FACT SHEET Maternal Mental Health: Black Women & Birthing People

KEY POINTS

- > Maternal mental health (MMH) conditions are the most common complications of pregnancy and childbirth, affecting 1 in 5 women or birthing people during pregnancy or postpartum.¹⁻³
- MMH conditions include depression, anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar illness (which may include psychotic symptoms), substance use disorders, and postpartum psychosis in rare cases.¹⁻³
- Untreated MMH conditions can have long-term negative impact on parent, baby, family, and society. 4, 6, 7, 10
- Almost 40% of Black mothers and birthing people experience MMH conditions. 4,7
- Compared to white women, Black women are twice as likely to experience MMH conditions but half as likely to receive treatment. 7,10
- > Black women experience maternal mortality rates 3-4 times the rate of white women.^{5, 9}



CONTRIBUTING FACTORS

Factors that may increase the risk of MMH among Black women⁴⁻⁷



Systemic racism
Unemployment
Exposure to violence
Gaps in medical insurance
Adverse Childhood
Experiences
Lack of access to high-quality
medical and mental health care
Lack of representation
in the medical system
Higher risk of pregnancy
and childbirth complications

Black women are one of the most undertreated groups for depression in the U.S.⁵ Over 50% cases of postpartum depression in women of color go unreported.⁴

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age. SDOH affect a wide range of health, functioning, and quality-of-life outcomes. Black people are disproportionately impacted by SDOH, which may include:

- · Safe housing, transportation, neighborhoods
- · Racism, discrimination, violence
- · Education, job opportunities, income
- Access to nutritious foods and physical activity opportunities
- · Language and literacy skills



Learn more at bit.ly/SDOH-HHS

ADVOCACY OPPORTUNITIES

Black Maternal Health Week

Sponsored by the Black Mamas Matter Alliance.



- Expands the national conversation about Black maternal health.
- Amplifies communitydriven solutions.
- Centers the voices of Black people.

Black Maternal Mental Health Week

Sponsored by the Shades of Blue Project.



- Raises awareness and highlights disparities.
- Shares stories and builds communities.
- Breaks down cultural barriers in MMH.

BLACK MATERNAL HEALTH MOMNIBUS ACT OF 2021

The Momnibus consists of 12 separate pieces of legislation that comprehensively address every dimension of maternal health. One provision—The Moms Matter Act—would provide funding to address MMH with a specific focus on racial and ethnic minority groups.

The intersection of race, gender, physical and mental health, and socioeconomic status creates cumulative harms that are associated with poorer outcomes for Black mothers. Thus, Black communities often develop an entire social service sector, with church leaders, sociologists, nurses, and home visitors providing care in the home, neighborhood, churches, and other community-based organizations.⁷ This type of care helps build resilience in Black women and birthing people.

BARRIERS FACED BY BLACK BIRTHING PEOPLE

Systemic and interpersonal racism. The cumulative effect of systemic and interpersonal racism takes a toll on the physical and emotional health of Black people. Stress, anxiety, and fear all increase the likelihood of developing MMH conditions. 6-9

Distrust of the healthcare system. Historically, many Black people have been mistreated and harmed by medical providers, creating deep mistrust of the health care system. 4,6

Shame and stigma. The pressure of social stigma encourages Black people to keep their problems private to avoid appearing crazy, weak, or lacking faith. Having to be a "strong Black women" prevents many women from seeking help. 6, 7, 10

Fear of child protective services. Child welfare workers deem Black mothers unfit at a higher rate than white mothers, even when controlling for factors such as education and income. 7, 11

Logistical barriers. Issues such as transportation, time off from work, and childcare can prevent women from seeking care. 7, 10

Screening tools. Most mental health screening tools were developed based on primarily white research participants. These tools do not assess for beliefs and attitudes that are grounded in culture and religion, nor do they assess for physical symptoms, which Black people often use to describe their feelings of depression. 11

Strategies to remove these barriers⁷⁻⁹

- Acknowledge the role of racism and cultural oppression.
- Build long-term, respectful relationships with community organizations and leaders.
- Embed diversity in the maternal and mental health care teams.
- Retrain and educate current health care professionals to recognize inherent biases in the delivery of care and on culturally responsive mental health care.
- Provide social support for pregnant and postpartum people.
- Create mental health screenings that are designed for people of color.
- Support political and economic policies that empower communities.
- Create services informed by cultural humility and holistic care.

Reimagining the maternal mental health care landscape is essential to addressing the Black maternal health crisis⁸

PATHWAYS TO IMPROVE & EXPAND MMH CARE FOR BLACK BIRTHING PEOPLES

Educating and trainina practitioners Investing in the Black women mental health workforce

Investing in Black women-led community-based oraanizations

Valuing, honoring, investing in community, traditional healing practices

Promoting integrated care and shared decision makina



RECOMMENDED READING

LEARN MORE FROM THESE **BLACK WOMEN-LED ORGANIZATIONS**











bwhi.org

soysom.com









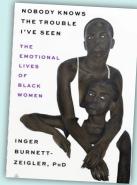
blackmamasmatter.org

birthcenterequity.org

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I'VE SEEN

Nobody Knows the Trouble I've Seen Esteemed clinical psychologist Dr. Inger Burnett-Zeigler praises the strength of Black women while exploring how racism, trauma, and adversity have led to deep emotional and physical pain which can lead to chronic health issues, some of which have intergenerational effects.



Citations

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- 7 Taylor and Gamble (2017). Suffering in Silence: Mood Disorders Among Pregnant and Postpartum Women of
- 8 Matthews et al (2021). Pathways to Equitable and Antiracist
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- 10 Kozhimanill et al (2011), Racial and Ethnic Disparities in Postpartum Depression Care Among Low-Income Women.
- 11 Feldman and Pattani (2019). Black Mothers Get Less Treatment for Postpartum Depression.