



It Takes a Village:

A Holistic Approach to Maternal Mental Health



Jenell M. Lawson
Chair



Voices of Maternal Health



Empowering Black and Brown women to effectively navigate the healthcare system, eliminating maternal disparities, and achieving positive health outcomes.



PILLAR 01

Advocacy

Amplifying maternal voices systemwide.



PILLAR 02

Community

Building trusted local support villages.



PILLAR 03

Education

Navigating systems through health literacy.

MEET THE ADVISORS



Jenell M. Lawson
Chair



Toni Harp
Co-Chair



Dr. Cynthia McCraven
Medical Advisor



Miriam James
Strategic Advisor



Sonya Brevard
Health Committee
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Dr. Tamiko Jackson McArthur
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Health Committee
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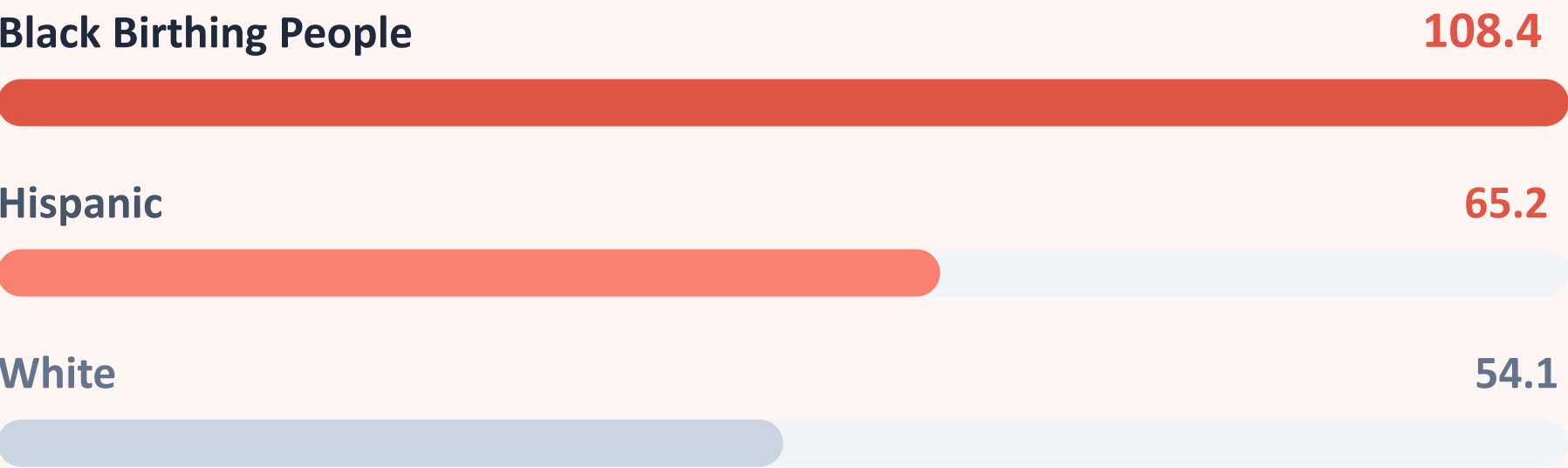
Candice S. Lott
Resource Coordinator

Regional Maternal Health Disparities



CORE SURVEILLANCE INDICATOR

Severe Maternal Morbidity (SMM)



Rate per 10,000 deliveries. Robust metric where mortality counts are suppressed.

MATERNAL MENTAL HEALTH

33% Treatment Access Rate
Half the treatment rate of white peers.

SOCIAL DRIVERS OF HEALTH

80% Non-Clinical Factors
Driven by housing, transit, and income.

Perinatal Mental Health & Clinical Realities



38%

Leading Cause of Maternal Death

Mental health conditions accounted for 38% of pregnancy-related deaths in MA (2019–2024).

CLINICAL DISTINCTION

Medical Emergency

1–2 per 1,000 Live Deliveries

Postpartum Psychosis is distinct and rare. Symptoms include rapid hallucinations, severe confusion, and delusions requiring immediate inpatient care.

FREQUENT DEPRESSIVE SYMPTOMS (MA 2021)



Nearly 2× higher symptom rate among Black parents.

CASE REFLECTION & SYSTEMIC GAPS

The Lindsay Clancy Case (Massachusetts)

National Scrutiny: Elevated public awareness of severe postpartum mental illness.

Diagnostic Gaps: Exposed clinician challenges in distinguishing depression from acute psychosis.

Treatment Access: Highlights the critical shortage of intensive perinatal psychiatric beds.

Nearly 1 in 5

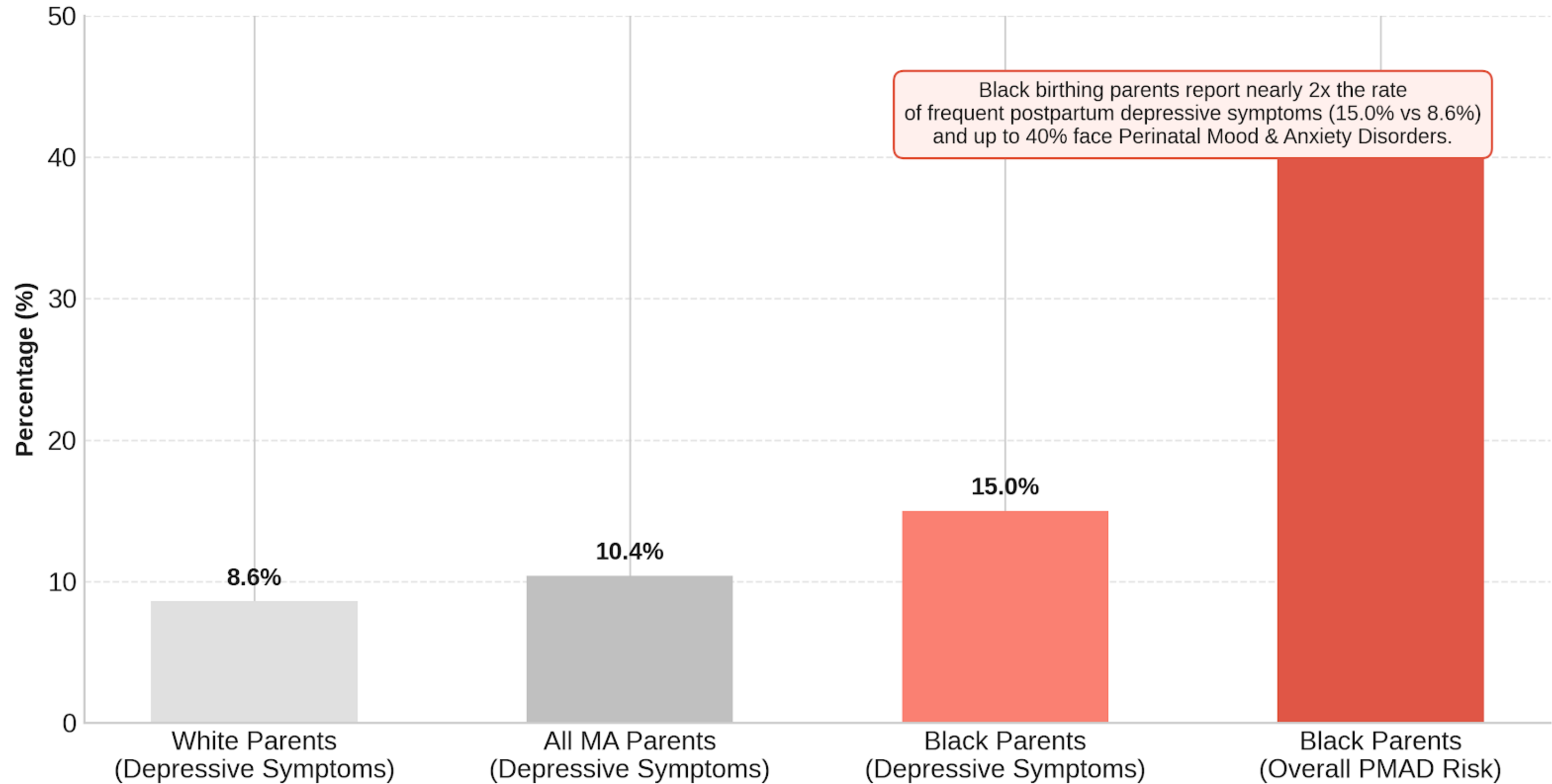
Affected by PPD in MA & CT (10–15%).

16.8%

Sought help for depression (CT PRAMS).

Early screening and culturally responsive psychiatric care are life-saving interventions.

Maternal Mental Health & Disparity Snapshot (New England / MA Data)



Jessica's Story: Building Her Village



CASE PROFILE

Meet Jessica (3 Weeks Postpartum)

Clinical Screen: Positive for postpartum depression.

Housing: Several months behind on rent; eviction risk.

Basic Needs: Running low on diapers; no reliable transit.

Financial: Severe financial hardship; partner lost job.

Mental Health: Counseling and Case Management

Social Support: Feeling overwhelmed and isolated.

Non-clinical drivers compound Jessica's perinatal mental health crisis.

1

What does Jessica need?

Distinguish immediate acute crisis vs. ongoing stabilization needs.

2

Who can help?

Identify clinical teams, community doulas, and local support networks.

3

What can Community Action do?

Mobilize rental relief, diaper pantries, transit, and partner job placement.

4

Who else needs to be at the table?

Align pediatricians, housing authorities, and maternal equity advocates.

7 Domains: Clinical • Housing • Food • Transit • Financial •
Mental Health • Social

5–6 Minutes → Table
Share-Out

Toni Harp

Moderator



MEET THE PANEL



Cynthia Hayes
Doula
Director of Development,
DoulaTogether, Inc



Dr. Cynthia McCraven
Medical Advisor



Dr. Sonya Bervard
Health Committee Chair



**Dr. Tamiko Jackson
McArthur**
Health Committee Advisor



Candice S. Lott
Health Committee Advisor

Every Mother Deserves a Village



Culturally Congruent Care

Community doulas and midwives improve perinatal outcomes and birth safety.

Whole-Person Health Integration

Connecting obstetric care directly with housing, nutrition, and mental health aid.

Patient Empowerment & Dignity

Equipping birthing people with self-advocacy tools to navigate healthcare safely.

"When we surround birthing people with holistic support, the entire community thrives."



Doulas as Psycho-Social Support



Community doulas bridge the clinical-social divide—providing relational, culturally grounded support directly in the home.



Culturally Responsive

Fills critical gaps for the most vulnerable and disproportionately affected.

Trust-Centered Advocacy



Tangible Aid & Supplies

Delivers hands-on help and direct access to essential community resources.

Direct Social Linkages



Home-Based Care

Meets birthing parents where they are, becoming trusted inner-circle partners.

Relational Safety



Edinburgh Screening

PPD screening training that identifies early warning signs and changes lives.

Early Clinical Catch



Why the Fourth Trimester Requires a Village

A Nurse's Perspective on Holistic Maternal Stabilization



THE VILLAGE ECOSYSTEM

Surrounding the birthing parent and infant with continuous clinical and social scaffolding.



Nurse Takeaway:

Clinical discharge is only day one. Long-term health requires active wraparound care.



Beyond Medical Care

Mental & emotional health, infant feeding, sleep, and relationships.

Holistic Recovery



Navigation Support

Benefit enrollment, specialist referrals, and insurance advocacy.

System Literacy



Social Determinants

Housing security, nutrition, transit, and affordable childcare.

Root Needs



Mental Health Access

Warm clinician handoffs, timely therapy, and peer crisis aid.

Rapid Linkage



Community Trust

Nurse home visits, local health events, and ongoing engagement.

Relational Safety



Prevention Opportunity

Preventing medical complications, ER visits, and household crises.

Upstream Impact

Key Message: The fourth trimester is a shared community responsibility.

Healthcare • Housing • Behavioral Health • Social Services

A Holistic Support Network for Mothers & Families

Promoting healthy pregnancies and positive birth outcomes for mothers and babies.



Addressing Social Drivers of Health

- Housing & utilities
- Food security & nutrition
- Reliable transportation
- Perinatal mental health care



How Community Action Agencies Help Bridge Gaps

- Clinical warm handoffs
- Emergency financial aid
- Diaper bank enrollment
- Long-term case management



Outcome & Call to Action

- Positive maternal outcomes
- Reduced morbidity risk
- Cross-sector collaboration
- Thriving community village

C O M M U N I T Y R E S O U R C E S

Connecticut Mental Health Center (Crisis Hotline)

Crisis Hotline: (203) 974-7735

Daytime (9am – 7pm) : (203) 974-7713, (203) 974-7714

After Hours (7pm – 9am): (203) 974-7300

Postpartum Support Helpline (Non-crisis hotline)

Call: 1-800-944-4773

Text: “Help” to 1-800-944-4773

IN CASE OF EMERGENCY CALL 911

Call to Action!

Help strengthen our mothers as they navigate the transition into motherhood by encouraging them to attend their follow-up visit with their medical advisor.





S A V E T H E D A T E

**Voices of Maternal Health
Early Warning Signs of
Postpartum Depression
November 11, 2026 at 8pm**

Email VOMHP@caanh.net for more details

**T H A N K Y O U F O R
A T T E N D I N G !**