

Re-envisioning High-Risk Pregnancy

Supporting Families Through **Pregnancy**
Part 1

14th Annual Early Childhood Mental Health Conference - We Can't Wait
Re-imagining Prevention and Early Intervention in Communities of Hope

About Us



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Objectives

1. Define high-risk pregnancies and risk factors mothers and families experience.
2. Broaden the definition of "high risk pregnancies", beyond what is typically medically acknowledged.
3. Increase understanding of high-risk pregnancies impacts on mothers and families.
4. Identify concrete ways to support mothers and families who are navigating high-risk pregnancies.

Acknowledgements

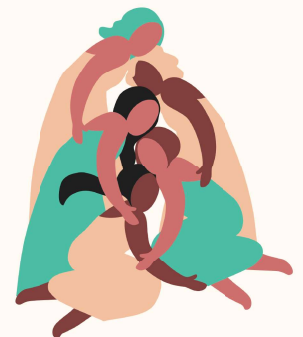
**LANGUAGE &
TERMINOLOGY**

SCOPE OF PRACTICE

RESOURCE LIMITATIONS

MEDICAL MODEL

TIMING



Medical Definition

- Existing health conditions
 - High BP
 - PCOS
 - Diabetes
 - Kidney disease
 - Autoimmune disease
 - Thyroid disease
 - Obesity*
 - HIV/AIDS
- Age
 - Teenage pregnancy
 - Over 35
- Lifestyle Factors
 - Alcohol use
 - Tobacco use
 - Drug use
- Conditions of pregnancy
 - Multiples
 - Gestational diabetes
 - Preeclampsia
 - Previous preterm birth
 - Fetal anomalies or genetic conditions



(NIH, 2018)

Prevalence



15-20% of pregnancies are high-risk, wherein the pregnancy is complicated by one or more serious condition(s) that affect maternal and/or fetal outcome.

Coco L, Giannone TT, Zarbo G. Management of High-Risk Pregnancy. *Minerva Ginecol.* 2014; 66(4): 383-389

Setting the stage for symptoms

Inherent challenges of the medical system:

- Limited time to discuss medical risks and allow space for processing
- Limited training and access to mental health resources
- Limited ability to provide an individualized approach taking into consideration the mental health of the mother
- Increased siloed medical care that imposes financial and time constraints

Societal focus on the baby:

- Baby is prioritized and mother's mental health can be neglected
- Mother's own experience is often denied, repressed, and emotionally disconnected from the pregnancy to survive
- Increased isolation due to invalidation's and minimization of difficulties and experience

The "good Mom" Narrative

Faulty definition of a "good mom":


- "She's such a good mom, she's so self-less."
 - Translating to "she is good because she self-sacrifices and does not meet her own needs"
- "She's such a good mom, she's always calm and has such 'good' children."
 - Translating to "she is not allowed to experience the full range of human emotions and her children must be well-behaved"

This is operationalized in pregnancy:

- Religiously following food restrictions
- Stopping mental health medication
- Rigidity in following providers' recommendations
- Difficulties questioning providers or sharing concerns
- Fearing connecting to emotional experiences so the baby doesn't 'feel the stress'.



The symptoms



Anxiety




Intrusive thoughts

Shame

Hopelessness

FEAR

Trauma symptoms



Depression



Feelings of failure

Guilt



Expanding our view:

How can we look at "high-risk pregnancy" from the perspective of the birthing person?

- Imagine what it would feel like.
- Imagine how you would navigate the overwhelm, anxiety, worry, fear, and stress.
- Think about the harm reduction model:
 - Help figure out their "why." Why are they navigating the pregnancy this way?

Expanding our view:

Every definition has its limitations. Mental health complexities during pregnancy are not limited to high-risk cases alone.

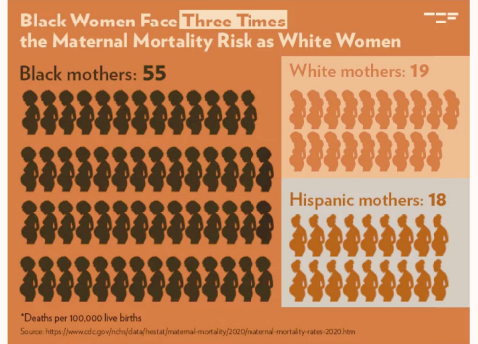
Consider the risk factors and the impacts on mental health of:

- BIPOC identity
- Previous trauma:
 - sexual, birth, or medical trauma
 - exposure to domestic violence
- History of PMADS
- History of Miscarriage(s)



Black maternal health

We cannot discuss maternal mental health without drawing attention to the health disparities of black women.



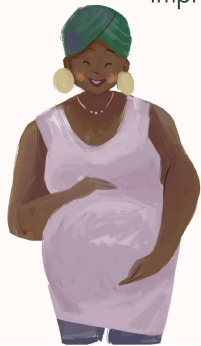
Race	Deaths per 100,000 live births
Black mothers	55
White mothers	19
Hispanic mothers	18

*Deaths per 100,000 live births
Source: <https://www.cdc.gov/ehp/ehp/ehp/maternal-mortality/2020/maternal-mortality-rate-2020.htm>

Birth Justice

"Supports the sharing of knowledge among communities and improves access to breastfeeding support and traditional birthworkers, such as midwives and doulas."

<https://voicesforbirthjustice.org/birth-justice/>



It is not only about a safe birth, it's about whether the birthing person has the environmental, financial, and social support to have the family they want to have.

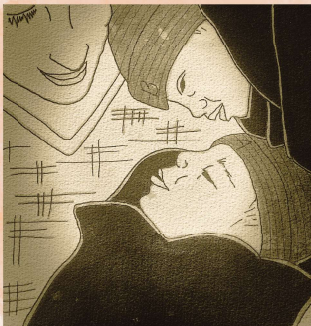
Pause and reflect

What brought you here today?

Why did you attend this session?



Our stories



How to help

When "just relax" is not enough

- Activation of the sympathetic nervous system
 - Can be intrusive and leads to:
 - restlessness
 - hypervigilance
 - trouble sleeping
 - trouble resting
 - negative thoughts
 - hyperarousal
- Nervous system dysregulation
 - Anxiety is a symptom
 - They do not feel safe in their body
- Pregnancy is a body-focused experience
 - A constant feedback loop of body-sensations, changes and triggers



How to support regulation

HELP THEM CONNECT TO THEIR BODY: BODY CHECK-IN

Turn inwards.

What does anxiety feel like in my body?

Start Small.

Notice your body sensations.

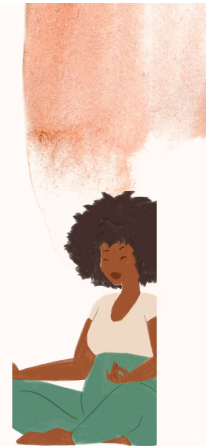
Where do I feel it in my body?

What do I feel in my body right now.

What does my body need right now?

Coping skills

- Understand triggers for anxiety
- Set boundaries around triggers
- Movement and completing the stress cycle**
- Mindfulness
- Mantras
- Breathing exercises
- Grounding exercises
- Sensory strategies
- Change environment
- Temperature change
- Community support/Connect with someone to talk it out



Anxiety

THE IMPACTS UPON FUNCTIONING CAN LOOK LIKE:

- "What if" thinking
- Rigidity in following Dr's recommendations, impacting quality of life
- All or nothing & worst case scenario thinking
- Constantly seeking reassurance or checking behaviors
 - Living ultrasound to ultrasound
 - Feeling movement & kick counts
- Excessive research (hyperarousal/hypervigilance) or under researching (avoidance)
- Intrusive thoughts
- Restlessness
- Sleep disruption



Acknowledging the grief

- Every mother has expectations, hopes, and desires for pregnancy
 - Grief is a natural response to loss, even loss of expectations or plan
- Grief is complicated in our society, often resulting in isolation, toxic positivity, or invalidation of the impact of the loss
 - There is no "right" way to grieve and is not a one-time event
 - Grief is individualized



How do we support mothers?

- Validate and normalize grief. Allow for anger to arise and be present
- Allow her to express not only the "happy" parts of pregnancy
- Encourage journaling, communicating with a friend or partner, or a support group

Establishing hope

- Help the birthing person understand:
 - Why was I given the high-risk label?
 - What does this label mean for me?
 - What options do they have?
 - The ability to have a choice is healing.
- Re-shift goals and expectations for the pregnancy to increase hope
- Ask: What is the experience you want to have in this high-risk pregnancy
 - Support the development of control and permission to hope.
- Support the development of necessary boundaries to maintain hope.

Communication with providers

- Does the birthing person trust their medical team? Do they trust the birthing person?
 - How do providers deliver bad news?
 - Data driven? Balance of data and allowing hope?
- Is the birthing person able to share history, fears, worries, concerns, etc. with their providers?
- Can they establish a partnership with their providers, rather than deferring to the provider's information only?
- Support preparation before the appointments.
 - Encourage talking with someone prior to appointments
 - Write down questions for providers
 - Take notes during appointments
 - Establish a plan for questions outside of appointments
- Encourage identification of triggers to anxiety or dysregulation
 - How does the person want information to be provided?

If these answers are no, can changes be made to the team?



Therapy and support groups

We need to help them feel that they are not alone

- High risk pregnancy support groups
 - Society for Maternal-Fetal Medicine
 - High Risk Pregnancy Support Groups
 - Postpartum Support International Online Support Groups
- Therapy
 - Postpartum Support International Directory
 - San Diego Postpartum Health Alliance
- Postpartum Support International: Postpartum Planning for Expectant Parents
- Facebook/Social Media* (with caution)





Join us for Part 2:
Supporting Families
through the Postpartum
Journey

Resources

