Babies, Parents, and Families Can't Wait: Key Principles of Infant Mental Health

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What is Infant Mental Health?
Developing Competencies, Coping with Challenges

- The capacity to grow well and to love well
  - -Experience, express and regulate emotions & *recover from dysregulation*
  - -Establish trusting relationships & *repair conflict*
  - -Explore, learn, & *tolerate frustration*
- These capacities develop within caregiving relationships
  - -Secure attachments are the foundation of infant mental health
- All cultures promote infant mental health but each culture has its own ethnography in doing it
  - -Diversity of values about the expression of emotion
  - -Diversity of values about communal versus individual priorities
  - -Diversity of values about sex roles, generational relations, authority

Infant Mental Health Starts in the Womb: Impact of Maternal Stress on the Fetus

- "Fetal Programming"
  Prenatal maternal stress is linked to alterations in fetal development
  -- Placental-fetal stress physiology
  -- Newborn brain structure
  -- Respiratory Sinus arrhythmia (RSA), marker of self-regulation
  -- Long-term risk for adult psychiatric conditions

- Impact of adversity, unwanted pregnancy, and intimate partner violence (IPV) on infant outcomes

Threats to Perinatal Outcomes: Confluence of Social Inequity and Individual Risk Factors

- **Racial inequities are stark:** A college-educated American Black woman is 60% more likely to die in the perinatal period than an American White woman with less than a high school education
- Poverty is a powerful driver of inequities in health outcomes
- Intimate Partner Violence (IPV) is a risk factor in 20% of pregnancies
  Brain injury; delayed prenatal care; emotional burden; unwanted pregnancy
- Mood disorders and psychiatric conditions affect 1 in 5 American birthing parents
- Is the pregnancy wanted? 45% of U. S. pregnancies are unintended.
  Of these, 18% are unwanted.
- Trauma begets trauma: ACES are associated with health challenges across generations

Normative Fears are Pre-Verbal and Last Forever

- Fear of separation
  - *8-24 months*
- Fear of losing love
  - *18-36 months*
- Fear of body damage
  - *12-36 months*

Parental Attributions

- Parents attribute to their fetuses and their babies characteristics that are based on their own wishes and fears
- Negative parental attributions are projections on the fetus/baby of painful past experiences and unresolved psychological conflicts
- The fetus/baby become the recipient of suppressed emotions from the past

Protective Factors:
Benevolent Childhood Experiences (BCEs) Scale

Benevolent Childhood Experiences (BCEs) Scale

When you were growing up, during your first 18 years of life:

1. Did you have at least one caregiver with whom you felt safe?	YES NO
2. Did you have at least one good friend?	YES NO
3. Did you have beliefs that gave you comfort?	YES NO
4. Did you like school?	YES NO
5. Did you have at least one teacher who cared about you?	YES NO
6. Did you have good neighbors?	YES NO
7. Was there an adult (not a parent/caregiver or the person from #1) who could provide you with support or advice?	YES NO
8. Did you have opportunities to have a good time?	YES NO
9. Did you like yourself or feel comfortable with yourself?	YES NO
10. Did you have a predictable home routine, like regular meals and a regular bedtime?	YES NO

Please cite the following papers when using the BCEs scales:

Narayan, A. J., Merrick, J. S., Lane, A. S., & Larson, M. D. (2023). Dimensional interplay of assets versus adversities: Revised benevolent childhood experiences (BCEs) in the context of childhood maltreatment, threat, and deprivation. *Development and Psychopathology*.

Narayan, A. J., Rivera, L. M., Bernstein, R. E., Harris, W. W., & Lieberman, A. F. (2018). Positive childhood experiences predict less psychopathology and stress in pregnant women with childhood adversity: A pilot study of the benevolent childhood experiences (BCEs) scale. *Child Abuse and Neglect, 78*, 19-30.

Protective Factors:
Benevolent Childhood Experiences (BCEs) Scale

The BCEs-20 Scale (includes items #1-10 above and 11-20 below)*

When you were growing up, during your first 18 years of life:

11. Did you feel accepted for who you were?	YES NO
12. Was there at least one adult who cared about your progress and achievements in school?	YES NO
13. Were you usually able to get a good night's sleep?	YES NO
14. Did you have access to food that was healthy and nutritious?	YES NO
15. Did you have access to adequate medical care when you needed it?	YES NO
16. Did you feel that you were treated fairly (e.g., in your family and community)?	YES NO
17. Did you have adequate law enforcement in your community that made you feel safe?	YES NO
18. Did you have at least one person to teach you how to say '*No*' to negative influences?	YES NO
19. Did you regularly spend time outside in the sunshine or around nature?	YES NO
20. Did you have something that you felt you were good at or that made you proud?	YES NO

***The BCEs-Revised Scale is composed of items #3, 4, 6, 7, 9, 10, 11, 13, 16, and 19.**

What Helps?

Three Models of Intervention:

- TRIADS: Supportive ACES screening/response in primary care
- Perinatal Child-Parent Psychotherapy: Trauma-informed mental health treatment for pregnant people and their partners
- EMBRACE: Reclaiming health and wellness for Black births

What is TRIADS?

An evidence-informed approach for ACE screening, education, and response in primary health care used with birthing people

- **ACE Screening**
  - Empathic inquiry about the patient's experiences of adversity and trauma
- **Assessing Distress**
  - Exploring supportively the possible links between the patient's ACEs and presenting physical and emotional health conditions
- **Highlighting Strengths**
  - Identifying personal characteristics, relationships, and community resources that support patient wellbeing

TRIADS: Bringing it All Together

"You don't need to be a therapist to be therapeutic"

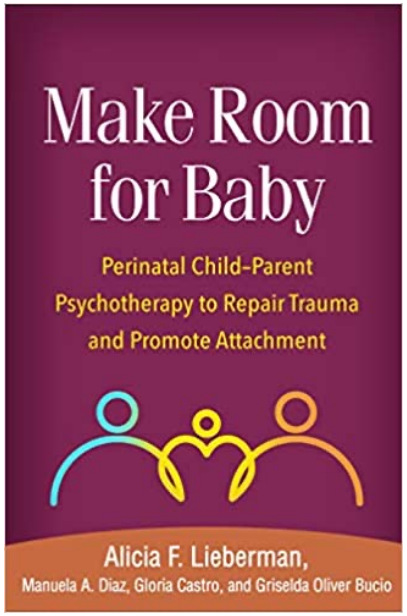
How we treat our patients can support their health and wellbeing and enhance our own satisfaction with our work.

Healing conversations convey:

- Interest, connection, and empathy
- That adversity is universal, and nobody is to blame for having difficult experiences
- That every person has strengths that can be leveraged to alleviate distress
- The baby as a source of hope and new possibility

https://cthc.ucsf.edu/triads/what-is-triads/

Perinatal Child-Parent Psychotherapy (P-CPP): Extension to Pregnancy of Child-Parent Psychotherapy



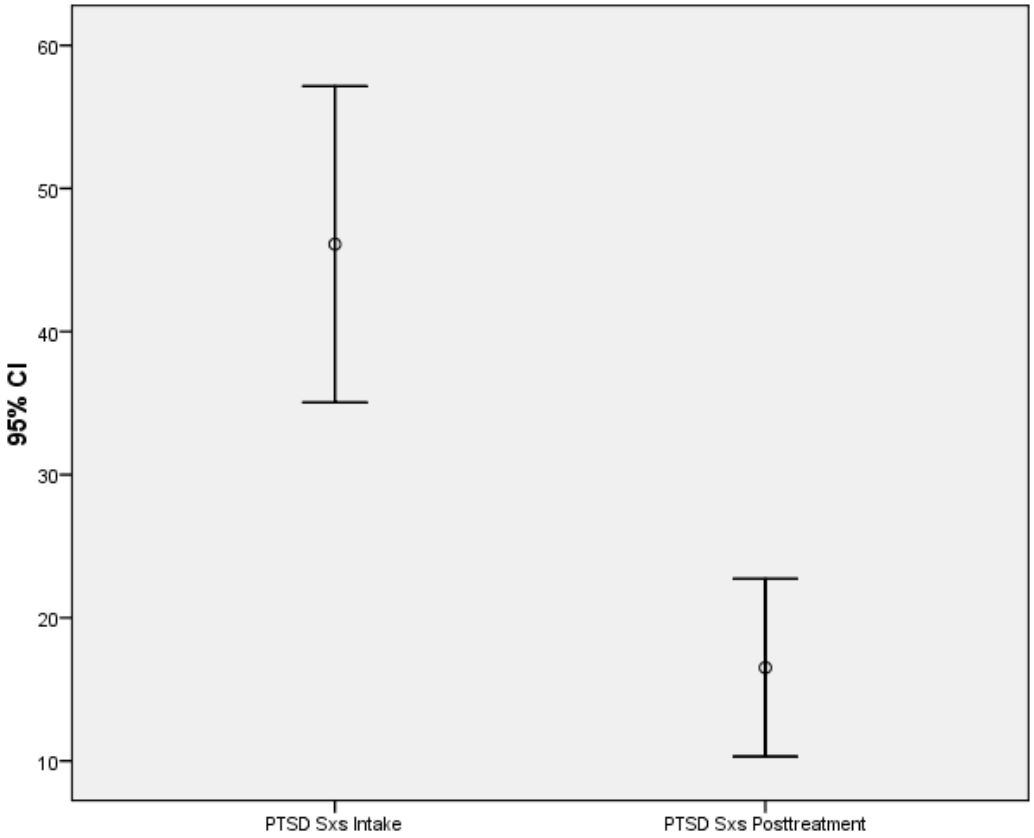
Spans the prenatal period through the first year of the baby's life.

Guides parents-to-be towards:

- Greater self-understanding
- Coping with adverse life conditions
- Healing traumatic responses
- Alleviating emotional and interpersonal difficulties
- Loving themselves, loving the baby
- Providing safe and nurturing care for their baby to promote healthy infant development and attachment

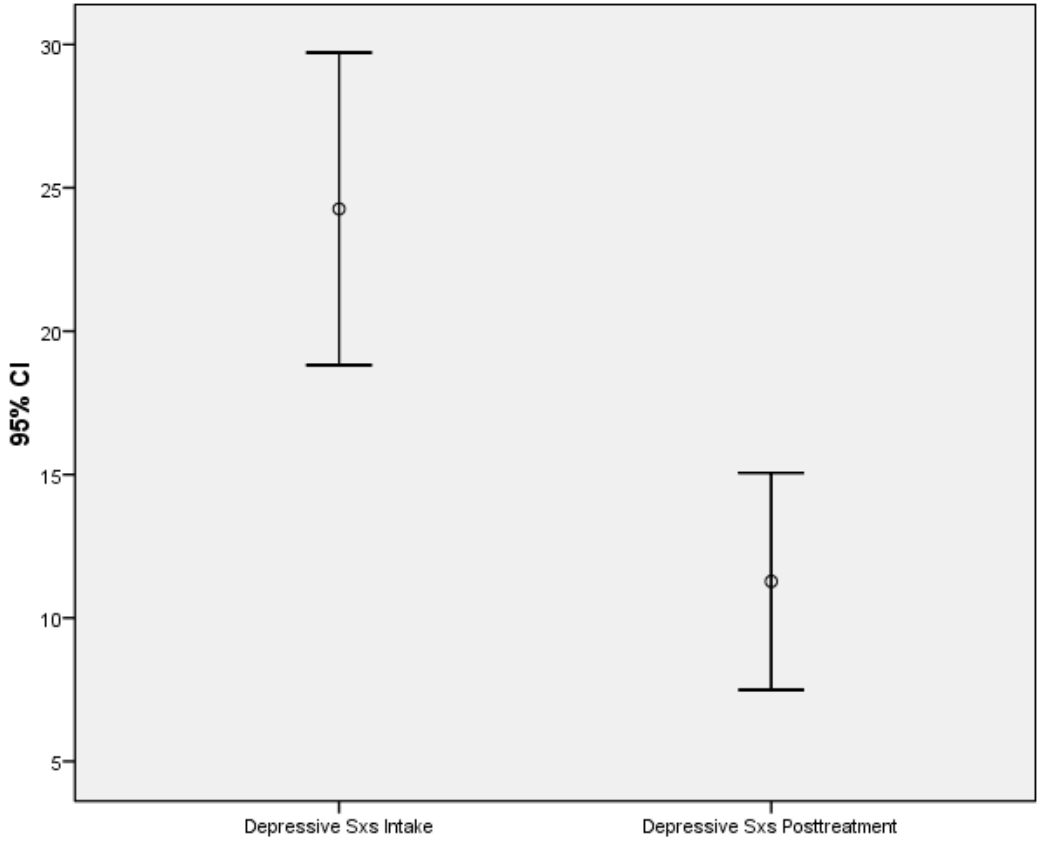
P-CPP Outcomes:
Decreases Maternal PTSD Symptoms

DTS: $F(1, 28)=22.88$, $p=.000$ **N= 114**



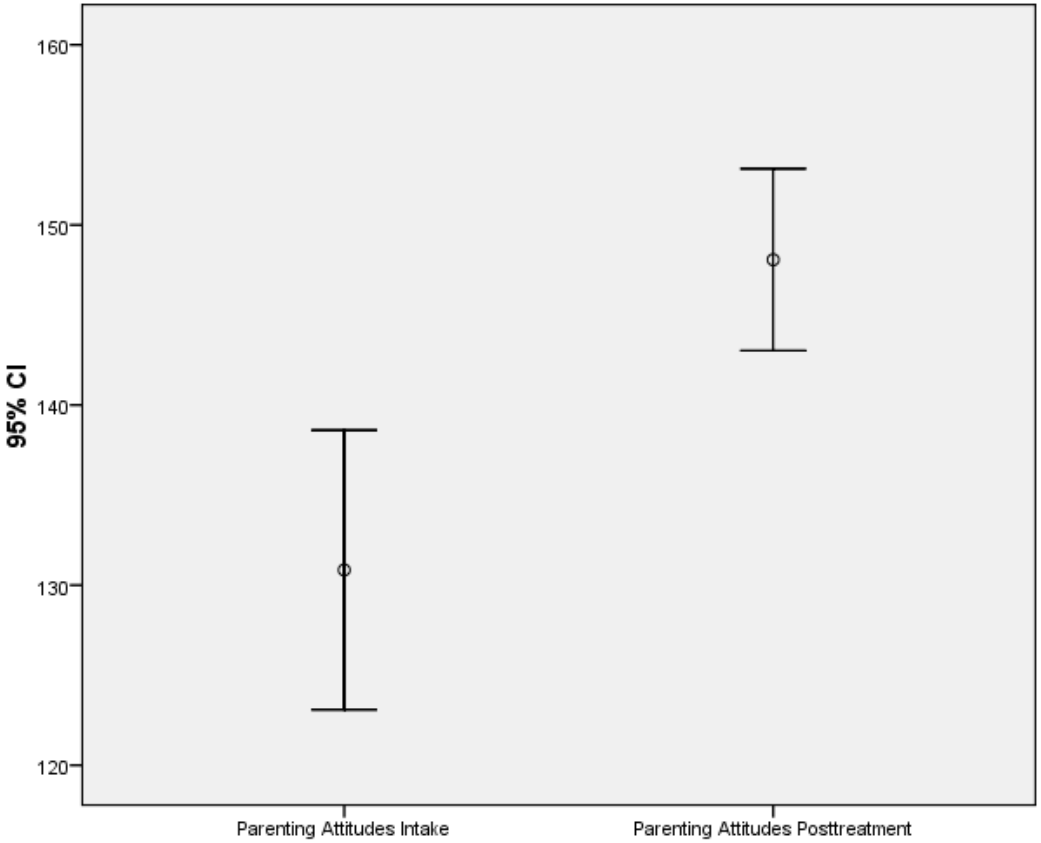
P-CPP Outcomes:
Decreases Maternal Depressive Symptoms

CES-D: $F(1, 28)=13.49$, $p=.001$ **N=114**



P-CPP Outcomes:
Increases Protective Parenting Attitudes

F(1, 30)=48.30, *p*=.000



Reclaiming Health and Wellness for Black Births

Perinatal Care Making Room for Racial Justice

EMBRACE

This program is the result of Black leadership & partnership housed in the Departments of OBGyn & Psychiatry and Behavioral Sciences

Critical Component #1: Group Prenatal Care

- Group Prenatal Care
  - Mrs. Sharon Rising midwife, 1990
  - 10 patients, Similar EDD
  - 2 hours prenatal appointment, education
  - Prevention pre-term birth**
  - Higher satisfaction, lower cost
  - Centering Pregnancy™

At UCSF, <1% of Group Prenatal Care participants were Black American

Ickovics JR, Kershaw TS, Westdahl C, et al. Group prenatal care and perinatal outcomes. *Obstet Gynecol.* 2007;110(2 Pt 1):330-339.

Critical Component #2:
Race Concordant Care & Racial responsiveness

- Cardiology
  - 30% more likely to uptake services, talk
  - Reduce inequity by 20%
- Neonatology
  - Improved mortality disparities for newborns
- Primary Care
  - Lower death rates and disparities when there was at least 1 Black doctor in county

- Alsan, Marcella, et al. "Does diversity matter for health? Experimental evidence from Oakland." *American Economic Review* 109.12 (2019): 4071 4111.
- Greenwood, Brad et al. "Physician patient racial concordance and disparities in birthing mortality for newborns" Proc Natl Acad Sci USA. 2020
- Snyder, J, et al. "Black Representation in the Primary Care Physician Workforce and its association with Population life expectancy and mortality rates in the US" JAMA 2023

Critical Component #3: Integration Behavioral health

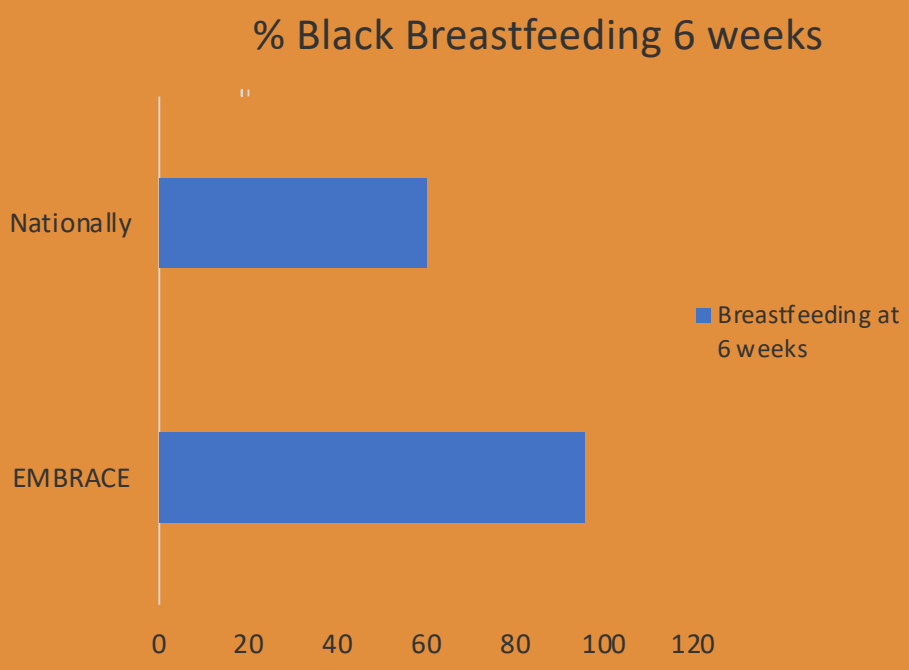
- Chronic racial stress well known risk factor pre-term birth
- Black families want social, behavioral and clinical services integrated into their care
  - 1:1 mental health services during pregnancy and 1 year postpartum
  - Group: Social worker or psychologist co-facilitate sessions and incorporate mental & emotional wellness components into each session

- Kemet, S., Yang, Y., Nseyo, O., Bell, F., Gordon, A. Y. A., Mays, M., Jackson, A. (2021). "When I think of mental healthcare, I think of no care." Mental Health Services as a Vital Component of Prenatal Care for Black Women. *Maternal and Child Health Journal*, 1-10.
- McLemore, Monica R., et al. "Health care experiences of pregnant, birthing and postnatal women of color at risk for preterm birth." *Social Science & Medicine* 201 (2018): 127-135.

EMBRACE Success: Pilot

19% c-section vs. 35% in US

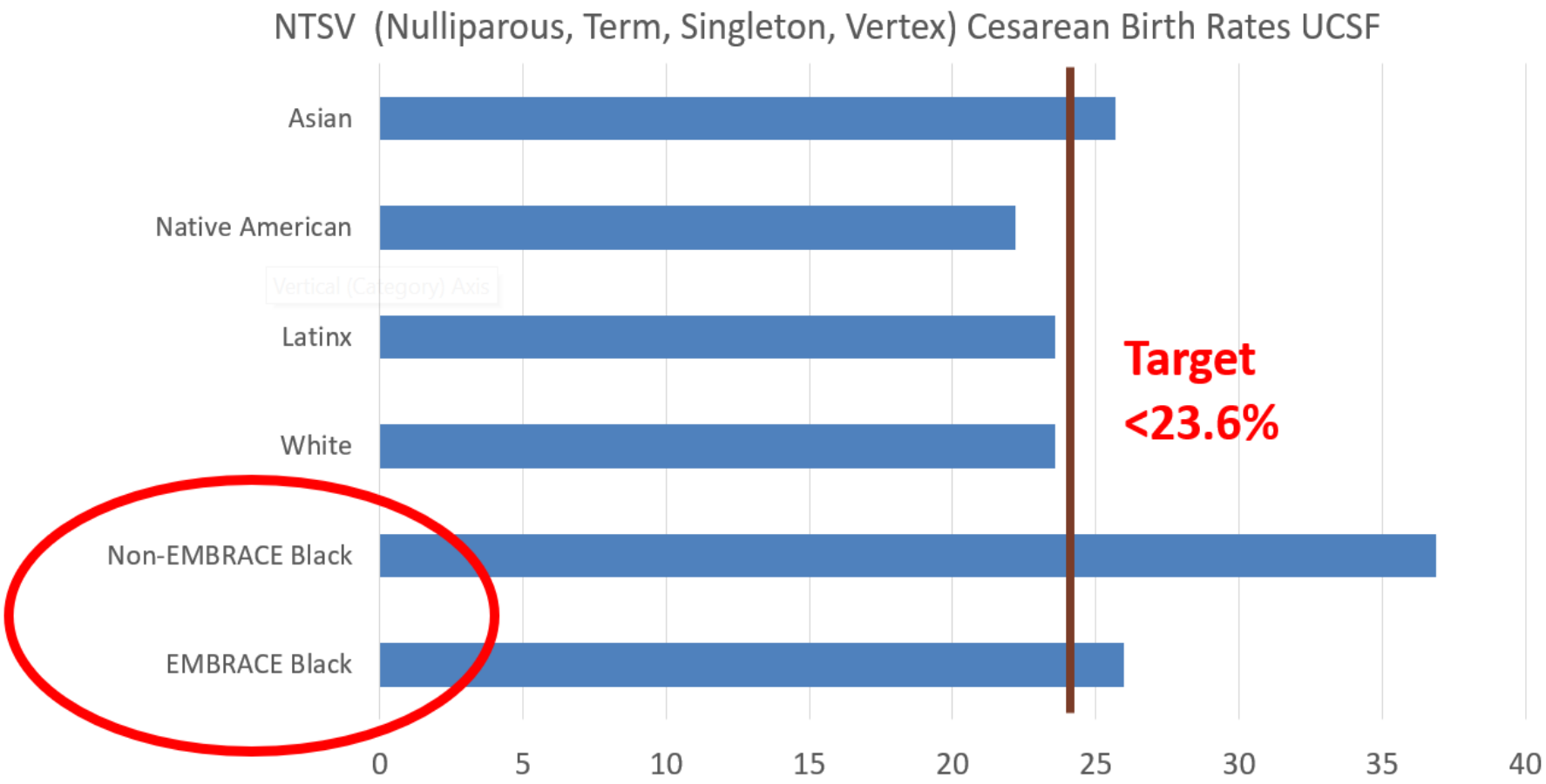
Birthweight 6.8lbs vs. 5.5lbs in US



Average GA 38.9 weeks vs. 14% in US <37 weeks

EMBRACE Success: Pilot

Jan 1, 2019 and Dec 31, 2023



Lessons Learned, Message Offered

- Fund training to create a workforce of perinatal mental health providers committed to Black families and communities of color
- Fund programs that engage in partnerships between primary care and mental health
- Fund 2-generation evidence-based family-oriented treatments that are culturally concordant with underserved communities
- Fund trauma-informed treatments with a record of interrupting the inter-generational transmission of trauma