Delving Into Maternal Mental Health Webinar Series

Birth Trauma & Maternal Mental Health Webinar

MMHLA
Maternal Mental Health
LEADERSHIP ALLIANCE

Children's National

California Health Care Foundation

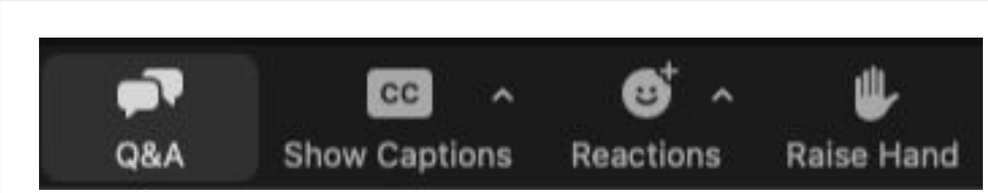
Welcome & Thank You for Joining!

We are so grateful for all of your work and commitment to improve the health and wellbeing of mothers and birthing people.

Questions, Captions, & *Feedback*

At the bottom of your screen use the:

- Q&A button to ask a question.
- Show Captions button to see live captions.
- Reactions button to share an emoji.



- We will send you a short survey after the webinar where you can provide more feedback and ask questions.

Maternal Mental Health Leadership Alliance (MMHLA)

Maternal Mental Health Leadership Alliance (MMHLA) is a nonpartisan 501(c)3 nonprofit organization dedicated to improving the mental health of mothers and childbearing people in the United States with a focus on policy and health equity.

Learn more at mmhla.org.

In this webinar, we will...

- Provide an overview of birth trauma.
- Share lived experience of one mother who experienced a traumatic birth followed by having a baby in the neonatal intensive care unit (NICU).
- Uplift a program that supports families who have traumatic experiences during birth and in the NICU.

After this webinar, we will email you:

- Brief survey
- PowerPoint presentations
- Webinar recording
- NEW Fact Sheet on Birth Trauma and Maternal Mental Health

Important notes about today's webinar

- Some information may be challenging.
- Birth trauma (traumatic childbirth experience).
- NICU trauma.
- Both can lead to significant and ongoing PTSD symptoms.

Overview & Research

Erin Sadler
PsyD, PMH-C

Co-Director,
Mood Disorders Program,
Children's National Hospital

Lived Experience

Allison Miessler
MSW

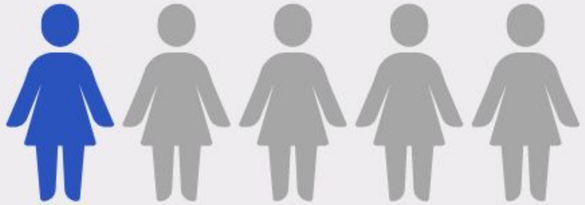
Research Associate,
Maternal Mental Health
Leadership Alliance

Clinical Perspective

Lamia Soghier,
MD, MEd, MBA

Associate Division
Chief of Neonatology,
Children's National Hospital

Key Facts about Maternal Mental Health



1 in 5 Mothers Are Impacted by Mental Health Conditions

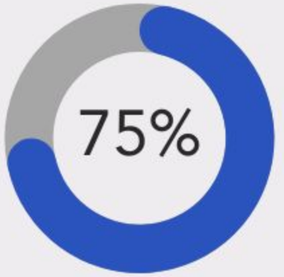
Maternal mental health (MMH) conditions are the **MOST COMMON** complication of pregnancy and birth, affecting 800,000 families each year in the United States.[1,2]

Mental Health Conditions Are the Leading Cause of Maternal Deaths

Suicide and overdose are the **LEADING CAUSE** of death for women in the first year following pregnancy, accounting for approximately 225 deaths each year.[3]

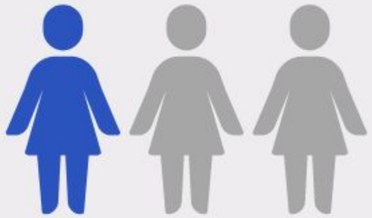
$14 Billion: The Cost of Untreated MMH Conditions

The cost of not treating MMH conditions is $32,000 per mother-infant pair, or **$14 BILLION** each year in the United States.[5]



Most Individuals Are Untreated, Increasing Risk of Negative Impacts

75% of individuals impacted by MMH conditions **REMAIN UNTREATED**, increasing the risk of long-term negative impacts on mothers, babies, and families.[4]



Certain Individuals are at Increased Risk for Experiencing MMH Conditions

High-risk groups include people of color, those impacted by poverty, military service members, and military spouses.[6,7]

It's Not Just Postpartum Depression: There are a Range of MMH Conditions

MMH conditions can occur during pregnancy and up to one year following pregnancy and include depression, anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar illness, psychosis, and substance use disorders.[8]

More information in our *new* Birth Trauma & Maternal Mental Health Fact Sheet!

We will email you the new Fact Sheet after this webinar.

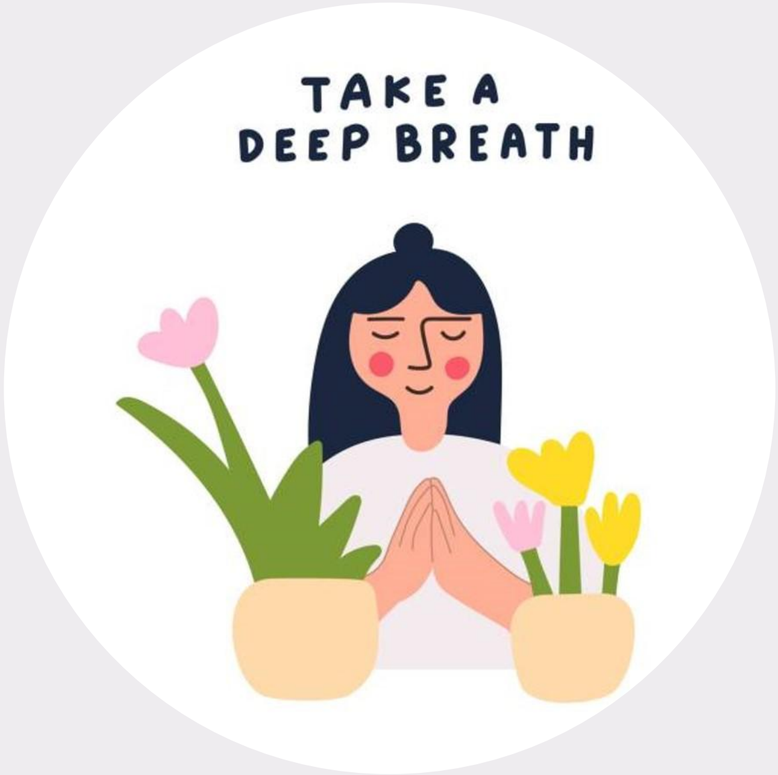
Birth Trauma: Overview & Research

Erin Sadler, PsyD, PMH-C

Co-Director, Mood Disorders Program, Children's National Hospital

- Licensed clinical psychologist, Division of Psychology & Behavioral Health
- Clinical Assistant Professor of Psychiatry and Behavioral Sciences and Pediatrics at the George Washington University School of Medicine and Health Sciences.
- Specializes in the treatment of pediatric and perinatal depression, anxiety, and post traumatic stress disorders.
- Previous Birth Doula

Disclosure Statement: *I have no conflict of interest and nothing to disclose with the material in this presentation.*



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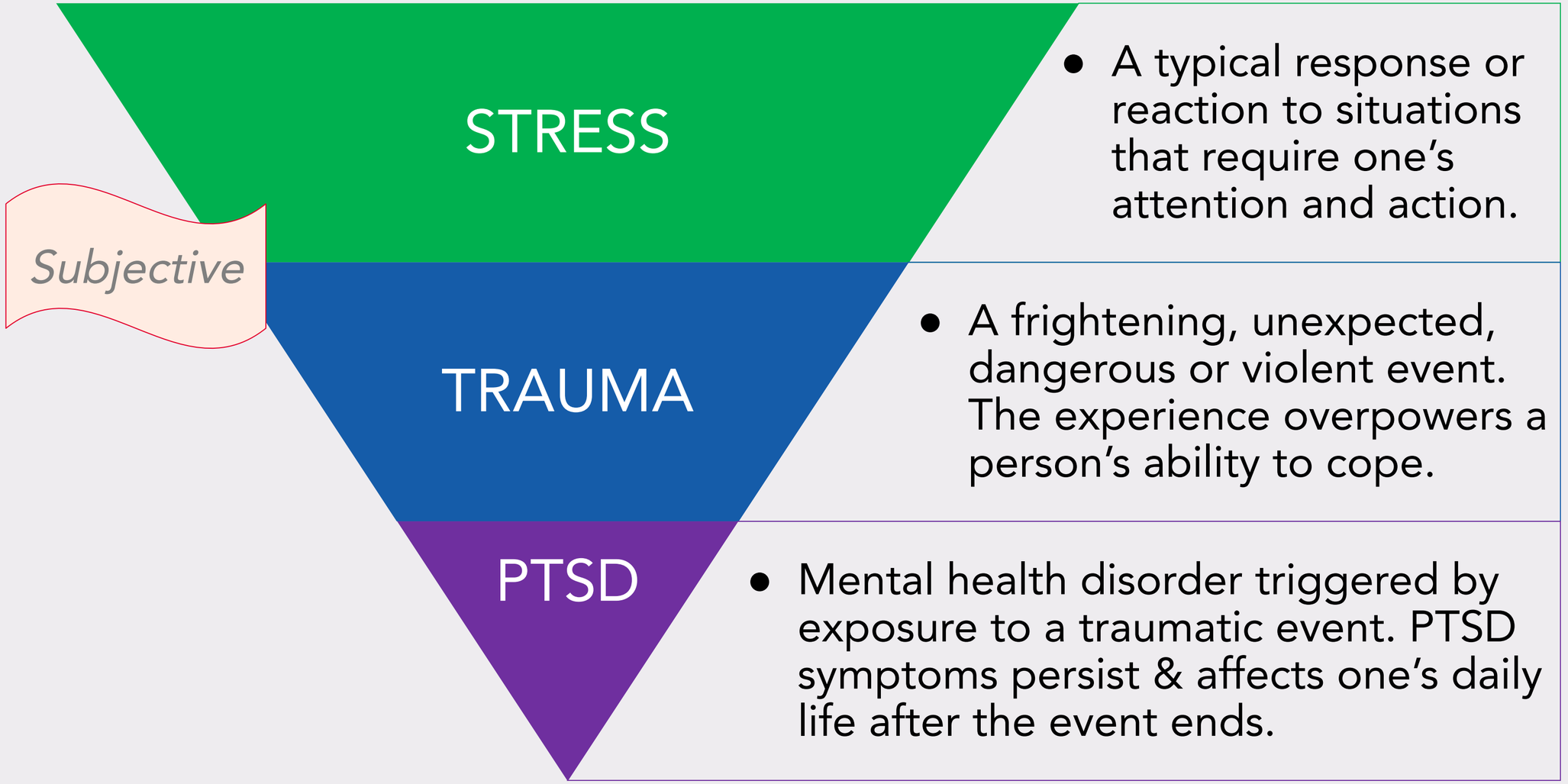
Webinar Self-Care

Please feel free to take breaks as needed...

- 3-6 Breathing: Inhale for 3 seconds, then exhale for 6 seconds (repeat several times)
- Drink a cup of water
- Self-sooth with your senses:
  - Sight
  - Smell
  - Taste
  - Sound
  - Touch
  - Movement

Stress & Trauma



(potentially) Traumatic Birth Experiences

Significant unplanned medical **intervention** or **deviation** from birth plan

Lack of support or communication from medical team during or after delivery

Severe medical **complications** for *mother*

Severe medical **complications** for *baby*

Birth Trauma Symptoms

Exposure to Traumatic Event	• Direct, witnessed or learned experiences (includes birthing *and* non-birthing people)
Intrusive Symptoms	• Repeated, *involuntary* memories, mental images, dreams or flashbacks of the traumatic event.
Avoidance	• Avoiding people, places, activities, objects and situations that bring on distressing memories of the event(s) □ trauma triggers*. **can be sensory*
Negative Thinking & Mood	• Thinking - negative beliefs about oneself or others • Mood: Persistent fear, horror, anger, guilt; Detached, uninterested
Hyperarousal & Reactivity	• Feeling on edge or jumpy, sleep problems, concentration problems, irritable, impulsive/recklessness

Birth Trauma Responses

"This is all my fault."

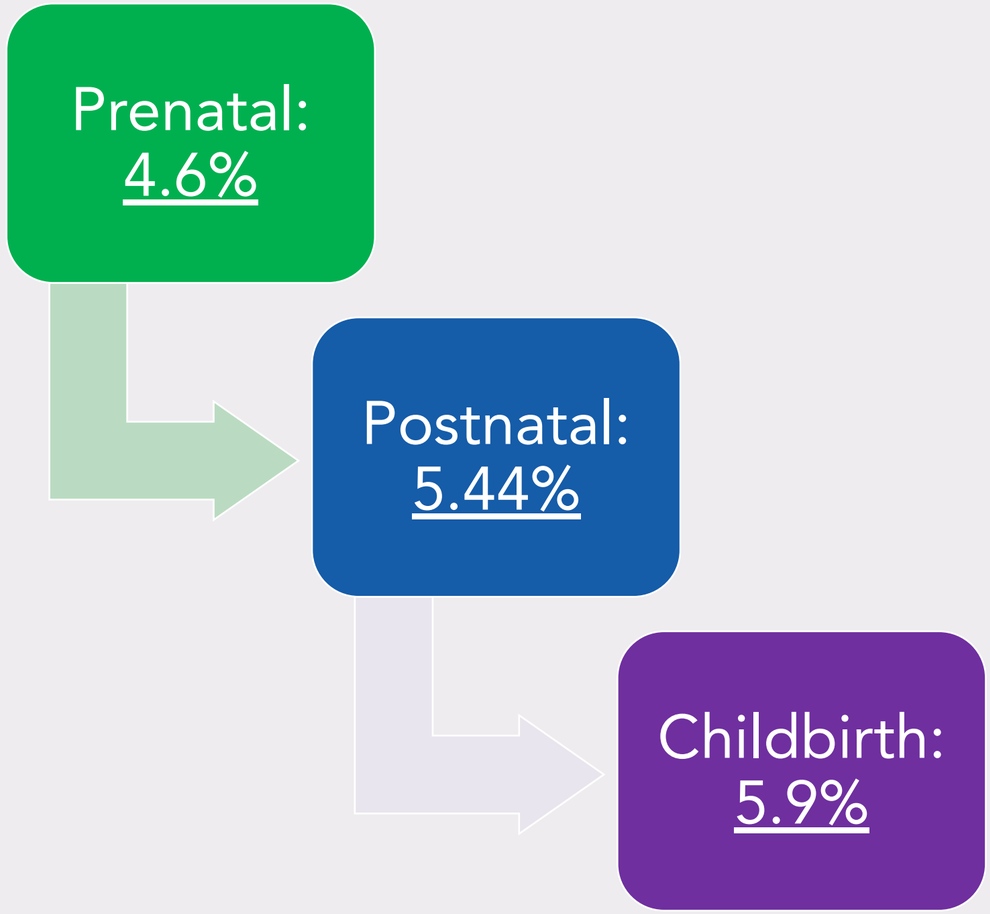
"Healthcare providers cannot be trusted."

"I'm never having more children."

<u>Negative Outcomes:</u>

- Poor coping
- Parental stress
- High comorbidity with depression (90% in some studies)
- Low birth weight
- Lower rates of breastfeeding
- Links with infant cortisol and eating/sleep problems

Birth Trauma Prevalence



- 4.0% in community samples
- 18.5% in high-risk samples (pregnancy complications)
- Up to 30% in NICU caregivers

***Likely underestimates*

(Malouf, et al., 2022; McKeown, et al., 2023; Yildiz, Ayers, & Phillips, 2017)

Risk & Protective Factors

Medical Risk

- **Operative birth***
- Poor health or complications in pregnancy
- Counselling for pregnancy or birth-related factors
- Obstetric emergencies
- Cardiac disease
- Prior MH history (e.g., infertility, needing assistance getting pregnancy, childbirth complications, abortion)

Psychosocial Risk

- **Lack of support during birth***
- **Negative subjective birth experience* (e.g., distress, feelings of powerlessness)**
- **Dissociation during birth***
- Severe fear of childbirth
- History of PTSD/trauma (particularly IPV) or other MH illness
- PMADs during pregnancy (esp. early)
- Poor interaction between provider & birthing person

Protective Factors

- **Social Support*** Psychotherapy
- Screening (CBTS, C-PTSD-5, PCL-5, PPQ-II)
- Assessment (review of history and experiences pre-to-postnatal)
- PMAD Education
- Posttraumatic Growth (PTG)
- Psychotherapy
- Pharmacotherapy (medication)
- Lifestyle Changes
- Self-Guided or Social Support

In Short…

Birth trauma is likely more common than we expect. Trauma responses can vary greatly and may present themselves in unexpected ways.

Check-In with Caregivers

- **Prenatal to Postpartum**
- How are you doing? **How are you feeling these days?**
- How was labor and delivery for you?

Increase social-emotional support

- *Become the support or refer
- Doulas (birth & postpartum)
- Peer support groups
- Increasing daily activities
- Psychotherapy

Build teams that are ***ready to act***

- TIC Training
- **Get comfortable asking**
- Collaborate with community partners to catch and connect with families.

Birth Trauma: Lived Experience

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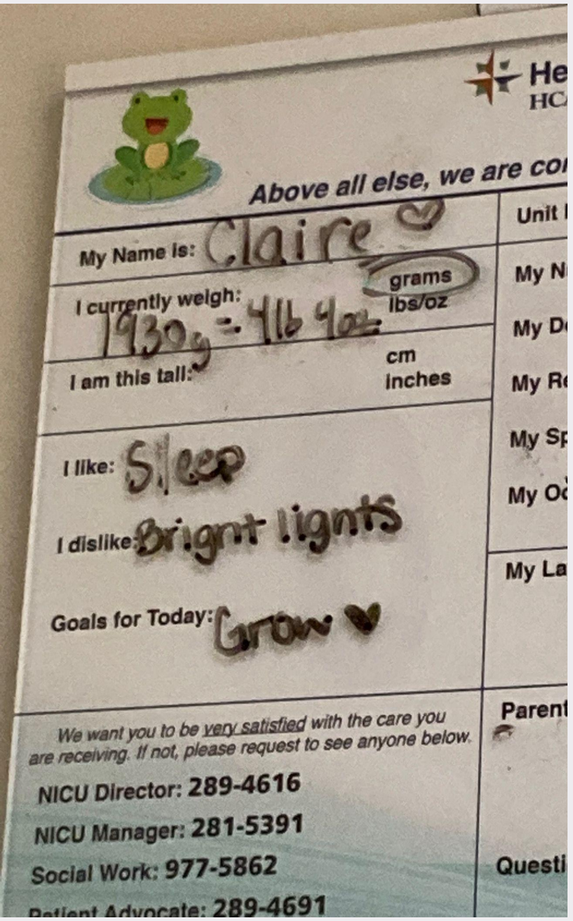
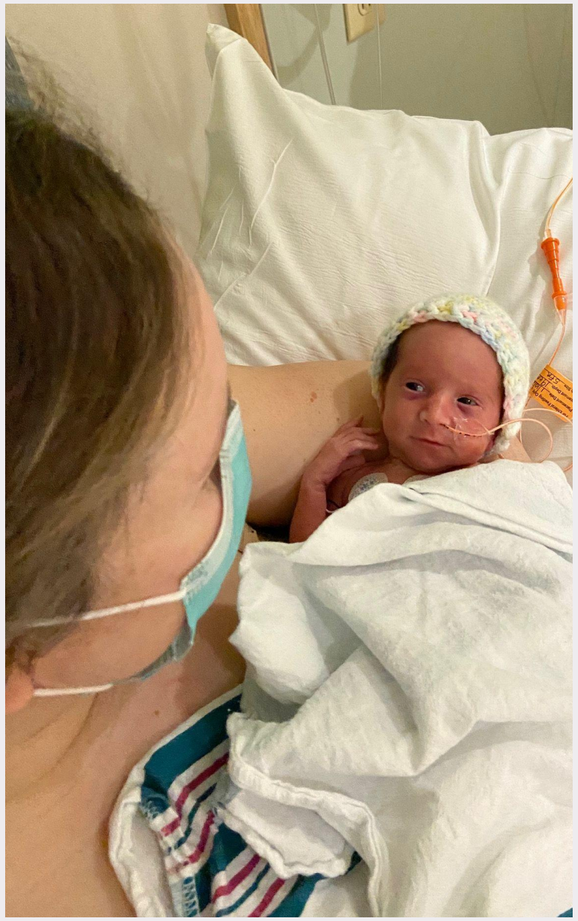
Allison Miessler, MSW

Research Associate, Maternal Mental Health Leadership Alliance (MMHLA)

- Dedicated mom of two.
- Master's in Social Work and a focus in Public Policy and Administration from Virginia Commonwealth University.
- Research associate at MMHLA, compiling valuable insights on state-level initiatives aimed at addressing maternal mental health.
- Lived experience with maternal mental health challenges.


Above all else, we are co
My Name is: Claire
I currently weigh: 1930g = 4lb 9oz
grams
lbs/oz
I am this tall:
cm
inches
I like: Sleep
I dislike: Bright lights
Goals for Today: Grow
We want you to be very satisfied with the care you are receiving. If not, please request to see anyone below.
NICU Director: 289-4616
NICU Manager: 281-5391
Social Work: 977-5862
Patient Advocate: 289-4691

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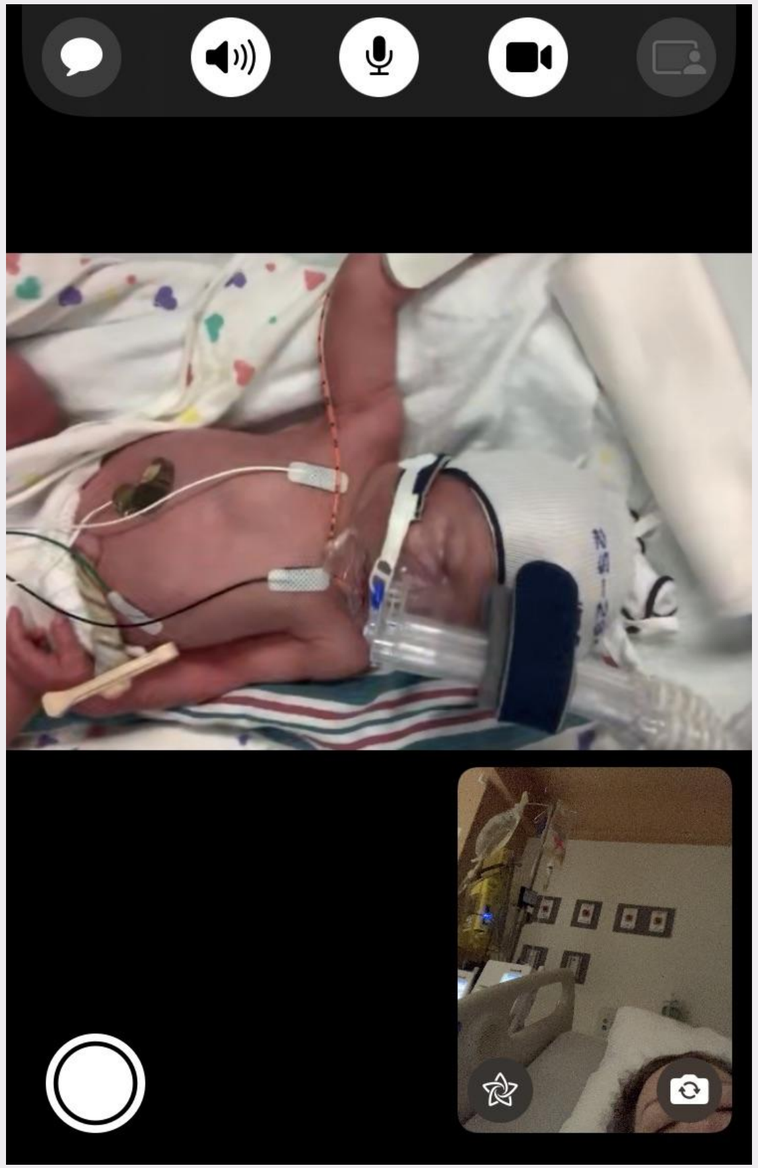


Birth Trauma: Clinical Perspective

Children's National

Lamia Soghier, MD, MEd, MBA

Medical Unit Director, NICU, Children's National Hospital

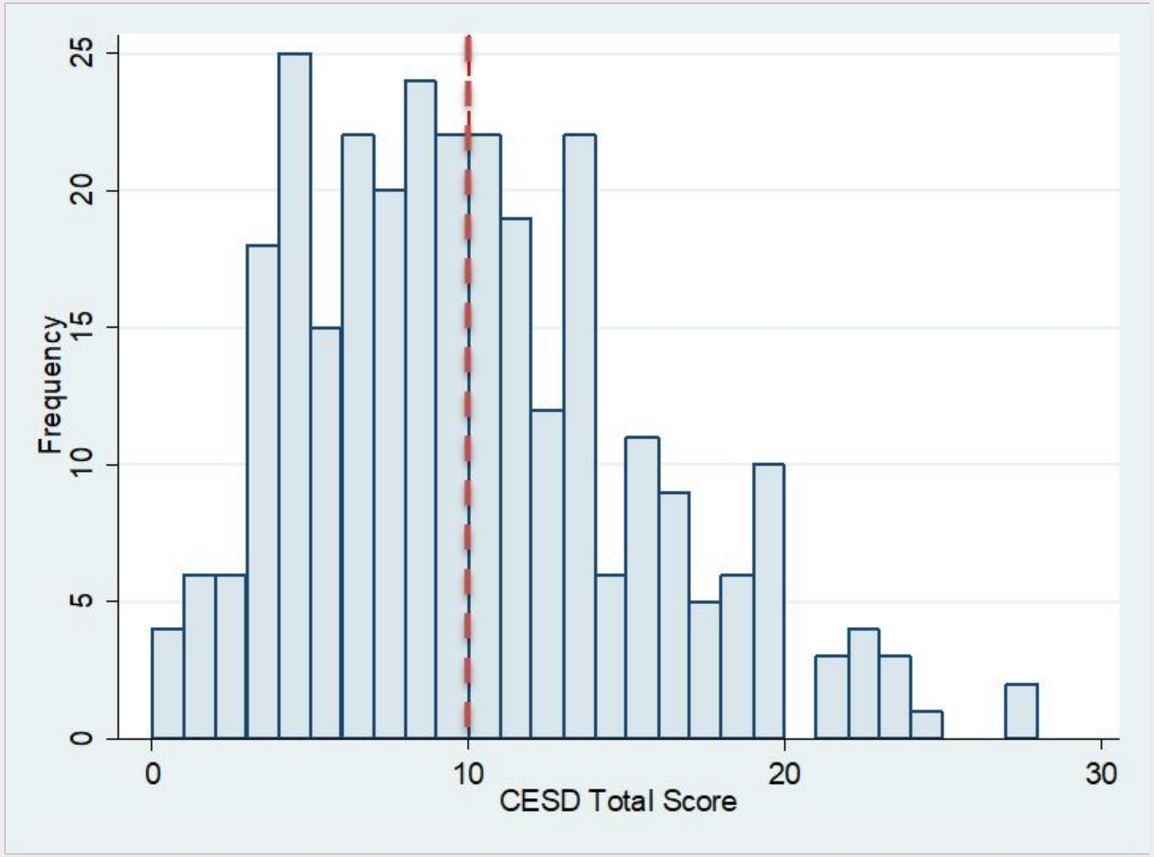
- Professor of Pediatrics at the George Washington University School of Medicine and Health Sciences in Washington DC.
- Board-certified neonatologist.
- Associate Division Chief of Operations for the Department of Neonatology.
- Director of the NICU Perinatal Mood and Anxiety Disorder Team

Children's National Hospital

- Free-standing pediatric hospital in Washington, DC, serving the greater DC, MD, and VA area
- One of the busiest PEDs in the U.S.
  - Primary ED with >100,000 annual visits
- Level IV NICU (66 beds)
- Unique population – a safety net

Parents experience elevated symptoms of *PMADs at discharge* 2016-2017 (n=300)

- 45% depressive symptoms
- 43% elevated stress
- Increased depressive symptoms
  - Older gestational age
  - >37weeks OR 7.87 (95% CI, 2.15-28.75)
  - Female infant (p=0.02)
  - Longer length of stay (p =0.045)
- Parental NICU stress is higher in younger parents (p<0.01)
- Depressive symptoms positively associated with parental stress
- Social support is inversely associated with depressive symptoms



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The NICU Program

Team

Psychology, Social Work, Clinicians

How?

✔ Birthing & non-birthing caregivers

✔ @2 weeks of age + monthly during admission

✔ Via: iPad, paper (in-person and electronic) QI & database tracking

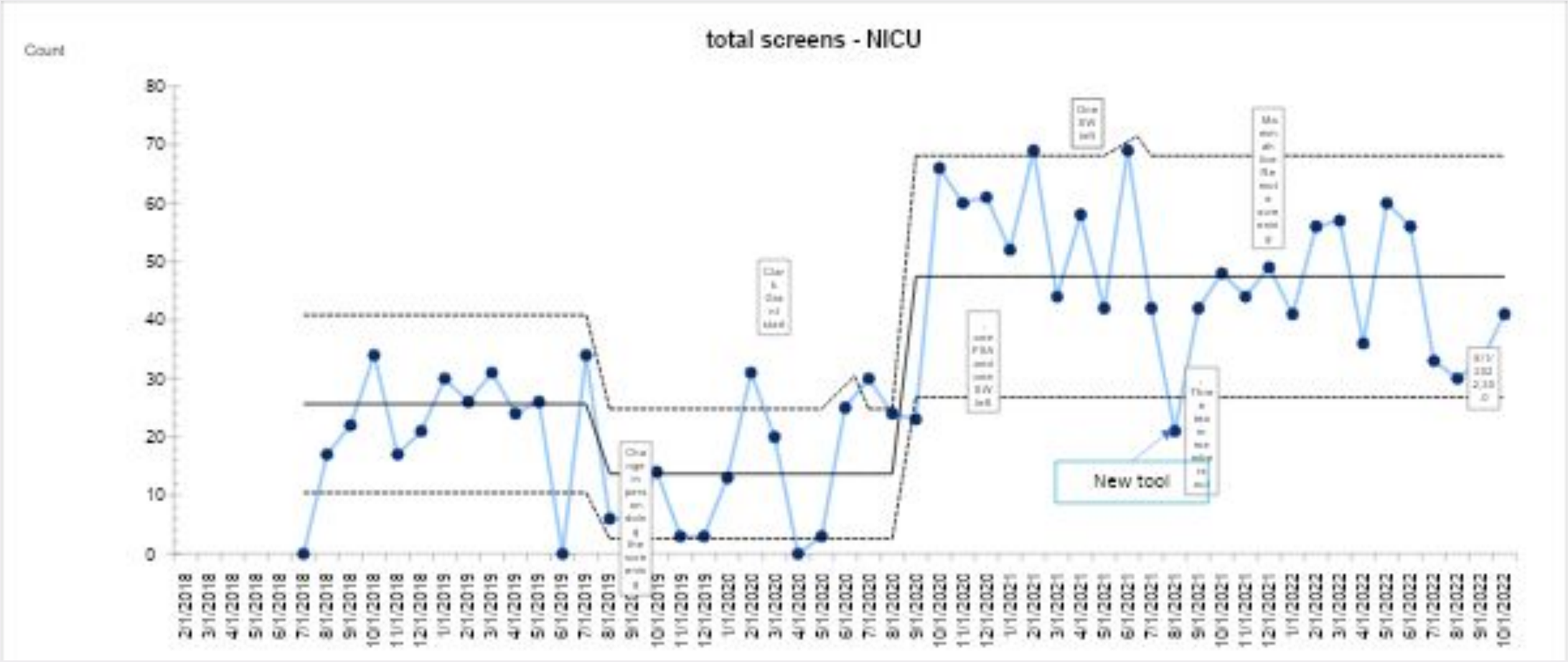
Universal Screening

- 100% identified as eligible > 80% approached > 70% screened
- Reasons for missed approach: caregivers not at bedside, unable to reach caregivers by phone

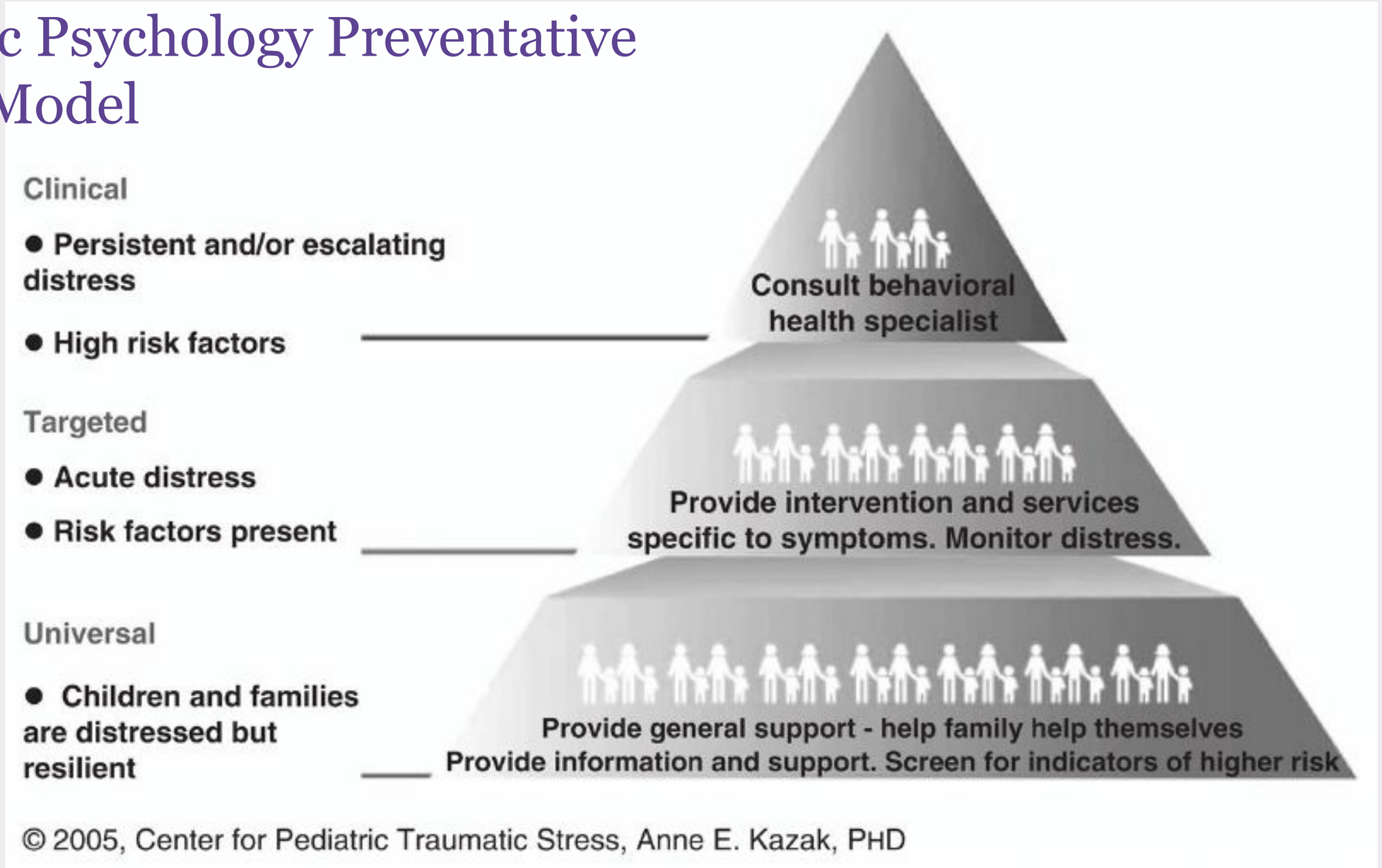
Remote Screening Component

- Started screening late March 2021
- 67 total screens
- 23 positive, 34% positivity rate
- Care Coordination Touchpoints
  - 56 touchpoints (average)
  - 375 touchpoints (highest)
- Closed system that seamlessly points parents back to NICU Psychologist to engage in other services.

How are we doing? Performance Measures



Pediatric Psychology Preventative Health Model



Other things we do!
A Sample of Our Referrals / Resources

3 Weeks Old for Fever

- Yellow cab transportation home from ED
- Facilitated transfer of WIC from SC to Shaw-CHC WIC
- DC PIECE referral for mental health
- Escalated Medicaid transportation incidents
- Coordination to get PCP appointments
- Washington Clinic for Homeless- advocacy and placement with shelter
- Mary's Center Home Visiting program and their OBGYN clinic

1mo in ED for Respiratory Distress

- DC PIECE referral for mental health
- Mamatoto Home Visiting for social supports
- Scheduled WIC appointment
- Gave parking pass to go to OBGYN postpartum appointment
- Department of Human Services TANF
- Prince George's County Child Support Enforcement
- List of organizations that provide Rental Assistance

A Collaborative Approach to PMADs in our hospital!

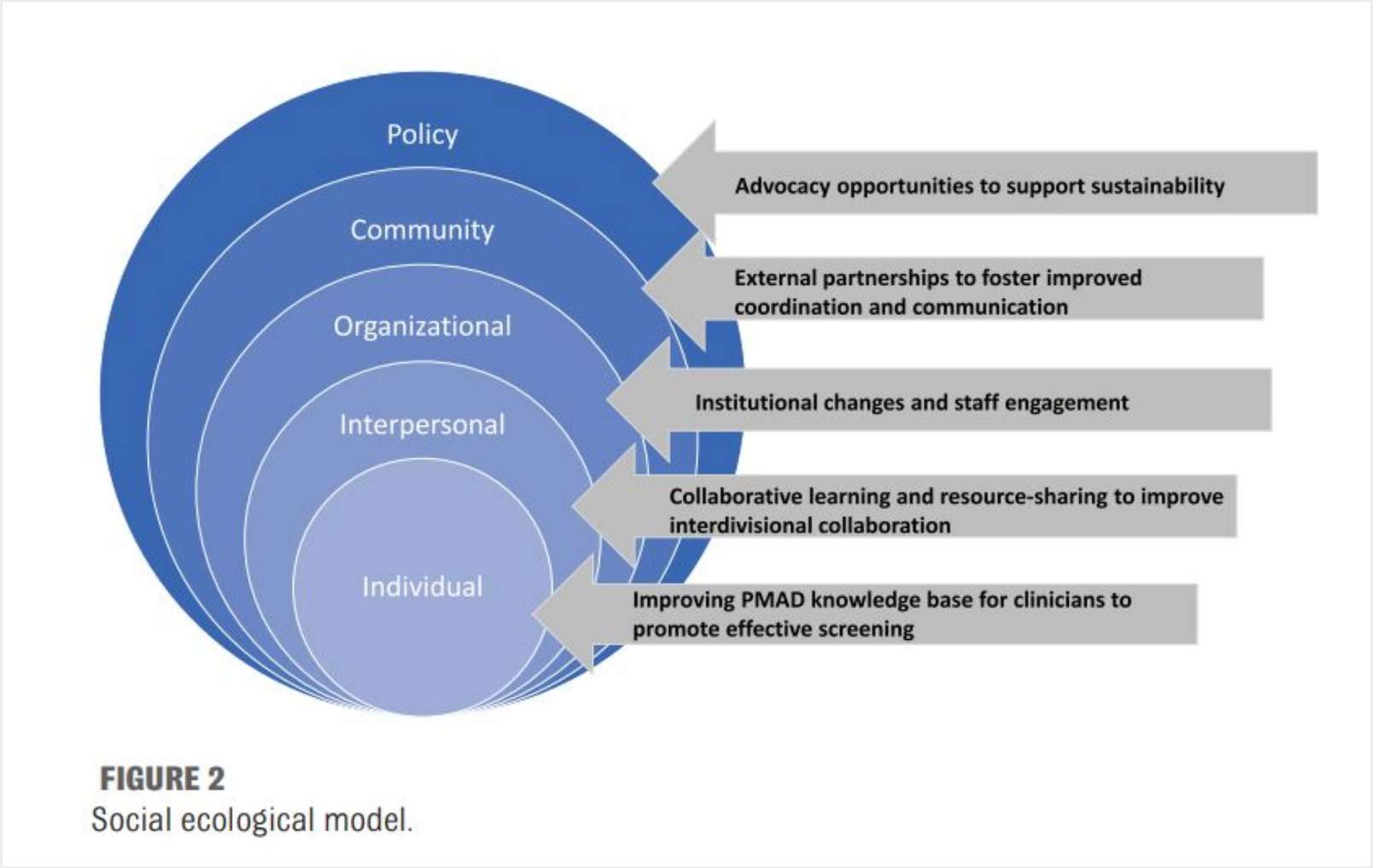


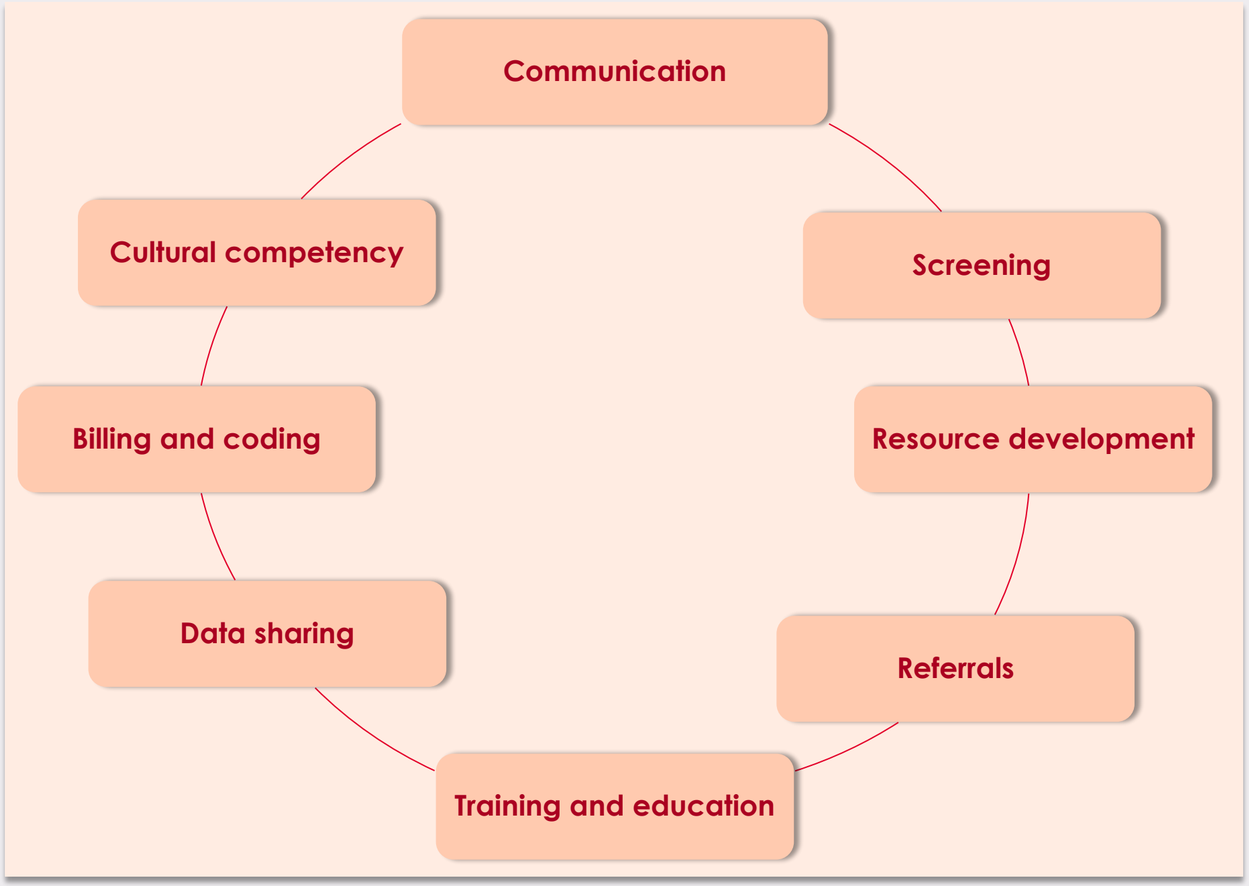
FIGURE 2
Social ecological model.

Jarvis L, Long M, Theodorou P, Barclay Hoffman S, Soghier L, Beers L. Perinatal Mental Health Task Force: Integrating Care Across a Pediatric Hospital Setting. Pediatrics. 2021 Dec 1;148(6):e2021050300. doi: 10.1542/peds.2021-050300. PMID: 34814188.

Organizational Change!

- Collaboration and communication among hospital divisions
- Discussions of best practices and recommendations
- Screening protocols

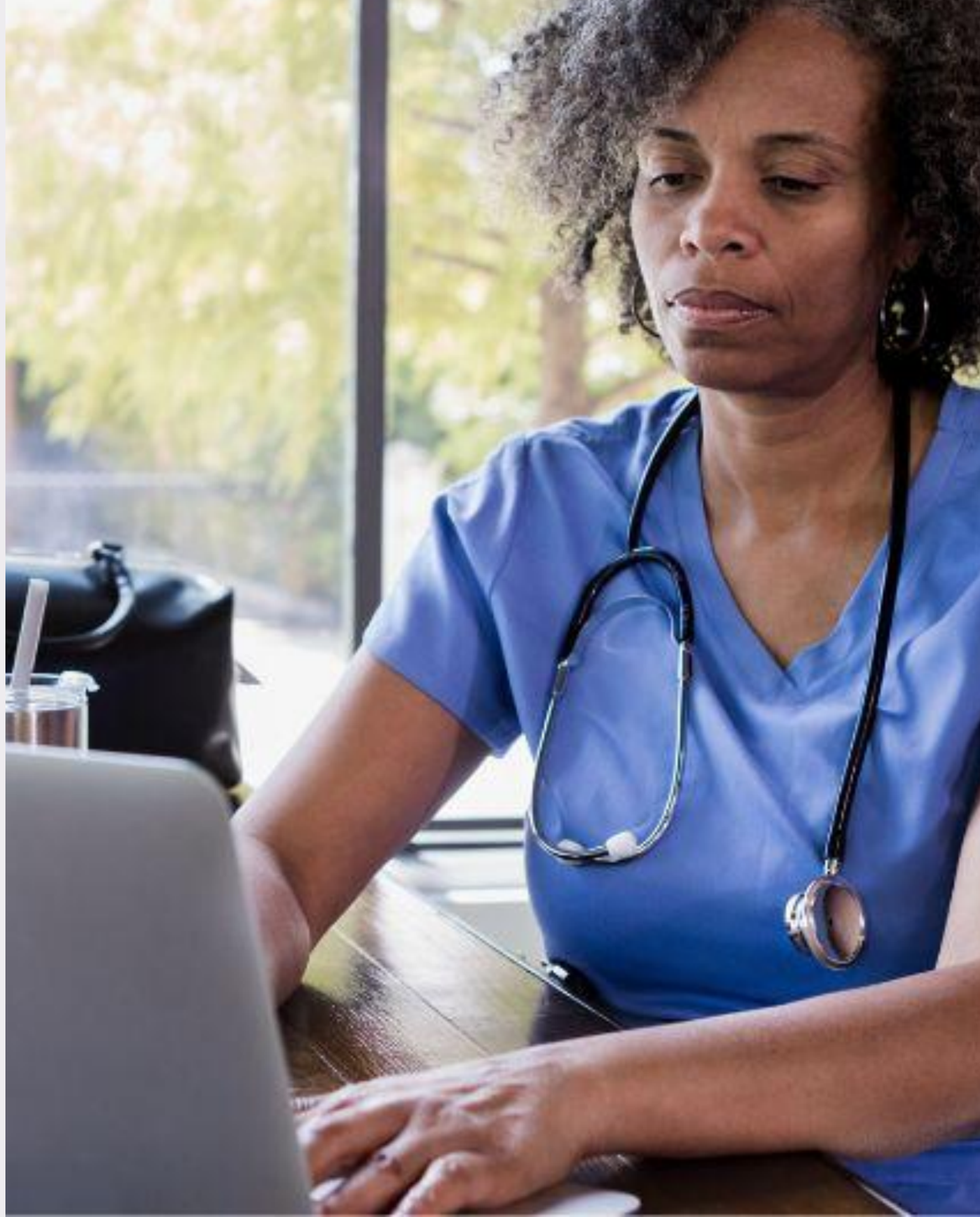
Perinatal Mental Health Taskforce



Birth Trauma: Resources

Resources

- Birth & Trauma Support Group (Facebook)
- Birth Trauma Resources by The Preeclampsia Foundation
- International Society for Traumatic Stress Studies (ISTSS)
- Postpartum Support International (PSI)
- Prevention and Treatment of Traumatic Childbirth (PATTCh)
- PTSD Coach for iPhone
- PTSD Coach for android
- The Birth Trauma Association of the UK



Screening Resources

- PTSD Checklist for DSM-5 (PCL-5)
- City Birth Trauma Scale (City BiTS)
- National Center for PTSD- Screeners

REMINDER

After this webinar, we will email...

- Brief survey
- PowerPoint presentations
- Webinar Recording
- NEW Fact Sheet on Birth Trauma and Maternal Mental Health

Quick Poll

Q&A *Session*

Thank you! *Stay in Touch!*

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Children's National Hospital

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@ChildrensNational

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@erinsadlerpsyd

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Birth Trauma: Clinical Perspective

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Maternal Mental Health Key Facts

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