The Redleaf Center for Family Healing at Hennepin Healthcare supports the mental health of new mothers, their partners, and their children

BY EMILY HEEGAARD • PHOTOGRAPHY BY CAROLINE YANG

GIVING BIRTH TO A CHILD has an intensity all its own. Mothers are tested and transformed throughout the perinatal period—before, during, and after birth. Along with a physical recovery period to follow, there’s a mental one.

When it was time for Shannon Gehrmann to go back to work as a vice president at Target after her third child was born, her anxiety and depression peaked. She had experienced postpartum mental symptoms before, but, she says, “this was definitely much more than that.” A nurse friend suggested she seek help at the Mother-Baby Program at Hennepin Healthcare (formerly Hennepin County Medical Center) in downtown Minneapolis, which provides mental health services for pregnant women and families with children up to 5 years of age.

In recent years, physicians and researchers have expanded their understanding of the type of mental state that Gehrmann experienced, associated with pregnancy and formerly confined to “postpartum depression.” Now, experts recognize related conditions—anxiety, fatigue, obsessive-compulsive disorder, post-traumatic stress disorder, and more. One in seven new mothers experiences such conditions, a 2013 study of more than 10,000 participants found.

Since these symptoms can manifest before and after birth, the new terminology is Perinatal Mood and Anxiety Disorders (PMADS) to many, but Hennepin Healthcare’s Dr. Helen Kim prefers PMAC: perinatal mood and anxiety conditions.

“We’ll have to put it out into the universe,” Dr. Kim says. “There was an attempt to broaden the language of postpartum depression, because half of women have symptoms of anxiety. So, emphasizing ‘perinatal,’ and emphasizing ‘anxiety’—but why they came up with [PMADS]? They should’ve talked to an English major.”

continued on p.61
continued from p.59

Kim’s undergraduate major, by the way? English. Following a gap year after college, she entered medical school. During her residency, at Boston’s Massachusetts General Hospital, she worked at its women’s mental health clinic and focused on perinatal psychiatry.

In November of 2020, Dr. Kim’s work with perinatal patients evolves with the opening of the Redleaf Center for Family Healing. The center expands Kim’s psychiatric work with Hennepin Healthcare’s Mother-Baby Program, which has served about 560 mothers and families since 2013. “The focus was to save lives,” she says. “Because these are life-threatening illnesses.”

Beyond Postpartum Depression

Gehrmann’s bout with perinatal anxiety and depression was coupled with a nerve-wracking professional epiphany. Though she had spent more than a decade rising through the ranks at Target, she realized that it was keeping her from her newly expanded family on holidays, nights, and weekends.

“I just couldn’t and didn’t want to do it anymore,” she says. “But I had no idea what that meant for me, and I was so scared for so many reasons. [Finances], my job, and my life added to postpartum depression and just having a baby and all that stuff.”

About 20% of women with postpartum depression still experience symptoms a year after delivery, and 13% after two years, according to the New England Journal of Medicine. (To be clear, these are symptoms beyond just the “baby blues,” a condition that lasts about a week after birth and is often attributed to natural hormonal changes in the mother.)

Because perinatal mood and anxiety conditions affect new mothers during important developmental windows for their babies, the implications can be long-lasting. In the 1990s, a groundbreaking study found a positive correlation between an Adverse Childhood Experience (ACE)—such as abuse, neglect, or household dysfunction—and risk of depression, heart disease, cancer, diabetes, and substance abuse later in life.

“Trauma is ‘too much, too soon,’ ‘too fast, too young,’ without enough adult support,” Kim explains. “Separately, you can be exposed to really hard things as a child but not have it be traumatic if you have a consistent, protective adult buffer.” Mothers experiencing PMAM may find it challenging to give that support.

In medicine, the metaphor of a tree is often used to talk about the root cause of illness. The leaves of the tree are the presenting physical or mental symptoms, such as depression, anxiety, fatigue, migraine, or gastrointestinal problems.

“The tendency is to assign leaves to specialists,” Dr. Kim says. “What you end up having is people who are very compliant patients—they go to doctors and take medicine, but don’t feel well. Instead, we [at the Mother-Baby Program] focus on the roots of the soil, to contribute to the health of the leaves.”

In Kim’s case, focusing on the root means addressing the trauma or dysfunction a parent may have grown up with. By emphasizing sleep, gut health, nutrition, purpose, and exercise, Kim says she and her colleagues can improve the overall mental health of new mothers, at a critical time in their babies’ lives.

 “[The Mother-Baby Program] helped us look into ‘This is what was missing for me,’ or ‘This is what I grew up believing, and is this really true?’” Gehrmann says. “And it taught you to question some of that and reframe your truth, how you look at yourself, and how you go about things. It was really eye-opening.”

Proper development depends on the baby’s access to an adult, to help organize the baby’s emotions, look after wellbeing, and provide comfort. Mothers bring their own past experiences to parenting, and if they didn’t receive the comfort they needed as a child, they may be unable to provide the same for their baby.

By helping parents learn to support their children, Dr. Kim’s work focuses on preventing future trauma, with a combination of “downstream” and “upstream” medicine.

“Downstream medicine is for people who have already had the heart attack or the car accident,” she says. “It’s hands-on, intensive medical intervention. We are a downstream center for moms, because we didn’t prevent the episode that brought them to us. But we are upstream for the baby. We are preventing the impact of trauma for babies, with mothers learning to be a better buffer and to be more responsive to babies.”

The Redleaf Difference

The Redleaf Center for Family Healing—which broke ground in November 2019—was started by Dr. Kim; Dr. Diana Cutts, Hennepin Healthcare’s interim chief of pediatrics; and Jesse Kuendig, a licensed social worker and co-founder of the Mother-Baby Program. In collaboration with Olivia Mastry, founder of Collective Action Lab—a Twin Cities-based organization focused on social change—they created a place to serve mothers and families during an exciting yet demanding time in life.

continued on p.62
continued from p.61

As a “family healing center,” it focuses on the health of the mother—to strengthen the family unit and provide stability for the baby—while also involving fathers.

“In the Mother-Baby Program, when moms come, the fathers are usually there for a session or two,” Kim says. “In that experience, we learn that they are struggling. There’s not a lot of robust programming for fathers, and they have their own stigma attached to seeking our help or acknowledging vulnerability. We want to expand our clinical programming to include more therapy for dads and more parent-child therapy.”

The “Circle of Security” therapy model is based on research on attachment tendencies in children and how parents can best support the needs of the child. It involves elements of cognitive behavioral therapy and emotion regulation skills, taught to mothers of varying backgrounds in groups of seven or eight.

“One mother might have severe financial struggles and not be able to pay bills or get food, and one might be completely opposite in that regard but have no partner or supporting family.” Gehrmann says. “So it brings a diverse group together that are united on that one front. If we all supported each other, regardless of differences, like that group of moms supported each other throughout that four weeks—if we did that in the world, oh my gosh, I can’t even imagine.”

The experience helped Gehrmann dig into her own values, to better understand the stress of that time. She stayed home with her kids for a while and refocused her life. Eventually, she and her husband quit their jobs and opened the Goddard School of Woodbury, where they see their children every day.

Next Steps

The Redleaf Center retains Hennepin’s Mother-Baby Day Hospital program, where women can receive treatment 20 hours a week. A Perinatal Outpatient Program is six hours a week, with potential for specialized groups for teen or immigrant moms, Kim says.

The Center will be able to work with about 1,000 families each year, and feature a drop-in daycare for patients, to make appointments more accessible. Syl Jones, a fellow in narrative medicine, will teach patients to tell their own stories as a way to heal. The space will have a teaching kitchen and a large room for yoga, meditation, and mindfulness. Dr. Kim also hopes to launch a trauma-informed Innovation Network, to test pilot programs such as drop-in parenting support for new parents who might not seek out resources otherwise.

The Redleaf Center is named for philanthropists Lynne and Andrew Redleaf, who donated $10 million to the project, the largest gift Hennepin Healthcare has ever received and the first step in a capital campaign goal to raise $20 million more. The center also received $2.25 million from the Pohlad family.

“It’s a hospital that really needs philanthropy,” Dr. Kim says. “So many programs fill a critical need but aren’t funded by the county. Ultimately, my hope with the Redleaf Center is that we are making children visible. The children that we have right now and the children that we were.”

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