mental Health inclusion
- Community Organized MMH Awareness Events

2.COMMUNITY PARTNERSHIP

- Community Based and Grassroot Organizing
- Engage with more MH & MMH Community Leaders
- Hospitals, Clinics and Urgent Care Facilities
- Middle and High Schools and Universities
- Government Agencies City and State

5.Funding & Capacity Building

- Hosting Quarterly Funder Roundtable discussions
- Welcome more Funders to building relationships with MMH Organizations and Organizers
- Creating Impact Reports to Share in real time of what's happening in our communities and benefits of funding Social services and the direct effect.

3.POLICY

- Collaboration with local and state officials
- Collaboration with national Initiatives and organizations that amplification would be mutually beneficial
- Work on Policy that addresses MMH specifically

4.EDUCATION & TRAINING

- INSPIRE Collaborative Training Program
- Back Maternal Mental Health Week
- Local and National Trainings In person & Virtual
- Cross training Doulas to become CHW's and CHW's to become Doulas

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MATERNAL & MENTAL HEALTH RESOURCE CENTER

**Recordings of Roundtable Discussions
Available at Shadesofblueproject.org**

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