





BACKGROUND

The call for effective and sustainable interventions to address perinatal health inequities has been stronger now than ever.

- Black women are 3-4x more likely than white women to experience maternal mortality and 2x more likely to experience severe complications during pregnancy, birth, and postpartum.
- Maternal mental health conditions are the most common and severe complication of pregnancy and childbirth, impacting almost 40% of all Black mothers- twice the rate among all pregnancies. However, Black families are the least likely to seek and access mental health resources and support.
- The negative impact of chronic exposure to discrimination, structural racism, and toxic stress, on perinatal health outcomes for Black women and families is well established.
- Mental health stigma, lack of trust in healthcare institutions, and lack of knowledge of the signs, symptoms, and impact of perinatal mental health issues within the Black community have also been established as barriers to care.
- The vast majority of interventions aimed to address these challenges focus solely on systemic and institutional solutions. There is a significant gap in interventions created to provide Black birthing individuals and their families with a sense of confidence, security, and equitable power in their own mental health care during the perinatal period.

METHODS

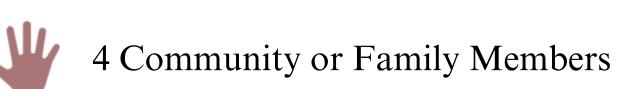
- Phase 1 of this study involved conducting 60–90-minute Zoom-recorded semi-structured interviews exploring knowledge, attitudes, and experiences related to Black perinatal mental health in the U.S.
- Thematic analysis and inter-coder reliability were used to identify themes to capture Black perinatal mental health experiences. Member checking was used to confirm findings.

PARTICIPANT DEMOGRAPHICS

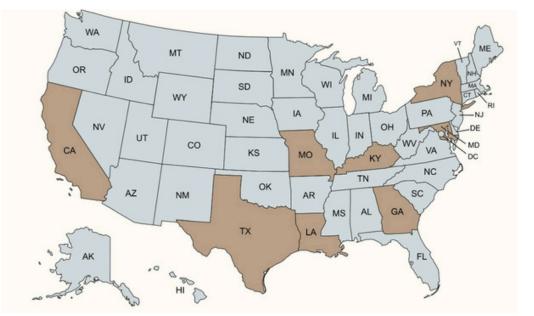
Total of 17 Black participants ranging from 21 to 56 years old

8 Mothers

5 Fathers



Participant Locations



A QUALITATIVE EXPLORATION OF THE BLACK PERINATAL MENTAL HEALTH EXPERIENCE Crystal Affam, BSN, RN, Chika Ofodu, Ph.D., Kelly McGlothen-Bell, PhD, RN, IBCLC, FAWHONN, and Celeste Poe, Ph.D., PMH-C

RACISM

Despite varying experiences across participants, racism both current and historical, was described as a factor that had the potential to impact Black parents at all levels of influence of the SEM during the perinatal period.

Community and Policy Level: Racism at this level was described as racism throughout society, racist and discriminatory policies and laws, and lack of available culturally competent providers and resources.

Organizational Level: Racism at this level was described in discriminatory practices, policies, and organizational culture within healthcare institutions, including the level of diversity of staff and provision of an inclusive environment

Interpersonal Level: Racism at this level was described in the patterns of othering and enacting racist beliefs within the Black community, and the wounds within Black marriages and families. It was also described in examples of biased healthcare providers and dismissive care.

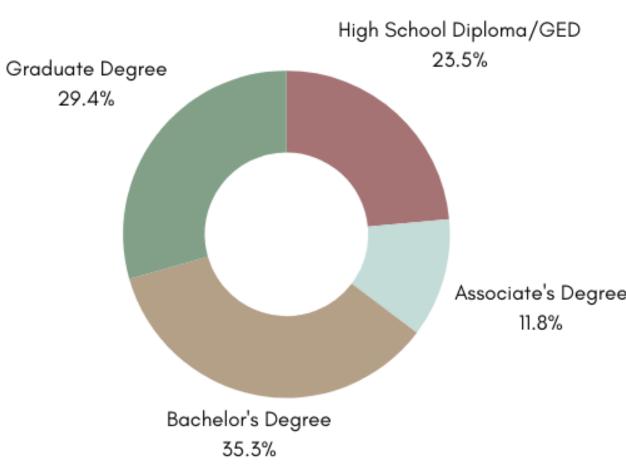
Individual Level: Racism at this level was described in the way that an individual views themselves, their strengths, weaknesses, and the expectations they have of themselves as parents.

MEMBER CHECKING AND ADDIITONAL **PARTICIPANT QUOTES :**



I truly feel like the results captured the experiences of my community. Often times when there are studies about communities of color, it is just numbers, data, lots of big words, and studies are done ON us but not WITH us...we often are not INCLUDED in the research. This study captures our (and many others) experiences in a transparent and beautiful way. This work is so powerful and a reminder of how much more similar we are than different.

Educational Attainment



- their fate.
- empowering Black perinatal families.
- ecological levels of influence can focus on:
 - Improving Black perinatal and mental health literacy

 - supports
 - in the Black community



RESULTS

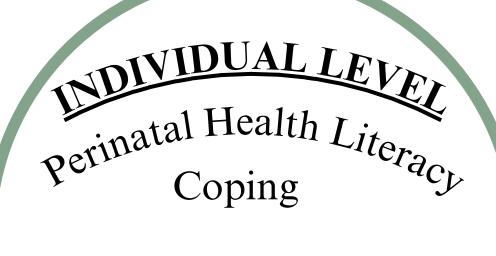
INITY & POLICY I

ORGANIZATIONAL LEVET The Medical Institutional Environmen

INTERPERSONAL LEVEL

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Asserting Healthcare Autonomy Help and Harm in Healthcare Narratives of Struggle and . Collective Resilies



# SOCIAL ECOLOGICAL MODEL

# DISCUSSION

• Black families deserve more than alarming statistics and the narrative that they have no control over

• Factors across levels of influence impacting the Black perinatal mental health experience demonstrate potential barriers to care and wellbeing as well as potential solutions for educating and

• Community-focused solutions for promoting Black perinatal mental health equity across social

• Whole-family health and wellbeing and the role of fathers, non-birthing parents, and loved ones • Equipping individuals and families with adaptive skills for coping and activating community

Building more uplifting narratives, greater holistic wellness, and cultural wisdom and traditions

• Empowering Black mothers, fathers, and their loved ones with adequate tools for traversing the broader healthcare system and social-political climate safely and authentically

- Phase 2 of this pr mental wellbeing

Childbirth, 22(1), 1-22. 807235. Journal of the Georgia Public Health Association, 8(3), 107-117

health care. BMC pregnancy and childbirth, 22(1), 1-13

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Methodist CHILDREN'S HOSPITAL

## PARTICIPANT QUOTES

|   | "The language we need to be using is for 'the pregnant family' because our language<br>is very alienating, right? So simultaneously we're saying, 'oh, we're caring for mom',<br>right, with these resources, but we're also putting the responsibility on mom to give<br>this information to the partner, the father. Why not say these resources are for the<br>pregnant family and make an open opportunity, open space for both parties to come<br>to the table?" - Postpartum mother                                                                                                                                                                                       |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | "Black parenting is different because I thinkI'm not just thinking about him right now as a little<br>two month old baby. I'm thinking about him as the five year old boy, the ten year old boy. College.<br>All of these different stages in life as he grows up. It'sand I know what the world sees him as, even<br>if he's five years old and the cutest baby, you know, playing with his toys at the park. The world may<br>still see him as 'look at that Black boy over there. He's going to turn into X, Y and Z'. All of the<br>stereotypes run through my mind of how I want to protect him, but also how to let him be himself in<br>this world." - Postpartum mother |
|   | "Providing access to resources with people that look like us would be a really big step just<br>providing any kind of resource to a father would be a good start. If they're able to provide<br>just a registry if you look for a doctor like you can literally filter by 'I want a man or a<br>woman. I also want her to speak Spanish'. They're able to put in another category and put<br>race. I think that would go a long way in terms of providing resources for people that look<br>like us." - Postpartum father                                                                                                                                                       |
|   | "I go in there. I dress to the nines at every doctor's appointment. I look like an administrator<br>every time. I can feel like trash. I can feel like trash. I'm going to put on a suit. Rightand<br>that's ridiculous, but I dress to the nines. I put on my badge, and I speak in such a way that the<br>appointmentI make my health care team nervous. And I hate that I use intimidation because<br>I know that that's what I'm doing, but I force them to give me care by demonstrating that I am<br>not ignorant and you're going to have to work for me." - Community Member                                                                                            |
|   | "I was sent to this random Ob-Gyn and he was a White maleand it wasone of the most harmful parts of my pregnancy was his responses when discussing my disability leave and I will never forget it because like, again, how scared I was. We know the rates of Black maternal health and I expressed that to my Ob-Gyn of all of my fears and histories of anxiety and the fact that it was just completely washed away was so horrible." - Postpartum mother                                                                                                                                                                                                                    |
|   | "It's almost like Black women are taught that struggle is our birthright. So if<br>you're not struggling, you're not doing it right. So if you're not feeling overwhelmed,<br>if you're not feeling depressed when you come from an oppressed community where<br>everybody got something going on, are you going to feel comfortable bringing yo<br>bag of rocks to the table where everybody else got their own bag of rocks?"<br>-Postpartum mother                                                                                                                                                                                                                           |
|   | " You are literally biological evidence of our capacity for success. When you look at the history of Black people in the United States of America, your bloodline, like you are only here because through your bloodline people were able to survive and reproduce. So there is no reaso for you to look at anything with fear because over and over and over and over again, two people came together and made a person that was able to connect to another person that was able to lead to the journey that the outcome is you. Like we don't have no reason to be afraid." - Postpartum mother                                                                               |
|   | "They should be there as much as possible, like I said, you know, reassuring, making<br>them knowbecause I've also learned as well, like, it's going to take them some time, the<br>femaleto get back to them, their normal self. So you have to be very, very, very, very<br>patient when it comes to that. Letting them know like constantly reassuring them, being<br>there for them. Take them out. Let them, you know, like, just because you have a kid<br>doesn't mean your lifestyle changedyou know what I mean?" - Prenatal father                                                                                                                                    |
|   | "I would say like just anxiety, just making sure like, hey, everything's going<br>to be alright. It's kind of like, you have to check in with yourself constantly.<br>Tell yourself, like, hey, like, everything will be fine. You know, this constant<br>reassuring yourself even because you can't let your partner see you like a<br>certain way because you got to be strong for them as well." - Prenatal father                                                                                                                                                                                                                                                           |
|   | "Embracing the identity of being Blackor to find strength in our<br>resilience and ancestors, and I think just building a team or like building<br>a strong support systemtrying to focus on the beauty and the strength<br>of Black motherhood instead of negativity, and creating Black parenting<br>and family traditions." - Postpartum mother                                                                                                                                                                                                                                                                                                                              |
|   | NEXT STEPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| e | ct will focus on developing an intervention for promoting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

• Results will be used to ensure intervention is accessible, culturally relevant, and focused on the patient and family perspective

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