



# Understanding Black Perinatal Mental Health

Building Beyond Therapy Inc.

Kristen Brooks, LCSW-C, LICSW, LCSW, PMH-C



# About Me



- Licensed Clinical Social Worker (MD, DC & NC)
- BS in Family Science, minor in Human Development
- MSW concentration in Children & Families
- Founder of Building Beyond Therapy Inc.
- Perinatal Mental Health Certified (PMH-C)
- Survivor of PMADs

*"We educate moms on what to expect during pregnancy, how to care for baby, showing happy pictures of smiling babies. But what we don't tell moms is that the postpartum phase is going to be a stress filled rollercoaster. And that she matters and will need care and support."*

**-CODDLEDOTCO**

# Objectives

1. Identify and define the various Perinatal Mood and Anxiety Disorders.
2. Understand prevalence, risk factors and impact of PMADS on birthing individuals and families.
3. Discuss the importance of understanding nuances of Perinatal Mental Health within the Black community.



# What is PMADS?

A Perinatal Mood and Anxiety Disorder (PMAD) is a mood disorder that occurs during pregnancy or the postpartum period.

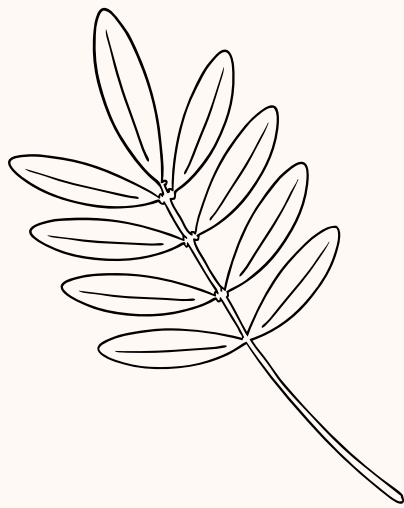




# Baby Blues



- Affects 60-80% of new mothers
  - Caused by hormonal fluctuations and sleep deprivation
  - Lasts between 2 days and 2 weeks
  - Peaks around 3-5 days post birth
    - Symptoms: Tearful, labile mood, reactivity, exhaustion
  - Overall happy & self esteem remains intact
  - **No** identifiable psychiatric concerns
-



# PMADS Includes:

Postpartum Depression

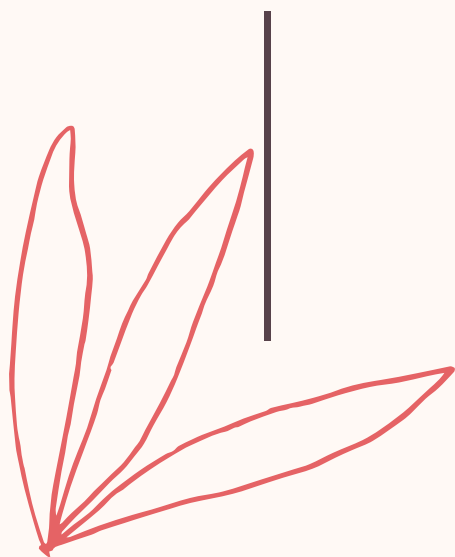
Postpartum Anxiety

Postpartum OCD

Bipolar Disorders

Postpartum Psychosis

Postpartum PTSD





# Major Unipolar Depression with Peripartum Onset (PPD)

- Impacts 20% of pregnancies; higher in Black women
- Only PMAD diagnosis with diagnosis code in DSM-5
- Can occur anytime during pregnancy through 1 year PP





# Perinatal Depression can present as:

- Feeling overwhelmed
- Lack of connection to baby
- Inability to care for self or others
- Isolation/Social withdrawal
- Agitation/irritation
- Anger/rage
- Not feeling like oneself
- Increased somatic symptoms (ie: body aches, headaches, stomach pains)
- Thoughts of harm to self



# Perinatal Anxiety Disorders

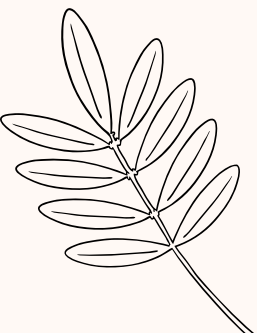


## Generalized Anxiety Disorder

- Excessive worry
- Rumination
- Agitation/Irritation
- Restlessness, feeling on edge
- Poor concentration
- Sleep disturbance
- Increased somatic issues

## Panic Disorder

- Episodes of intense fear
- Shortness of breath, chest pains, dizziness
- Hot/cold flashes, trembling, rapid heart rate
- Restlessness, agitation, irritability
- Excessive worry or fear
- Persistent fear of going crazy
- Often no identifiable trigger





# Perinatal Obsessive-Compulsive Disorder



- Intrusive, repetitive thoughts--usually of harm coming to the baby
- "What if" thinking
- Guilt and shame
- Mother typically horrified of thoughts
- Hypervigilance
- Mothers engage in behaviors to avoid harm or minimize triggers

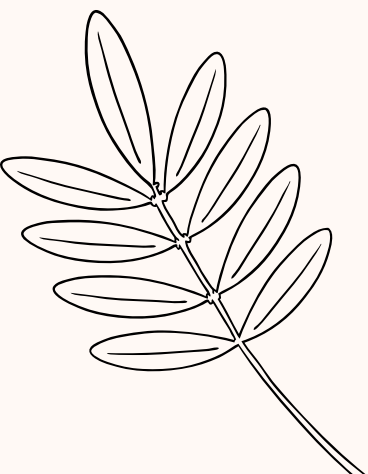




# Perinatal PTSD

## Birth Trauma

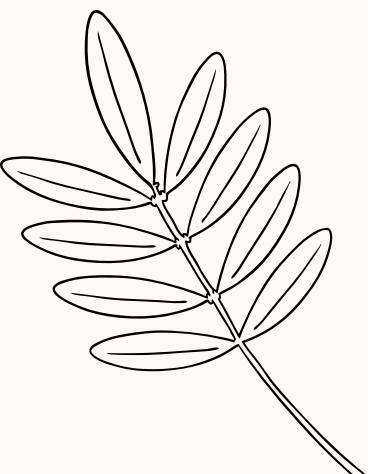
- An event that occurs during labor or birth that involves actual or threatened serious harm or death to mother or infant or mother being stripped of dignity
- Birthing person may experience intense fear, helplessness, loss of control, horror



# Perinatal PTSD



- Perception of lack of caring
- Felt abandoned
- Stripped of dignity
- Lack of support or reassurance
- Poor communication
- Mothers often felt invisible
- Feeling of powerlessness
- Betrayal of trust
- Didn't feel protected by care team
- Questioning whether a healthy baby justifies the trauma endured

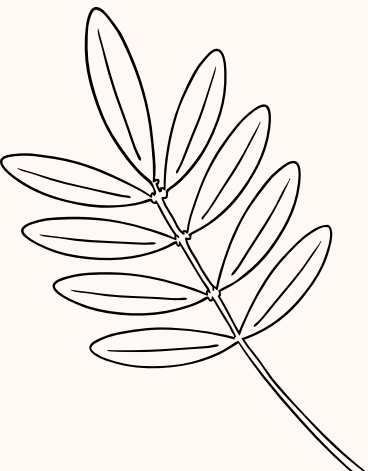




# Perinatal PTSD

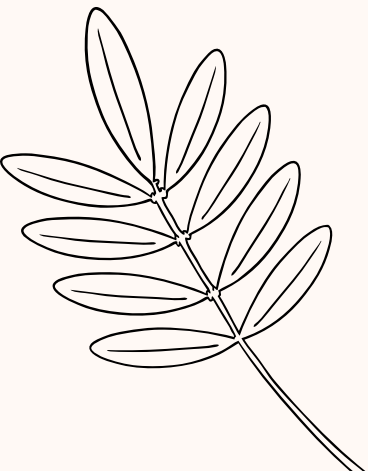
Potentially traumatic perinatal events include:

- Emergency c-section
- Postpartum hemorrhage
- Prematurity or stillbirth
- Unexpected NICU admission
- Severe pre-eclampsia
- Severe tearing
- Hyperemesis gravidarum (HG)
- Traumatic vaginal birth
- Long labor
- Failed anesthesia
- Fetal anomaly diagnosis in pregnancy
- Witnessing partners difficult labor
- Medical complications in pregnancy or postpartum



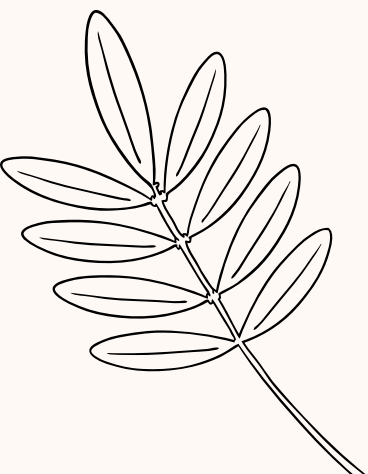
# Perinatal Bipolar Disorder

- Defined by at least one lifetime episode of mania/hypomania
  - Elevated mood symptoms (racing thoughts, euphoria or agitation, decreased need for sleep, pressured speech, increased energy, delusions, impulsivity, psychosis, etc.)
- Characterized by intense highs (mania) and lows (depression) in mood
- Rates of Bipolar Disorder with Peripartum onset higher in Black women



# Postpartum Psychosis

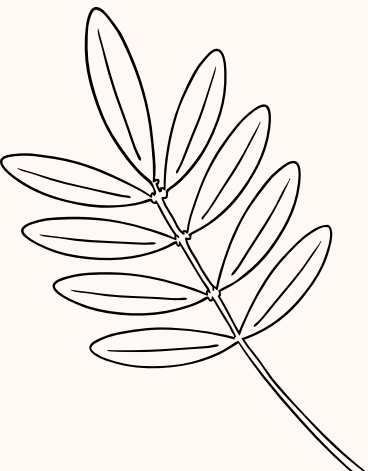
- Postpartum Psychosis is a temporary psychotic episode occurring in the postpartum period.
  - Characterized by delusions, hallucinations, irritation/agitation, hyperactivity, sleep disturbance, rapid mood swings, difficulty communicating
- 1-2:1000 women experience Perinatal Psychosis
  - 5% of those women die by suicide
  - 4.5% commit infanticide
- 50% of first time mothers that experience Perinatal Psychosis had no previous psychiatric hospitalizations
- Onset usually occurs within first 2 weeks after birth; considered an emergency and requires immediate treatment





# Postpartum Psychosis Risk Factors

- First baby
- Discontinuing mood stabilizers
- Obstetric complications
- Perinatal or neonatal loss
- Previous bipolar episodes, psychosis or postpartum psychosis
- Family hx of bipolar disorder or postpartum psychosis
- Sleep deprivation



# PMADS Risk Factors



Family History of PMADS

Personal History of Mental Illness

Premenstrual Dysphoric Disorder or PMS

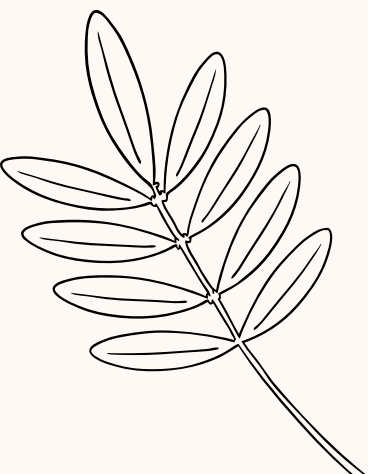
Lack of support

External Stressors (finances, relational, etc.)

Complications in pregnancy, birth or breastfeeding

NICU stay

Health issues





# Impact of PMADS



- Increased risk for suicide
- Increased risk of infanticide
- Poor attachment
- Breastfeeding complications
- Preterm birth
- Low birthweight
- Poor infant care
- High prevalence for severe depression
- Increased social, emotional, behavioral challenges for child
- Relational complications

# PMADs--The Black Experience

- PMADs significantly under or misdiagnosed in Black women (about half)
- Less likely to receive in treatment
  - Stigma, cost, lack of access, culturally competent provider network
- Important to note cultural differences
  - Presentations of depression, anxiety, grief, etc.
  - Debunking idea of “strong black woman” persona
  - How Black motherhood is viewed
- Understand importance of rapport and trust

# Black Maternal Mental Health Week

- Established by Kay Matthews, founder of Shades of Blue Project in Houston, TX
- Raises awareness and advocacy for mental wellbeing of Black mothers
- Observed from July 19-July 25th; yearly Summit in Houston
- Partners with organizations like Black Mamas Matter Alliance (BMMA) & March of Dimes
- Shades of Blue Project--I.N.S.P.I.R.E. Method training program



# PMAD Resources

## Local Resources

- PSI Maryland Chapter
- Therapy for Black Girls Directory
- Psychology Today Directory
- Insurance Directories
- Local Community Based Organizations

## National Resources

- Postpartum Support International  
([www.postpartum.net](http://www.postpartum.net))
- 2020 Mom ([www.2020mom.org](http://www.2020mom.org))
- PostpartumDads.org
- National Maternal Health Hotline (833-9-HELP4MOMS)
- Online support groups
- 988--Suicide & Crisis Lifeline

*Thank You*

Kristen Brooks, LCSW-C, LICSW, PMH-C  
info@buildingbeyondtherapy.com

# References

Postpartum Support International's 2 -Day Certificate of Completion Program Manual

[www.postpartum.net](http://www.postpartum.net)

[www.2020mom.org](http://www.2020mom.org)

<https://oneill.law.georgetown.edu/the-coming-black-maternal-mental-health-crisis/>

<https://www.acog.org/programs/perinatal-mental-health/implementing-perinatal-mental-health-screening>

[https://www.who.int/mental\\_health/maternal-child/maternal\\_mental\\_health/en/](https://www.who.int/mental_health/maternal-child/maternal_mental_health/en/)

[https://www.who.int/mental\\_health/prevention/suicide/mmh\\_jan08\\_meeting\\_report/pdf?ua=1](https://www.who.int/mental_health/prevention/suicide/mmh_jan08_meeting_report/pdf?ua=1)

<https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1469-7610.1992.tb00890.x>

Jarde A, Morais M, Kingston D, et al. Neonatal Outcomes in Women With Untreated Antenatal Depression Compared With Women Without Depression: A Systematic Review and Meta-analysis. *JAMA Psychiatry*. 2016;73(8):826–837. doi:10.1001/jamapsychiatry.2016.0934

Wisner KL, Sit DKY, McShea MC, et al. Onset Timing, Thoughts of Self-harm, and Diagnoses in Postpartum Women With Screen-Positive Depression Findings. *JAMA Psychiatry*. 2013;70(5):490–498. doi:10.1001/jamapsychiatry.2013.87

Burchfield TN, Yang A, Wisner KL, Clark CT. Rates of Major Depressive Disorder and Bipolar Disorder in Black and White Postpartum Women. *J Clin Psychiatry*. 2024 Nov 20;85(4):23m15023. doi: 10.4088/JCP.23m15023. PMID: 39566056.

<https://www.shadesofblueproject.org/>

Floyd James K, Smith BE, Robinson MN, Thomas Tobin CS, Bulles KF, Barkin JL. Factors Associated with Postpartum Maternal Functioning in Black Women: A Secondary Analysis. *J Clin Med*. 2023 Jan 13;12(2):647. doi: 10.3390/jcm12020647. PMID: 36675575; PMCID: PMC9862142.