



WIG Virtual Policy Briefing
May 25, 2021
“Maternal Mental Health Awareness”

Featuring:

Massachusetts State Representative Liz Miranda

Dr. Nicole Christian-Brathwaite, MD; Child, Adolescent and Adult Psychiatrist; CEO and Founder, Well Minds Consulting and Psychiatry

Jamie Belsito, Policy Director, Maternal Mental Health Leadership Alliance

Dr. Nazanin Silver, MD, MPH, FACOG, Attending Physician, the University of Pittsburgh Medical Center - Pinnacle Health System

Senator Nancy Todd, Interim Executive Director: I’m Nancy Todd, Interim Executive Director, and I’d like to welcome you to Women In Government’s policy discussion on “Maternal Mental Health Awareness.” Women In Government is a nonprofit, nonpartisan organization guided by an all-legislator Board of Directors.

Please take a moment to introduce yourselves in the Chat Box on the Zoom Toolbar. If you have questions or comments, write them in the Chat Box at any time during the program.

You can tweet at Women In Government today using the event hashtag:

#ConnectingLegislativeLeaders. Just a quick reminder – registration is open for WIG’s Virtual Summer Summit starting June 22nd. Please visit WIG’s website at www.womeningovernment.org to register.

I’d also like to take a moment to thank our Business Council Members and Associate Members for their support of Women In Government. Thank you for making WIG events possible!

Now I’d like to introduce our legislator moderator Representative Liz Miranda. She has been a real champion for maternal health in Massachusetts, and we are so happy to have her with us today. You can read her full impressive bio in the Chat Box. The floor is yours, Representative Miranda!

Representative Liz Miranda: Good afternoon, everyone. The honor and pleasure to be here is actually mine. I’ve only been a legislator, a state legislator, for 30 months, so a little over a few months into my second term, and Women In Government is an organizations I’ve heard a lot about, and I hope to one day join the Board of Directors or be able to contribute more. Thank you, Senator Todd for introducing me.

Maternal mental health is an issue that I care deeply about, and I’m excited to be taking part in today's discussion. We can't have enough of these discussions. And now I’d like you to please join me in welcoming our esteemed panelists for today. In the interest of time, their full bios, like mine, will be posted in the Chat Box.

Our first speaker is Dr. Nazanin Silver, Attending Physician at the University of Pittsburgh Medical Center, which is in the Pinnacle Health System.

Our second speaker is Dr Nicole Christian-Brathwaite, which I've had a pleasure of working with here in Massachusetts, Founder and CEO of Well Minds Psychiatry and Consulting.



WIG Virtual Policy Briefing May 25, 2021 “Maternal Mental Health Awareness”

And our third speaker is Jamie Belsito, the Federal Policy Director of the Maternal Mental Health Leadership Alliance.

Thank you, women, for joining me today, and for those of you that are joining us in this discussion, thank you for taking time out of your busy day to help us through this discussion. So, in the interest of time, I'm going to begin.

And I'd like to ask Dr. Silver to start us off. Actually, what is maternal health and maternal mental health, and why is it so important to be having this discussion?

And it's been happening across the country and it's important for WIG to take this on. Can you help lead us in thinking about why other legislators should be thinking about continuing this discussion?

Dr. Nazanin Silver: Thanks, Representative Miranda, for having me on this conference. So, maternal mental health is, you know, as we see, simply maternal mental health. It's the mental health of a woman from the time she gets pregnant, so from the moment of conception, all the way to one year postpartum.

It is extremely critical that it is something that we educate ourselves about, that we educate our community about, as certain diagnoses throughout pregnancy and postpartum can really have negative outcomes if not treated. And we all know mental health in our community today has a huge stigma. I think that through maternal mental health that stigma has slowly been coming down, although it's still there.

One of the biggest things I'm concerned about is that throughout the nation, there is no federal law or mandate for screening mothers during the pregnancy and postpartum period. You know, the states each have various ways that they approach things - each individual institution, each individual physician. So, I think I want to bring to the audience's attention that on a national level, we really, really need to have some sort of federal mandate for screening. Screening helps identify these women and hence figure out how to plug them in the system to see a psychiatrist.

As we know, moms are the rocks of the family, and without a healthy mother, there's really no healthy family. You know, pregnancy is not an easy thing. Women are just expected to go through pregnancy, postpartum. It's just what we do. However, the journey is quite complicated. It's extremely stressful, and it's not as fun and glorious as people make it out to be, especially the postpartum period when there are a lot of changes. And so, I hope that this topic gains more national attention and more women get involved in really augmenting this topic.

Representative Liz Miranda: Thank you so much, and one of the things that I want to share is that this is a whole continuum when we think about maternal health. A lot of people think about the physical body, but we have to continuously remind folks that this is both a mental and physical journey, that the factors that impact our ability to go through a successful birthing journey is also connected in the ways



WIG Virtual Policy Briefing May 25, 2021 “Maternal Mental Health Awareness”

that we feel, the pressures, our environment, what we're eating, and all the other factors that impact our lives.

Next, I'd like to go to Jamie. And Jamie I've gotten to know really well here also in Massachusetts. I don't know where folks - I see it in the Chat folks are putting where they're from. I hope there's a strong contingency from my state. But can you talk about some of the policy aspects about maternal health or maternal mental health from both the state and federal perspective and things that we should be paying attention to?

Jamie Zahlaway Belsito: Sure, absolutely, and thank you for the framing the conversation around state and federal because they're interconnected when we're talking about maternal health.

And I had said earlier in the conversation that we're starting to focus on this issue because we're electing women into our legislatures, so let's be very clear about that. The more women are elected into our state and federal legislatures, the more these issues are going to be addressed.

I myself am a two time survivor of postpartum mental health complications, and although I felt very unique in my own circumstances, one out of five women face these complications, and that is the best data that we know of. It's probably more one in three, so although - and I say this with a tongue in cheek, although I felt very unique, I wasn't because that many women are dealing with these issues.

I wanted to go back to what Representative Miranda said. Around 2008-2009, this started to become an issue in state legislatures as we saw a rise in substance use neonatal or the impact of infants being born substance use addicted and an increase in teen pregnancy. And there was a direct connection to the mental health and wellness of birthing people.

In state legislatures like West Virginia started implementing screening into their Medicaid systems. States like Massachusetts formalized a commission identifying the causation of postpartum depression, and it's now the [Ellen Story Commission on Postpartum Depression](#).

For legislators out there looking to understand what a state legislature commission might look like, you could talk to Representative Miranda or you can take a look at our [website](#). We're bringing in mental health clinicians, psychologists, early intervention programs, social workers, and community health clinicians.

These state level discussions prompted a deep dive into data, and from there, these data points were brought to our federal legislators on Capitol Hill, and in 2016, we were able to finally pass the only maternal mental health legislation that was ever passed and fully funded to put monies into states for telepsychiatry access programs that allow whatever clinician a mom interfaces – pediatrician, GP - to speak with their clinicians and allow the clinician, even if they're not experts in perinatal mental health, to pick up the phone and identify support for those moms. And we are actually doing screening here in our state, so there's an absolute connectedness with what the state does to the federal as well.



WIG Virtual Policy Briefing
May 25, 2021
“Maternal Mental Health Awareness”

10 states have launched commissions or task forces, and I know right now Pennsylvania, and their state legislature speaking about this. And if I can throw in a few more because I have a whole bunch of stuff, this discussion went from what the hell is maternal health, what are you talking about maternal mental health, oh my gosh there's a mental health crisis, oh my gosh there's a maternal mortality crisis.

We aren't listening to women, and if we aren't listening to women who look like me, we aren't listening to women with different skin colors and then we have found out that there's a whole racial disparity aspect to this issue as well.

And we here in Massachusetts actually passed a Racial Inequities Task Force, by way of the direction under Representative Miranda and my State Senator Joan Lovely, and these are the conversations that need to be having. Even the CDC right now put out an entire initiative called [Hear Her](#).

And that's what people need to do. They need to listen to women. Women know what's happening with their bodies, and that's why we're here today to talk about this.

Representative Liz Miranda: Thank you so much for acknowledging the work that we did. The Ellen Story Commission - I am a Commissioner on that Commission and really proud of the work that we are doing there. And now the [Maternal Inequities Commission](#), which is led and centers on Black people, the only Commission of its kind in our Commonwealth, was something that was passed unanimously in the House and Senate in my first term, so I've been super excited to have assured that along with my colleagues.

Now, I'm going to go back to Dr. Silver and pull in Dr Nicole for a question about the most common mental health issues women actually face or birthing people face during the prenatal period and what types of screenings are used to address it.

And then I'd like to follow up continuously with Dr Nicole, if you answer that question after Dr. Silver, about what family members or supportive groups of people can do to support people through the birthing journey through postpartum depression. A lot of people are saying, "How do I recognize it, how do I help, and how do I help people get better?"

So, if you guys could both tag team on the first question and then go right into Dr Nicole with the second part of the question, we'd love that. So, Dr. Silver, back to you.

Dr. Nazanin Silver: Thank you for that very important question. So, the perinatal period is defined as from the point of conception all the way to 12 months or one year postpartum.

During that time period, so we're looking at about 22 months because, although we say pregnancy is nine months, it's actually 10 months, but anyhow during that time period, you know, we often like to blame the hormones, which is labeling a woman, oh, you're just hormonal.



WIG Virtual Policy Briefing May 25, 2021 “Maternal Mental Health Awareness”

And as a lot of the mood disorders being related to oh, she's hormonal - well, we need to understand that, yes, hormones do play a role in mood. They don't play a direct role, however. It's not just due to the hormones.

The number one complication of childbirth is postpartum depression. I think many people, including the medical providers - physicians themselves - do not know that. Up to 20% of women experience postpartum depression, That's a huge number, and it is often overlooked.

Let me talk about depression and anxiety. Depression and anxiety can start in pregnancy from the very first trimester all the way through the postpartum period.

The third trimester and postpartum, so right after delivery, the first few months are the most vulnerable time periods for women. That's when the hormonal fluctuations are so enormous - goes up then drops or plummets - that mood can significantly be impacted, mood and anxiety.

What we would like to prevent, is the dysfunction of a human being who now has another human being to care for. Often to understand that a lot of people don't come in seeking help for depression and anxiety. They don't even know really that they're depressed. They just know that they're feeling something different.

They can be irritable, they can be down, they can cry, they can have a lot of racing thoughts, feel anxious constantly worried, sleep problems, eating problems - there's a whole list of symptoms. But if you notice that you're acting differently, something about how you feel is different than you know, the important thing is to get help, whether it's through your OBGyn, your primary, or your psychiatrist.

So, the reality is, we know that there aren't a lot of psychiatrists nor a lot of psychiatrists that focus on pregnant and postpartum women. But the ones that are out here, we need to really reach out to and get help. It is not normal to feel this way, and there's nothing wrong with you when you feel this way.

You need to seek help. What we'd like to prevent is depression. It has various severities, so we've got mild, moderate, and severe. Severe can become psychotic and vegetative, so that's what we want to prevent.

And we want to prevent inadequate bonding between mother and baby. When the mother is anxious, when the mother is depressed, that bonding does not occur. Most people think that breastfeeding brings that bonding on. That's incorrect. If you're suffering from depression or anxiety, breastfeeding is not going to make you bond with your child. In fact, for a lot of women, breastfeeding becomes a task, an obligation, and really a resentment.

So that's another conversation to discuss. Then the support system, which Dr Nicole will talk about, is really important. Your life has changed. You've got a baby to take care of. Sleep - lack of sleep - really impacts mental health, and as Representative Miranda stated, medicine encompasses mental and



WIG Virtual Policy Briefing May 25, 2021 “Maternal Mental Health Awareness”

physical. Oftentimes even physicians say, “Oh well, there's mental and medical.” No, that's incorrect. Medical means mental and physical. Without mental health, you do not have physical health.

So, if you notice these odd symptoms, if you're acting different, if you feel different, and if it lasts longer than two weeks - so only the first two weeks do we say it's postpartum blues - after that, you're looking at something clinical. Go and get help. There's no shame in getting help.

What we want to prevent is the severity of the disease, and we can do that. There are lots of safe ways to treat women. There's nothing to be ashamed about. We want women to come and seek help. Screening - your provider needs to screen you. There are standardized, validated questionnaires out there that look at depression as well as anxiety. Anxiety is an issue too.

And so, then a referral can be made. You're not alone out there. There are a lot of women silently suffering, and that's what we want to do - break that silence.

Rep. Liz Miranda: Thank you, Dr. Silver. Before we go to Dr Nicole for anything that can add value to what Dr. Silver already said, I really believe that is super underreported. When you talk about cultural norms, women who are economically going through struggles, those that don't have access to adequate health care or perinatal care. there might be many more birthing people and women actually suffering in silence, because of those other factors.

So, Dr Nicole, the floors yours. We're now at 3:18, and so we're going to ask you to take two or three minutes to answer those two questions, and then we're going to ask Jamie one more question and ask you another question and we're going to go right into Q&A.

Dr. Nicole Christian-Brathwaite: Sure, so thank you so much again. And so, as Dr. Silver mentioned, about 20% of postpartum women suffer from postpartum depression or postpartum mental health problems.

But when we're looking at women of color, specifically Black women, that number increases to 44% of Black women suffer from postpartum mental health problems, and the other issue is that in general, women aren't being screened universally, but even more specifically women of color are not being screened at all.

I am also a survivor of postpartum depression, a full blown psychiatrist, and nobody asked me how I was feeling. Nobody screened me, and I didn't even pick up on the fact that I was suffering from postpartum depression until I was at the point of having unsafe thoughts.

And I think, you know, so the issue is almost half of Black women are suffering from some sort of postpartum mental health problem, and there was actually a study in New Jersey where they looked at three years of New Jersey Medicaid claims. White women were nearly twice as likely to receive treatment than women of color, including Black and Latino women.



WIG Virtual Policy Briefing May 25, 2021 “Maternal Mental Health Awareness”

So, we're twice as likely to experience postpartum mental health complications. We're also three times as likely to die from all postpartum complications, and we're half as likely to be screened, and so that's a huge issue.

We'll certainly talk about disparities as well, but when we're thinking about supporting women, we also have to recognize that there is a subset of our population that is being discriminated against, frankly, and they're not being supported.

And when we're thinking about how family can help postpartum and pregnant women, I always tell my patients and their families four things. Number one, advocate. Advocate for yourself and as a partner or family member, advocate for your family. Doctors, you know, we're a little narcissistic. We think we know everything. We may know a lot, but we don't know you - the details of who you are, the intersectionality of what makes you.

And so don't be afraid to be vocal. I remember I gave my OB for my first child a two page double spaced birthing plan, and she's like, “Oh, yeah sure.” I knew she wasn't going to pay attention because I was an anxious mom, but I did give it to my husband. And I'm like, “I want you to make sure that the things that I want and need that my nurses are aware, my doctors are aware, and if I run into problems, I need you to speak for me if I can't speak for myself.”

Secondly, educate. As moms, educate yourself. What are the signs and symptoms of postpartum illness? And as a family member, you should also be aware there are so many resources out there - [March of Dimes](#) is certainly a resource. [Postpartum Support International](#) is a wonderful free resource. So, there is tons of information on the website from reliable evidence based sources like [NAMI](#) and [SAMHSA](#). I'm sure we can include all of those resources in the Chat as well.

Thirdly, listen. I remember when I had postpartum depression and I came home after almost hurting myself and I told my husband, “I need help.” And he's like, “Okay, well, I'll take the night shift tonight.” And I'm like, “Yeah, and tomorrow and the night after that, and I need more help. And you can call my aunt and my mom and tell them I need them to come cook.”

And again, that fourth part is be a part of the village, right? We – women, parents - we were not meant to do this journey alone. We always had a village. Why now are we moving away from that village mentality?

A mother - you're exhausted, right? So, you need someone to do the laundry, to help clean the house, to cook dinner. Don't be afraid to ask, and family members, don't be afraid to volunteer. Many people, if they offer to bring food, I'm not going to say no. If you offer to do my laundry, I'm not going to say no.

So again, as a family member or support, advocate, educate, listen, and be a part of the village.



WIG Virtual Policy Briefing
May 25, 2021
“Maternal Mental Health Awareness”

Representative Liz Miranda: Thank you so much. I mean this is - you know, every time I'm amazed by all the folks who are working in this space who have taught me a great deal in the last 30 months as a legislator.

I just saw Representative Attica Scott get in the room. I have like the woman crush of the year on her for everything that she's been doing. But thank you all for just being so committed to this work.

Jamie, what are some of the biggest concerns around maternal mortality rates? Can you talk about existing disparities - and while we go into there, I just want to prepare Dr. Nicole for our second question and then we're going to get a few questions, so please use the chat to share your questions - what contributes to the disparities and diagnosis and treatment?

This is really a life and death issue, and when we talk about - Dr. Silver mentioned someone actually could get psychosis, will be vegetative, and not take care of their child.

We want to talk about the disparities because we can do something about that. So, Jamie, biggest concerns, and then we're going to go - if you could do that in a minute, we're going to go back to Dr. Nicole for another minute - and then we're going to go into the chat to get some questions.

Jamie Zahlaway Belsito: I want to put out here the biggest concern is access to health care, and when states do not have access to health care for postpartum women after 60 days - this particular issue peaks at four to six months, and that is an issue that I've seen in the state legislatures.

Once Congress recommended or allowed for the waivers to occur within the states to expand Medicaid, it has to happen. It's not an if, and, or but - it's a now issue, and so, when I see legislatures like Alabama look boldface at expanding access for care and then decide not to move forward with it, that's egregious and they're allowing women to die in that state with full will.

I know Texas is approaching this. Indiana - I've seen Indiana state legislature put a maternal mortality bill after maternal mortality bill forward, and nothing has changed. So, first and foremost, is Medicaid expansion.

I want to put out here that suicide, comorbidities of substance use, and mental health is the number one reason why women are dying in the State of Massachusetts. We found that as well in Illinois. And we're finding it more and more with the maternal mortality review committees.

When it comes to the racial disparities issue - we don't have enough time, but I will tell you this - 66% of the maternal deaths in this country are preventable. Black and American Indian/Alaska Native women died at a three to four times higher rate compared to White women, and those rates were unacceptable to begin with.

But when we take a look at who's on Medicaid and social inequities - social health, the social determinants, housing, safety, environment, exposure, racism - all of the things. You know, it's



WIG Virtual Policy Briefing
May 25, 2021
“Maternal Mental Health Awareness”

connected to preterm birth, health outcomes, weight outcomes, transportation, lack of access to childcare, time off from work, cultural barriers.

This is why, when we take a look at the mental health legislation that Representative Blunt Rochester and Senator Gillibrand have put forward, we need to -we don't even have a workforce to begin with. We do not have culturally competent linguistic care either, and so we have to continue to beat that drum.

These are the initiatives that states can work on and the federal legislature is currently working on, and we saw an actual bill be heard today in a bipartisan manner in the Senate to pass to expand access to maternal equity and in quality care. Let's keep moving forward on that.

Representative Liz Miranda: You're so right, Jamie. So, we don't actually have the time, but hopefully we'll come back to WIG and have more discussions. This is a topic that I have been on numerous panels, and actually, I said that earlier that I was on a panel that had hundreds of people, but I actually was on one with Dr. Inditi, who is here in the Commonwealth that over 1,000 people registered to talk about this issue. So, you shared a lot, and hopefully, we can use the chat to share more and come back together again.

Dr Nicole, you heard Jamie talk about all these disparities, you know and in a particular as a Black woman, when I heard these outcomes, when I thought about my own family, my sister gave birth to a child that didn't survive, and I look at my zip codes that have the worst maternal health outcomes in the Commonwealth. In Massachusetts, we had a mom take her life and the life of her two young children in my community when I took office. There was all this stuff.

And she talked about some of these disparities, what's actually contributing to this -if you can, expand on that and address the issue around treatment.

When you talk about folks are not even getting help - that was a really startling fact to say that we're twice as likely to get postpartum depression, but twice as likely not to be screened and get the help we deserve and need.

Dr. Nicole Christian-Brathwaite: Yeah, I mean I hate to say it so bluntly, but ultimately, it's racism and racism, in fact, can be directly connected to every increased risk factor.

So, thinking about racism in medicine, every single medical illness that you can think of disproportionately impacts people of color, and that's because of structural racism, systemic racism, individual racism at every single level.

We are being dismissed. We're not being heard. We're not being acknowledged. Our voices are being silenced, and when we think about social determinants of health or even income, what's interesting for Black women - having more money actually increases the risk of having pregnancy related complications. So, Black women with a higher SES who live in white neighborhoods have the worst pregnancy outcomes out of every other population study.



WIG Virtual Policy Briefing May 25, 2021 “Maternal Mental Health Awareness”

In fact, Black women with an advanced degree are more likely to lose their baby than a White woman with a less than eighth grade education, and so when we're looking at - the concern is not just if you have money or if you don't.

It's are you seeing our provider that understands culturally that people of color may present differently. Often people of color present with my head hurts, my stomach hurts, I have pain everywhere, I'm just tired all the time, and if you have not had the appropriate cultural training or if it was a one-off course in medical school, you are not going to know to screen for them.

That's not even just African Americans. That's in the Latino Community, the Asian community. Many people of color - we express our emotional pain physically, and you have to know to screen for that. Many of the screening questionnaires unfortunately were all studied in white people, and so, if you are not aware of what's happening in the community in which you serve, you're not asking the right questions.

And you know, again, also stress. Again, being a person of color in America is stressful, and that stress increases the risk of complication in pregnancy, and most of that stress is again connected to disparities and discrimination and micro aggressions that you have to deal with on a day-to-day basis.

And so, ultimately, we have to be willing to address racism on every single level, so starting on the federal level with voting and with the laws. Starting on the institutional level, where are the hospitals and which hospitals are given the most resources?

Even thinking about - who got PPE (personal protective equipment) first in Massachusetts? Where were the vaccine locations identified or put first? And then, who was dying at the highest rates? And so, and then again educating each individual provider and doctor. So, I don't – I could go on for another hour.

Representative Liz Miranda: I want to say something. You know, we're at the 3:30 mark. I was saying, if all my meetings were 30 minutes, I'd be in heaven, right? I'd like to ask folks to extend to five more minutes, so that I can at least ask one more question that we have prepared here. I looked in the chat. I didn't see a question, so forgive me if there's someone who has posed a question.

I do know that all the presenters today would love to hear from you, so if there's a question that was unanswered, please feel free to email us. We've all put our email in the Chat.

But one of the things that I found very helpful in passing my legislation had nothing to do with the Massachusetts House of Representatives, and that was that the conversation was starting to be had at the grassroots level. And that, accompanied with the advocacy at the state level, really helped to push legislators to join me in helping to pass laws that can protect moms or children and birthing people in their families.



WIG Virtual Policy Briefing May 25, 2021 “Maternal Mental Health Awareness”

So, what can we do, and how can we actually build that support at the grassroots level? And since we don't have a lot of time, if you guys can share one thing in your work - and I'm going to go to Dr. Silver, then Jamie, then Dr Nicole - that you think has built the type of energy at the ground level, and this is an important thing for legislators.

I'm often known to say this one line that public discourse forms public opinion, and it impacts public policy, and that is because if it's not being talked about and people don't feel that it's a critical issue and oftentimes doesn't even end up - through emails or phone calls or people showing up to the State House - to say that this is a critical public health crisis. And so, if we can go to Dr. Silver, Jamie, and Dr. Nicole, thank you all for just being amazing panelists and so informed and sharing in this discussion.

Dr. Nazanin Silver: So, at the grassroots level, I think it starts with first individually educating your own patients, the ones that are referred to you. Through them, they talked to other patients, other people. They refer those patients to you. Also, just the community - educating your local community. You know, I do a lot of local news segments and local newspaper articles. Then on a state level and also on a federal level, to the extent that the legislators will listen because a lot of them don't, you know, educating them.

For example, at the state level I'm very active in the Pennsylvania state Maternal Mortality Review Committee, and through that committee I've gotten to know a lot of people at the state level - they don't necessarily have to be just legislatures - talking to them, educating them.

At the national level, I have gone to D.C. a couple of times trying to educate the Senators and Congressmen who are interested and women who are interested in learning about maternal mental health. I didn't get any response back from them, but you know, just pushing and talking and normalizing it because if we don't normalize this, it's like breast cancer 20 years ago. Oh, if you have breast cancer, don't talk about it. It's shameful.

Same thing with maternal mental health. If you have depression or anxiety, you don't talk about it. Something's wrong with you. That's what the most common thing women say, “Something is wrong with me.” There's nothing wrong with you. This is a biological issue that can be addressed.

Jamie Zahlaway Belsito: Yes, and having experienced it, it was unfortunately shocking to find out that - I always joke that I moved back to Massachusetts, the Red Sox had won the World Series, the Patriots had won the Super Bowl and I couldn't find any support for maternal mental health. It was bizarre. We claim to be the epicenter of health.

Something that moved me personally, and I want to say one voice makes a difference - the death of Miriam Carey who was shot dead in front of the United States Capitol. She was in a full blown psychotic episode in October 2013, and my baby at that time had just turned one, and I was just coming out of horrible postpartum mental health challenges during that year.



WIG Virtual Policy Briefing May 25, 2021 “Maternal Mental Health Awareness”

I picked up the phone, and I called my state legislator, and I made an appointment with her, and I met with her at the library. And I said, “Hi, you don't know me from Adam or Eve, but I'm here to say I had horrible postpartum, and if one more woman dies because we aren't taking care of women in our neighborhoods, that's on us.”

And from there, we had a discussion with one of our Congressional Representatives, Katherine Clark, and she put forth a piece of federal legislation on postpartum, and then we got our state's federal Senator Ed Markey to move forward, and we created grassroots through the constituents across the United States.

That formalized where we are here today. It helped me formalize a nonprofit dedicated to policy because policy is the one of the only ways we're going to continue to change these discussions. So, one voice makes a difference. Listen to that constituent because maybe it's their voice that you need to hear in order to know what's actually happening, boots on the ground.

Dr. Nicole Christian-Brathwaite: I would say really prioritize elevating the voice of the those who aren't normally heard. So, if you have a stage and you have a platform, utilize that platform to ensure that trans men and women who have given birth are heard, Black women and Black families are being heard, Latino women and families, immigrant women.

So, there are many women who are suffering, but they don't have that opportunity to speak out. And if we have the privilege of being seen and being visible in the public eye, then we should be comfortable enough to step aside and let other people step up and represent their communities - certainly better than we can, but giving them an opportunity to have a voice and advocate for themselves.

Representative Liz Miranda: Wow, just phenomenal, and before I come to a close, I want to thank Senator Nancy Todd and WIG. Please follow them on all social media.

If you heard something here today or took a photo or took a gem or saw link, please, please share it in the universe. Whether you tweet it out, post it on Instagram or Facebook, you never know who is listening and who is watching and who is reading your work.

I oftentimes get amazed at the inboxes that I get from people – I'm not even a mother yet - from people saying, “Thank you for raising this awareness because I had postpartum depression, but you put a link for a perinatal doctor, and I called and made an appointment.”

And so, keep doing that, and the second thing about sharing the stage and sharing information -use Zoom. We're coming out of this tailspin, but use opportunities to gather and have this discussion. And as a legislator, I want to say to Jamie, it's so important to email, call, or write a letter.

For those of us that are listening and if yours isn't, you can always use us to put pressure on them. No one hates it more than a legislator hearing from another legislator that their constituent is trying to reach them.



WIG Virtual Policy Briefing
May 25, 2021
“Maternal Mental Health Awareness”

So, thank you all for today. To our speakers and everyone who joined us, let's keep having this conversation so that we can get to a point that no birthing person or woman is dying due to injustice and racism in this country and that folks that need help, who are going through episodes, actually get the help that they need and deserve.

So, thank you all, be safe, have a great afternoon. Until we meet again.

~ ~ ~

Highlights from the Chat

- Bringing Postpartum Depression Out of the Shadows Act in 2016
<https://www.congress.gov/bill/114th-congress/house-bill/3235>
- The Ellen Story Commission on Postpartum Depression <https://www.ppdcommission.com/>
 - HEAR HER (CDC initiative) <https://www.cdc.gov/hearher/index.html>
 - Post Partum Support International <https://www.postpartum.net/>
- S 1675 MATERNAL HEALTH QUALITY IMPROVEMENT ACT <https://www.congress.gov/bill/117th-congress/senate-bill/1675>
 - Maternal Mental Health Leadership Alliance www.mmhla.org
- The Structural Vulnerability Assessment Tool is a good questionnaire to include in assessments
<https://pubmed.ncbi.nlm.nih.gov/27415443/>
- Other scales that measure the impact of racial trauma include: The Everyday Discrimination Scale <https://scholar.harvard.edu/davidwilliams/node/32397>; The Trauma Symptoms of Discrimination Scales and The UConn Racial/Ethnic Race and Trauma survey
<http://www.mentalhealthdisparities.org/trauma-research.php>
- For depression, the [EPDS](#) (Edinburgh Postnatal Depression Scale) or PHQ-9 (Patient Health Questionnaire) questionnaires are generally utilized. For anxiety, the [GAD-7](#) (Generalized Anxiety Disorder) or [OASIS](#) (Overall Anxiety Severity and Impairment Scale) questionnaires can be utilized
 - **#MaternalJustice**

Women In Government
444 North Capitol Street Northwest
Suite 401
Washington, DC 20001
www.womeningovernment.org
#ConnectingLegislativeLeaders