

RATIONALE/NEED

- **Mental health is a major contributor to** maternal morbidity and mortality.¹
- **An Indigenous identity increases the risk of** perinatal mood and anxiety disorders by **62%.**²
- Currently, the standing literature has failed to include Indigenous populations in mental health treatment and intervention efficacy studies.
- The purpose of this scoping review is to synthesize literature that highlights unique considerations to improve mental health equity for Indigenous birthing individuals.

METHODS

- **JBI framework with PRISMA scoping review** extension
- **Keywords were taken from model studies** and used to translate MeSH terms
- **Full search strategy databases included MEDLINE (PubMed), Embase (Elsevier), PsycINFO (EBSCO), Cochran Library** (CENTRAL), Scopus (Elsevier), SocINDEX (EBSCO), Sociological Abstracts (ProQuest) and CINAHL (EBSCO).
- **Inclusion criteria:**
- **18 years and older**
- **Pregnancy to 1 year PP**
- **Perinatal Mental Illness**
- **Indigenous Populations**
- **US** based
- **T** Discussion of Health Equity

Themes relevant to scoping review inquiry presented in narrative and image format.

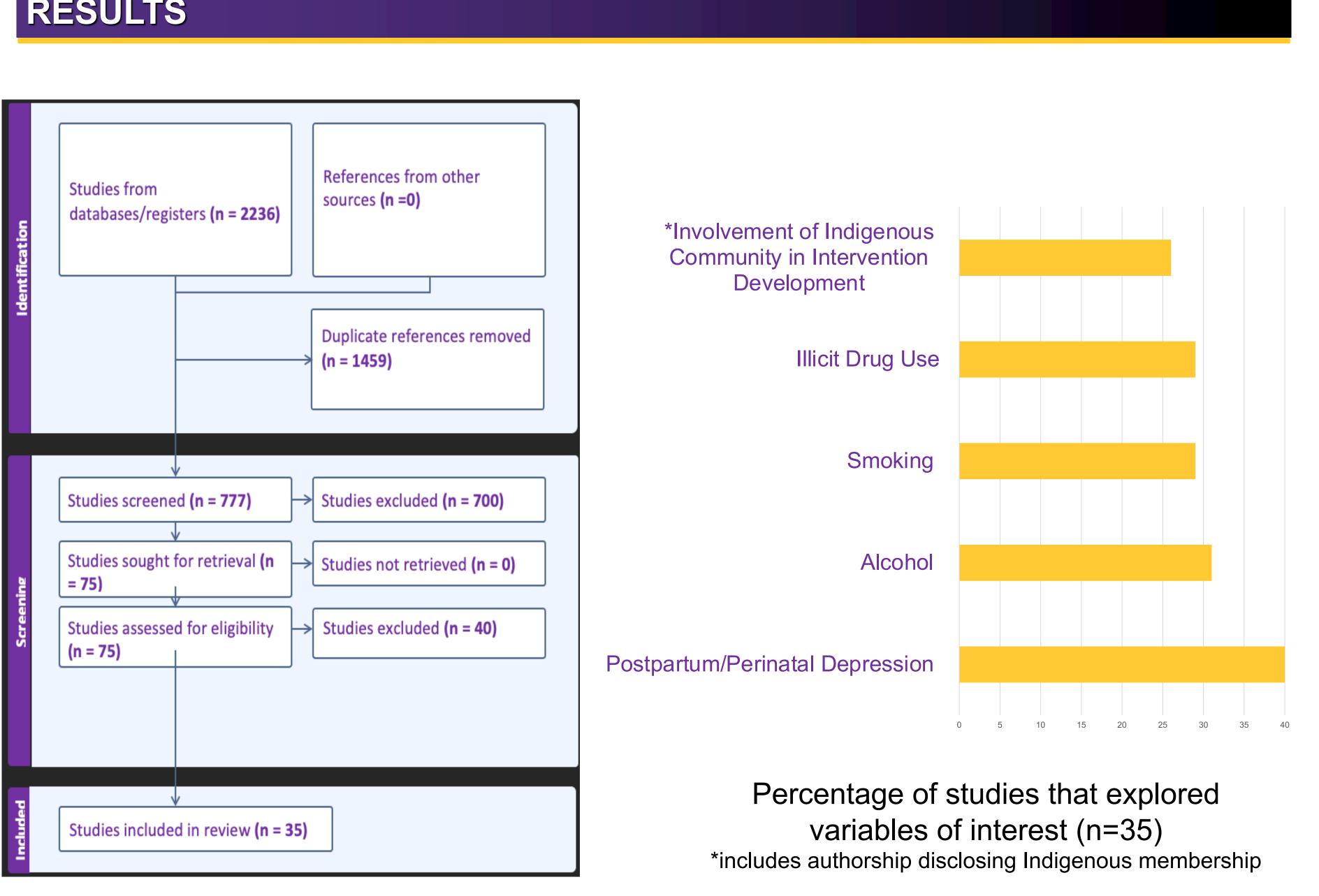
Citation:



SECU Addressing Perinatal Mental Health Equity for Indigenous Birthing People in the US

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RESULTS



Increase Indigenous **Health Care Providers**, Social Workers, and Paraprofessionals

> Community based Participatory **Research led by** Indigenous Researchers

Improve **Coordination and Referral Services** b/w **Obstetrics Care**, **Behavioral Health/ Social Services**

Increase **Indigenous Voices** in Perinatal **Mental Health** Discussion

Greater focus on antepartum/prenatal period screening, intervention, and treatment

Increase Cultural Competency in **Medical** Education

Make Interventions More Culturally Congruent

DISCUSSION

- accessibility barriers.
- allocation of resources.

IMPACT/LIMITATIONS

- interventions/programs.

ECU LAND ACKNOWLEDGEMENT

We acknowledge the Tuscarora people, who are the traditional custodians of the land on which we work and live, and recognize their continuing connection to the land, water, and air that Greenville consumes. We pay respect to the eight state-recognized tribes of North Carolina; Coharie, Eastern Band of Cherokee, Haliwa-Saponi, Lumbee, Meherrin, **Occaneechi Band of Saponi, Sappony, and Waccamaw-Siouan,** all Nations, and their elders past, present, and emerging.

Centering Indigenous populations and methodology in the inquiry, development, and implementation of perinatal mental health equity interventions is essential.

Greater focus on the antepartum period and shifting resources toward early detection.

Improve integration of obstetric health, behavioral health, social services, and substance use/alcohol cessation services to reduce

Allies must remain intentional in their pursuit of cultural competence to improve perinatal mental health care delivery and support a more equitable

This research has the potential to inform new ways to learn from and partner with Indigenous communities about perinatal mental health.

Engaging with Indigenous communities and developing a greater sense of lived experiences will improve the efficacy of interventions and the development of future research initiatives.

Missing interventions targeting teens with perinatal mental health disorders due to 18 years and older inclusion criteria, did not obtain unpublished research, missing Indigenous community perspective on unpublished