UVM Project ECHO
Perinatal Mental Health
Preconception Through the First Year Postpartum

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                Maria Rossi, CLC, CLD, BS
                Sarah Guth, MD
                Fiona Griffin, LCMHC
                Kathryn Wolfe, LICSW, LADC
• RECORDING OF SESSION TO BEGIN
Agenda

• Introductions
• Objectives
• Didactic Presentation (~20-30 min)
• Case presentation
  • Clarifying questions
  • Participants – then faculty panel
• Discussion
• Recommendations
• Summary
• Closing Announcements
  • Submission of new cases
  • Completion of evaluations
Series Objectives

Learning objectives for this ECHO series include the ability to:

• Explain clinical knowledge about presentation of perinatal mental health complications

• Discuss treatment and management approaches

• Apply appropriate diagnostic and treatment strategies for the perinatal population, with an emphasis on diversity, equity, and inclusion

• Describe statewide resources that can assist patients who may experience perinatal mood and anxiety
CME Disclosures

University of Vermont (UVM) Office of Continuing Medical and Interprofessional Education (CMIE) is approved as a provider of Continuing Medical Education (CME) by the ACCME. UVM designates this internet live activity for a maximum of 1 AMA PRA Category 1 Credits.

UVM CMIE is accredited by the American Nurses Credentialing Center (ANCC) to provide CE for the healthcare team. This program has been reviewed and is acceptable for up to 1 Nursing Contact Hours.

As a Jointly Accredited Organization, The Robert Larner College of Medicine at the University of Vermont is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. The University of Vermont maintains responsibility for this course. Social workers completing this course receive 1 continuing education credits.

This activity was planned by and for the healthcare team, and learners will receive 1 Interprofessional Continuing Education (IPCE) credit for learning and change.

Participants should claim only the credit commensurate with the extent of their participation in the activity.
CME Disclosures

**Interest Disclosures:** As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.

**Meeting Disclaimer:** Regarding materials and information received during this educational event, the views, statements, and recommendations expressed during this activity represent those of the authors and speakers and do not necessarily represent the views of the University of Vermont.
CULTURAL CONSIDERATIONS IN PERINATAL MENTAL HEALTH

Dr. Sayida Peprah, PsyD

Founder/Executive Director of Diversity Uplifts, Inc.

Rancho Cucamonga, CA
Native Land of the Tongva/Gabrieleno Peoples

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[I have no conflicts to disclose.]
CULTURAL CONSIDERATIONS IN PERINATAL MENTAL HEALTH

Session Objectives:

1. List three perinatal, infant and/or breastfeeding disparities

2. Discuss the impacts of socio-economic risk factors on perinatal/postpartum mood disorders

3. Define three principles of cultural humility and cultural safety

4. Develop strengths-based support strategies and interventions for birthing people impacted by race-related micro stressors in maternal health
Perinatal Health Disparities in the US

- Black women (2-6x), American Indian and Alaska Native women (~2x) more likely to die from pregnancy-related causes than white women
  - Causes: Pregnancy-induced hypertension, Embolism, Hemorrhage
  - Even after controlling for socioeconomic status (AA)

- Black women more likely to have C-Section, less likely to have successful VBAC
Infant & Breastfeeding Disparities

- **Preterm birth** is 50% higher for Black infants in the US (CDC, 2016/APHA, 2019), followed by American Indian, Alaska Native and Puerto Ricans with an average rate.

- **Infant mortality** 2x higher for Black infants. American Indian, Alaska Native infants with an average rate than white infants as well.
  - 43% of black infant deaths were due to complications associated with preterm birth nationally (MOD, 2010)
  - Breast/Human milk is a key intervention

- Per CDC (2011-2015), percentage of those who initiated breastfeeding was 64.3% for African Americans, 81.5% for Whites, and 81.9% for Hispanics (NIMHD, 2017)

- Nationally African Americans/Blacks are identified as having the lowest rate of having ever breastfed, initiating breastfeeding and/or exclusively breastfeeding. However, its rapidly improving.
Perinatal Mental Health Disparities

- Studies reveal that women of color experience postpartum depression at a rate of close to 38% compared with approximately 13-19% for all postpartum women.

- Conflicting evidence about prevalence of PMADs across race/ethnicity

- In many studies, Black women are found to have higher rates of perinatal mood disorders than any other populations

- Contrastingly, women of color, including African-American, Asian-American, Native American, multiracial and other non-white individuals, are less likely to be screened and treated at lower rates

- Those treated often report experiencing inadequate and/or culturally incongruent and incompetent treatment and care
Considerations on Stress During the Perinatal Period
Epigenetic Transmission of Trauma-related Stress Response

Epigenetics: The study of heritable changes in gene expression caused by life experiences, life choices and environmental factors, not underlying DNA sequence.

- Epigenetic tags found in both Holocaust survivors and their children born post-holocaust
- Lower levels of stress reducing hormones
PTSD Connected to Premature Births in Black Women

• 2005-2008 research study included 839 women (41% African-American)
  • Study found that women with PTSD, who suffered abuse during childhood, were more likely to have premature babies and give birth to babies who weighed less.
  • Study also found that African-American women are 4x more likely than white women to remain affected by PTSD at the time of pregnancy, thus impacting maternal health outcomes.
Relaxation Proven to Prevent/Reverse Epigenetic Changes

• According to Gapp, K., Bohacek, J., Grossmann, J. et al. (2016) rats studies showed stress response impacts of epigenetics, maternal stress in utero and adverse early life stress were reversed through enriching the environment.

• According Venditti, et al. (2020) relaxation/meditation exercises like Vipassana, Yoga, Tai Chi, and Qigong improved attention, self-control, and mindfulness and reduce epigenetic physiological and stress effects in participants.
Socio-environmental Risk Factors

- Inadequate partner/social support... Ex. COVID 19 - Social distancing isolation
- History or active interpersonal violence
- Financial stress/poverty
- Recent loss or move
- Systemic Racism/Racial Trauma/Race-Related Microaggressions
- High-stress parenting
  - Single parents, military families, incarcerated partner
  - Teen parents
  - Parents of multiples
  - Parents of children with disabilities
CULTURAL CONSIDERATIONS IN SCREENING FOR PMADs
## Screening Tools

### Perinatal Mood and Anxiety Disorders Screening Tools

<table>
<thead>
<tr>
<th>Screening Tool</th>
<th>Items</th>
<th>Time</th>
<th>Language</th>
<th>Access Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edinburgh Postnatal Depression Scale</td>
<td>10</td>
<td>&lt; 5 min.</td>
<td>18 languages</td>
<td><a href="https://perinatology.com/calculators/Edinburgh%20Depression%20Scale.htm">https://perinatology.com/calculators/Edinburgh%20Depression%20Scale.htm</a></td>
</tr>
<tr>
<td>Postpartum Depression Screening Scale</td>
<td>35</td>
<td>5-10 min.</td>
<td>-English</td>
<td><a href="https://www.wpspublish.com/pdss-postpartum-depression-screening-scale">https://www.wpspublish.com/pdss-postpartum-depression-screening-scale</a></td>
</tr>
<tr>
<td>Patient Health Questionnaire 9 (PHQ9)</td>
<td>9</td>
<td>&lt; 5 min.</td>
<td>Numerous</td>
<td><a href="https://www.phqscreeners.com/">https://www.phqscreeners.com/</a></td>
</tr>
<tr>
<td>Center for Epidemiologic Studies Depression Scale</td>
<td>20</td>
<td>5 - 10 min.</td>
<td>-English</td>
<td><a href="http://www.chcr.brown.edu/pcoc/cesdscaler.pdf">http://www.chcr.brown.edu/pcoc/cesdscaler.pdf</a></td>
</tr>
<tr>
<td>Zung Self-rating Depression Scale</td>
<td>20</td>
<td>5-10 min.</td>
<td>English</td>
<td><a href="http://www.mentalhealthministries.net/resources/flyers/zung_scale/zung_scale.pdf">http://www.mentalhealthministries.net/resources/flyers/zung_scale/zung_scale.pdf</a></td>
</tr>
</tbody>
</table>
Considerations for Introducing Screening

- Location/Setting
- Presence of others
- Legal and Social System Status/Risks
How to Address Guardedness and Distrust

- Assess your cultural proximity to the client
- Normalize
- Provide adequate, relevant information, culturally congruent resources and referrals
FOUNDATIONS OF CULTURAL HUMILITY & CULTURAL SAFETY
Foundations of Cultural Humility & Cultural Safety

• Knowing that your worldview is not the norm or “right”

• A perpetual state of listening, learning, adjusting to others in order to be as congruent as possible

• Allowing other’s culture to lead/guide/dictate how you engage

• Seeking to understand the client/patient’s perspective of their needs, their problem(s)

• Assuming your client/patient has important knowledge to share with you, about their needs, symptoms, care plan, treatment, interventions

• A practice of tuning into your client/patient, as an individual, to help assess what they need, before making decisions
Foundations of Cultural Humility & Cultural Safety

• The recipient of care feels safe
• Anchored in participation, protection and partnership
• Practitioner recognizes the power dynamics inherent in any practitioner-patient/client interaction and is committed to minimizing them
• Practitioner has self-awareness that their own cultural beliefs and values impact and may disadvantage the recipient of care
• Time and priority are given to establish trust and build rapport
• Client feels empowered to discuss openly their needs, concerns, to disagree and to refuse any intervention, treatment or care
RECOMMENDATIONS
Discover how your cultural script impacts your approach to engaging with others.

Register for a free at-home activity. Link to access is in your handouts.
Wisdom from Birthing People: Recommended Readings

Setting the Standard for Holistic Care of and for Black Women

Listening to Latina Mothers in California

Latina mothers voice and lived experience are essential for understanding and addressing the challenges the U.S. health care system faces, particularly for maternal health outcomes. Listening to Latina Mothers in California is the first state-level Listening to Mothers survey. It underscores the social and economic issues affecting pregnant and parenting Latinas, including their mental health, experiences with discrimination, postpartum experiences, and issues related to paid work.

Latinas reported:
- Experiencing discrimination during childbirth
- Feeling unsupported in their decision-making
- Feeling stressed and emotional support after childbirth
- Feeling well-supported by their providers
- Believing that their providers communicated well.

California has a larger Latina population than any other state. It is home to more than 7 million Latinas, and Latinas account for nearly 50% of births in California. In addition to guiding essential policies and practices, the Listening to Mothers in California survey results have implications for better serving pregnant and parenting Latinas.

With financial support from:
- Lerner College of Medicine
- University of Vermont
VT-based Resources

• AALV, Inc
  https://www.aalv-vt.org/
  20 Allen Street, 3rd Floor
  Burlington, VT 05401
  (802)985-3106
  info@aalv-vt.org

• New American Cultural Broker SBIRT Program

• US Committee for Refugees & Immigrants VT (formerly the VT Refugee Resettlement Program)
  https://refugees.org/uscri-vermont/
  462 Hegeman Ave, Suite 101,
  Colchester, VT 05446
  (802)655-1963
  vrrp@uscrivt.org

• The Family Room (at the Janet S Munt Parent Child Center)
  https://www.thefamilyroomvt.org/
  20 Allen Street
  Burlington, VT 05401
  (802)862-2121
  Josh@thefamilyroomvt.org

~ Parent Child Center of NCSS (Franklin/Grand Isle Co) is currently working with national Mothers & Babies Program towards adapting this curriculum for the Abenaki population. Also, NCSS is working towards developing a HEART program Abenaki new caregiver support groups & playgroups, and other culturally-congruent offerings.
Discussion and Q & A
Cases/HIPAA

DO NOT INCLUDE:

• Names
• Address
• DOB
• Phone/Fax #
• Email address
• Social Security #
• Medical Record #

The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.
Case Presentation Format

Case presentation from a participant (a *real-world case, from the field*)
Then
Clarifying questions about the case from group to case presenter
Then
Ideas, suggestions, recommendations from participants
Then
Ideas, suggestions, recommendations from ECHO faculty team
Then
Additional discussion, if any (All)
Then
Summary of case discussion
(course co-directors: Katherine Mariani, MD, MPH and Jill Davis, MA)
• RECORDING TO BE STOPPED FOR CASE PRESENTATION
### Prep for Next Session

Prior to each session, if you have specific questions for our faculty expert(s), please let us know and we will pass along ahead of time.

<table>
<thead>
<tr>
<th>DATES</th>
<th>SESSION</th>
<th>DIDACTIC TOPICS (in addition to case review)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 11</td>
<td>TeleECHO Session 1</td>
<td>Depression &amp; Anxiety in the Prenatal Period (Sandy Wood, CNM, PMHNP)</td>
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<tr>
<td>Feb 8</td>
<td>TeleECHO Session 2</td>
<td>Cultural Considerations in Perinatal Mental Health (Sayida Peprah, PsyD)</td>
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<tr>
<td>Mar 8</td>
<td>TeleECHO Session 3</td>
<td>Depression &amp; Anxiety in the Postpartum Period (Sandy Wood, CNM, PMHNP)</td>
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<tr>
<td>Apr 12</td>
<td>TeleECHO Session 4</td>
<td>Resources &amp; Referrals (Amy Wenger, RN, Elizabeth Gilman, Carol Lang-Godin, BA, and Maria Rossi, CLC, CLD, BS)</td>
</tr>
<tr>
<td>May 10</td>
<td>TeleECHO Session 5</td>
<td>Bipolar Disorder in the Peripartum (Sarah Guth, MD)</td>
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<tr>
<td>May 31</td>
<td>TeleECHO Session 6</td>
<td>Postpartum Psychosis (Sarah Guth, MD)</td>
</tr>
<tr>
<td>June 14</td>
<td>TeleECHO Session 7</td>
<td>Birth Trauma/Perinatal Grief &amp; Loss (Fiona Griffin, LCMHC)</td>
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</table>
Conclusion

• Slides are posted at www.vtahec.org

• Volunteers to present cases (this is key to the Project ECHO model)
  • Please submit cases to Katherine.Mariani@uvmhealth.org

• Please complete evaluation survey after each session

• Once your completed evaluation is submitted, CE information will be emailed to you.

• Please contact us with any questions, concerns, or suggestions
  • Katherine.Mariani@uvmhealth.org
  • Elizabeth.Cote@uvm.edu