




# PEP TALKS




“**We see Care** as an equitable, proactive and compassionate experience that must be accessible for all. An essential quality of our everyday life, from birth to death.

So, the challenge is... **How might we create resilient Systems of Care that deliver the kind of Care we would naturally give to those we love?**

**We believe that Design** can help to reframe and reshape Care in several ways: by facilitating caring conversations that succeed in connecting all the different people involved around shared value, creating safe spaces for shared decision-making and co-creation, building consensus between siloed institutions, redefining new community-based models of care or even confronting the fundamental societal taboos that restrain real change.”

— The Care Lab



*For every person who has, is, or will  
navigate the journey to parenthood,  
in all its complexity.*

*May we hold you with as much care  
as you would hold your own children.*

MFA Design for Social Innovation Thesis  
School of Visual Arts, New York City  
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Written & Designed by  
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# Preface

When a baby is born, it marks the beginning of a new life entering the world. From the moment the newborn is held, people and systems around the child mobilize to ensure the newborn's wellbeing. At the same time, the perinatal individual, the parent giving birth to the child, is born into a new role as a parent. While this is undoubtedly an exciting time for many, it can also be marked by confusion, isolation, and feelings of sadness and frustration as new parents deal with biological and physical changes and changes in their day-to-day responsibilities and sense of identity. The perinatal period, defined as pregnancy through one year after birth (Garcia and Yim, 2017), is a time of profound change for the perinatal individual, yet so little attention is given to their well-being during this transition because the focus is predominantly on caring for the newborn.

While everyone is caring for the newborn, who is caring for the new parent?

(Stephens, 2022)

This work is a small contribution to a larger conversation about perinatal mental health and how we care for new parents in the transition to parenthood. Throughout this journey, I have had the privilege of meeting incredible individuals and organizations who are already doing the work to create new ways of caring for parents—from systems change addressing how we approach perinatal mental health research and community engagement to initiatives empowering new parents through social support including peer mentorship and referrals to professional resources.

To all the extraordinary parents and those who care for them in ways big and small.



Image: Sergiu Valenas

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# Conception

# Partnerships and Collaborations



Image: Rachel Papo, rachelpapo.com/its-been-pouring-the-book

## Thesis Journey

When I began my thesis journey during the spring of 2022, I knew that I wanted my thesis to exist at the intersection of design and healthcare, but I was not yet sure what specific social issue I wanted to address. I knew the following about myself and the kind of work I wanted to do:

- I have a background in International Relations and Communication Design, and I have long been interested in exploring cultures and languages and how we relate to one another and the world around us.
- I am passionate about mental health and having conversations to reduce the stigma around seeking support.
- I am also curious about our healthcare system and exploring how we care for ourselves and our communities.

Through a series of initial explorations around mental health, culturally congruent care, and community engagement, I began trying to understand how design can support the creation of more collaborative systems of care from institutional to social settings. After several rounds of secondary research, focus area refinement,

and discussion with advisors and colleagues, I honed in on the topic of perinatal mental health.

The journey that ensued over the past year has challenged me to think critically about the systems of care available to parents in the United States and how we can design pathways to empower perinatal individuals in the transition to parenthood. I have had the privilege of meeting many people doing incredible work across the perinatal care ecosystem, from health services researchers to perinatal professionals to parents.

PEP TALKS was born out of a need to further engage and uplift the voices of individuals with lived expertise of a perinatal mental health condition. Through the power of writing, connection, and community, PEP TALKS seeks to increase discussion around perinatal mental health and connect parents to support that addresses their unique needs.

### Charting the Course Team

Since October 2022, I have collaborated with a multidisciplinary team leading a community engagement project called Charting the Course for Patient-Centered Research to Address Inequities in Perinatal Mental Health & Maternal Mortality.

Project collaborators include Thomas I. Mackie, PhD, MPH and Ana Schaefer, MPH from SUNY Downstate Health Sciences University School of Public Health, Karen Tabb Dina, PhD, MSW from University of Illinois at Urbana-Champaign School of Social Work, Nancy Byatt, DO, MS, MBA, FACLP from the University of Massachusetts Chan Medical School, and Wendy Davis, PhD, PMH-C, the Executive Director of Postpartum Support International.

This project was funded through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Award (#EACB-23288). For more information on the Engagement Award project, including project updates, please visit <https://is.qd/wIH7LF>.

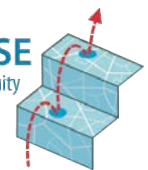
In the coming sections, I will detail my involvement in their community engagement project and how that fits into the broader context of their work to address perinatal mental health equity in research. I will also share how my collaboration with this group led to developing my proposed thesis intervention alongside members of Postpartum Support International.

### Postpartum Support International

I have also been collaborating with a group of staff and volunteers, all of whom are parents and many of whom have lived expertise of a perinatal mood and anxiety disorder, at Postpartum Support International (PSI).

Postpartum Support International is a nonprofit organization that supports individuals and families experiencing mental health challenges during pregnancy, pregnancy loss, and postpartum. PSI connects individuals and families to the care they need through various services and resources and advocates for perinatal mental health awareness worldwide. For additional information on Postpartum Support International and their support services, please visit [www.postpartum.net](http://www.postpartum.net)

**CHARTING THE COURSE**  
to Perinatal Mental Health Equity



# A Note on Language

## Inclusive Language

Research has demonstrated that the language we use to describe people impacts health and well-being outcomes, influencing how likely someone is to access healthcare when needed. In the last decade, there has been increasing support internationally to shift towards the use of inclusive language in healthcare, including perinatal services (National LGBTI Health Alliance, 2013). Using gender-inclusive language ensures that the way we communicate about the perinatal experience is representative of the diversity of experiences and identities people have in the transition to parenthood. A 2015 position statement by the Midwives Alliance of North America captures the importance of using gender-neutral language in perinatal care:

“The same elements that threaten holistic care for pregnant and birthing folks also perpetuate violence against trans, queer and non-gender conforming people. These systems include, but are not limited to... industrialized medical care, colonialism, sexism and patriarchy. When gender-nonconforming folks are also people of color, low-income or disabled folks, they disproportionately experience discrimination. As a result we are committed to promoting the additive use of gender-neutral language in traditionally woman-centric movements (birth and reproductive justice) because doing so disrupts those systems and supports gender liberation.”

-Midwives Alliance of North America, 2015

Gender-additive language, which involves using gender-neutral terminology alongside the terminology of womanhood, is one approach that some health systems have started to incorporate in recent years. Brighton and Sussex University Hospitals in the UK shared that their rationale behind using gender-additive language is to ensure that everyone is included and represented without risking the erasure of women or people identifying with other genders. Their approach

was informed by international discussion (Green and Riddington, 2020).

In 2021, President Biden replaced the term mothers with birthing people in a budget proposal, and the CDC now uses the term pregnant people (Green, 2021). During my thesis work over the last twelve months, language has continued to shift. My community partner recently shared that there is discussion in the field about moving away from the use of birthing people to perinatal individuals because the term birthing people may imply that the person giving birth is simply a vessel for a new life. In contrast, the term perinatal individual recognizes them in their wholeness as a person.

Given this context and discussions with partners, I use the terms perinatal individuals, people, and parents alongside the words women, mothers, and moms throughout this document. I have adapted the language I use as I learn new information, and I will continue to do so moving forward. I welcome any feedback to continue shaping my use of language to be more inclusive.

## Plain Language Definitions

Throughout this project, I also encountered that the language used to describe perinatal mental health can be quite technical. While this language is widely understood in the medical and health services academic fields, it may not be accessible to the general public.

Creating this set of plain language definitions was a helpful exercise for my understanding of the terminology used to describe perinatal mental health, and it also sparked an idea for an early prototype.

### BABY BLUES

A common experience among birthing people after childbirth which may include mood swings, unexplained crying, anxiety, trouble sleeping, and other feelings of irritability. Baby blues typically resolve on their own and do not require medical attention.

### PERINATAL

The time before or after the birth of a child; from pregnancy through up to one year after childbirth

### POSTPARTUM/ PERINATAL MOOD AND ANXIETY DISORDERS

Abbreviated as PMADs and PMDs, including: Postpartum Depression, Postpartum Anxiety, Postpartum Obsessive-Compulsive Disorder, Birth-Related Post Traumatic Stress Disorder, Postpartum Psychosis

### POSTPARTUM

The time after childbirth, including up to one year after birth

### MATERNAL MORTALITY

The death of a perinatal individual during pregnancy or up to one year after, regardless of the outcome of the pregnancy (Pennsylvania Department of Health).

### MATERNAL MORBIDITY

“Any short- or long-term health problems that result from being pregnant and giving birth” (NICHD).

### RISK FACTORS

Something that increases the possibility or likelihood of developing a health problem. It is important for perinatal individuals to share their medical history with their health care providers so that they can accurately assess their risk for developing postpartum mood and anxiety disorders.

### SCREENING

Testing or tools used to detect the risk of developing or the presence of a health condition. For postpartum mood and anxiety disorders, there are several screening tools available. Two of the most widely known are the EPDS (Edinburgh Postnatal Depression Scale) and PHQ-9 (Patient Health Questionnaire-9).



# Context



“It can be a lonely and terrifying experience, like walking through the forest in the dark. And often there are so many lights around - but you don’t know that they are just out of reach because continuity of care and systems collaboration is very low.”

— Parent with lived expertise of a perinatal mental health condition

Image: Rosie Sun



Image: Rachel Papo, rachelpapo.com/its-been-pouring-the-book

## Background

The issue of perinatal mental health is not new, but it has become a topic of widespread public discussion in recent years, with an increase in perinatal mental health challenges during the Covid-19 pandemic. The pandemic has shed further light on the unique challenges that birthing populations face during and after childbirth in the transition to parenthood, many of which have been exacerbated by the conditions of isolation created during the pandemic (Iyengar et al., 2021)

Pre-pandemic, it was reported that 1 in 5 perinatal individuals experience a perinatal mental health condition, often referred to as PMADs (postpartum mood and anxiety disorders) within the first year after birth (Griffen et al., 2021). 4 million live births occur in the U.S. each year, meaning that 800,000 people experience a perinatal mood disorder.

Given the lack of comprehensive diagnosis protocols, coupled with barriers faced by perinatal individuals to

accessing care, many estimate that the prevalence may be higher. For people in a low-socioeconomic strata, the likelihood of developing a PMAD is up to 40%, double the national average (Karras, 2018).

According to a 2020 study, Asian, Black, Indigenous, and Latino populations in the United States are less likely to be screened and treated for perinatal mood disorders than white populations. (Byanyima and Harmon, 2020) This is especially concerning given that perinatal individuals of color are more likely to experience PMADs and face structural and systemic barriers to accessing necessary care. The COVID-19 pandemic has worsened perinatal health outcomes, leading to a three times increase in perinatal individuals experiencing symptoms of a PMAD (Griffen et al., 2021).

# 1 in 5

perinatal individuals will experience a mental health condition within the first year after birth

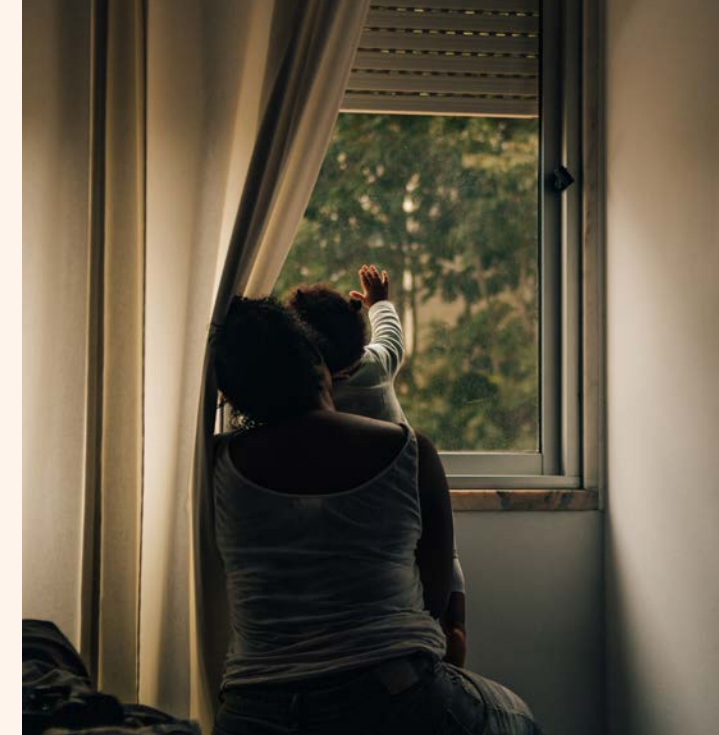
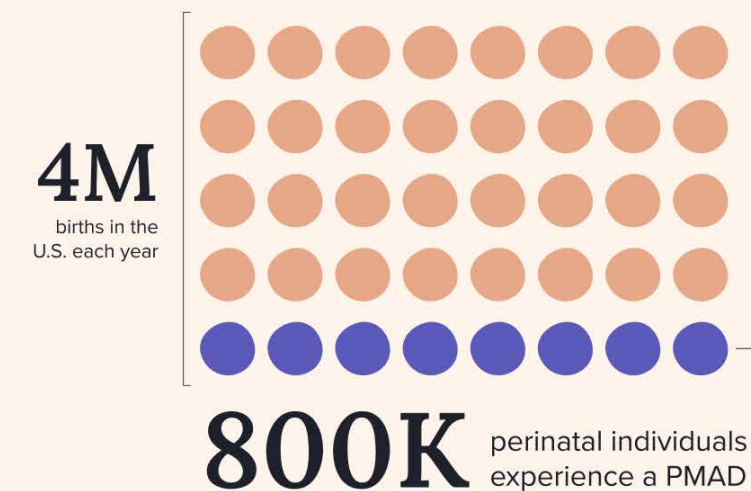
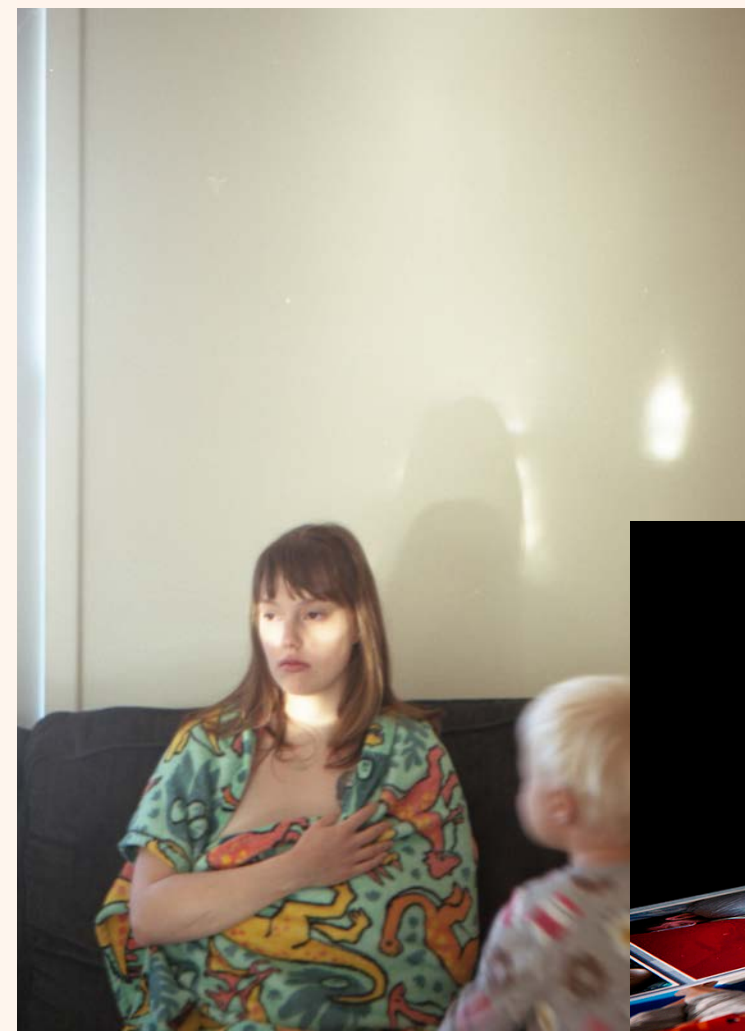


Image: Marco Fortes

## PMADs

Perinatal mood and anxiety disorders

- Postpartum Depression
- Postpartum Anxiety
- Postpartum Obsessive-Compulsive Disorder
- Birth-Related Post Traumatic Stress Disorder
- Postpartum Psychosis



Images: (Left) Kkkkkkkkkris; (Right) Rachel Papo

## Issue Statement

Most people who experience a postpartum mood disorder go undiagnosed and/or do not receive adequate treatment despite these disorders being highly treatable (Manso-Córdoba et al., 2020). They may go undiagnosed because providers are not screening for it, they may feel stigma about seeking mental health support, or they may not have access to the resources needed to address it. Social determinants, genetics, and psychological history are all complex factors that influence perinatal mental health. When perinatal individuals do not receive treatment for postpartum mood disorders, it can lead to serious, long-term health complications for both the parent and the child (Slomian et al., 2019, Garza, 2018).

Looking at this issue from a socio-ecological model of health, one can start to understand the complex intersections that influence the mental health of perinatal individuals. Previous work done in perinatal mental health, which has gained increased attention in the last 20 years, includes many interventions aimed at one or two of these levels.

For example, one main area of focus within the organizational sphere is the need for increased education and screening for PMADs. This intervention occurs between stakeholders in the organizational sphere (mainly healthcare institutions and providers) and at the individual level, meaning perinatal individuals. However, due to gaps in healthcare policy, implementation has varied widely across local, state, and national levels. Additionally, these programs often work directly with the individual. They do not involve interpersonal and broader community connections to the birthing person, which may lead to discontinuity of care and missed opportunities for support. Outside of institutional healthcare systems, individuals and organizations across the ecosystem have worked to create community-based organizations that support perinatal individuals by connecting them through peer support and other resources. Researcher Jennifer E. Moore (2021) states, “In the absence of a national health system in the US, no entity owns the problem of addressing perinatal mental health needs.” Many existing interventions occur in siloes and fail to consider the broader system connections that may impact their

“In the absence of a national health system in the US, no entity owns the problem of addressing perinatal mental health needs.”  
-Jennifer E. Moore

success and scalability. Recently, some approaches have sought to remove these siloes by encouraging collaboration across systems and directly involving perinatal individuals in the co-creation of solutions.

Social design has the potential to deepen these innovations and bring together stakeholders across the ecosystem to create more lasting interventions.

### PERINATAL MENTAL HEALTH ECOSYSTEM

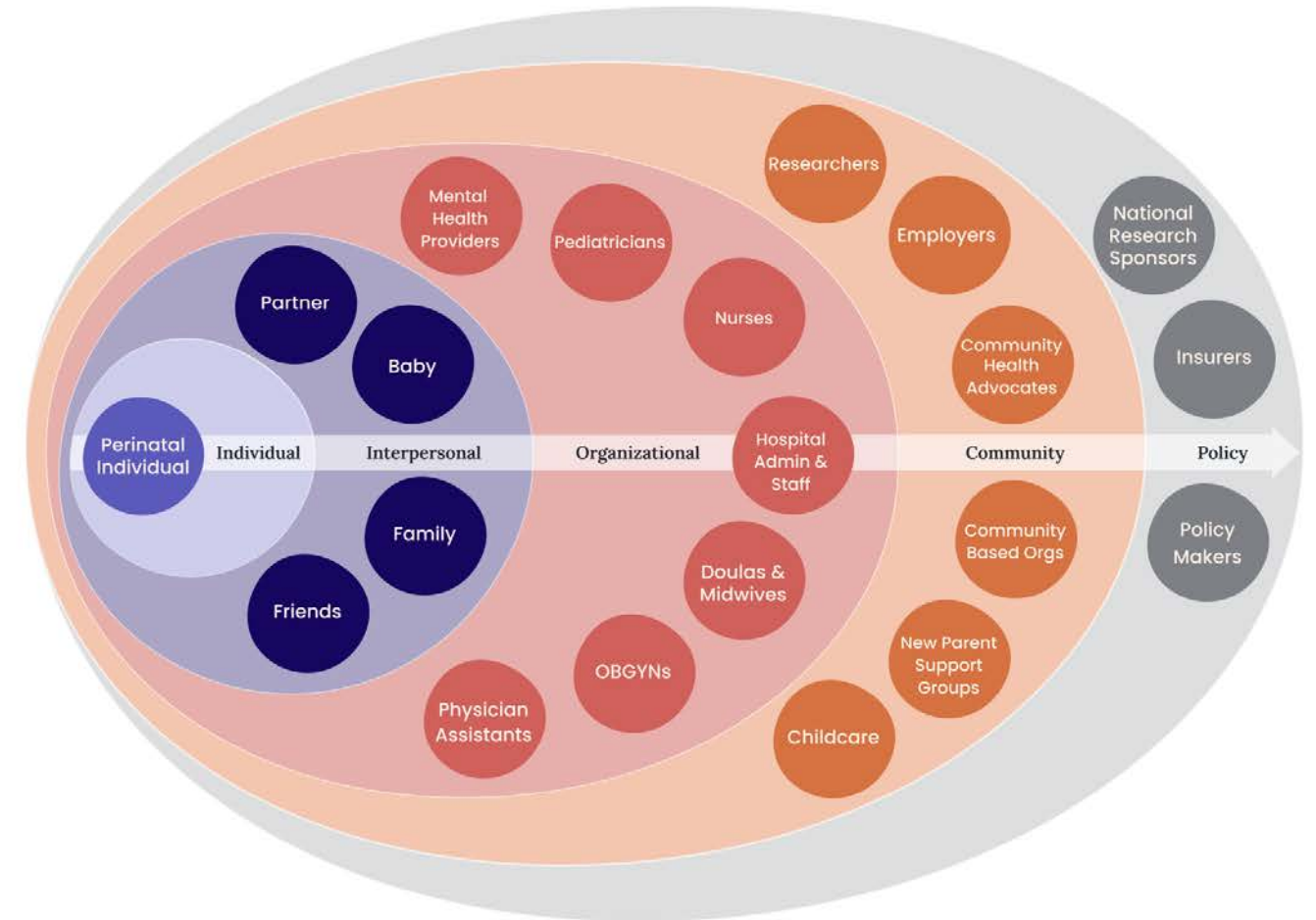
Many individuals, institutions, and communities are impacted by this issue. Throughout my research, I have continued synthesizing my understanding of the stakeholders within perinatal mental healthcare through an ecosystem map. Thus far, I have understood there to be five main categories of stakeholders.

The first is perinatal individuals, the individuals who have lived experience with pregnancy and childbirth and have experienced a postpartum mood disorder.

The second category comprises people with close interpersonal relationships with the birthing people. This group includes the children, partners, family members, and friends of birthing people.

## Perinatal Care Ecosystem in the United States

- Perinatal Individual
- Close Relationships
- Perinatal Professionals
- Community Members
- U.S. Healthcare Policy



The third category of stakeholders is healthcare providers, including mental health providers, pediatricians, nurses, doulas and midwives, obstetrician-gynecologists, and physician assistants.

The fourth category is community members, which includes people and organizations like researchers, community health advocates, community-based organizations, and new parent support groups.

The fifth category is system-level stakeholders, including policymakers, national research sponsors, and insurers.

By working with stakeholders across the ecosystem, I believe we can break down the existing siloes in perinatal mental health care and create systems of care that incorporate both clinical and social pathways. I believe that using design-led approaches such as co-creation will help strengthen the existing interventions that

people and organizations are leading and pave the way for new models of care that center perinatal individuals and their needs.

## Hypothesis

To address perinatal mental health effectively, we need to create a continuum of care that supports birthing people through collaborative clinical and social pathways that provide universal guidelines while remaining adaptable to address the unique needs of each family.

## How Might We

How might we co-create a continuum of care that supports perinatal individuals from pregnancy through postpartum and empowers them to navigate the transition to parenthood while supporting their mental health?

# Design Process



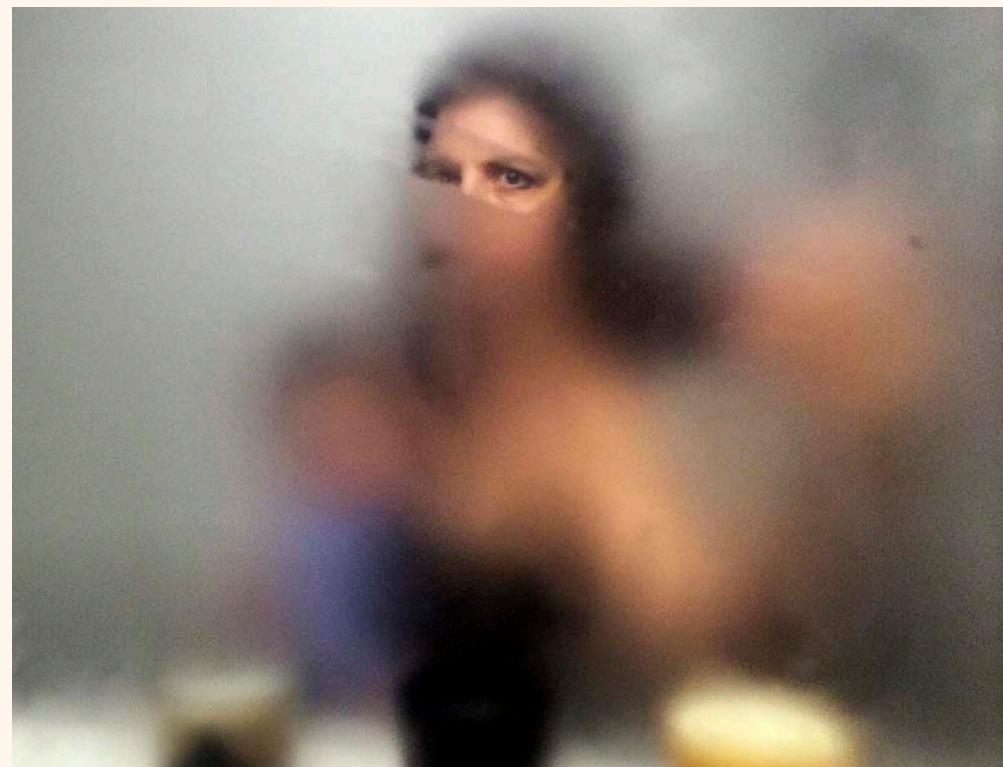
## Research Goal

To understand the mental health experience of perinatal individuals with a focus on assessing the barriers and facilitators to accessing adequate care, to understand the gaps within existing interventions in the U.S. healthcare system, and to explore the potential for social support to serve as a pathway to care.

To identify insights and opportunities to develop interventions that will equip providers, patients, and communities with the knowledge and resources to support mental health during the transition to parenthood.

## Inquiry Areas

1. To understand the mental health literacy and attitudes of perinatal individuals and families, perinatal professionals, and communities and how awareness (or lack thereof) impacts the experience of mental health in the transition to parenthood
  - How do people get information about their mental health during the perinatal period?
  - What information and resources are provided to a perinatal individual? How helpful are these resources?
  - What level of literacy do most people have about postpartum mental health conditions?
  - How do personal and cultural beliefs impact a person's experience of perinatal mental health?
  - Where can people find accurate, approachable resources about perinatal mental health?
2. To understand the barriers and facilitators that exist to identifying and addressing poor mental health outcomes in perinatal populations
  - What are the barriers and facilitators for perinatal individuals to access mental health support during the perinatal period?
  - What are the barriers and facilitators for perinatal professionals to identify perinatal mental health conditions in their patient populations?
  - What are the barriers and facilitators for perinatal professionals to provide mental health support during the perinatal period?
  - How do social determinants of health influence perinatal mental health?
3. To identify potential interventions (and at what level - individual, healthcare system, broader community) that can be designed to make an impactful difference in the prevention of poor mental health and support the mental well-being of perinatal individuals and families
  - What are existing interventions in postpartum mental healthcare? What is working? What could be improved?
  - What collaborations currently exist among stakeholders across the ecosystem?
  - What is the role of community support in perinatal mental health care? What opportunities exist to increase community support pathways?
  - Where in the ecosystem are leverage points for scale?
  - What are the resources that would be needed to implement these possible interventions?



Images: (Top) Ying Ang;  
(Bottom) Rachel Papo

## Workstream Overview

Once I had learned some additional context about the ecosystem and defined my inquiry areas, I conducted outreach to various individuals and organizations in search of a community partner to collaborate with on this work.

In October 2022, I connected with Thomas Mackie and Ana Schaefer at SUNY Downstate Health Sciences University School of Public Health. Throughout several initial meetings, we spent time working to understand each other's goals and to determine how we might be able to collaborate.

Two workstreams emerged as I developed my relationship with my community partner and deepened my exploration of perinatal mental health.

## Workstream 1 - Community Engagement in Research

### CHARTING THE COURSE TO PERINATAL MENTAL HEALTH EQUITY

Through a multi-year PCORI-funded grant, the Charting the Course team has set out to explore how to increase equity in perinatal mental health research through the

development of advisory councils. Through a multi-year PCORI-funded grant, the Charting the Course team has set out to explore how to increase equity in perinatal mental health research through the development of advisory councils.

These advisory councils are composed of individuals with lived expertise of a perinatal mental health condition, perinatal professionals, and national research sponsors and policymakers.

### ADVISORY COUNCILS

**The Lifeline for Moms Individuals with Lived Expertise Advisory Council** is an 18-member national advisory council of people with lived expertise of perinatal mental health challenges who identify as racial, ethnic, and sexually minoritized.

**The PSI Best Practice Committee for Perinatal Mental Health Equity** is a 12-member national advisory council of perinatal providers, including midwives, doulas, social workers, and OB/GYNs who provide care for perinatal individuals who are underserved by our mental healthcare systems.

**The Collaborative on Perinatal Mental Health Research** includes representatives from the leading national organizations working on the issue of perinatal mental health.

The underlying theory of change for this approach is that to develop interventions and policies that truly meet the needs of perinatal individuals and providers, they must be involved at every stage of the research process, from planning through dissemination. This work has been underway since 2021.

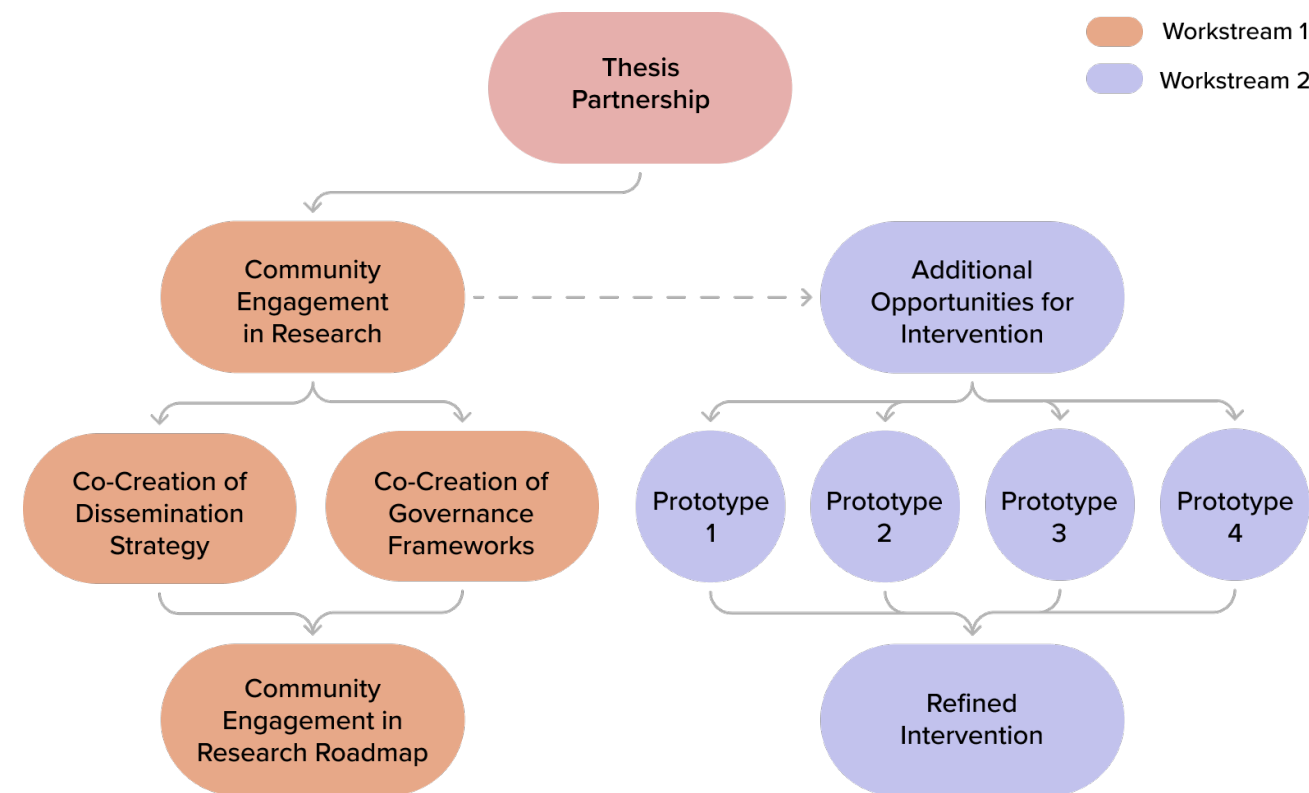
Together, project leadership and I identified two sub-workstreams that I could support within the project, including 1) the dissemination of the journey maps that had been co-created with the individuals with lived expertise and the perinatal provider advisory councils and 2) the creation of governance structures with the councils to support continued community engagement.

As part of my work with the Charting the Course team, I participated in meetings with leadership across several institutions working to address perinatal mental health. I met with Dr. Mackie and Ana weekly, and we met with the broader team on a regular basis with the broader team to work toward project milestones, including bi-monthly or quarterly meetings with each of the advisory councils. Meetings with the advisory councils were designed as a space to collaborate on shared goals including the dissemination of the journey maps, and most importantly, to create space for individuals with lived expertise and perinatal professionals to share their experience and feedback on the collaboration and next steps.

## Workstream 2 - Additional Opportunities for Intervention

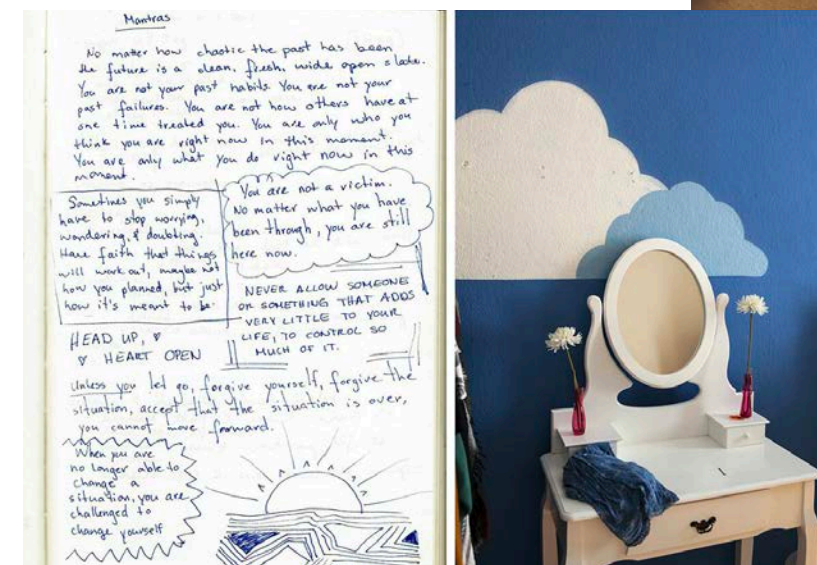
Working with my community partner was an incredible opportunity to learn from experts in the field of perinatal mental health with diverse skills and experiences across the ecosystem, including lived expertise of a perinatal mental health condition. Through meetings with project leadership, the advisory council sessions, and my own primary and secondary research, I began to see patterns in the gaps across the perinatal mental health experience.

Based on some of the insights and opportunities that began to emerge, I developed a second workstream where I began brainstorming how social design could address some of these opportunities. Through a series of ideation, prototyping, feedback, and iteration activities, I worked through a series of concepts to present back to the community for further development.



CONCEPTION

Images: (Right) Ying Ang; (Left) Rachel Papo



## Insights and Opportunities

Through independent research and collaboration with my community partner, key insights and opportunities began to emerge.

### INSIGHT 1

Perinatal individuals from populations that the healthcare system has historically marginalized and continues to marginalize may be hesitant to speak up in institutional settings due to prior mistreatment.

This insight is important because it articulates why Black, Indigenous, and People of Color (BIPOC) populations may be reluctant to engage with and trust existing solutions in the healthcare system. It highlights the fact that the current healthcare system is not responding to the needs of diverse populations with culturally congruent care. Instead, the system is designed with outdated approaches that include upholding the binary of mental-physical health that stems from the biomedical model of care (Foster et al. 2021).

#### Opportunity

This insight has informed my work because it presents the opportunity to center the lived expertise of BIPOC perinatal individuals in designing solutions to improve perinatal mental health care. Centering the lived expertise of these populations will lead to better-informed care that their communities can trust.

This led me to the following question: How might we center those with lived expertise in decision-making spaces that inform care practices?

### INSIGHT 2

Sharing information about PMADs with perinatal individuals can be helpful to increase their awareness, but it places the burden of action on them and fails to address barriers they may face to seeking out support.

This insight is important because it highlights the information gap that occurs not only from the perspective of perinatal individuals but also from the perspective of care systems. Traditionally, solutions to address information gaps for both perinatal individuals and perinatal professionals have existed in siloes. For example, there have been educational materials designed to give perinatal individuals more information about what to expect before, during, and after pregnancy, but these exist as standalone tools that often place the burden of action on the perinatal individual to internalize the information and proactively speak up if something feels wrong. Even when professionals are equipped with information and screening tools such as the Edinburgh Postnatal Depression Scale (EPDS) and Patient Health Questionnaire (PHQ-9), these tools are not always used consistently across health practices. Furthermore, screening alone does not improve perinatal mental health outcomes (Postpartum Support International, 2020).

#### Opportunity

This insight has informed my work by presenting the need to create bi-directional communication between perinatal individuals and their support systems. Whether in research, clinical, or social settings, solutions must be bi-directional so that the burden is not placed on a single stakeholder.

This led me to the following question: How might we co-design resources that foster bi-directional dialogue between perinatal individuals and their support systems?

### INSIGHT 3

Birth and mental health experiences are complex, affected by individual and systemic factors. There is no one size fits all approach. Interventions must be built on universal foundations of care while remaining flexible to address the different needs of diverse populations.

This insight is important because it speaks to the very real challenges of designing interventions to support people in the perinatal period. It underscores the importance of designing solutions that are grounded in evidence-based research and built on universal foundations of care while also acknowledging that there is no one size fits all solution. In order to address the unique needs of diverse populations, we need to consider the specific barriers and facilitators to seeking support that different populations face in the perinatal period.

#### Opportunity

This led me to the following questions: How might we shift power to perinatal individuals with lived experience so that they can inform care priorities rather than taking a top-down approach? How might we design tools and resources that are based on universal foundations of care while also allowing flexibility to address the needs of different populations?

How Might We Reframe  
How might we co-create  
tools with perinatal  
individuals and professionals  
that engage perinatal  
individuals with their social  
connections and empower  
them to navigate the  
transition to parenthood  
while supporting their  
mental health?



**Development**

# Workstream 1

## Prototype 1 Dissemination Strategies and Artifacts

In the summer of 2022, the Charting the Course team worked with the advisory councils and a graphic illustrator to co-create four journey maps that represent the barriers and facilitators to getting involved in perinatal mental health research, as well as what areas they would like to see prioritized in research. When I joined the project, the journey maps had been drafted and were undergoing a final round of feedback and review with the advisory councils.

### GOAL

The team was interested in understanding how to best disseminate the journey maps to a wider audience and drive specific action in support of perinatal mental health. Specifically, project leadership wanted to ensure that the dissemination effort was driven by the priorities determined by the advisory councils regarding audiences for dissemination and what topics were most important to communicate.

### ACTIVITIES

- Together, the team and I created a cover page that contextualizes the journey maps and provides definitions for key terms represented in the map.
- Next, I began brainstorming frameworks that we could use to co-create a dissemination strategy with each of the councils to ensure that these journey maps reach the right audience.
- We conducted sessions with the advisory councils, filling out the framework together, and using it as a guide to determine which audiences they wanted to prioritize, as well as the appropriate dissemination channels and messaging.

### WHAT WE LEARNED

#### Reciprocity in Engagement

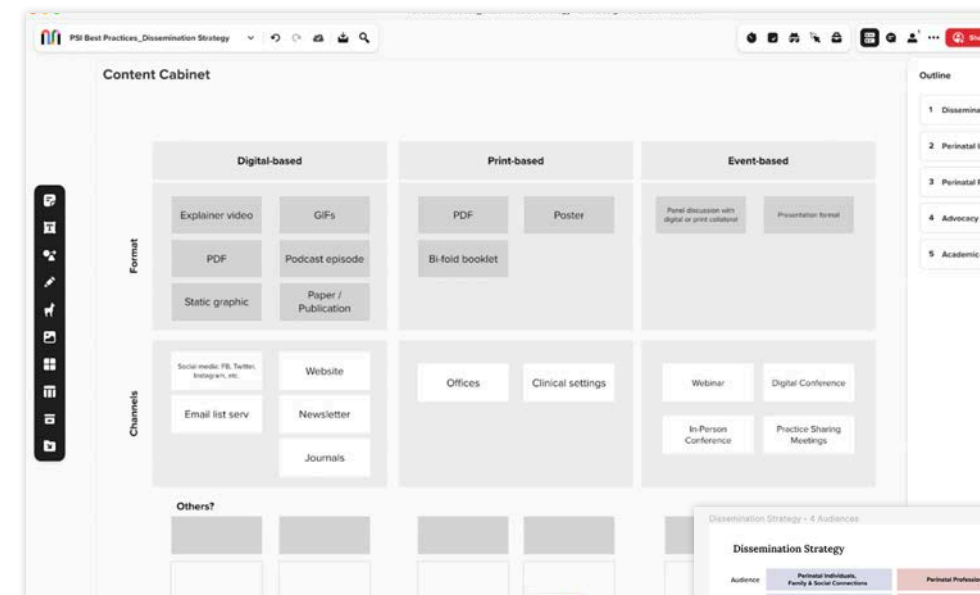
When sharing these maps, whether through presentations or other dissemination channels, perinatal individuals emphasized the importance of asking what each specific audience will do to give back to the community. Sharing their lived experiences and expertise through these maps is a gift to the research community, and perinatal individuals want to know how audiences will use this information to support the improvement of perinatal mental health within their respective spheres of influence.

#### Core Audiences and Messaging

Through the process, we identified four core audiences to whom we would disseminate the journey maps and cover sheets: 1) Perinatal individuals, family, and social connections 2) Perinatal professionals 3) advocacy and support organizations and 4) academic-community partnerships and national research sponsors. Across the different audiences, goals for dissemination included reducing the stigma and fear around seeking support, normalizing conversations about perinatal mental health, and increasing capacity building among perinatal professionals to support individuals and families.

### NEXT STEPS

- We will be presenting the journey map dissemination strategy back to the advisory councils to confirm that it accurately reflects the priorities they set during the April and May sessions.
- We will begin to build out the assets for dissemination, including social media graphics and videos, over the coming months.



Images: Screenshots of the different digital tools we used to engage the advisory councils in discussion about how they would like to disseminate the journey maps including core audiences and key messages. We used digital tools including Mural, Figma, and PollEV.com.

|                | Perinatal Individuals, Family & Social Connections | Perinatal Professionals | Advocacy & Support Organizations | Academic, Community Partnerships & National Research Sponsors |
|----------------|--|-------------------------|----------------------------------|---|
| Audience       |  |                         |                                  |   |
| Goal           |  |                         |                                  |   |
| Channel        |  |                         |                                  |   |
| Partners       |  |                         |                                  |   |
| Call to Action |  |                         |                                  |   |
| Timing         |  |                         |                                  |   |



ADVISORY COUNCIL: POSTPARTUM SUPPORT INTERNATIONAL  
BEST PRACTICE COMMITTEE FOR PERINATAL MENTAL HEALTH EQUITY

## CHARTING THE COURSE

to Perinatal Mental Health Equity

### PERINATAL MENTAL HEALTH RESEARCH TOPICS

**SOCIAL DETERMINANTS OF HEALTH**  
NEED TO BE PART OF THE EQUATION

**HOW DOES AGE IMPACT RISK?**  
HOW DO WE IDENTIFY SYMPTOMS EARLIER?

**WHAT DO PERINATAL PEOPLE SAY ARE IMPORTANT SUPPORTS AND RESOURCES?**

**CREATE A WIDER UMBRELLA OF CHECKPOINTS**  
A SYSTEM DESIGNED TO EFFICIENTLY DELIVER QUALITY CARE ACROSS PROVIDERS

**QUANTIFY THE IMPACT**  
NOT JUST FOR THE PERINATAL PERSON BUT FOR THE FAMILY, FRIENDS AND THE COMMUNITY

**STANDARDIZATION** vs **flexibility**

**BALANCE**

**HOW DO WE BRIDGE CARE?**  
DIAGNOSIS vs ACCESS TO SERVICES  
"IT SHOULD NEVER BE HARD FOR THE HELP SEEKER"

**WHITE SUPREMACY HAS IMPACTED OUR RESEARCH MODELS**

**ADAPTABILITY AT MEETING THE UNIQUE NEEDS OF EACH INDIVIDUAL**

**HOW DO WE HEAR PARTICIPANT'S VOICES WITHOUT ADDING TO THEIR TRAUMA?**

**LOST WAJES**  
**DESTABILIZATION OF THE FAMILY**  
**HOMELESSNESS**

**UNDERSTANDING THE TRUE COST AS A MOTIVATOR TO REFORM THE SYSTEM**

**POLICY MAKERS AND INSURERS NEED TO CONSIDER**  
\*HOW DO WE DEFINE INSURERS AS STAKEHOLDERS?

**RISKS & RATES**  
**HOW TO REFORM BILLING - CODING - INSURANCE FOR BETTER, COST-EFFECTIVE CARE**

**THE FRAMEWORK WE MUST WORK WITHIN SEEMS TO BE CREATED BY PEOPLE WHO DON'T UNDERSTAND PATIENT CARE OR CLINICAL ACADEMIC SETTINGS**

THIS PROJECT WAS FUNDED THROUGH A PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI) EUGENE WASHINGTON PBOO: ENGAGEMENT AWARD (#EACIP-23286)

Postpartum Support International Best Practice Committee for Perinatal Mental Health Equity (2022) Perinatal Mental Health Research Topics. (Journey Map) <https://www.unmanned.edu/families/equity-in-mental-health/>

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## CHARTING THE COURSE

to Perinatal Mental Health Equity

### LIFELINE FOR MOMS

INDIVIDUALS WITH LIVED EXPERTISE ADVISORY COUNCIL

### PERINATAL MENTAL HEALTH EQUITY RESEARCH TOPICS

**UNDERSTANDING RISK FACTORS**  
• PREVIOUS DIAGNOSES  
• RACE / ETHNICITY  
• NEGATIVE EXPERIENCE WITH CARE PROVIDERS

**PRIORITIZE INFORMATION ABOUT PREVENTION**

**PREPARING PROVIDERS IN A TRAUMA INFORMED WAY TO BE:**  
• TRAINED IN SCREENING PROCEDURES  
• COMFORTABLE TALKING ABOUT PERINATAL MOOD DISORDERS  
• ACTIVE LISTENERS  
• CONSCIOUS OF IMPLICIT BIAS & STIGMA

**UNDERSTANDING THE ROOT CAUSE TO PROVIDE EFFECTIVE CARE**

**RESOURCES**  
MUST BE ACCESSIBLE, UP TO DATE, & CATEGORIZED FOR EASE OF USE

**PROVIDERS THAT REFLECT THE POPULATION**

**RESEARCH...**  
• BREAST FEEDING COMPLICATIONS AFTER TRAUMATIC BIRTH  
• CODE SWITCHING  
• HOW SOCIAL SUPPORTS INFLUENCE OUTCOMES  
• BENEFITS OF DOULAS FOR BIRTHING OUTCOMES & COST-BENEFIT POTENTIAL

**"I FEEL MORE COMFORTABLE, UNDERSTOOD, AND HEARD BY NON-WHITE PROVIDERS"**

**STIGMA**  
CULTURAL BACKGROUND  
HOW IT MAY AFFECT ACCESS TO CARE

**POLICIES NEED TO REFLECT THE CARE THAT PERINATAL PEOPLE NEED AND THAT CARE PROVIDERS NEED TO BE TRAINED TO DELIVER**

**SUPPORTIVE POLICIES COULD REBUILD TRUST BETWEEN PATIENTS AND PROVIDERS**

**INSURERS HOLD THE KEYS**  
• COVERAGE FOR CARE, INCLUDING DOULAS  
• FUNDING FOR AWARENESS CAMPAIGNS

**DIVERSITY TRAINING**  
• A REQUIRED SCREENING POLICY & SUBSEQUENT ACTION  
• ALLOTTED ENOUGH TIME TO PROVIDE QUALITY CARE

**PAID PARENTAL LEAVE**  
• SUBSIDIZED CHILDCARE  
• RIGHT TO PUMP

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## CHARTING THE COURSE

to Perinatal Mental Health Equity

### BARRIERS AND FACILITATORS TO RESEARCH PARTICIPATION

**CREATING A PIPELINE FOR DIVERSE PROVIDERS & RESEARCHERS**  
SO THAT THEY REFLECT THE PEOPLE IN RESEARCH STUDIES

**ACKNOWLEDGE HISTORY OF TRAUMA, STIGMA, AND MICROAGGRESSIONS UNDERREPRESENTED PEOPLE HAVE ENDURED**

**MOVING FROM SUSPICION TO TRUST**

**WE MUST PROTECT PARTICIPANTS & SHOW THEM WE VALUE THEIR INVOLVEMENT**

**STRATEGIES TO DE-IDENTIFY PARTICIPANTS**  
• OWNERSHIP & ACCESS TO THEIR INFORMATION  
• NONJUDGMENTAL ACCEPTANCE \*NOTE YOUR BODY LANGUAGE

**BE CONSCIOUS OF POWER HIERARCHY**  
COMPENSATE PEOPLE FOR THEIR TIME

**BUILD RELATIONSHIPS WITH PARTICIPANTS & THEIR TRUSTED PARTNERS TO ACCELERATE THE PROCESS**

**ENSURE PARTICIPANTS AND ADVISORY BOARD MEMBERS KNOW THEY CO-CREATED SOMETHING IMPACTFUL and THEY CAN TAKE PRIDE IN THEIR PARTICIPATION**

**EXPLORE COMMUNICATION STRATEGIES TO REACH PARTICIPANTS**

**APPROACHING WITH HUMILITY**

**INVITE PARTICIPANTS TO HELP CREATE THE PLAN**  
HERE NOT HERE

**BRING DOULAS INTO RESEARCH EARLY**

**"WHEN I'M INVITED TO A CONVERSATION I PERK UP"**

**CULTURALLY INFORMED**

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Postpartum Support International Best Practice Committee for Perinatal Mental Health Equity (2022) Barriers and Facilitators to Research Participation. (Journey Map) <https://www.unmanned.edu/families/equity-in-mental-health/>

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## CHARTING THE COURSE

to Perinatal Mental Health Equity

### LIFELINE FOR MOMS

INDIVIDUALS WITH LIVED EXPERTISE ADVISORY COUNCIL

### BARRIERS & FACILITATORS TO RESEARCH PARTICIPATION

**A WELCOMING, SAFE SPACE FOR PERINATAL PEOPLE**

**TRUST**  
EDUCATED & CURIOUS

**PROVIDERS**  
• THAT WORK TO SEE PAST BIAS  
• THAT ARE EDUCATED ABOUT RISK FACTORS & HOW TO TALK TO PATIENTS ABOUT THEM  
• THAT REFLECT RACE, CULTURAL AND LANGUAGE DIVERSITY  
• THAT ARE SENSITIVE TO OUR REACTIVE SYSTEM, EDUCATE PATIENTS ON THEIR MANDATORY REPORTING REQUIREMENTS, AND KNOW THAT CPS IS A REAL THREAT

**FEELING SAFE & SEEN OPENS THE DOOR TO HONESTY**

**RESEARCH PROVIDERS CREATE THE PATHWAY**

**IT'S JUST THE BABY BLUES.**

**ACTIVE LISTENING**  
I HEAR YOU. LET'S DISCUSS SOME OPTIONS.

**ROBUST RESEARCH NEEDS**  
• TIME TO ENGAGE  
• INCENTIVES TO PARTICIPATE  
• STRONG RELATIONSHIPS WITH COMMUNITY PARTNERS  
• COMMUNICATING THE WHY AND HOW

**I HAVE A BABY. I DON'T HAVE THE BANDWIDTH TO PARTICIPATE!**

**SHOW ME MY TIME & CONTRIBUTION IS VALUED.**  
• PAYROLL  
• GIFT CARDS  
• CHILDCARE

**GAIN MY TRUST BY ENGAGING WITH MY COMMUNITY.**

**UNDERSTANDING THE GOAL HELPS OVERCOME MY HESITANCY**

**SOCIETAL STIGMA AND TABOOS WITHIN CULTURES**  
ANXIETY  
POSTPARTUM DEPRESSION  
PSYCHOSIS  
OCD

**RESEARCH MISTREATMENT AND USE OF MEMBERS OF THE COMMUNITY AS TEST SUBJECTS**

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Images: The journey maps that were co-created with the advisory councils and illustrated by a graphic facilitator. I joined the Charting the Course project after the initial maps had been drafted, but I am including them for context because I contributed to the creation of the cover sheets and the dissemination strategy.

### The PSI Best Practice Committee for Perinatal Mental Health Equity

**The Committee:** Established in 2020 and led by Postpartum Support International, the Committee is comprised of 12 perinatal professionals, including midwives, doulas, social workers, and OB/GYNs who provide care for perinatal individuals who are underserved by our mental healthcare systems nationally. The goal of this Committee is to lift the voices and expertise of the perinatal professionals who work in systems that provide care for minoritized individuals who experience perinatal mood and anxiety disorders.

**The Journey Map:** Developed by this Committee, the journey map provides a graphic recording of the dynamic conversations that unfolded when the Committee members were asked: "What research topics should be prioritized to advance perinatal mental health equity?" (Map 1) and "What barriers and facilitators exist to partner and participate in research to advance perinatal mental health equity?" (Map 2)

"People need to believe in it. There has been a perpetual hamster wheel of feeling disenfranchised by promises that they feel haven't been kept. Jumping that hurdle of 'why do you want to help me?' and 'what can you possibly do to help me?' There has to be some meeting at a center point with utilizing people within their communities they feel as trustworthy. something on that scale can be very intimidating if you already feel 'burned by the system.'"



### Perinatal Mental Health Research Topics

**Diagnosis**  
Finding out the problem, condition, or disease that explains a person's signs and symptoms of illness (NCI, 2011).

**Social Determinants of Health**  
Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. (OASH, 2020).

"A person's life history with the medical system and Social Determinants of Health... should be a part of this conversation, I know that that's not always the case."

**Stakeholders**  
An individual, community, or organization that is affected by a research project.

"How many people are making rules who have never set foot in an exam room, who have never examined the patient, who have never been in any sort of clinical academic setting to understand the nuances."

**White Supremacy**  
The racist belief that white people are better and are entitled to more power and resources than other racial groups. It can be shown in different ways (e.g., spoken out loud, in policies, unacknowledged biases, education, etc.) and is sometimes deeply ingrained in the structure and culture of society.

"You have been relying on models that were created in the model of White Supremacy. You can do better, we can develop groups of advisors that can help you."

### Barriers & Facilitators to Research Participation

**Cultural Humility**  
A life-long commitment to self-evaluation and self-critique to address power imbalances and to advocate for others.

"If you want to not harm people with research, invite them to the plan"

**Doula**  
"A trained professional who provides continuous physical, emotional and information support to their client before, during and shortly after childbirth to help them achieve the healthiest, most satisfying experience possible." (DONA International, 2023).

"Doulas are really front line providers for a lot of families. They can be so essential."

**Microaggressions**  
Daily spoken or environmental acts of disrespect that show a bias toward a person or a group of people.

"When they notice these microaggressions, these little nuisances they notice it and it keeps them from building trust. This can happen in a waiting room, on the phone, in so many ways."

**Citations:**  
National Cancer Institute (NCI) Definition of --NCI Dictionary of Cancer Terms--NCI (ncicb.nci.nih.gov). (2011, February 2). [NCIAppModulePage]. https://www.cancer.gov/publications/dictionaries/cancer-terms/def/diagnosis  
Social Determinants of Health--Healthy People 2030 | health.gov. (2020). Retrieved March 16, 2023, from https://health.gov/healthypeople/priority-areas/social-determinants-health  
What is a Doula. (2023). DONA International. Retrieved March 7, 2023, from https://www.dona.org/what-is-a-doula/

### Perinatal Mental Health Equity Research Topics

**The Council:** Established in 2022, the Lifeline for Moms Individuals with Lived Expertise Advisory Council is an 18-member national advisory council of people with lived expertise of perinatal mental health challenges who generally identify as being racially, ethnically, and/or sexually minoritized. The goal of this Council is to lift the voices and expertise of minoritized individuals with experience of perinatal mood and anxiety disorders.

**The Journey Map:** Developed by the Advisory Council, the journey map provides a graphic recording of the dynamic conversations that unfolded when Council members were asked: "What research topics should be prioritized to advance perinatal mental health equity?"

"She [provider of color] understood, that I felt like a burden asking for basic human right treatment, basic medical care. And I felt that I was heard, but the times that I haven't have been white male physicians and it was brushed off as bad bedside manner... ..telling policymakers that we aren't going to take that [bad bedside manner excuse] anymore."



**Bias**  
A flaw in research that can lead to incorrect conclusions.

**Code Switching**  
A change in how one speaks, appears and acts to improve the comfort of others. This can be done to maximize fair treatment, quality service, and employment opportunities.

**Doula**  
"A trained professional who provides continuous physical, emotional and information support to their client before, during and shortly after childbirth to help them achieve the healthiest, most satisfying experience possible." (DONA International, 2023).

**Implicit Bias**  
An unintended flaw that affects one's judgments, choices and actions.

**Paid Parental Leave**  
Employer funded time-off for medical reasons including the birth of a child.

**Perinatal**  
"The period of time when you become pregnant and up to a year after giving birth" (NHS, 2022).

**Prevention**  
"In medicine, action taken to decrease the chance of getting a disease or condition" (NCI, 2011).

**Risk Factors**  
"Something that increases the chance of developing a disease" (NCI, 2011).

**Screening**  
"In medicine, action taken to decrease the chance of getting a disease or condition" (NCI, 2011).

**Social Support**  
Social programs designed to ensure that the basic needs of the population are met.

**Subsidized Childcare**  
Free or low-cost childcare, funded by the Government.

**Citations:**  
National Health Service (NHS) What does perinatal mean? : Surrey and Borders Partnership NHS Foundation Trust. (n.d.) Retrieved November 8, 2022, from https://www.sabp.nhs.uk/our-services/mental-health/perinatal/what-does-perinatal-mean  
National Cancer Institute (NCI) Definition of --NCI Dictionary of Cancer Terms--NCI (ncicb.nci.nih.gov). (2011, February 2). [NCIAppModulePage]. https://www.cancer.gov/publications/dictionaries/cancer-terms/def/diagnosis  
What is a Doula. (2023). DONA International. Retrieved March 7, 2023, from https://www.dona.org/what-is-a-doula/

"There is fear that the providers aren't listening, don't want to believe you, and are blinded by bias."

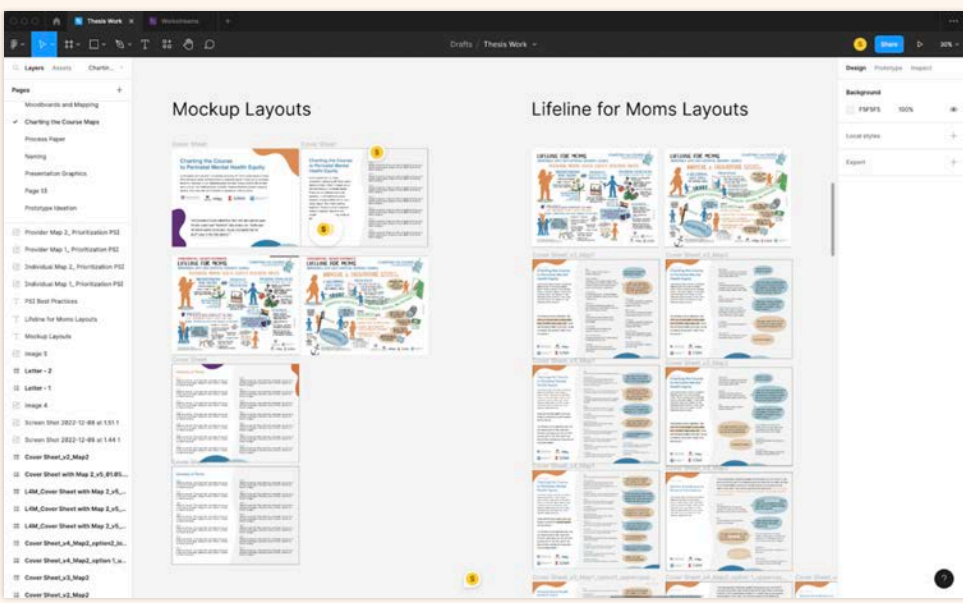
"I had to code switch in order to defend myself during my hospital stay. I got the impression that I wasn't being believed or heard as an 'angry black woman.'"

"I would love to see the results of the reduction of a traumatic birth experience due to a doula or midwife."

"6 weeks is not enough time after having a baby to go back to work (extending maternity leave)."

"Who is this happening to and what are their stories?"

"There could be so much help provided if someone screened us or checked in."



Images: Cover sheets created in collaboration with the Charting the Course team. The purpose of the cover sheets was to introduce the journey maps and share additional details about the process of creating them with the advisory councils. The cover sheets also included plain language definitions for key terms as well as quotes from the advisory council sessions providing additional context about how members of the advisory councils have experienced perinatal mental health care.

### Barriers & Facilitators to Research Participation

**The Council:** Established in 2022, the Lifeline for Moms Individuals with Lived Expertise Advisory Council is an 18-member national advisory council of people with lived expertise of perinatal mental health challenges who generally identify as being racially, ethnically, and/or sexually minoritized. The goal of this Council is to lift the voices and expertise of minoritized individuals with experience of perinatal mood and anxiety disorders.

**The Journey Map:** Developed by the Advisory Council, the journey map provides a graphic recording of the dynamic conversations that unfolded when Council members were asked: "What barriers and facilitators exist to partner and participate in research to advance perinatal mental health equity?"

"If the researchers project improves the community, then the person is more likely to trust it. I have been in group therapy, where the only incentive was free group therapy, but the outcome is that there is a better understanding of whatever it is I am being studied for like my children, depression anxiety, cultural things. I have found those have been the best incentives and I have really trusted those researchers because I know they are coming into our community with this research design that benefits the community."



**Barriers**  
"Something that blocks, prevents, separates, or limits" access to quality perinatal mental healthcare (NCI, 2022).

**Bias**  
A flaw in research that can lead to incorrect conclusions.

**Child Protective Services (CPS)**  
A state- and/or county-run agency that investigates and provides services in cases of child abuse and/or neglect.

**Facilitators**  
Something that makes the progress of a task easier.

**Risk Factors**  
"Something that increases the chance of developing a disease" (NCI, 2011).

**Citations:**  
National Cancer Institute (NCI) Definition of --NCI Dictionary of Cancer Terms--NCI (ncicb.nci.nih.gov). (2011, February 2). [NCIAppModulePage]. https://www.cancer.gov/publications/dictionaries/cancer-terms/def/diagnosis  
National Health Service (NHS) What does perinatal mean? : Surrey and Borders Partnership NHS Foundation Trust. (n.d.) Retrieved November 8, 2022, from https://www.sabp.nhs.uk/our-services/mental-health/perinatal/what-does-perinatal-mean

"Also, being a minority in a 'red' state, CPS is often used as a weapon against mom's who are struggling with PMAD."

"I had a very traumatic experience with the hospital after giving birth to my son and then reaching out for therapy afterwards. Both of those experiences made it very difficult for me to speak up."

"There is fear that the providers aren't listening, don't want to believe you, are blinded by bias."

"Who is this happening to and what are their stories?"

## Prototype 2 Governance Frameworks

### GOAL

The next area that I have been supporting involves prototyping tools to guide the formation of governance structures with the Individuals with Lived Expertise Council to determine how the council will continue to partner with researchers and policymakers to develop research and care priorities.

Kay Matthews, the founder of Shades of Blue Project, a nonprofit maternal mental health advocacy organization, has been leading these conversations with the councils. My role has been to support Kay in the development of workshop tools that will help us work toward the creation of a governance framework to build capacity within the council for future work.

### ACTIVITIES

- Over the last several months, I put together several prototypes for digital tools and frameworks to support the facilitation of this conversation.
- I supported Kay during the facilitation of the first conversation with the Advisory Council in March
- I am supporting the planning of the second session with the Council, which will take place in May

Images: I used different online tools including Mural to prototype different frameworks that could be used as part of the governance process. I adapted frameworks from sources including Team Canvas (theteamcanvas.com) and Hanna du Plessis and Marc Rettig's *Seeds, Weeds, and Stones* framework. My classmates Krutika Galgalikar, Pallavi Rawla, and I adapted the framework to *Seeds, Weeds, and Soil* in 2021.

## WHAT WE LEARNED

### The Importance of Process

The planning and hosting of the first conversation with the Advisory Council demonstrated that the process is just as important as the end products. While we knew that we wanted to work towards the creation of governance structures to build capacity for the Council to continue engaging in academic-community partnerships in the future, it was important for us to spend time building trust and defining a shared understanding of governance before moving into defining specific processes. By using the first session to host an open discussion around governance, we created the space for people to reflect on their experience and vision for the future of the Council before defining formal structures and processes.

### Leadership and Expertise in Lived Experience

The rationale behind creating a governance framework for the Council is to build capacity for the council members to define a shared vision for future engagements. The Council is comprised of individuals who have experience navigating a perinatal mental health condition their lived experience is a form of expertise that can contribute invaluable perspective to research and policy groups. By sharing their expertise as part of the Council, they are leading the way in setting research and care priorities that will impact the future of perinatal mental health care and help others heal.

### NEXT STEPS: GOVERNANCE WORK

- We will host a second session with the Advisory Council in May and subsequent discussions if needed
- Based on the governance structures that the Council decides on, we will brainstorm and create tools and resources that can support their goals

The image displays three digital workshop frameworks. The top framework, 'The Advisory Council Canvas', is a central heart-shaped diagram with four quadrants: 'Common goals', 'Values', 'Needs & Expectations', and 'Rules & Activities', all surrounding a central 'Purpose' heart. The middle framework, 'Defining our Engagement', features two columns for 'Tangible needs' and 'Emotional (or intangible) needs' for both individuals and groups, followed by a 'Mapping the Process' flowchart and a 'Creating the Tools' section. The bottom framework, 'SEEDS, WEEDS, AND SOIL', is a table with three columns: 'SEEDS/SEEDLINGS' (new practices to see more of), 'WEEDS' (practices not working or barriers), and 'SOIL' (how to cultivate seeds and seedlings).

# Workstream 2

## Additional Opportunities for Intervention

The second workstream consisted of exploring additional opportunities for intervention based on some of the insights and opportunities that emerged through advisory council sessions and additional primary and secondary research.

## Prototype 1 Postpar-terms Glossary

### HIGH-LEVEL IDEA + TARGET USER

- Plain language glossary of perinatal mental health terms to be distributed to perinatal individuals and their families by perinatal professionals.

### DETAILS

- Print and digital resource distributed to perinatal individuals to guide their learning during pregnancy about mental health challenges that may arise
- Could be combined with other prototypes to include additional information sharing with new parents

### OPPORTUNITIES/INSIGHTS ADDRESSED

- Need for plain language discussion tools around perinatal mental health
- Sharing information proactively during and after pregnancy to normalize mental health challenges that may arise for new parents

### INTENDED OUTCOME

- Equip perinatal individuals and their social connections with the knowledge and tools to seek support if they are experiencing a mental health challenge during or after pregnancy

## Prototype 2 Care Cards for Shared Decision-Making

### HIGH LEVEL IDEA + TARGET USER

- Shared-decision making tool to augment the efficacy of the Edinburgh Post Natal Depression scale and other screening tool includes that includes discussion cards and a care plan worksheet to be used by perinatal individuals, providers, and family members

### DETAILS

- Set of prompts and reflection questions that perinatal individuals and providers can use to have a discussion alongside screening tools and create a care plan tailored to the individual's needs
- A future iteration could include a family and friends discussion guide to support perinatal individuals in initiating conversations about their mental health

### OPPORTUNITIES/INSIGHTS ADDRESSED

- While the EPDS tool has been validated, its implementation has been inconsistent in health settings around the country
- Screening tools are not enough to ensure perinatal individuals receive the care they need should they screen positively for a perinatal mental health condition
- Need for bi-directional communication between perinatal individuals and their support systems

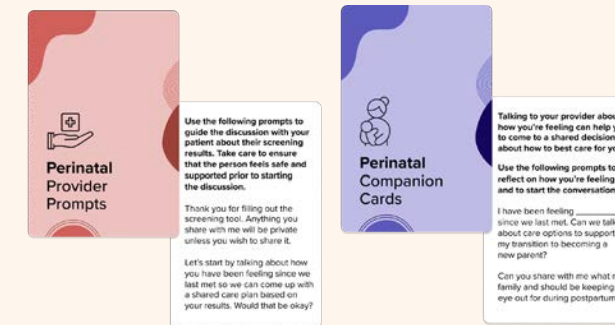
### INTENDED OUTCOME

- Ensure that the EPDS screening is followed up with action.
- Give the perinatal individual the tools to speak up and advocate for their needs.
- At the same time, the provider will be given prompts and questions to ask so that the dialogue is bi-directional and the burden of action does not fall solely on the perinatal individual

"I wait for my daughter's name to be called and wonder if a nurse, or even her doctor, will go over the results with me or ask how I'm doing. No one ever does.

This interaction (or lack thereof) left a nagging feeling with me. Surely this couldn't be all that was required when it comes to postpartum screenings, right?"

Meghan Holmgren,  
Managing Editor,  
The Well by Northwell



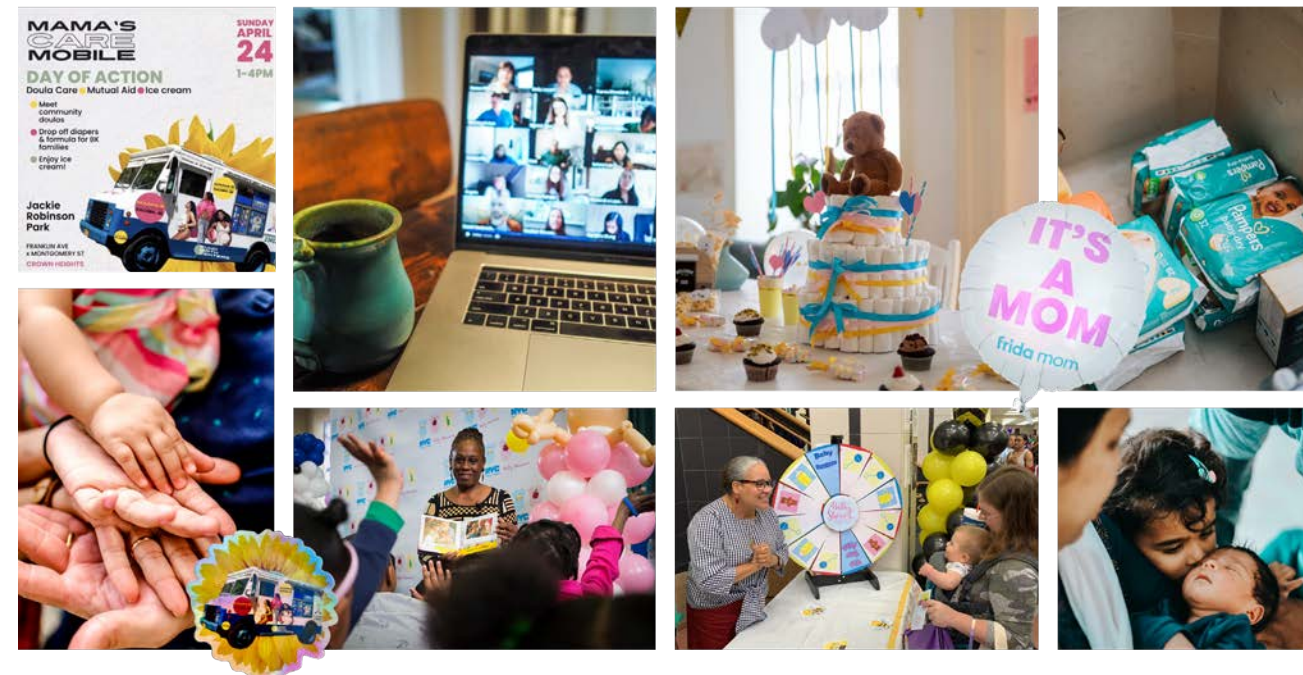
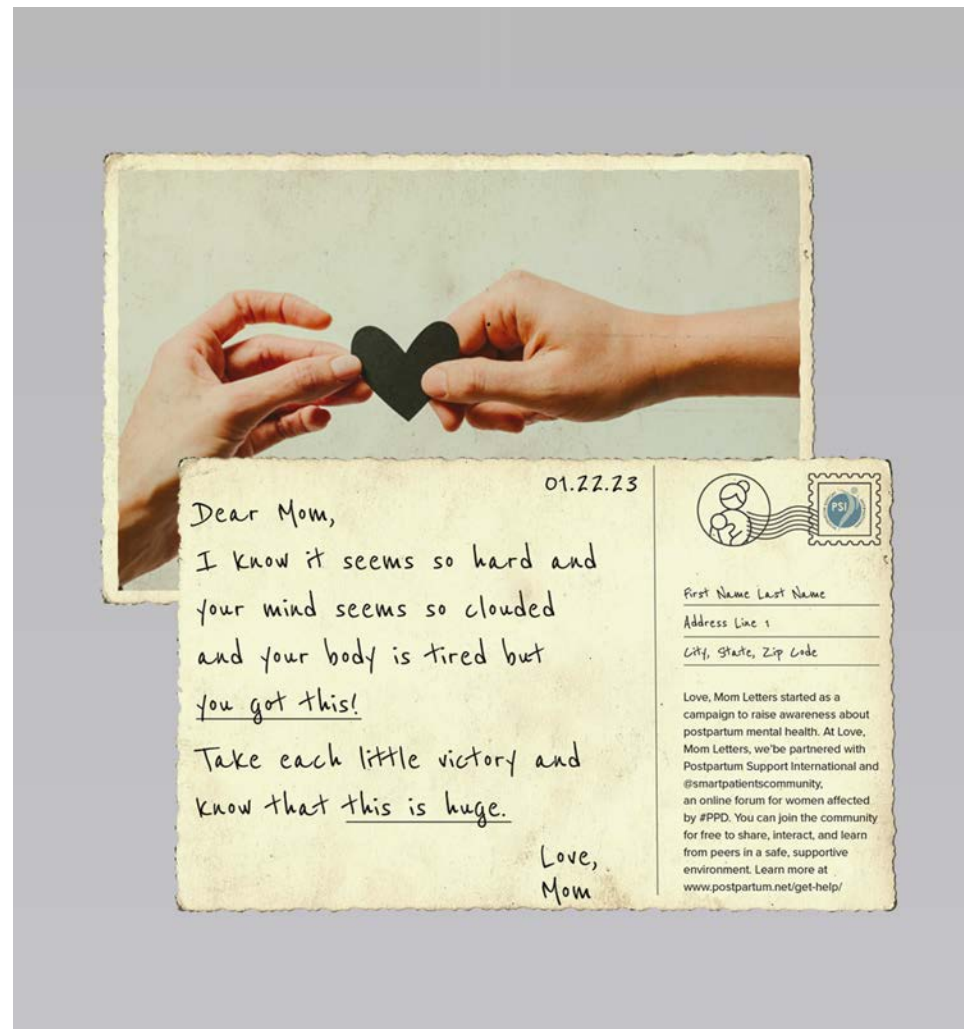
Top left: Mockups of care cards for shared decision-making including prompts and reflection questions that perinatal individuals and providers can use to facilitate important conversations about mental health

Top right: Packaging mockup of the care cards for perinatal individuals

Bottom: Mockup of the Post-part-terms glossary of perinatal mental health terms and resources

Top: Early prototype of a postcards for the Love, Mom campaign Text from a post on the @smartpatientscommunity.

Bottom: A moodboard for the community care celebrations, deriving inspiration from previous community-based events supporting new parents. Images include events such as Mama's Care Mobile Day of Action hosted by Mickey Ferrara (DSI '22) and NYC Baby Showers hosted by the City of New York.



### Prototype 3 Love, Mom Campaign

**HIGH-LEVEL IDEA + TARGET USER:**

- Digital or physical postcard writing campaign for perinatal individuals with lived expertise to share their story with new parents

**DETAILS:**

- Leverage existing systems such as those created by Postpartum Support International to give parents a place to share their experience
- Parents with lived expertise can share their experience and messages of reassurance to new parents who may be struggling with their mental health while providing resources for connecting with professional mental health support

**OPPORTUNITIES/INSIGHTS ADDRESSED:**

- Addressing mental health stigma by assuring new parents that they are not alone and seeking mental health support is normal
- Creating opportunities for bi-directional communication between perinatal individuals and social support systems

**INTENDED OUTCOME:**

- Foster a sense of community among individuals with lived expertise; empower individuals to share their story as a way of helping others who may find themselves in a similar situation

### Prototype 4 Community Care Celebrations

**HIGH-LEVEL IDEA + TARGET USER:**

- Evolving community baby showers to include mental health support and to center the needs of the new parent

**DETAILS:**

- Building off of community baby showers that offer parents a place to celebrate their growing family in community and to access free baby supplies, the evolution could include offering referrals and sessions with licensed mental health professionals, help with navigating insurance, talk with doulas and midwives, and providing resources about perinatal mental health

**OPPORTUNITIES/INSIGHTS ADDRESSED:**

- Need for community-based support for parents who may not have access to support through their immediate social connections
- Need for something focused on caring for the new parent; so much of what happens after pregnancy is about caring for the baby

**INTENDED OUTCOME:**

- Potential touchpoint to convene many community members, from individuals and families to community-based organizations to health centers, so that perinatal individuals can seek the care most aligned to their unique needs
- Foster a sense of community among new parents and provide them with access to resources

# Iteration and Refinement

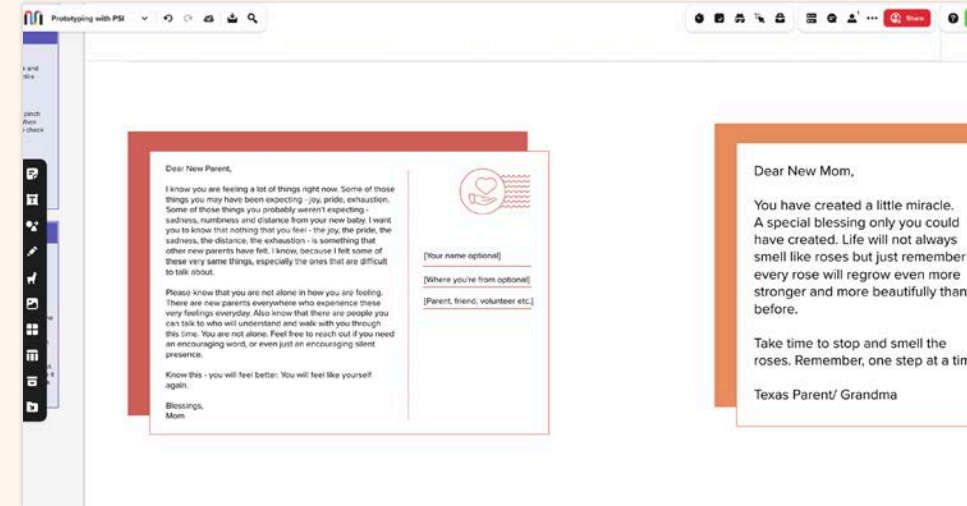


Image: samples of messages that workshop participants wrote on digital postcards

After sharing these prototypes with my community partner, they gave me the opportunity to present my prototypes to broader leadership on the Charting the Course project including Karen Tabb Dina (University of Illinois–Urbana Champaign) and Wendy Davis (Postpartum Support International).

We held a group discussion about which ones seemed most promising and feasible given the thesis timeline, partner capacity, and opportunities for impact.

## Conversation Reflections

- Regarding community care celebrations, we noted that there are many organizations in this space doing this kind of work and convening community resources
- Regarding the shared decision-making tools, we discussed the difficulties of gaining institutional buy-in for a shared decision-making tool given the time and resource constraints that many providers are already experiencing
- Ultimately, we felt that the postcard concept was the most interesting from a social perspective and the most feasible at scale.

After the initial discussion, I met with Wendy and assistant Cody again to discuss the prototypes and we narrowed in on the postcard campaign as the most interesting opportunity for further exploration. Together, we discussed what steps I would like to take to continue prototyping the concept and we decided on a series of workshops with PSI staff and volunteers.

## Co-Designing with Community

Over the course of a month, I held workshops with a group of PSI staff and volunteers, all of whom are parents and many of whom are also survivors of a perinatal mental health condition. This group has a wealth of expertise, both as parents and survivors, as well as staff and volunteers who have intimate knowledge of providing perinatal mental health support through the variety of programming and resources that PSI offers. Workshop participants were distributed across several states and time zones, so we used digital tools including Zoom and Mural for collaboration.

## Workshop 1

### PURPOSE

The purpose of our first session was to spend time getting to know one another, to introduce the postcard concept, and to begin discussing how we might design an initiative around the postcards to support perinatal individuals and families in the transition to parenthood.

### ACTIVITIES

We began the session with introductions and sharing what care means to us, followed by an introduction to my thesis project and the postcard concept, and finally moving into prototyping the experience of writing a postcard to a new parent.

Participants spent time reflecting on the following prompt and writing a postcard before moving into a discussion to reflect on what the experience was like and what improvements could be made:

**Prompt:** What is a message that you would want to share with a perinatal individual who is navigating the transition to parenthood and their mental health? This could be something from your own experience as a perinatal individual or from your perspective as a perinatal professional.

One parent commented that receiving a postcard like this as a new parent would have been great.

“I think it would have been really great to get a postcard like this as a new parent, and then have the ability to write back and forth like, with the same person more than once, I think might be helpful. It’s nice to get a heartwarming message, but it’s even cooler to like have a community built around it.”

– Parent with lived expertise of a PMAD

### KEY LEARNINGS

- We discussed how many parents don’t even know about the prevalence of mental health challenges that may arise during the perinatal period. One participant shared that they wished someone would have told them that something could happen. These postcards could be a way to proactively share stories that educate people about perinatal mental health.
- The reality is that the transition to parenthood is filled with beautiful and challenging moments. The postcards need to hold space for both the negative and positive. One participant shared that they wanted to ensure that they weren’t writing too many platitudes; they needed to acknowledge the difficult realities too.

“I didn’t want to be all positive, because it’s not, it’s hard. It’s the hardest thing I’ve ever done, you know, and it’s nice to have somebody tell you, because I think everybody that’s like the first sense you get is this difficult, you know?”

– Parent & perinatal support professional

- The transition to parenthood and mental health are both complex experiences. One participant shared that they weren’t sure where to begin while writing the postcard given how complicated the transition to parenthood could be. From that observation, we discussed that prompts could be helpful to get people started and the need to define who would be receiving the postcard.

## Workshop 2

### PURPOSE

The purpose of our second session was to think through key audiences for the postcard initiative. We also had some new participants joining us who weren’t able to attend the first session, so we spent some time recapping key takeaways from the previous sessions.

### ACTIVITIES

We began the session by sharing reflections on the previous session and grounding in what the experience was like to write one of the postcards. Next, we discussed three different scenarios for the postcards. With the goal of rapid prototyping, we discussed the who, what, where, when, and how of each of the three scenarios to better understand how they might work as individual concepts or as a series of offerings.

### Scenario 1

- Anonymous postcards sent to a central mailing address or submitted online for sharing on a platform
- Designed to foster awareness of perinatal mental health challenges that may arise during the transition to parenthood and to provide parents with a platform to share their experiences

### Scenario 2

- Physical postcard exchange between a parent with lived expertise of a perinatal mental health condition and a new parent
- Designed to foster connection between parents who have experience navigating mental health as parents and new parents who are entering the transition to parenthood

### Scenario 3

- Physical postcard kit that can be used for personal reflection or for new parents to share with their social connections (partners, family, friends, perinatal providers)
- Designed for new parents to reflect on their mental health and as a way to facilitate discussion about their mental health with their social connections

### KEY LEARNINGS:

- No two experiences of parenting and mental health are the same. We discussed the need for a modular system that allows parents to choose which of the scenarios they want to engage with based on their unique needs. For example, scenario 1 is a low-touch way to connect by sending anonymous postcards to an online form or P.O. box that we could then post online to allow others to learn about the experience of perinatal mental health. Scenario 2 is a more involved intervention that follows a peer mentorship model, where parents with lived expertise of PMAD exchange postcards over a period of time with new parents, allowing for more personal connection and community support. The 3rd scenario is a more interpersonal intervention that helps new parents use the postcards as a reflection tool to converse with their social connections (i.e., partner, family, friends, doctor).
- Similarly, we discussed that people will have different preferences for the types of stories and messages they would want to share and receive. Some people might want affirmations and words of encouragement, others might look for a short and sweet message, not sugaring coating parenthood, while other people may be more interested in hearing how someone else

The screenshot shows a prototyping board titled "Prototyping with PSI - SVA Design for Social Innovation" with the year "2023" in the top right. The board is divided into two main sections: "01 WELCOME + WARM-UP" and "02 MAIN DISCUSSION".

**01 WELCOME + WARM-UP**

- AGENDA**
  - Welcome**
    - Welcome + Plan for Today
    - Introductions for New Folks + Check-In
    - Recap of Last Week
  - Core Discussion**
    - Mapping Audiences + Possible Avenues for this Initiative
  - Closing**
    - Takeaways
    - Next Steps
- INTRODUCTIONS**

Let's go around the Zoom room and get to know each other! Please share your:

  - Name
  - Pronouns
  - Affiliation to PSI
  - Checking in with ourselves: How are you feeling today? What's one thing you are bringing into the session today?

Once you've shared, please popcorn it to another person in the Zoom room.
- RECAP OF LAST WEEK**

A flowchart diagram showing various topics and their relationships:

  - I wish someone had told me something could happen
  - knowing that if it happens, that doesn't make you a bad parent
  - Expectation setting: how might we use this resource to bring awareness to things that might happen?
  - holding space for both the negative and the positive
  - not wanting it to be too many priorities, acknowledging the difficulties of the realities
  - How to hold space for the many emotions that might come up
  - Where to begin?
  - Prompts could be helpful
  - Prompts might be a helpful way to guide the discussion
  - Who is receiving this?
  - Who is receiving this and how and when are they receiving it?
  - Cultural competence around this, not knowing who we're writing to or what their context is
  - Need for conversation + information sharing around perinatal period
  - Feeling hesitant to share with others how you are feeling
  - Early detection is the key
  - cultural perceptions of perinatal period
  - safety around sharing
  - Awareness both for perinatal individual + partners / social connections
  - Screening tools: not knowing who they will do w/ my response
  - No education you don't feel about it until you're experiencing
  - People tend to put a doctor or perinatal - take what they say truth

**02 MAIN DISCUSSION**

- SCENARIO 1**

Who: Parents with lived experience of a PMAD, new parents experiencing mental health challenges during the perinatal period, broader audience

What: Anonymous postcards sent to a P.O. Box or uploaded to a website

Where: Printed postcards sent in via mail or online version
- SCENARIO 2**

Who: Parents with lived experience of a PMAD, new parents experiencing mental health challenges during the perinatal period, broader audience

What: Postcard exchange better parents with lived expertise of a PMAD and new parents

Where: Printed postcards sent in via mail or online version
- SCENARIO 3**

Who: New parents and their social connections (partners, family, friends, perinatal providers)

What: Postcards with prompts for reflections to help facilitate discussion between new parents and their social connections. Could also be an opportunity to write letters to oneself as a reflective practice

Where: Printed postcards

Image: Screenshot of a board used during Workshop 2 to different scenarios for the postcard initiative.

“Everybody’s needs are different. Not everybody is going to necessarily have a PMAD, but they’re still going to need support, you know they’re still gonna want to hear from somebody that this is hard sometimes, and there’s going to be the people that do have PMADs that want to hear others’ stories, support that way.”

– Parent & perinatal support professional

experienced their mental health in the transition to parenthood. These observations reinforced the need for customization within the postcards.

- The timing of information can play a key role in someone’s mental health experience. Participants shared that the earlier people are aware of the changes that may occur to their mental health during the transition to parenthood and know what to look for, the better. Information about perinatal mental health is generally not provided to pregnant people.

### Workshop 3

#### PURPOSE

The purpose of the third workshop was to iterate on a low-fidelity prototype of an opt-in form based on the discussion we had in session 2 and to brainstorm prompts for each of the postcard scenarios that would help to guide meaningful reflection and discussion.

#### ACTIVITIES

We began with a recap of the previous session and then moved into a discussion of wireframes for an opt-in form discussing whether groups or options may be missing and how the form would be used to connect people to the postcard scenario(s) that align with their preferences. Lastly, we spent some time brainstorming and discussion prompts that could be helpful conversation starters.

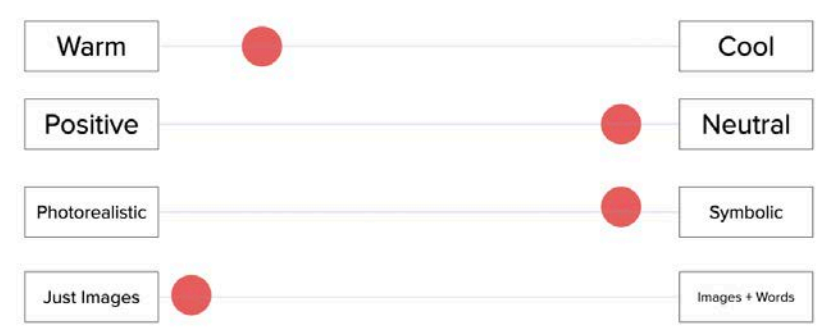
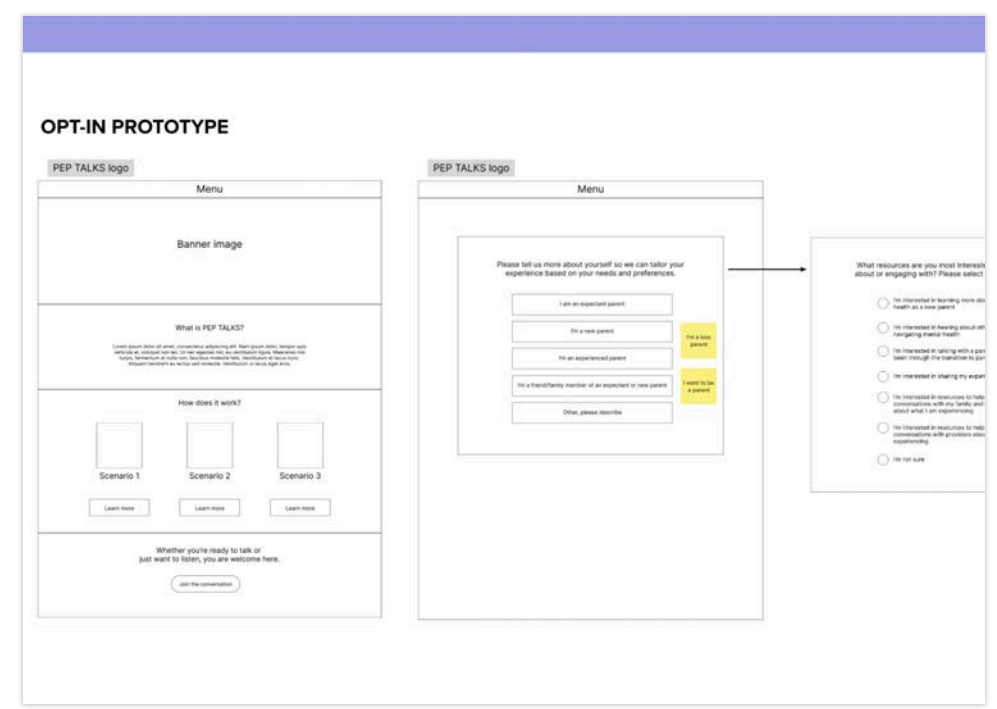
#### KEY LEARNINGS

- We identified two groups that were not represented in the original wireframe and that we hadn’t yet discussed—parents experiencing the loss of a pregnancy or child and people who want to become parents but may be experiencing fertility challenges.
- We also clarified the types of resources that people might be interested in engaging with and how they want to participate in the postcard initiative.
- We also discussed the role of postcards as a pathway to introduce and connect individuals and families to existing support systems, such as those offered by organizations like PSI.

### Workshop 4

#### PURPOSE

The purpose of our fourth and final workshop was to go deeper into the language used in the initiative, to discuss the visual identity of the postcards, and to consider the next steps for bringing all the work together.



#### ACTIVITIES

Participants gave feedback on prompts that were generated in previous sessions as well as ones that I had brainstormed based on our discussions. We also spent time reviewing the language to include additional support resources. Lastly, we spent time discussing the postcards’ look and feel. We also talked about the next steps for refinement of the concept working towards a proposed intervention.

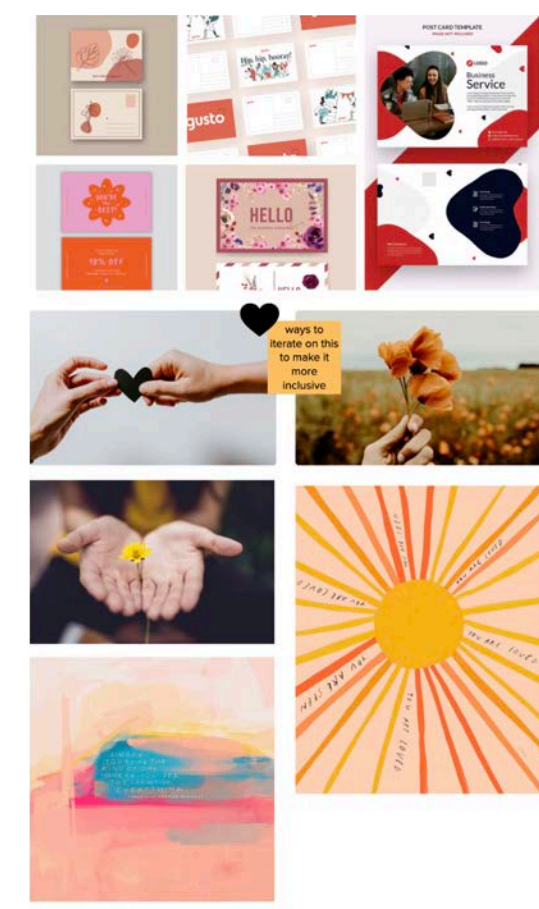
#### KEY LEARNINGS

- If we want to show support and tools to get help people recover from a perinatal mental health challenge, we need to make it approachable. The use of the word crisis can be disarming for people or they may not think that the word crisis applies to their

experience. Instead, using language that references support and resources around mental health is more approachable.

- The three postcard scenarios can be distinct experiences if someone only wants to engage with one of them, but they can also build off of one another depending on where someone is in their journey. For example, a parent may first be interested in reading more about other people’s experiences, but they may not be ready to talk about their own yet. In that case, reading the anonymous postcard may be supportive. If they decide that they want to talk to someone more directly, they could then engage in scenario 2 or 3 to connect with a parent who has experience or to prepare for conversations within their existing relationships with family, friends, and providers.

Images: process screenshots from Workshops 3 and 4 that include an opt-in form prototype and exercises to determine the brand look and feel. Moodboard images sourced from Google Images and Unsplash.





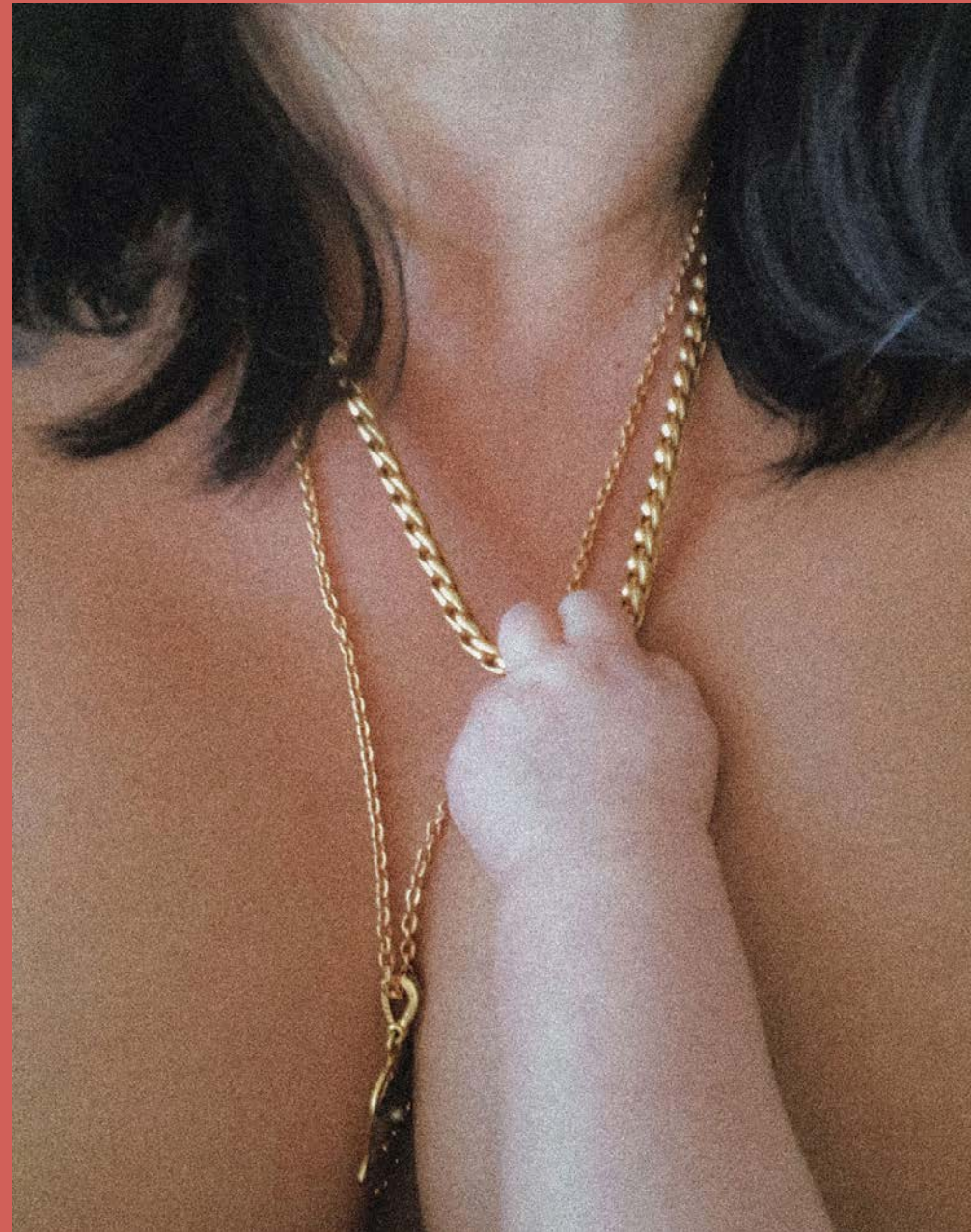


Image: Ying Ang

# Design Principles

## **Foster conversation and connection.**

The final intervention should foster bi-directional conversation between perinatal individuals and their social connections.

## **Ensure the format is approachable and digestible.**

New parents are incredibly busy. We need to design for efficient yet meaningful interaction.

## **Design for offline experiences where possible.**

We spend enough time on our devices. While the solution may live online, the experience should enable offline reflection and interpersonal connection.

## **Allow for flexibility and modularity within the system.**

No two parenting and mental health experiences are the same. Therefore, a solution should allow parents to choose how to engage with it to meet their unique needs.

## **Leverage existing systems and refer to what is working.**

Many incredible organizations are supporting the mental health of new parents. A solution should augment and refer to these systems rather than reinventing the wheel.

## **Use intentional and inclusive language.**

Language is a powerful way to connect with people and let them know they are not alone. Using intentional and inclusive language ensures that people of different backgrounds and experiences feel welcome to engage with the solution.

## **Amplify the voices of parents.**

Lived experience is expertise. The solution should amplify the knowledge of parents who have experienced a perinatal mental health condition.

## **Spread awareness and drive toward action.**

While centered on new parents, the solution should also act as a resource to educate broader communities about the realities of perinatal mental health. Additionally, the solution should include pathways for action.



**Delivery**

# Introducing PEP TALKS

## Parent Brand

PEP TALKS, which stands for Perinatal Engagement Pathways: Tools To Amplify Lived Knowledge Sharing, reimagines what it means to care for perinatal individuals' mental health in the transition to parenthood. PEP TALKS is a community platform that offers tools and resources to improve access to perinatal mental healthcare by connecting individuals and families to the support they need.

## How PEP TALKS got its name:

PEP TALKS uplift the voices of individuals with lived expertise of perinatal mental health challenges by co-creating tools designed to connect people and families to the support they need. The PEP TALKS acronym is a nod to the supportive energy underpinning this project towards improving perinatal mental health support for individuals and communities by uplifting the voices of those with lived expertise.

## Sub Brand - PEP TALKS Post

The first service provided by PEP TALKS is PEP TALKS Post, a series of postcard engagements designed to leverage the power of writing, connection, and community to increase discussion around perinatal mental health and provide parents clear pathways to connect with additional support.



[ABOUT](#)

[HOW IT WORKS](#)

[LET'S TALK](#)

# The transition to parenthood can be beautiful...

Wherever you are in your journey, you are not alone. The PEP TALKS community is designed to meet you where you are.



## What is PEP TALKS?

PEP TALKS, which stands for Perinatal Engagement Pathways: Tools To Amplify Lived Knowledge Sharing, reimagines what it means to care for perinatal individuals' mental health in the transition to parenthood. PEP TALKS is a community platform that offers tools and resources to improve access to perinatal mental healthcare by connecting individuals and families to the support they need.

# PEP TALKS Post

PEP TALKS Post is a series of postcard initiatives designed to provide parents and families with community support during the transition to parenthood through writing and discussion. PEP TALKS Post currently offers three ways to engage.

1. Anonymous Postcards
2. Postcard Exchange: PEP TALK Pen Pals
3. Postcard Kit for Personal Reflection and Interpersonal Connection



Hopeful images evoking a sense of connection

Space for parents to share their stories

Information about PEP TALKS and more resources

## Option 1: Anonymous Postcards

### PEOPLE

- New parents, parents with lived experience, and broader community

### PROCESS

- Stories shared by parents about their experience of mental health in the transition to parenthood
- Parents can interact with anonymous postcards in two ways:
  - Go online to [peptalks.community](https://peptalks.community) to read postcards submitted by other parents around topics related to mental health during the transition to parenthood
  - Submit a postcard sharing something about their own experience

### PURPOSE

- Serve as a place for collective storytelling about perinatal mental health, allowing parents to read and submit their experience of navigating mental health
- Serve as a collection of stories and testimony from parents that can also be shared with the public to increase awareness about the realities of perinatal mental health

Floral image on postcard:  
Ying Ang



### Option 3: Postcard Kit for Personal Reflection and Interpersonal Connection

#### PEOPLE

- New parents and their social connections (family, friends, perinatal providers)

#### PROCESS

- Physical postcard kit that can be used for personal reflection or for new parents to share with their social connections
- Parents receive a kit with prompts for personal reflection and to be used with family, friends, and providers to initiate conversations about perinatal mental health
- Parents can choose to share the postcard directly with the person or use them as a private reflection tool to prepare for the conversation

#### PURPOSE

- Designed for new parents to reflect on their mental health and as a way to facilitate discussion about their mental health with their social connections

### Option 2: PEP TALK Pen Pals

#### PEOPLE

- New parents and parents with lived experience

#### PROCESS

- Physical postcard exchange between a parent with lived expertise of a perinatal mental health condition and a new parent over an agreed upon period of time
- New parents sign up to participate in this written form of peer mentorship, sharing their preferences around the kinds of topics they are interested in covering throughout the exchange

- The parent pair continues the postcard exchange for an agreed upon amount of time

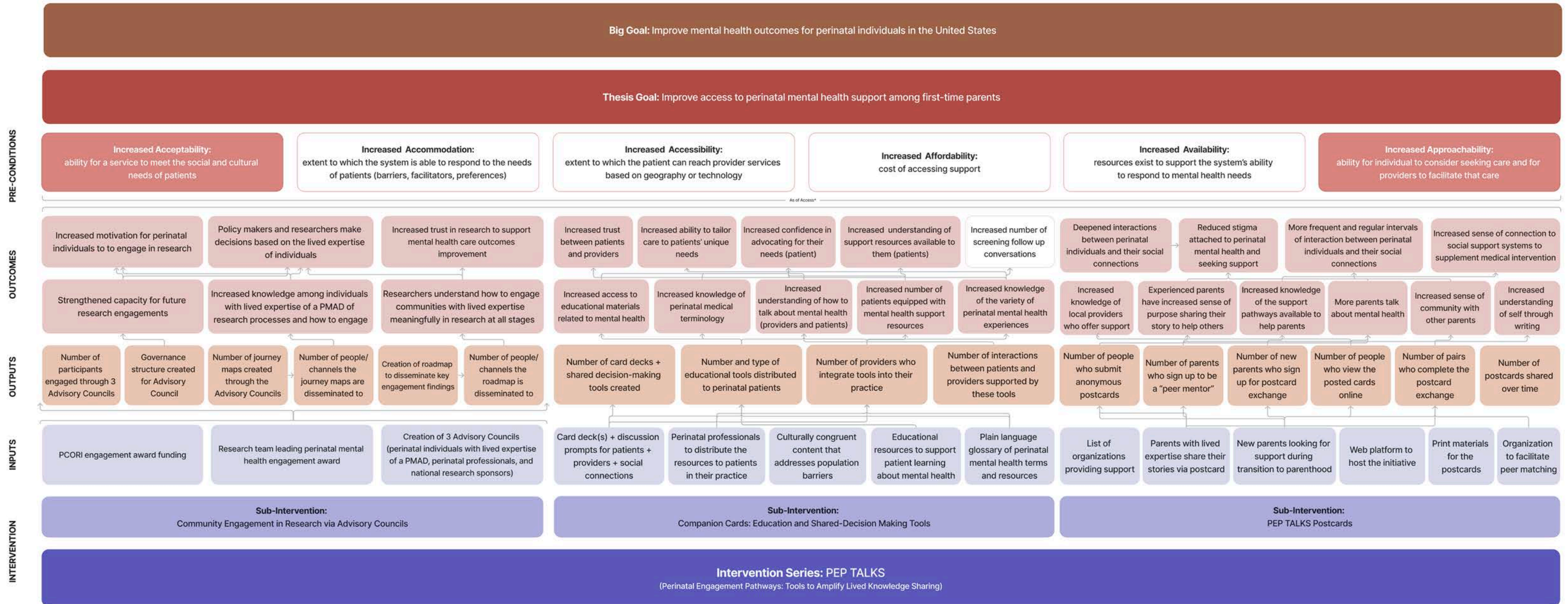
#### PURPOSE

- Designed to foster connection between parents who have experience navigating mental health and new parents who are entering the transition to parenthood

DELIVERY



# Theory of Change



\*As of Access adapted from Levesque et al. and Panchansky and Thomas' frameworks.  
Levesque J-F, Harris MF, Russell G. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *Int J Equity Health*. 2013;12(1):18.  
Panchansky R, Thomas JW. The Concept of Access: Definition and Relationship to Consumer Satisfaction. *Medical Care*. 1981;19(2):127-40.

## Theory of Change Narrative

PEP TALKS (Perinatal Engagement Pathways: Tools to Amplify Lived Knowledge Sharing) is a series of interventions that uplifts the voices of and empowers perinatal individuals in conversations with different stakeholders across the perinatal mental health ecosystem including social connections, academic-community partnerships, and perinatal professionals.

This theory of change encompasses several interventions that operate within and across different parts of the socio-ecological model of health (from the individual, interpersonal, organizational, community, and policy levels).

### Sub-Intervention 1 - Community Engagement in Research

Sub Intervention 1 is led by my community partner who has formed an academic-community partnership that seeks to build the capacity of perinatal mental health stakeholders in the planning, implementation, and dissemination of research that centers the voices of perinatal individuals who have lived expertise of a perinatal mood and anxiety disorder (PMAD) with a particular focus on research that addresses inequities in perinatal mental health care for Black and Indigenous communities. The main intervention in this pathway is the formation and convening of three Advisory Councils comprised of individuals with lived expertise, perinatal professionals, and national research sponsors, that collaborate with researchers to determine research priorities and increase equity in perinatal mental health research.

- **So that...** researchers understand how to engage

community members meaningfully; the creation and dissemination of journey maps that capture the barriers and facilitators to research participation and the topics that the Councils want to prioritize in research; increase knowledge in communities of research processes and how to engage in them; and the creation of governance structures builds capacity for future work.

- **So that...** policymakers and researchers make decisions based on the lived expertise of individuals; perinatal individuals with lived expertise are motivated to engage in research to voice their needs and wants around what gets studied in perinatal mental health research; and there is increased trust in research as a pathway to support the improvement of mental health care outcomes.

### Sub-Intervention 2 - Companion Cards: Education and Shared Decision-Making Tools

This sub-intervention is a prototype that I did not move forward with due to thesis time and resource constraints. However, I have chosen to include it in the theory of change because it represents an important pathway to achieving the outcomes and pre-conditions towards meeting the larger goal.

Sub Intervention 2 is a set of Companion Cards that include a set of prompts and reflection questions that perinatal individuals and providers can use to have a discussion and create a care plan tailored to the individual's needs.

- **So that...** they increase access to educational materials related to patient health; increase knowledge of perinatal medical terminology; increase understanding of ways to talk with patients and perinatal providers;

increase the number of patients equipped with resources during the perinatal period; and increase knowledge of the range of perinatal mental health experiences one may have.

- **So that...** they increase trust between patients and providers; increase the ability of perinatal professionals to tailor support to each person's unique needs; increase confidence in perinatal individuals to advocate for their own needs; and increase the understanding of support resources available.

### Sub-Intervention 3 - PEP TALK Pen Pals: A Postcard Conversation Centering Care


Sub Intervention 3 is an initiative designed to engage perinatal individuals in different forms of conversation with the community (including other parents who have lived expertise of a PMAD) and their social connections (partner, family, friends, perinatal providers) through a series of written postcards that also provide resources to mental health support.

- **So that...** they increase knowledge of local providers who offer support; increase knowledge of the support pathways available to help parents with mental health; increase the number of parents who talk about mental health; create a sense of community between new parents and other parents as well as other social connections; perinatal individuals with lived experience of a PMAD feel a sense of purpose sharing their story to support others; and they have an increased understanding of self and their perinatal mental health experience through writing.
- **So that...** they deepen interactions between perinatal individuals and their social connections; reduce stigma attached to perinatal mental health and seeking

support; increase the frequency and regularity of interaction between perinatal individuals and their social connections; and increase a sense of connection to social support systems to supplement medical intervention.

- **So that...** Acceptability and Approachability within the As of Access can be addressed; increase the ability for a service to meet the social and cultural needs of patients (acceptability) and increase the ability for individuals to consider seeking care and for providers to facilitate that care (approachability).
- **So that...** there is improved access to perinatal mental health support among first-time parents.
- **So that...** there are improved mental health outcomes for perinatal individuals in the United States.

These interventions and pathways to change include assumptions including perinatal individuals' and providers' motivation to engage with new services and tools, the availability of funding to support these interventions, the availability of funding to change mental health policy that impacts the other As of Access including availability, affordability, accessibility, and accommodation, and that clinical and social pathways need to work collaboratively to create a continuum of care in order to truly meet the preconditions of access needed to improve perinatal mental health outcomes in the United States.



# Nurturing Change



# Measuring Impact

## Monitoring

### KEY QUESTION

How do people across the perinatal health ecosystem participate and engage with PEP TALKS Postcards?

### Quantitative Indicators:

#### Offering 1 - Anonymous Postcards

- Number of people who submit postcards via mail
- Number of people who submit via the online form
- Number of people who view the postcards posted online
- Number of shares of the postcards via social media
- Number of comments on postcards posted online
- Number of media features
- Number of clicks to external support resources

#### Offering 2 - Postcard Pen Pals

- Number of parents who sign up to be peer mentors for the postcard exchange

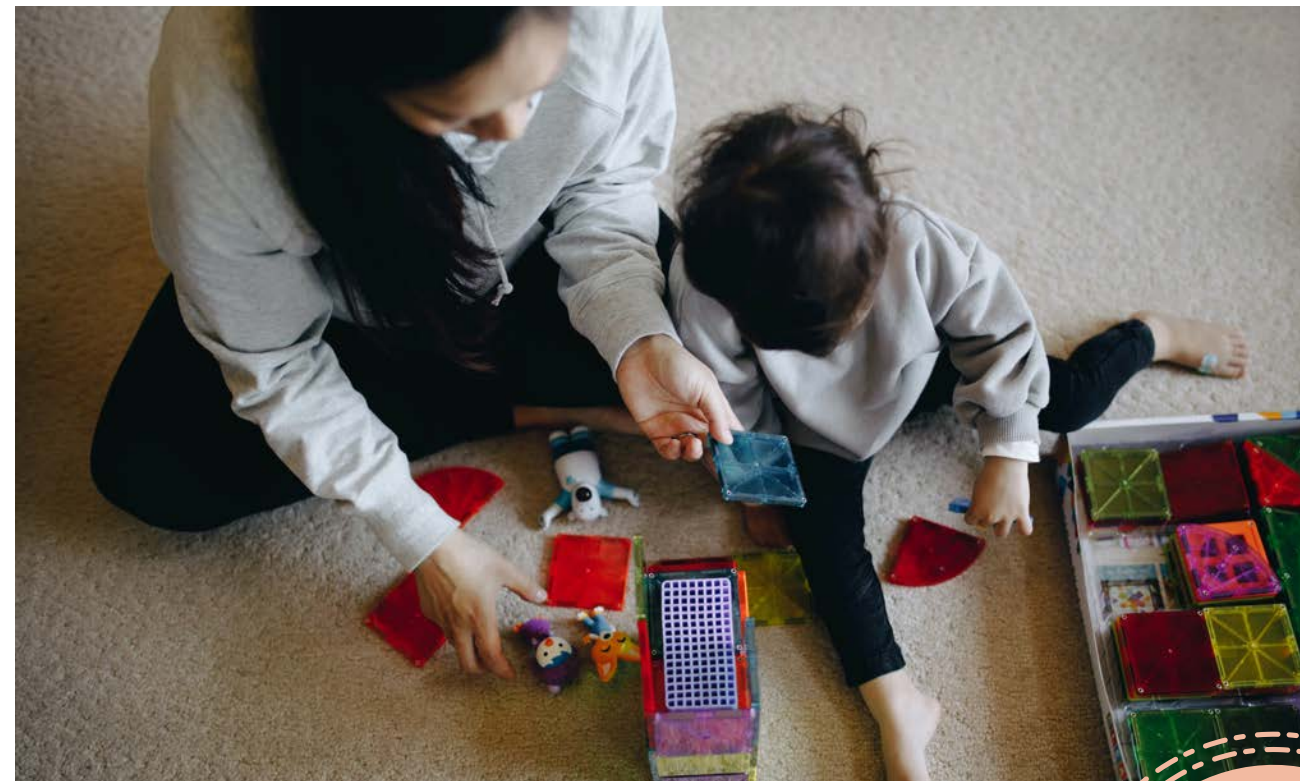
- Number of parents who sign up to receive a postcard from a peer mentor
- Completion rate - number of pairs of parents who complete the postcard exchange
- Conversion rate - number of parents who complete the postcard exchange and then sign up to be peer mentors themselves

#### Offering 3 - Postcards for Reflection + Conversation

- Number of parents who download the postcard reflection toolkit
- Number of parents who work through the reflection and conversation prompts
- Number of parents who share their postcard with a social connection to facilitate conversation about perinatal mental health

### Qualitative Indicators:

- Verbal and written feedback on the product offerings themselves through a pilot



## Evaluation

### KEY QUESTIONS

To what extent did the postcards improve help-seeking behavior among perinatal individuals?

To what extent did the postcards foster increased connections between perinatal individuals and their social connections?

### Quantitative Indicators:

- Number or percentage of parents who used the contact information on the postcards to reach out for support
- Number or percentage of parents who initiated conversations with their provider or other social connections (family, friends, etc.) about their mental health
- Percent increase in the frequency of perinatal individuals connecting with social connections

### Qualitative Indicators:

- Conversations with perinatal professionals about seeking support
- Changes in perinatal individuals' attitudes around seeking support
- Perinatal individuals' feelings of connectedness to their social support system

# Sustainability

## Environmental Impact Assessment

As part of the program’s commitment to environmental sustainability, we completed an environmental impact assessment to evaluate how our thesis work and intervention may affect the environment and to analyze alternative solutions to mitigate negative consequences.

### PROBABLE IMPACTS & MITIGATION TECHNIQUES

I determined whether specific aspects of my project may be related to factors that can contribute to adverse environmental impacts. Once I had determined the probable impacts, I explored what mitigation techniques could be leveraged to minimize or avoid adverse effects.

| ACTION/ACTIVITY   | RELATED FACTORS                                  | PROBABLE IMPACTS  | MITIGATION TECHNIQUES  |
|---|--|---|--|
| Initiative material: printed postcards, stamps  | Deforestation; Transportation (mailing via USPS) | Climate change, desertification, soil erosion, fewer crops, flooding, increased greenhouse gasses in the atmosphere, rising global temperatures   | <ul style="list-style-type: none"> <li>Mitigation: Limit printed collateral to only the number needed for each mentor/mentee relationship</li> <li>Mitigation: Use FSC certified paper that is responsibly sourced</li> <li>Mitigation: Use seed paper that can be planted to grow wildflowers after the initiative has been completed</li> <li>Mitigation: Connect participants in a similar geographic area to reduce transportation distance</li> <li>Alternative: Substitute printed postcards with digital postcards</li> </ul> |
| Kit: Paper product packaging to deliver welcome kit to initiative participants  | Deforestation; Manufacturing; Transportation     | Climate change, desertification, soil erosion, fewer crops, flooding, increased greenhouse gasses in the atmosphere, air pollution carbon dioxide and methane, rising global temperatures | <ul style="list-style-type: none"> <li>Mitigation: Use FSC certified paper that is responsibly sourced</li> <li>Mitigation: Use seed paper that can be planted to grow wildflowers after the initiative has been completed</li> <li>Mitigation: Use recycled packaging</li> <li>Alternative: Substitute parts or all of the physical kit with a digital kit</li> </ul>   |
| Use of computers for delivering digital workshops/postcard writing initiatives and for sharing stories via website/social media | Energy & Power                                   | Climate change, rising global temperatures, increased greenhouse gasses in the atmosphere   | <ul style="list-style-type: none"> <li>Mitigation: Use “green” electronics (ex. EPEAT certified laptops, cell phones)</li> </ul>   |

### ALTERNATIVES ANALYSIS

#### Seed Paper & Responsibly Sourced Paper

One of the mitigation techniques that I believe is most reasonable for this project is to use seed paper for the postcards. This paper would allow participants to give back to the environment by planting wildflowers that will support a variety of species including pollinators and the broader environment. Alternatively, I could use FSC-certified paper that is responsibly sourced to reduce the environmental impact of the printed goods.

#### Digital Postcard Alternative

Alternatively, the postcard writing initiative could be conducted entirely online. In the next three weeks, I will be speaking with staff and volunteers at Postpartum Support International who also have lived experience of a PMAD to prototype this concept. I will report back on whether they believe that a digital postcard writing campaign would have the same effect as a written postcard. My hunch is that some of the personal element and therapeutic nature of a written postcard would be lost in digital form. Additionally, an entirely digital intervention would still contribute to climate impact because it would result in continued or increased use of energy to power digital devices needed to access the materials.

#### No-Action Alternative

A no-action alternative to the project would involve not conducting any of the proposed activities (digital or physical) as described above. No action would result in maintaining the status quo regarding perinatal mental health in the United States. There is excellent work being done by many organizations and individuals throughout the country; however, the perinatal mental health crisis continues to impact both parents and their children, indicating that there is still much work to be done at every level of the ecosystem from the institutional level to the individual-level. If we do not continue working to address perinatal mental health, outcomes for parents and their families will continue to worsen.

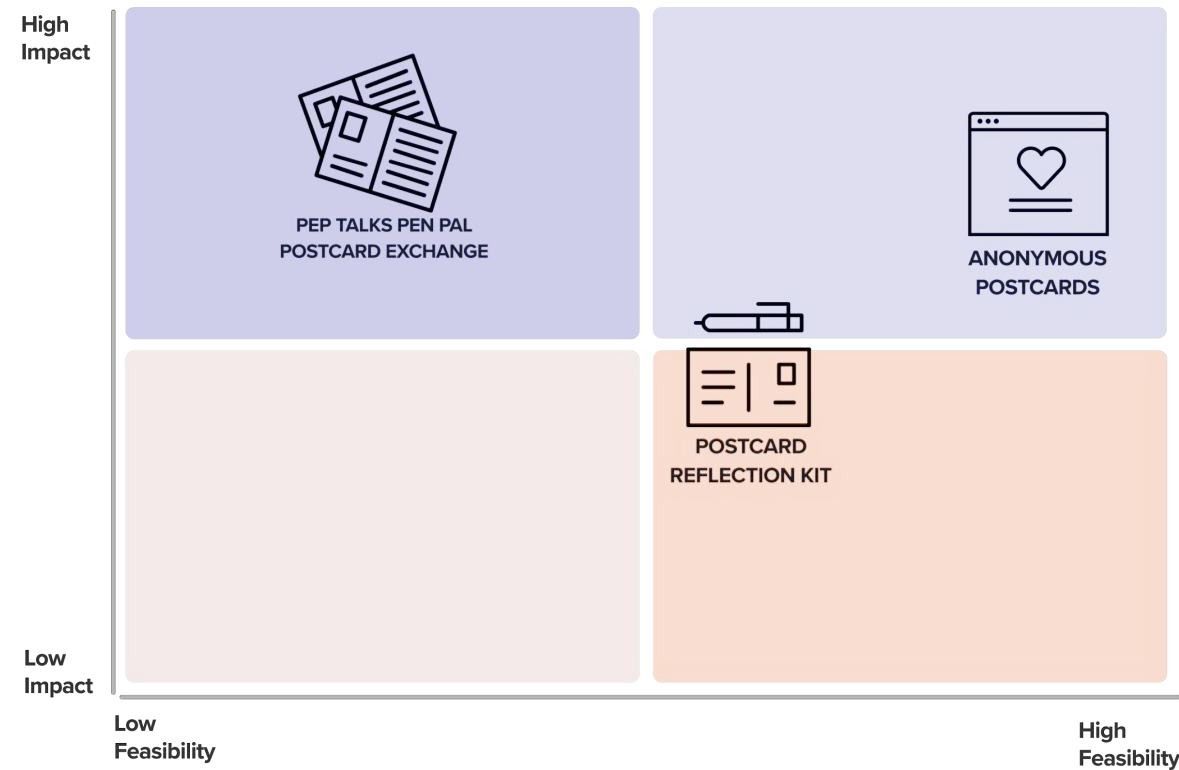
### Are there reasonable alternatives appropriate for your project? No

As detailed above, there are reasonable mitigation measures that I am considering for this project. For example, the use of FSC certified, responsibly-sourced paper would be one mitigation measure that would help to reduce the environmental impact of printed postcards. Another alternative would be to use seed-printed paper for the postcards. By using seed paper, we could encourage participants to plant the postcards when they are done as a ritual that signifies the end of their participation and the rebirth of their mental health after they receive support, all while giving back to the environment by planting wildflowers that support pollinators and the broader ecosystem. A lot of the proposed interventions (all of the Community Engagement work and some of the PEP TALK Postcards) could be conducted primarily online, reducing environmental waste. However, I do not believe that there is an alternative that is completely without environmental impact.

### CONCLUSION

My final conclusion is that the potential benefits to the perinatal population and the broader community are significant and that the environmental impact can be mitigated through intentional design choices. As a result of my alternative analysis, I will prioritize the exploration of using seed paper for the postcard initiative if the community decides that a written format produces greater personal connection than a digital format. If the community decides that a digital format produces the same level of connection and community, I will prioritize building out the initiative on a carbon neutral web platform.

# Scalability



## Impact Feasibility Matrix & Resources for Implementation

As I considered the scalability of each of the offerings within PEP TALKS post, I mapped them on an impact feasibility matrix as a way of prioritizing next steps for the initiative. The matrix is subjective and does not imply that a lower impact yet more feasible concept is not worth exploring. Each of the offerings has potential for impact at the individual and interpersonal levels at varying levels of feasibility.

### ANONYMOUS POSTCARDS

The most feasible of the initiatives is the Anonymous Postcard offerings. Key resources needed to implement this initiative include a P.O. box and an online platform to receive and post the postcards that individuals share. This initiative has the potential to get implemented quickly and at a low cost, with the potential to reach a national and even international audience due to the online nature of sharing the postcards.

### POSTCARD REFLECTION KIT

The second most feasible of the initiatives to implement is the Postcard Reflection Kit. Key resources to implement this initiative would include funding to design and print the postcards and kit materials and ship them to participants. A key challenge to figure out would be how to best distribute the kits to new families (e.g. online, through partnerships with perinatal providers, community-based organizations, etc.). Another consideration would be how the kits would be funded to provide them at low or no-cost to parents.

### PEP TALKS PEN PAL POSTCARD EXCHANGE

The PEP TALKS Pen Pal Postcard Exchange would be the most challenging to implement, but it also has the highest potential for impact among communities of new parents and individuals with lived expertise of PMADs. To implement this offering, we would need to partner with an organization that has trained volunteers and staff who can facilitate the program. We would need an online form for parents to sign up for the exchange and get matched with a parent who has lived expertise.

# Growing Forward

## Workstream 1

My work with the Charting the Course Team is ongoing. We will continue to work closely with the Advisory Councils over the coming months on the dissemination of the journey maps and the creation of governance structures and tools to support future work with academic-community partnerships.

By the end of the engagement project, the goal is to have created a roadmap that includes key tools and resources for how to conduct academic-community partnerships that center the voices of individuals with lived expertise and build capacity for reciprocal research engagement.

## Workstream 2

As I move forward, I will be looking for opportunities to conduct a pilot of the anonymous postcards and the pen pal exchange with a local postpartum support group such as one of the PSI state chapters.

I'll also consider how we can continue to build out features on the platform that facilitate connection between perinatal individuals and their social support networks.

Lastly, my vision is to spark a national dialogue about perinatal mental health.



## A Dream of A Future

What if instead of the transition to parenthood being a nightmare, we collectively dreamt of a future in which we as a society hold new parents with as much care as they hold their own children?





# **A Labor of Love**

# Reflections

## Reflections on Design Research

Throughout this process, I had the opportunity to work with an incredible group of health systems researchers across three universities. I was amazed by the rigor with which they approached their work and learned a lot about the process of research in an academic setting.

At the same time, I navigated my own understanding of design research and how that differs from traditional academic research. I came to understand design research as a process for gaining insight into human experiences in relation to a challenge or issue so that we can create interventions that improve their experience whether that be a product, service, or experience. An important distinction is that design research is not focused on creating statistical representation or providing generalizable knowledge.

## Reflections on Building Community Partnerships

As part of our thesis process, we were required to partner with a community or organization outside of SVA DSI. Throughout the process of finding and building a relationship with my community partner, I was amazed by people's generosity and willingness to learn more about my interests and to discuss potential opportunities for collaboration. From this experience, I am taking away the following learnings:

- Work at the speed of trust. Building relationships takes time, and it is essential to spend time discussing shared goals as you build a partnership.
- Make the ask. Before this project, I was unsure of how to form partnerships with communities and organizations. I was hesitant at first to conduct outreach, but each person that I connected with throughout this process was so generous with their time and willingness to share their expertise.

- To address complex social challenges, you need a team with diverse skill sets and expertise. Throughout this project, I had the opportunity to collaborate with individuals and organizations across the ecosystem of perinatal care. Each person brought a unique set of skills and perspectives that supported the work in ways that I could not have anticipated or done on my own. There are many forms of expertise, including lived experience, that are necessary for meaningful collaboration in community.

## Reflections on My Practice

So much of this work provided me with the opportunity to build on new leadership practices that we have been learning throughout our year-long Leadership course with Karen Proctor. I've leaned on practices including active listening, noticing and reflection, and considering my own positionality as a student, designer, and collaborator in this work. The process has affirmed my commitment to using my design skillset in service of addressing social problems and shown me the possibilities that emerge in collaboration with communities. This thesis project is just the beginning of what I hope will be a lifelong practice of learning and working at the intersection of design and health, building towards the creation of more caring systems that support us all in the ways we need.

# Special Thanks

**To my family** for providing me with support day and night—Mom, for always talking through challenges and doubts with me at any time of day, Dad, for taking the late shift and calling me on the way home from night classes, Tess and Ben for morning Facetimes with Owen that brighten my day, and Victor for cooking me many meals that fueled long days and nights of graduate school and working. I love you and couldn't have done it without you all!

**To my community partners**—Tom, Ana, Karen, Nancy, and Wendy—thank you all so much for the opportunity to collaborate with you on this meaningful project. I have learned so much in the last seven months working with all of you, and I am amazed by the rigor and dedication you bring to every aspect of your work in the perinatal mental health space. I hope we will continue to collaborate and I look forward to watching your work continue to make an impact for new parents and families.

**To the group of PSI staff and volunteers** who helped me co-design the final postcard interventions—thank you for your generosity in sharing your time and your expertise with me. I appreciate you sharing your experiences of the parenthood and mental health with me, and I am so grateful for the valuable feedback you shared with me each week.

**To the Thesis Advisors**—Lona, Kara, Mari, and Sahar—thank you for challenging me over the last nine months to evolve my practice. Lona, thank you for your support and encouragement while navigating this process.

**To Miya**—thank you for your guidance over the past two years as I navigate what it means to learn and work at the intersection of design and care.

**To the DSI Faculty**—thank you for teaching me about the many intersections of design and social innovation. It was a pleasure to learn from you and you have shaped my social design practice for the better.

**To Brittany, Krutika, Pallavi, and Riddhi**—thank you for supporting me in so many ways, big and small, over the past two years. I am lucky to call you my friends and colleagues.

**To the 2023 Cohort**—We made it! Thank you for being a part of my DSI experience.

# Frameworks

My thesis project was informed and inspired by the work of expertise individuals, communities, and organizations who have been doing this work for many years. Below I've included four of the frameworks that I found most impactful in my work.

## Community Engagement Frameworks

Community engagement exists on a spectrum, from true capacity building and empowerment at its best, to complete lack of involvement or consultation at its worst. Below are several resources that I found helpful when considering how we can move from simply keeping communities informed to truly collaborating and creating shared leadership.

- [IAP2 Spectrum of Public Participation](#)
- [Health Equity Community Involvement Spectrum](#), adapted from the IAP2 Spectrum of Public Participation
- [Community Engagement Matters \(Now More Than Ever\)](#) by Melody Barnes & Paul Schmitz

## Trauma-Informed & Trauma-Responsive Design Practice

I first became aware of trauma-informed design when Rachael Dietkus, MSW, LCSW, came to DSI as part of our Global Guest Lecture Series in the fall of 2021. I had the pleasure of facilitating an interview with her and learning about her perspective on trauma-informed design. Dietkus uses her training as a social worker to bring more caring practices into design research.

Since my introduction to Rachael, I have become increasingly interested in how designers, like myself, can incorporate more trauma-informed perspectives into our practices and work towards a design process that is trauma-responsive.

“Becoming trauma-informed is a radical act. As we design with, by, and for, we must continue to do transformational, relational work—not that which is transactional and extractive. To engage in this evolutionary work means we need dramatic shifts in our education and training, new patterns and ways of practice, and personifying care principles that allow us to understand people and their environments ethically, responsibly, and holistically.”

—Rachael Dietkus, Social Workers Who Design

Below are a selection of resources I have found most helpful in learning about trauma-informed and trauma-responsive practice.

- [The Call for Trauma-Informed Design Research and Practice](#) by Rachael Dietkus
- [Trauma-Responsive Design Research: A New Model for Change](#) by Jeannie Joshi
- [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)
- [Cultivating Resiliencies for All: The Necessity of Trauma Responsive Research Practices](#) by Rachael Dietkus and Matthew Bernius

## As of Access

Through my community partner, I was introduced to the As of Access framework that conceptualizes the different dimensions and characteristics that comprise accessibility of care. Penchansky and Thomas published an article in 1981 that categorized the five As of Access as: affordability, availability, accessibility, accommodation, and acceptability.

Resources:

- [The Concept of Access: Definition and Relationship to Consumer Satisfaction](#) by Roy Penchansky and J. William Thomas
- [Patient-centred access to health care: conceptualising access at the interface of health systems and populations](#) by Jean-Frederic Levesque, Mark F Harris and Grant Russell
- [Access to Care: Remembering Old Lessons](#) by Leon Wyszewianski

## The Care Lab - The Seven Interventions to Transform Care

The Care Lab is a network of designers working to design more caring health systems in communities around the world. I was introduced to The Care Lab's work during my Communication Design course at DSI and was so impressed by their approach to design as a process that could shape the creation of more caring practices and systems.

The Care Lab has developed a framework called [The Seven Interventions to Transform Care](#) that maps the care ecosystem across different levels from the individual, to the interpersonal, to the organizational, to the policy level. 1) Nurture Caring ecosystems and organizations, 2) Empower a new breed of Care professionals 3) Normalise Care conversations 4) Design Care together 5) Engage people in their own Care 6) Fit Care into Communities 7) Break the societal taboos around Care

“In recent times the need to work collaboratively with other disciplines and sectors has emerged. But now it's time to take one step forward and add citizens and informal caregivers into the team.

How can we bring in participation into the DNA of services providing relevant platforms, tools, skills training or co-design activities to build a common vision of Care?”

– The Care Lab

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