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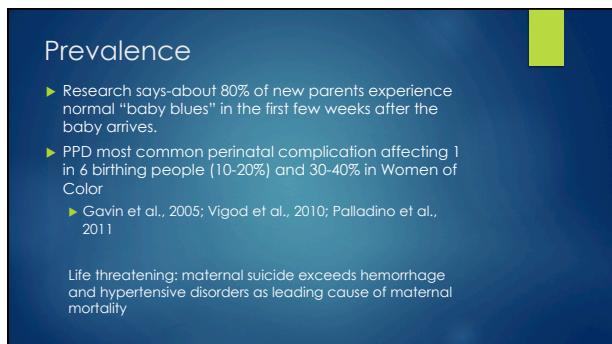
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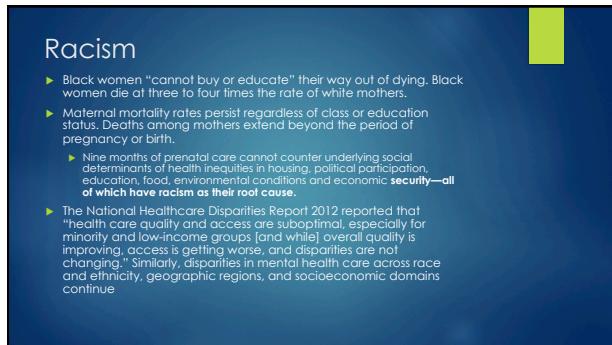
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## Racism

- In 2015, mortality rates for American Indians and Alaska Native babies under the age of 1 was 8.3 per 1,000 births versus white non-Hispanic babies at 4.9 deaths per one thousand births, according to the Centers for Disease Control (CDC). Mortality rates declined for infants of all races except for American Indians.
- Native American infants are twice as likely as non-Hispanic white infants to die from Sudden Infant Death Syndrome (SIDS), and are 70 percent more likely than non-Hispanic white infants to die from accidental deaths before the age of 1. Data from the Urban Health Institute collected from the organizations' 33 nationwide health-care locations found that maternal mortality rates for Native women was 4.5 times greater than non-Hispanic white women.

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## Perinatal Mood Disorders

- Can begin any time during or after pregnancy, including loss
- Might merge with baby blues or start later
- Onset anytime in the first year postpartum
- Common triggers for later onset
  - Hormonal triggers
    - Rapid weaning
    - Hormonal birth control

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## Etiology of PMADs

- Physical**
  - Genetic predisposition
  - Sensitivity to hormonal changes
- Psychosocial Factors (see additional slide)**
  - Inadequate support
  - Perfectionism, Superwoman
- Concurrent Stressors**
  - Sleep disruption
  - Poor nutrition
  - Health challenges
  - Interpersonal stress
  - Cultural stress and barriers




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## Psychosocial Stressors and populations at greater risk

- ▶ Absence of social support structure
- ▶ Complicated pregnancy and/or delivery
- ▶ Premature delivery
- ▶ Unwanted pregnancy
- ▶ Infertility issues
- ▶ Sick/Colicky infant
- ▶ Multiple births
- ▶ Stressful life events (moving, financial pressures)
- ▶ Single parents
- ▶ Low income pregnant people
- ▶ Socially isolated pregnant people
- ▶ Recent immigrants

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## More Risk Factors

- ▶ Psychological Risk Factors
  - ▶ Interpersonal stress
  - ▶ Unsupportive partner
  - ▶ Poor relationship with one's own mother
  - ▶ Ambivalence about the maternal role
  - ▶ Past experience of Trauma
    - ▶ Physical, emotional, sexual abuse, historical, racialized
- ▶ Chemical dependency in self/family
- ▶ Family history
- ▶ Personal history
- ▶ Breastfeeding
- ▶ Symptoms during pregnancy
- ▶ Previous unresolved losses
  - ▶ Death, divorce, miscarriage, abortion, stillbirth

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## Types of Perinatal Mood Disorders (PMADs) and the symptoms

- ▶ Perinatal Depression and Anxiety
  - ▶ Sadness, crying jags
  - ▶ Feeling overwhelmed (most common complaint)
  - ▶ Irritability, Agitation, anger
  - ▶ Sleep and appetite disturbances (not sleeping or sleeping a lot, not eating or eating a lot)
  - ▶ Apathy
  - ▶ Exhaustion
  - ▶ Physical symptoms- dizzy, shaky, shortness of breath

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## OCD

### ► Perinatal OCD

- ▶ Intrusive, repetitive thoughts- usually of harming the baby
- ▶ Tremendous guilt and shame
- ▶ Horrified by these thoughts
- ▶ Hypervigilance
- ▶ Parent engages in behavior to avoid harm and minimize triggers

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## Risk Factor Checklist

- It's hard for me to ask for help
- I've had trouble with hormones and moods, especially before my period
- I was depressed or anxious after my last baby was born
- I've been depressed or anxious in the past
- My mother, sister, or aunt was depressed after her baby was born
- My family is far away and I don't have many friends nearby
- I don't have the food, money or housing I need

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## Points to Remember

- ▶ PMADs are common and frequently undetected yet treatable illnesses
- ▶ Protective measures can help a pregnant person avoid suffering from or greatly reduce the length and severity of PMAD
- ▶ Key to expeditious recovery is early identification of risk and timely and appropriate intervention
- ▶ Cultural competency and sensitivity to client vulnerabilities are essential
- ▶ Psycho education, wellness planning and mobilization of support systems helps with healthier outcomes

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Some Resources on Impact of Perinatal Depression on Attachment

- ▶ <https://www.zerotothree.org/resources/2133-impact-of-maternal-depression-on-attachment-and-child-development-a-los-angeles-county-perspective-and-recommendations>
- ▶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2785452/>

Facts on medications and also breastfeeding and bottle feeding resource :

- ▶ <https://mother tobaby.org/fact-sheets-parent/>
- ▶ <https://www.ppsupportmn.org/resources/Documents/PPSMantidep.pdf>
- ▶ <https://fedisbest.org/>

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**Birth Trauma:** Factors that can lead to trauma

“Trauma is in the eye of the beholder”

- ▶ Feeling isolated or alone
- ▶ Unkind hospital staff/ Implicit Bias/Racism
- ▶ Long-labor/pushing
- ▶ Periods of not knowing what is happening/not having a voice in what happens
- ▶ C-section/unplanned or emergency delivery
- ▶ Missing periods of the birth/labor due to medication, fear or separation from baby
- ▶ Helplessness
- ▶ Feeling out of control
- ▶ Pain
- ▶ Interventions

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**Pregnancy Loss/Stillbirth: The Invisible Loss**

- ▶ It is a loss no one talks about
- ▶ The experience of D and C/ D and E (Planned Parenthood)
- ▶ The constant wondering of:
  - ▶ Who were they going to be?
  - ▶ What were they going to look like?
  - ▶ How old would they be now?
  - ▶ What kind of big sister/brother would they be?
- ▶ The not knowing how to grieve someone you never met
- ▶ How to protect/honor the memory of a being that only you and your partner felt/knew?
- ▶ The constant reminders that this loss should not be felt because “you can always have another one.”

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## Social Constraints in Grief

- ▶ **Most salient identifier for maladaptive behavior in bereavement: Social Constraint**
- ▶ First question for client: How have other people treated you since your beloved died?
- ▶ Say child's name, remember birthdate and death date, ask to see pictures, ask about the birth story, be curious, be non-judgmental, this is not about your discomfort
- ▶ If you are there: hold the baby, comment on the baby as you would a living baby, notice his feet/hands
- ▶ Talk about the baby. You will not "remind" the parent, you will not make them feel more sad.
- ▶ There is no timeline for grief
- ▶ "Man dies of the cold not of the darkness."

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## Parenting Psychotherapy Carol Siegel

- ▶ Parenting evokes history
- ▶ Parenting follows history (unconscious road map)
- ▶ We unknowingly recreate our past in our present
- ▶ Two unconscious pathways are present
  - ▶ How it was to be a child at the same age as parent's child
  - ▶ How it is to be a parent approaching the same age of his/her own parent?
- ▶ We do what we had. Parenting reflects how it was for us. It activates our history . Both the things we remember and the things we do not.

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## Setting the Frame

- ▶ We do not know that our experience is embedded in us. We have learned to parent through our experiences.
- ▶ "Parenting is embarrassing": It is our internal world mobilized into action- "we see people's stuff on the outside!"
- ▶ They tell us how they wish it was...they show us how it was (home visiting tip)
  - ▶ How's it been going so far? Sounds like it is not going the way you thought it would
  - ▶ Thoughts are not the deed
- ▶ Attachment, regulation, protection and safety sets us up to be secure regulatory partners for someone dependent on us.
- ▶ If our attachment needs are not met, we may not know how to regulate, which means we do not know how to soothe someone else, additionally if our attachment needs are not met we we may not be able to recognize the legitimacy of the needs of someone else. -C.S.

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### We see this over and over...

- ▶ Lack of secure attachment relationships
- ▶ Presence of high stressors
- ▶ Inability to recognize danger
- ▶ This combination leads people to unknowingly recreating difficult experiences for their child while trying so hard not to

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### Sharing our minds

- ▶ They tell you what they want-they show you how it is- the work is getting these close- C.S
- ▶ Understanding impact of past on present
- ▶ It is important to understand, not blame their parents- intergenerational themes can be understood without blame
- ▶ Make sure our clients feel supported and cared for...the fear of feeling judged
- ▶ Helping people use their adult capabilities to understand situations in which their child mind's made conclusions

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### Reflections- From Carol Siegel

- ▶ What are your assumptions about caregiving, parenting, development?
- Examples:
  - ▶ parent feels more grown up than their young child,
  - ▶ parents and children are suppose to want to spend time together,
  - ▶ children are better off with their parents,
  - ▶ parents know their children best
- ▶ Professionals working with parents are affected by their own attachment histories

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## Taking care of our parts- Internal Family Systems

- ▶ Everyone has parts
- ▶ Parts live in a web of relationships, much like families
- ▶ All parts are valuable
- ▶ And, everyone has, at their core, a Self with the ability to lead.
- ▶ Parts are protective
- ▶ Our parts are always being activated.
- ▶ It is imperative we are working towards relating to ourselves and each other from an unblended place

- ▶ **Manager** parts are proactive. For example, caretaking, critical, worrying, striving, "never again."
- ▶ **Firefighter** parts are reactive. For example, SA, cutting, suicidal ideation, destructive behaviors.
- ▶ **Exiled** parts are young parts that have experienced trauma and other overwhelming hurts. They are isolated from the rest of the internal system for protection.

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## Unblending

- ▶ Energy
  - ▶ Are you spacious and calm?
- ▶ Think
  - ▶ Can you think clearly?
- ▶ Tone
  - ▶ Do you have a relaxed tone or an edge?
- ▶ Body Language
  - ▶ Relaxed? Intense and closing in on the other? Are you still or moving a lot?
- ▶ Awareness
  - ▶ Do you notice how things are landing on the other? Does it matter? (Have you lost relational connections?)
- ▶ Body Sensations
  - ▶ Is your body tense? Can you feel your body? Is your heart open or closed?
- ▶ Types of Reactivity
  - ▶ Hyperaroused: frustrated, irritated, outraged, blaming, righteousness, judging
  - ▶ Hypoaroused: blank, paralyzed, can't speak,utting down

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## Resources

- ▶ Postpartum Support International  
[www.postpartum.net](http://www.postpartum.net)
- ▶ Postpartum Support Minnesota (help line-  
612-787-7776)
- ▶ Mother-Baby program at HCMC
- ▶ Postpartum Dads [www.postpartumdads.org](http://www.postpartumdads.org)
- ▶ Patcch.com
- ▶ MISS Foundation <https://missfoundation.org/>
- ▶ Carol Siegel <https://www.carolsiegel.com/>
- ▶ Internal Family Systems  
<https://www.selfleadership.org/>

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