



Mother-Baby Program

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Agenda

- Mental Health and Pregnancy
- Impact of Historical Trauma, Racism, Implicit Bias
- Trauma-Informed Care
- Mother-Baby Program
 - African-American women in the program
 - Mother-Baby Graduate

“Depression is the number one complication of childbirth”
(Wisner, NEJM 2001)

- Perinatal Depression: 10% in general population
25% in high risk groups
- Perinatal Anxiety: 7-10%
- Gestational Diabetes: 5% pregnancies



*50% of women with PPD
have depressive symptoms
during pregnancy*

**Perinatal
Mood
Disturbance**

**Perinatal
Anxiety
Conditions**

Psychosis

Perinatal Mood/Anxiety Conditions

Condition	Prevalence	Onset	Duration	Severity
Baby Blues	40-80%	Peaks 3-5 days postpartum	Few days to 2 weeks	Mild
Perinatal Depression	10-25%	During pregnancy and/or up to 1 year postpartum	Varies	Moderate to Severe
Perinatal Anxiety	7-10%	During pregnancy and/or up to 1 year postpartum	Varies	Moderate to Severe
Postpartum Psychosis	1 in 1,000 births (0.1%)	Abrupt, between 3-14 days postpartum	Varies	Severe

Maternal Depression and Risk to Children

	Newborn	Infancy	Toddlerhood	Later Childhood	Adolescence
Examples of Elevated Childhood Risks	<p>Low birth weight</p> <p>Preterm birth complications</p>	<p>Difficulty self-soothing</p> <p>Impaired parent-child attachment</p>	<p>Behavior problems</p> <p>Emotional problems</p> <p>Delayed development of language</p>	<p>Learning difficulties</p> <p>Conduct disorders</p> <p>Vulnerability to depression</p>	<p>Depression</p> <p>Anxiety disorders</p> <p>Substance abuse</p> <p>Learning disorders</p>

Children's Defense Fund of Minnesota. (2011). *Zero to Three Research to Policy: Maternal Depression and Early Childhood*. www.cdf-mn.org

Postpartum Psychosis

- Very rare – only 1-2 in 1,000 women
- In most cases represents episode of bipolar (manic or mixed)
- Earliest signs: restlessness, irritability, insomnia
- Increased risk if hx of Bipolar but sometimes is first onset
- 4% risk of infanticide

Types of Trauma

- **Trauma:** physical, emotional, psychological, or spiritual injury in response to a distressing or life-threatening event like an accident, abuse, violence or natural disaster
- **Acute trauma:** a single event that is time-limited (e.g. birth trauma)
- **Complex trauma:** exposure to multiple traumas that are often invasive or interpersonal and have wide-ranging, long-term impact

Trauma Continued

- **Historical:** is trauma that occurs in history to a specific group of people causing emotional and mental wounding both during their lives and to the generations that follow.
- **InterGenerational:** happens when the effects of trauma are not resolved in one generation. When trauma is ignored and there is no support for dealing with it, the trauma will be passed from one generation to the next.
- **System-induced trauma**

Adverse Childhood Experiences (ACES) Study

- Over 17,000 Kaiser Permanente members voluntarily participated in a study to find out about how stressful or traumatic experiences during childhood affect adult health
- ACEs are common:
 - 63% had experienced at least one category of childhood trauma
 - Over 20% experienced 3 or more categories of trauma
- The ACE Study also showed that as the ACE score increased the number of risk factors for the leading causes of death increased.

Urban ACES

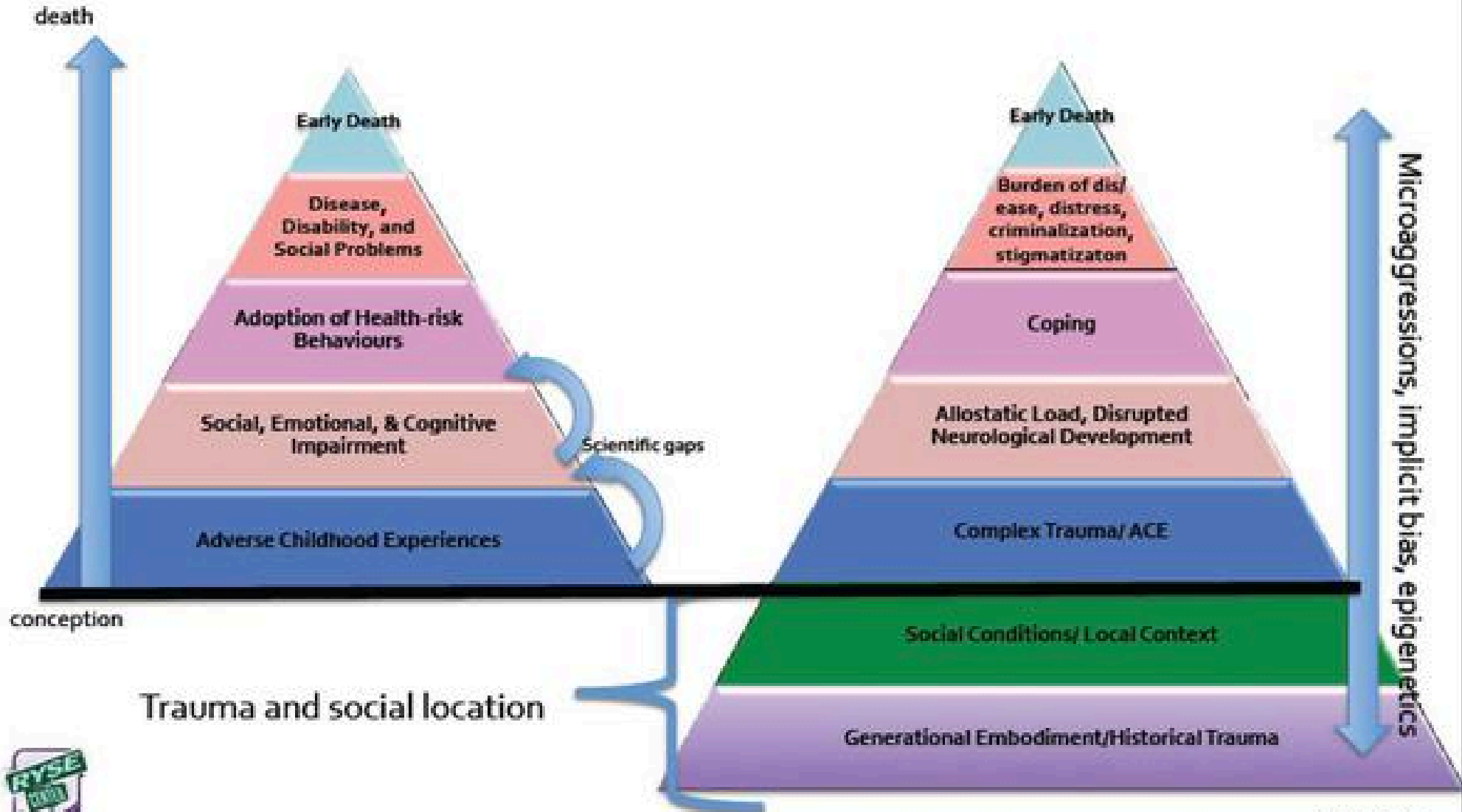
Roy Wade, MD, PHD Children's Hospital of Philadelphia

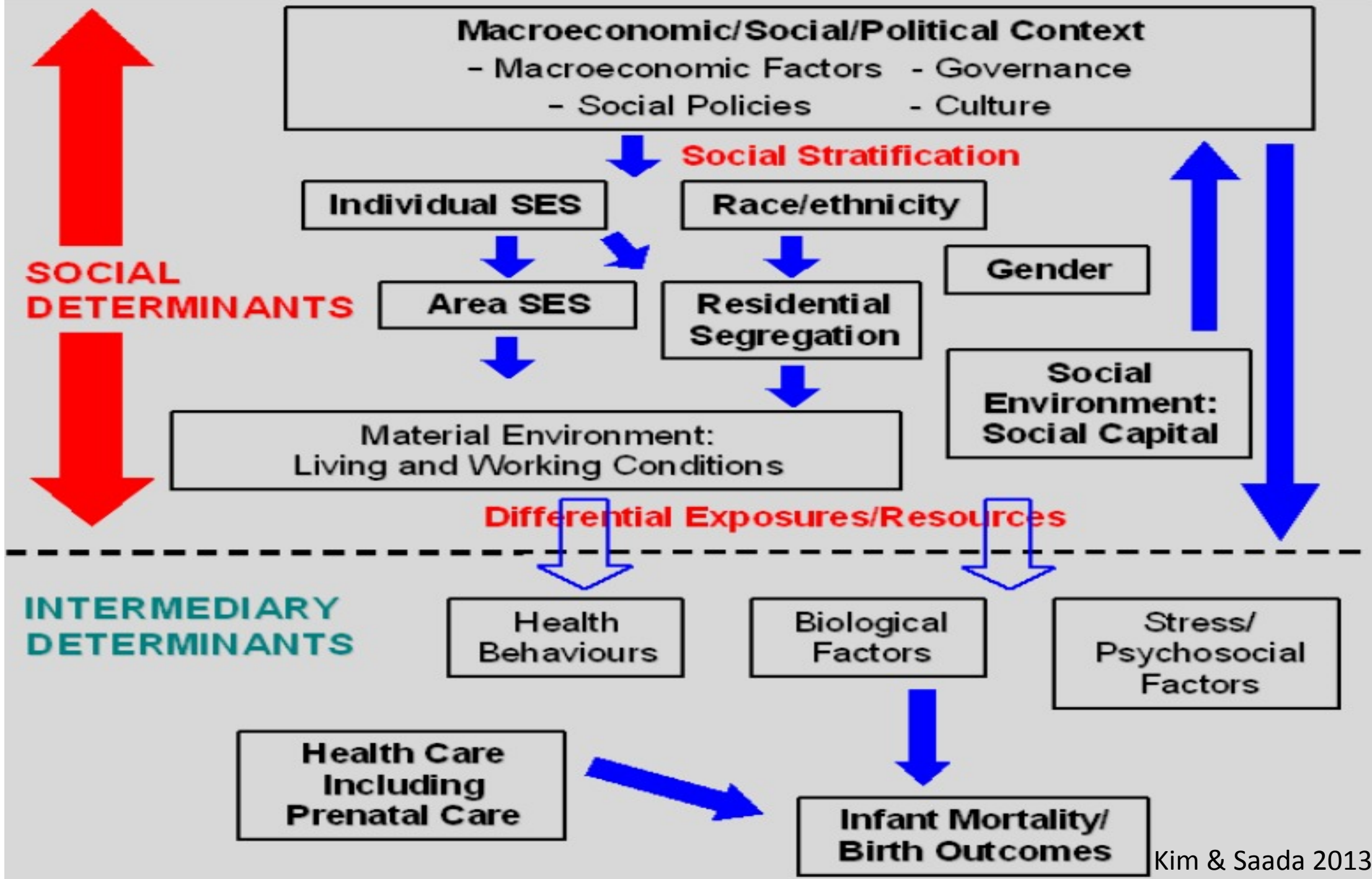
- Witnessing violence (seeing or hearing someone being stabbed, beaten, or shot)
- Living in an unsafe community
- Experiencing racism
- Living in foster care
- Experiencing bullying

Trauma and Social Location

Adverse Childhood Experiences

Historical Trauma/Embodiment



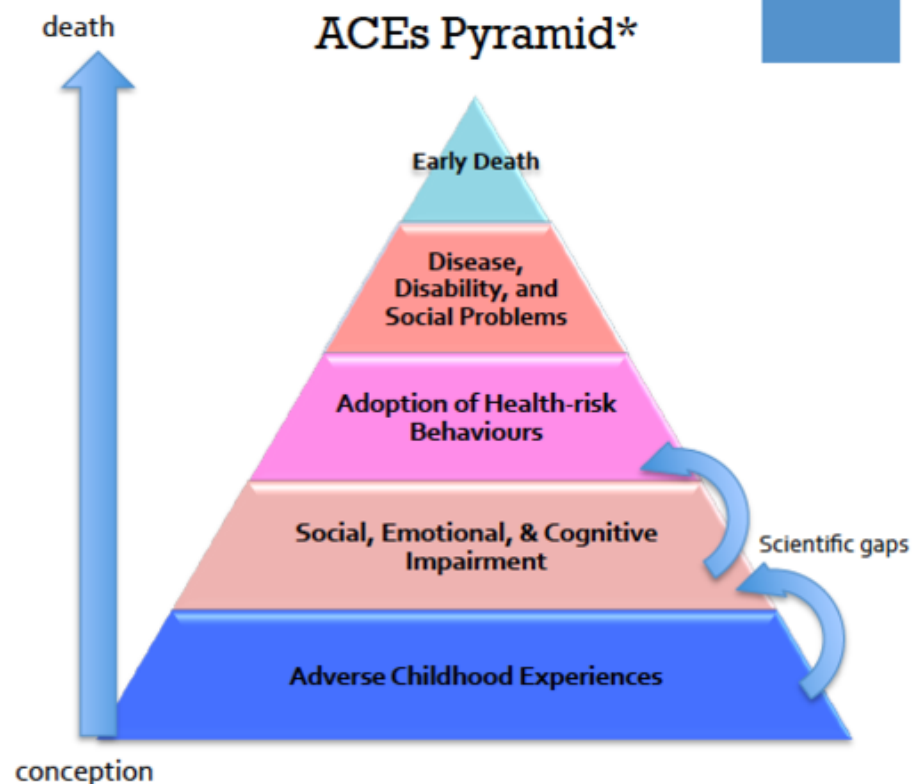




Disorder versus Distress

Disorder: A manifestation of a behavioral, psychological, or biological *dysfunction* within the individual.

Distress: *normal* human response to overwhelming stress & sustained through continued response to stress.



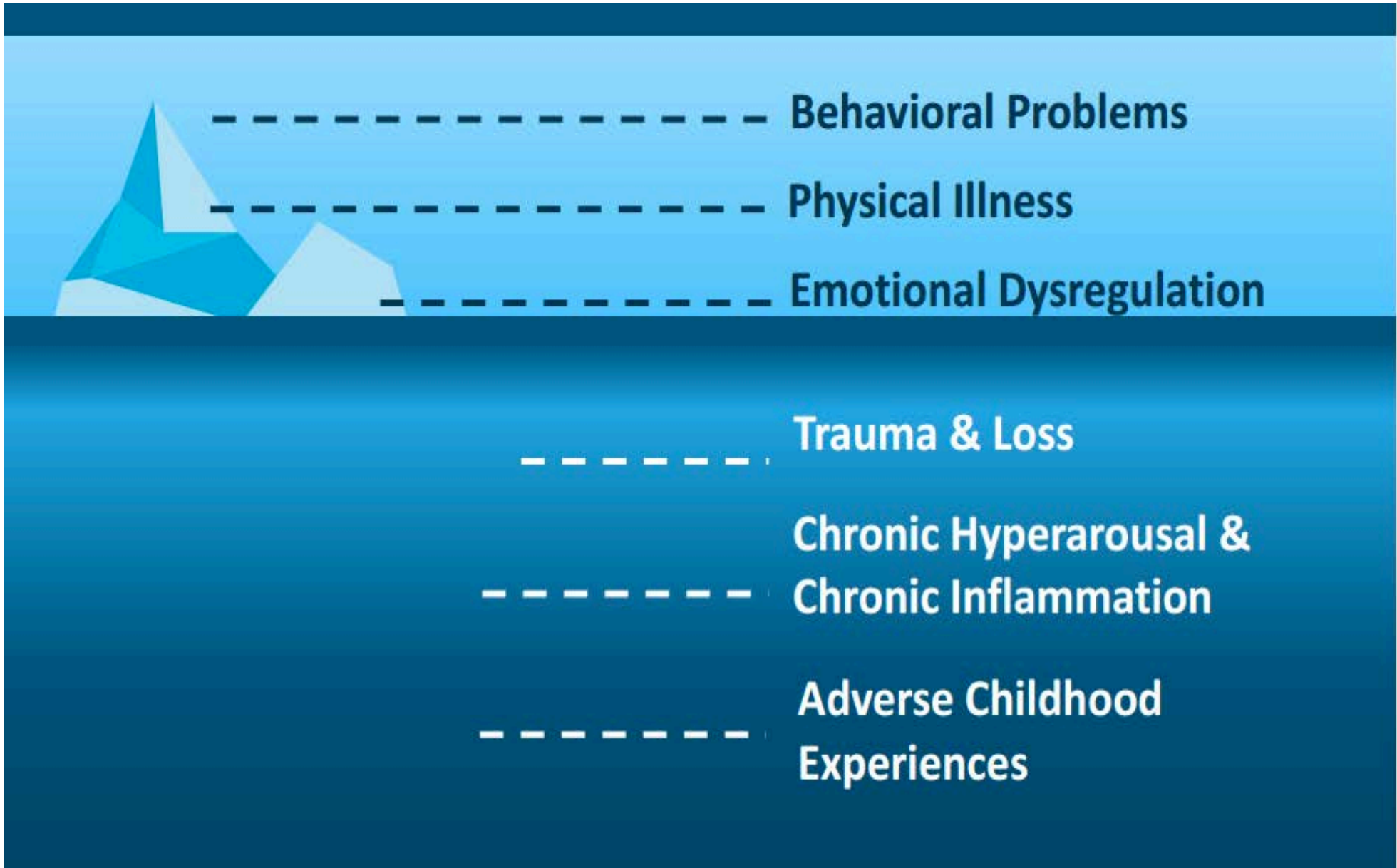
How can ACEs shift the frame from disorder to distress?

*<http://www.cdc.gov/violenceprevention/cestudy/pyramid.html>

Complex Trauma

- Expectations of harm (from the world and others)
- Difficulty forming relationships
- Difficulty managing, understanding, and regulating feelings and behavior
- Damaged sense of self/fragmented sense of self
- Developmental challenges such as:
 - Problem-solving
 - Agency
 - Imagination
 - Academic and work performance

(Blaustein & Kinniburgh, 2010)



CHANGING THE FUNDAMENTAL QUESTION

It's not
"What's wrong with you?"

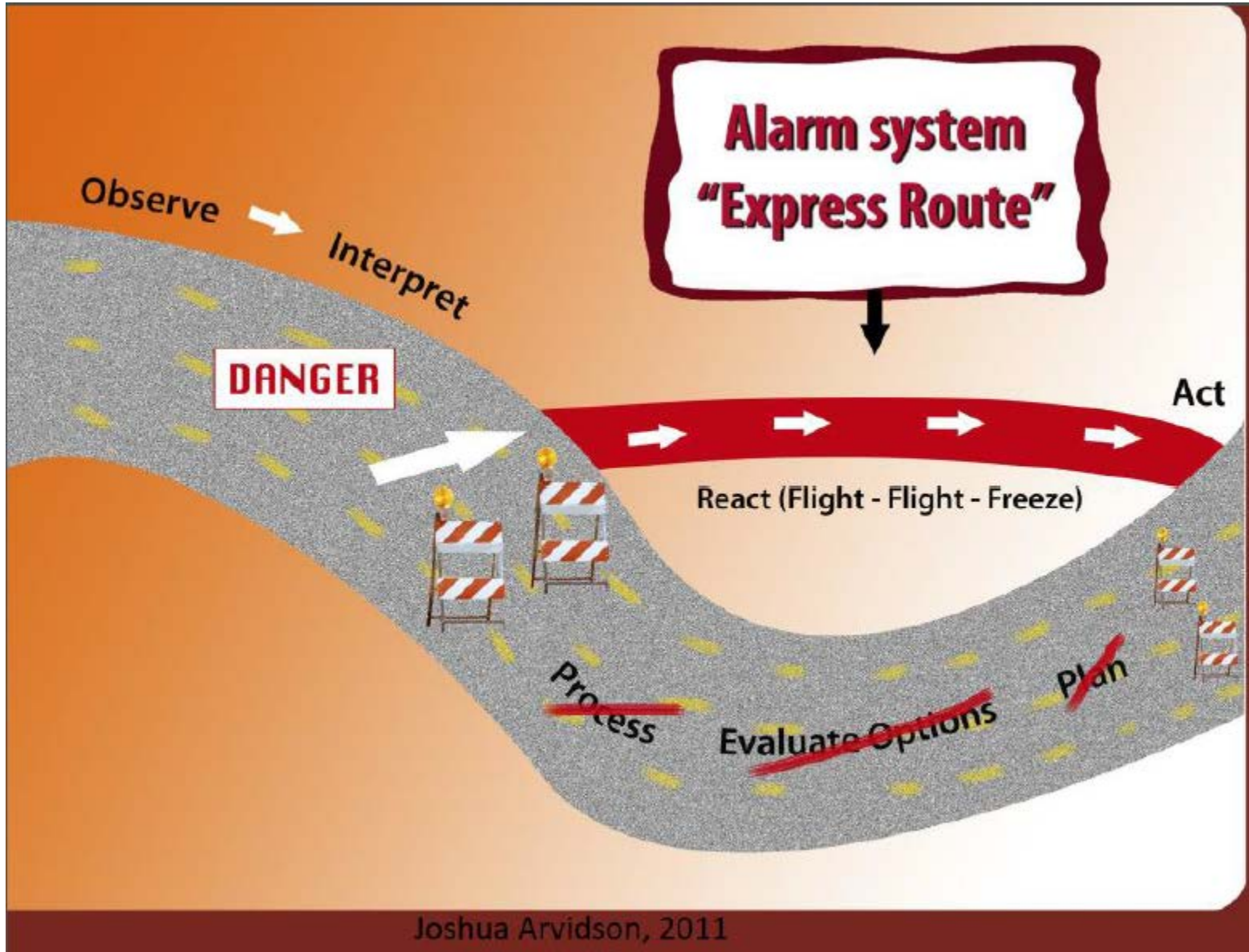
It's
"What happened to you?"



Foderaro, 1991;
Bloom, 1994

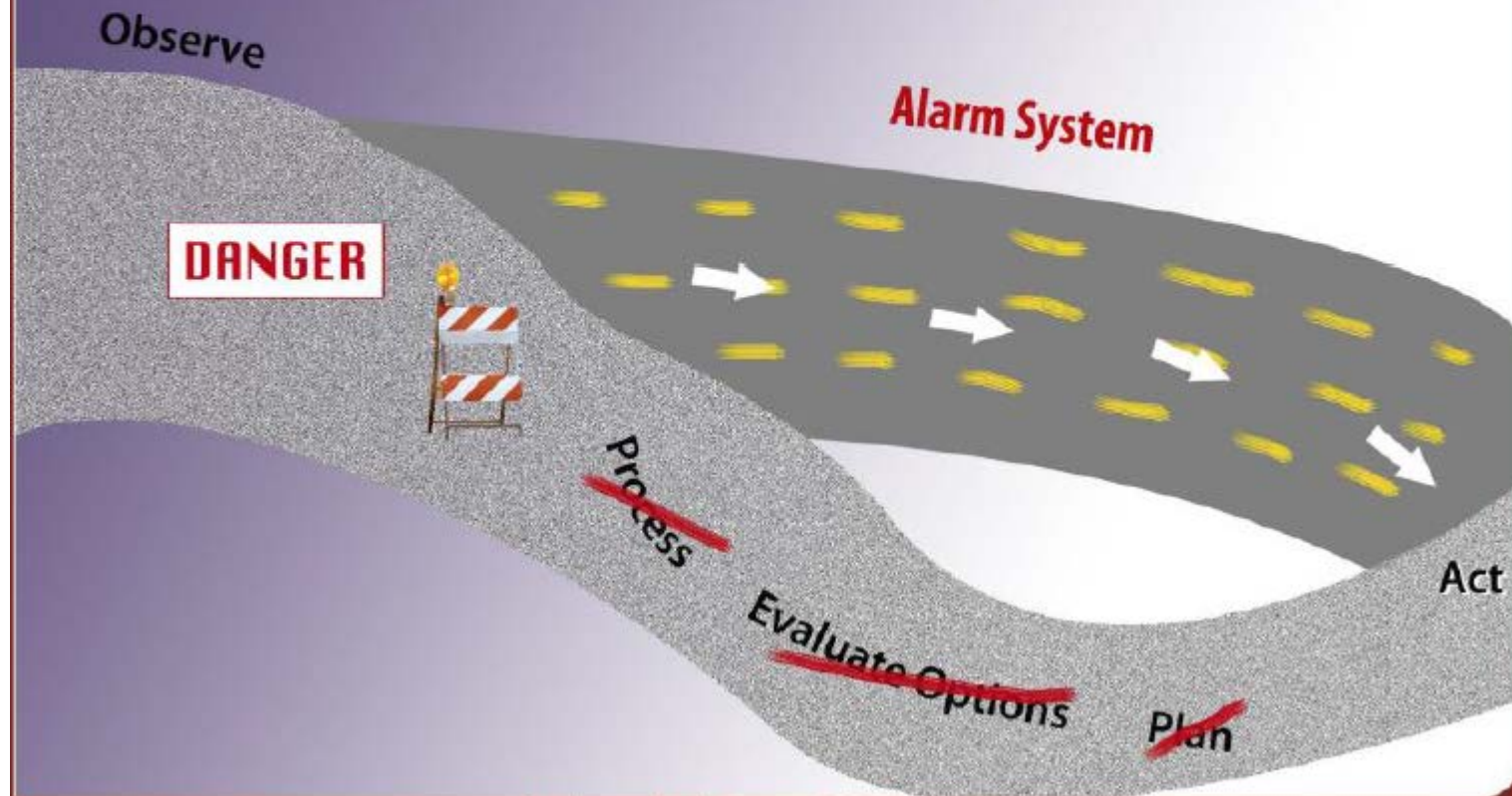
Brain process under typical conditions

Observe → Input → Interpret → Process → Evaluate Options → Plan → Act



Joshua Arvidson, 2011

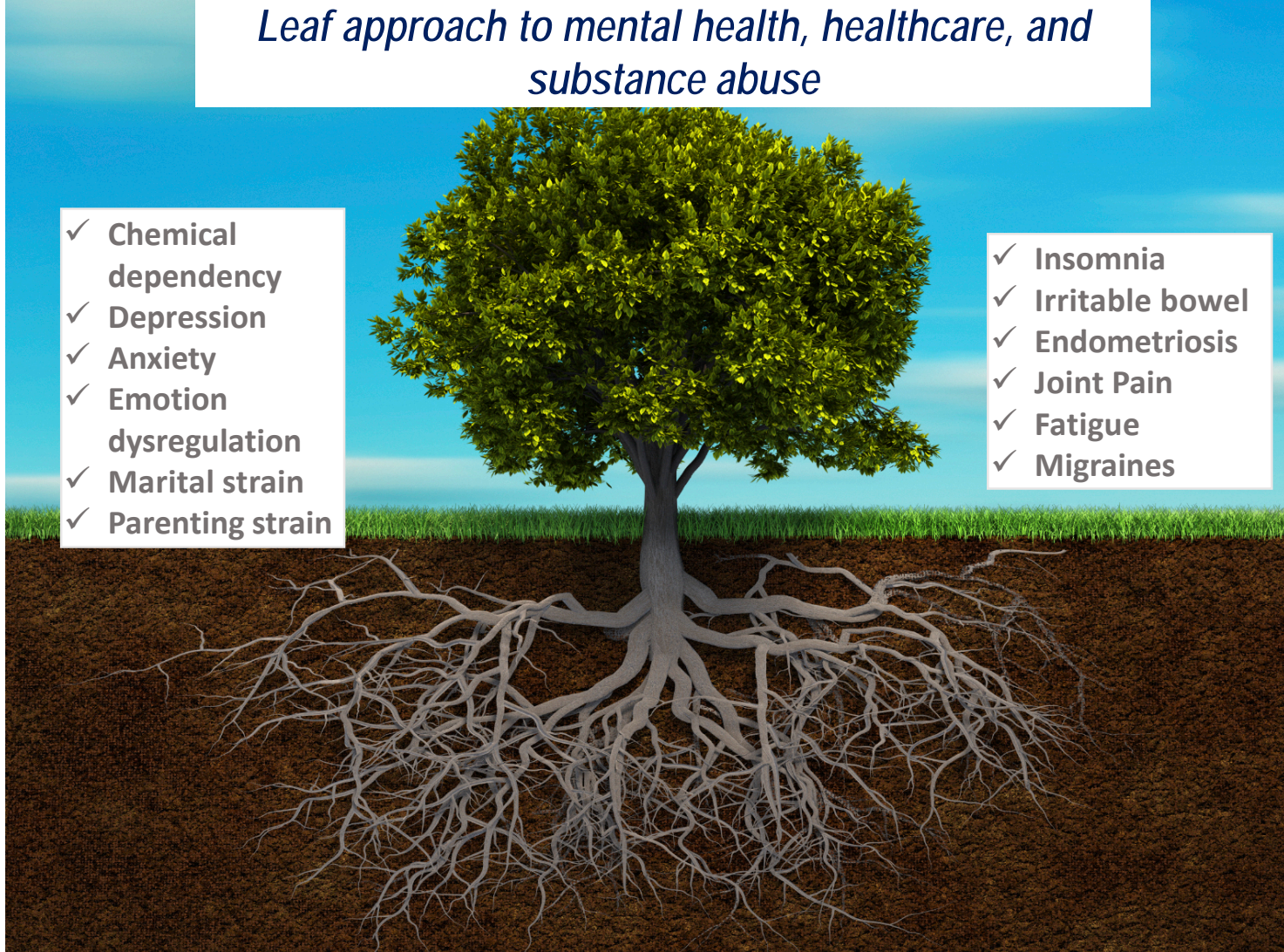
With repeated stress, the Alarm System
"Express Route" becomes the main road



Leaf approach to mental health, healthcare, and substance abuse

- ✓ Chemical dependency
- ✓ Depression
- ✓ Anxiety
- ✓ Emotion dysregulation
- ✓ Marital strain
- ✓ Parenting strain

- ✓ Insomnia
- ✓ Irritable bowel
- ✓ Endometriosis
- ✓ Joint Pain
- ✓ Fatigue
- ✓ Migraines



Healing through 2-generation and integrative approaches

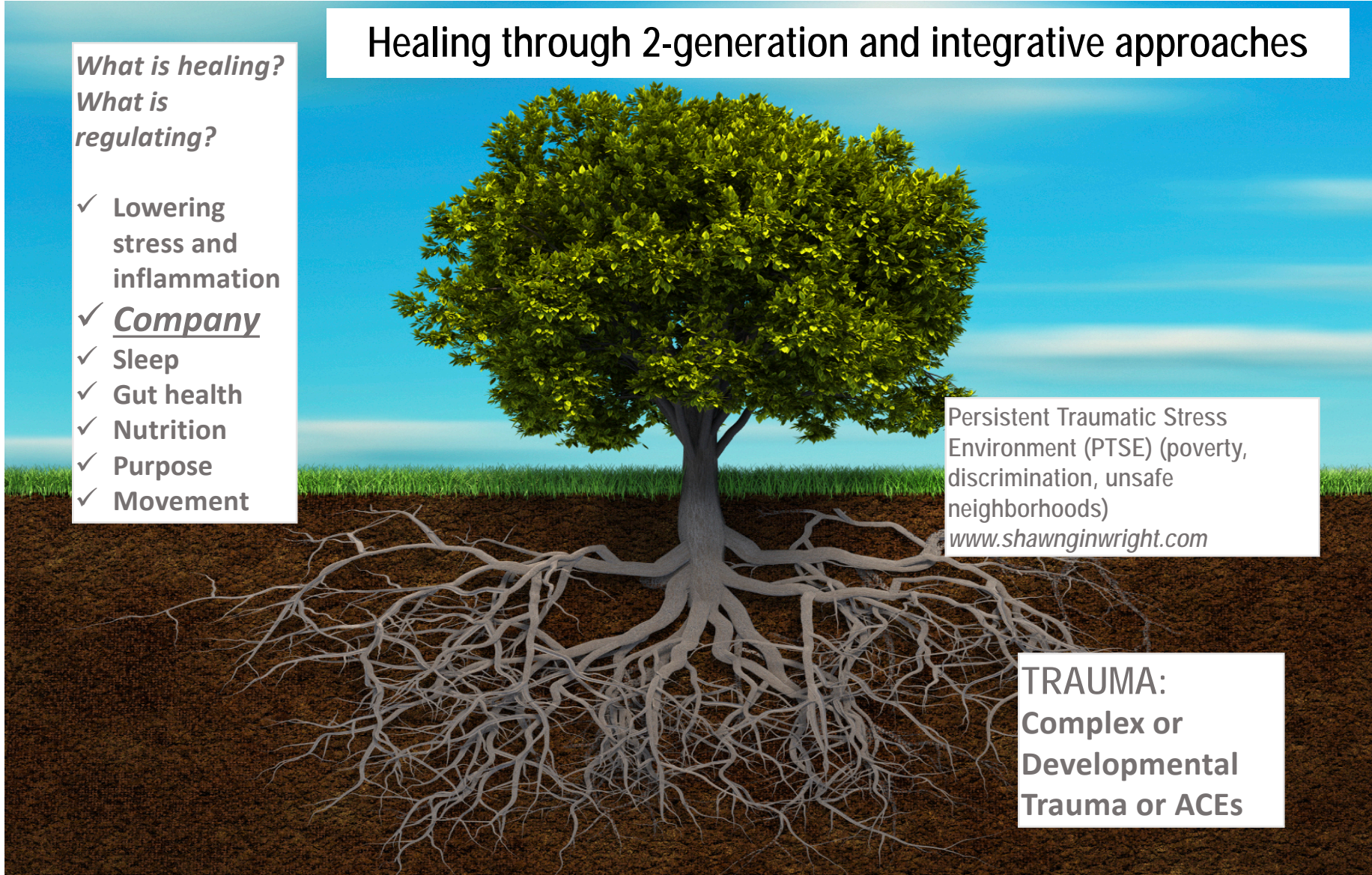
What is healing?

*What is
regulating?*

- ✓ Lowering stress and inflammation
- ✓ Company
- ✓ Sleep
- ✓ Gut health
- ✓ Nutrition
- ✓ Purpose
- ✓ Movement

Persistent Traumatic Stress Environment (PTSE) (poverty, discrimination, unsafe neighborhoods)
www.shawnginwright.com

TRAUMA:
Complex or Developmental Trauma or ACEs



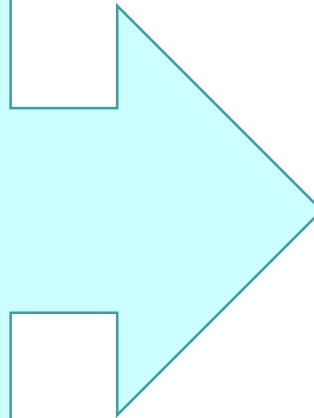
“Hitherto, science has generally categorized people’s problems as discrete psychological or biological disorders — diseases without context, largely independent of the personal histories of the patients, their temperaments, or their environments.”

-Bessel van der kolk

Mother-Baby Program

Mission in 2013

To save and improve lives by strengthening the emotional health and parenting capacity of mothers and families



Mission in 2017

To embrace and strengthen young children, parents, and families through a safe, holistic, trauma-healing community grounded in social justice and lived experience

Clinical Excellence

*

Teamwork

*

Innovation

MOTHER-BABY THEORY OF CHANGE

Positive attachment interactions provide effective regulation of stress for both parent and infant. When parents are less stressed, their parent capacity increases.

Safety/Relationship:

- Regulation happens within safe relationships (with providers, women, social supports)

Exploration/Reflection:

- Within safe relationships, mothers can: 1) explore how current or historical difficulties impinge on their parent capacity and other relationships and 2) develop and access self-regulation and relationship skills

Transformation/Healing:

- Restoring Natural Rhythms to support regulation
- Trauma Integration
- Improved social, emotional, cognitive skills

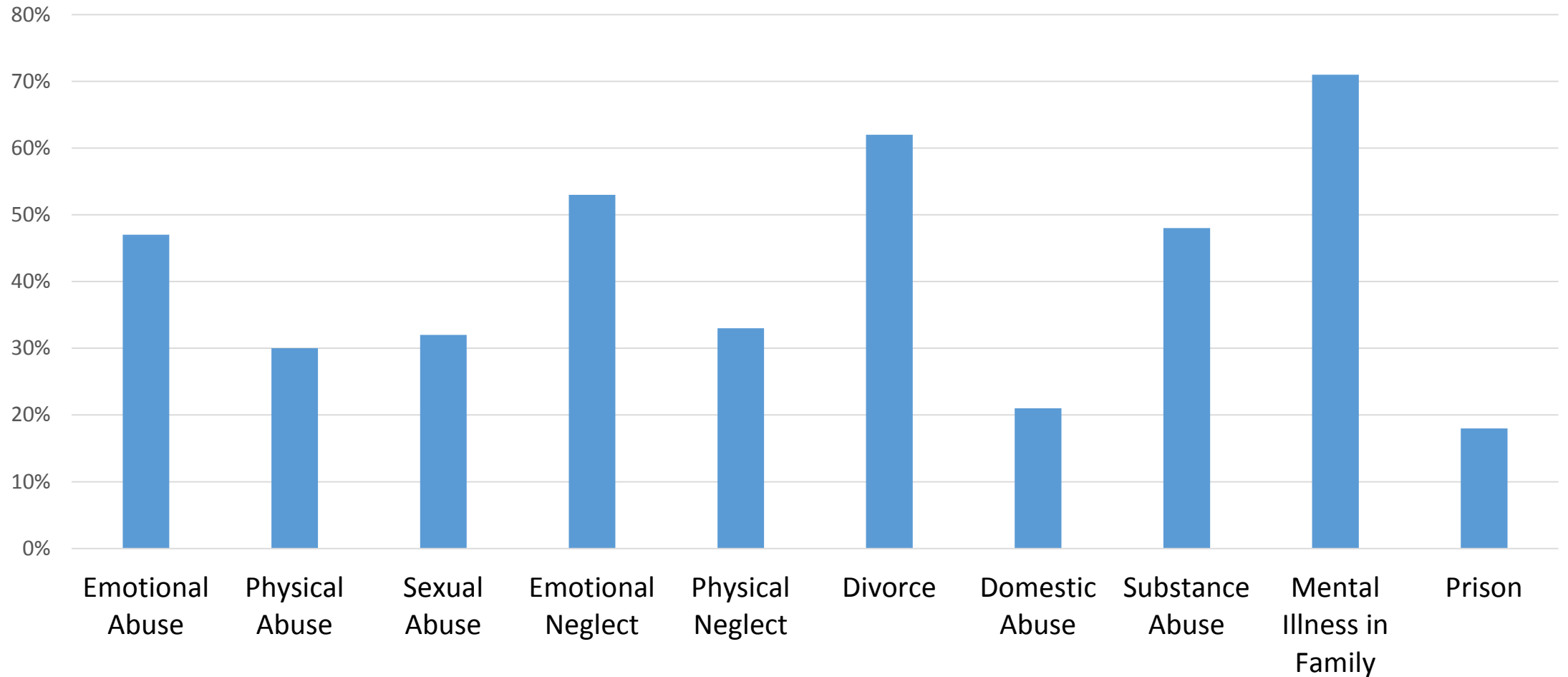
Mother-Baby Day Hospital

Reproductive Status (n=272)		Diagnosis	
Pregnant	12%	PTSD	20%
More than one year PP	10%	MDD	58%
0-12 months PP	78%	Bipolar I or II	25%
Marital Status		Anxiety	46%
Married/Partnered	70%	Adverse Childhood Experiences (n=73)	
Education Level		History of at least 3 ACEs	70%
		History of at least 5 ACEs	47%
College or beyond	50%	Other factors	
Insurance Type		Lack of social support	88%
Public	44%	First-time mom	51%

ACEs

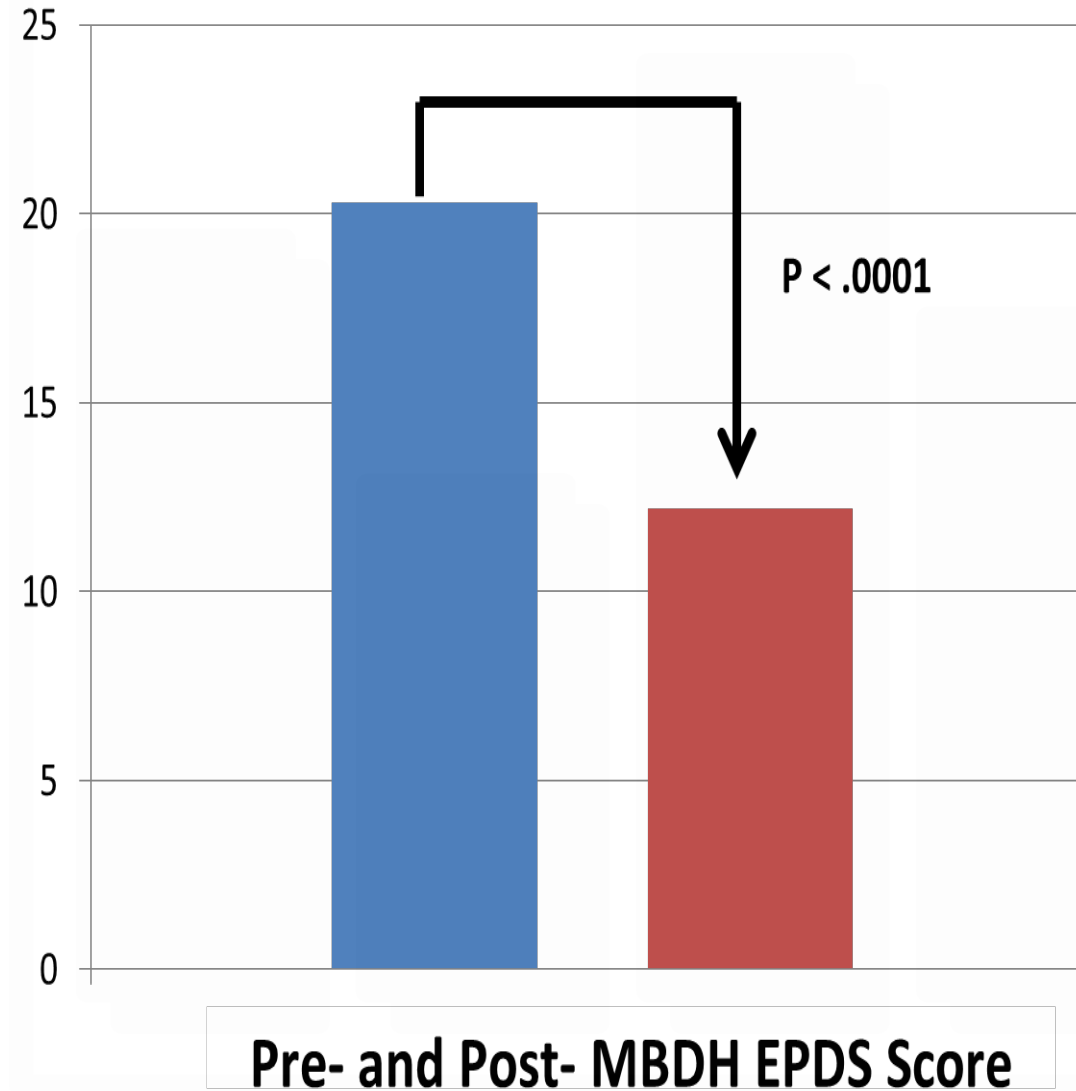
Mother-Baby Day Hospital Graduates (n=73)

Adverse Childhood Experiences

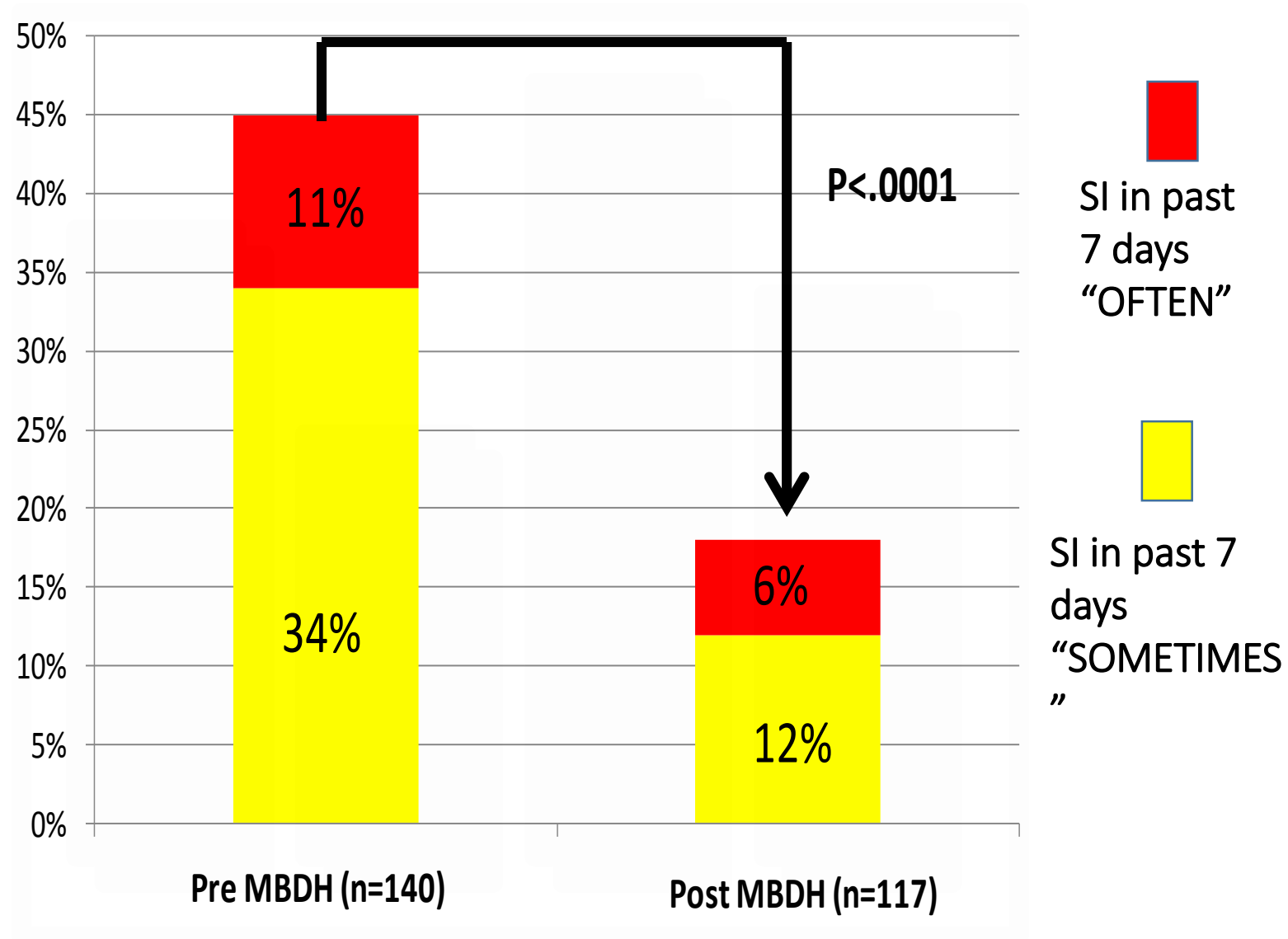


Depression Score (n=249)

Edinburgh
Postnatal
Depression
Scale



Suicidal Ideation

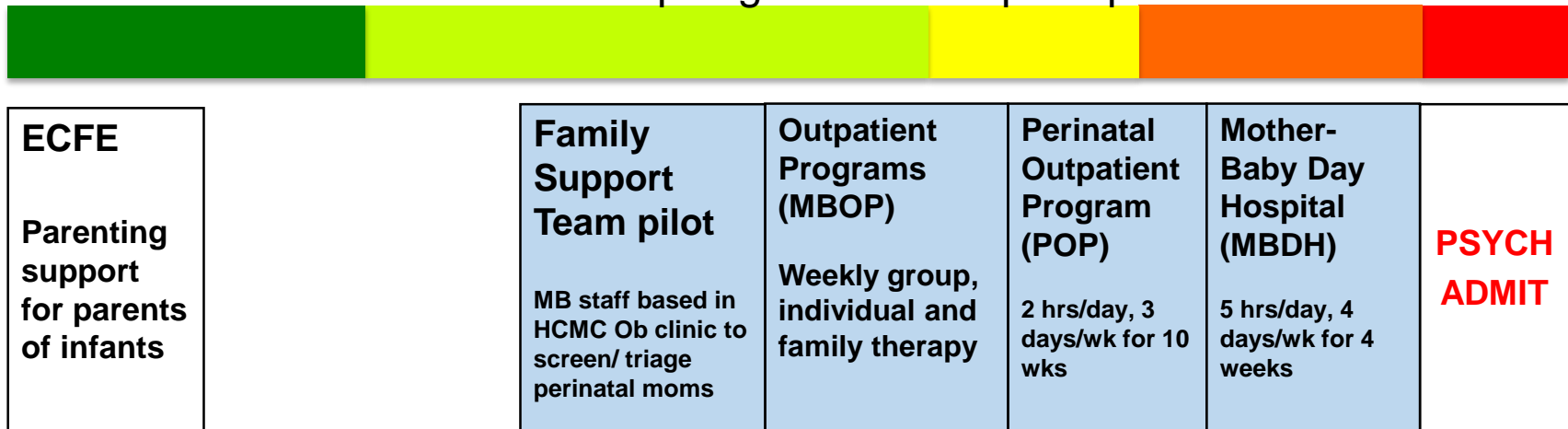


Mother-Baby Program

Growing to meet the needs of families

Mother-Baby HopeLine: mental health triage and resource line 612 873 HOPE

Continuum of care for pregnant and postpartum moms



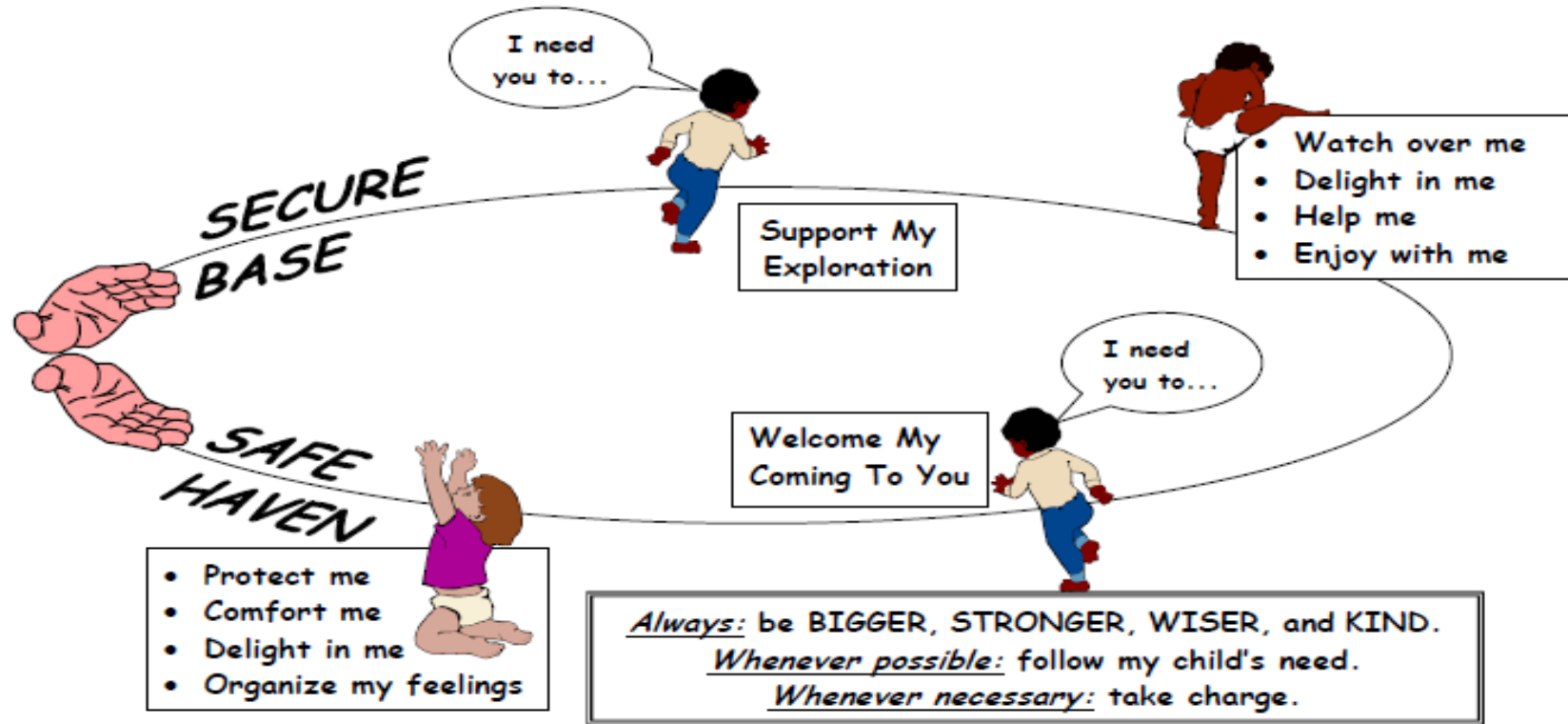
Two-Generation Trauma-Healing Framework

- **Attachment**
 - Safety
 - Two-Generation intervention
 - Reflective capacity
 - Relationships
- **Regulation**
 - Trauma response
 - Integrative work (movement, nutrition, sleep, etc)
 - CBT and DBT skills
- **Competency**
 - Executive functioning (problem-solving, planning, organizing)
 - Empowerment/sense of agency
 - Identity

(Blaustein & Kinniburgh, 2010)

CIRCLE OF SECURITY

PARENT ATTENDING TO THE CHILD'S NEEDS



© 1998 Cooper, Hoffman, Marvin, & Powell
circleofsecurity.org

Parallel Process: Therapist Attends to the Mom *and* Baby's Needs

Our Work at Mother-Baby to Address Racism/Implicit Bias

Clinical Encounters

Inviting discussions of race in clinical encounters

Complex Trauma as Diagnosis

Integrative Health (movement, nutrition, traditional healing)

Staffing

Diversify Clinical Staff

Embed MB therapist in OB Clinic

Community

Community Relationships
Ex. Mill City Kids, AAWGCP, Healthy Start

Collaboration with North Point

System-Wide

Historical Trauma Training

Champion Trauma-Informed Care at HCMC

Self

Our own personal work

What is Trauma-Informed Care?

A program, organization, or system that is trauma-informed:

- *-Realizes* the widespread impact of trauma;
- *-Recognizes* the signs and symptoms of trauma in patients, families, staff;
- *-Responds* by fully integrating knowledge about trauma into policies, procedures, and practices;
- *-Seeks* to actively resist *re-traumatization*.
- Shifts HCMC from a “trauma hospital” to a “trauma-informed healthcare system”

<http://www.samhsa.gov/nctic/trauma-interventions>

Principles of Trauma-Informed Care

- Safety
- Trustworthiness/Transparency
- Collaboration and Mutuality
- Empowerment
- Voice and choice

Questions?



HCMC Mother-Baby Program
612-873-6262