BLACK MOM Ish FOUNDATION

THE MOTHERWELL INITIATIVE

MotherWell

A Wellness Guide for Black Mothers

By The Black Mom Ish Foundation

A BLACK MOM ISH FOUNDATION RESOURCE

MENTAL HEALTH • PHYSICAL WELLNESS • REPRODUCTIVE HEALTH • PERIMENOPAUSE • FITNESS

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BEFORE YOU READ

This guide provides general health education and is not a substitute for individualized medical care. It is not a diagnosis, a treatment plan, or a replacement for your relationship with a provider. For personal health decisions, please consult your own OB-GYN, primary care physician, or a licensed mental health provider.

SECTION 1 · 1 OF 5

Whole Body Wellness Foundations

Your body carries a lot before anyone ever calls it “wellness.” This section covers the fundamentals — screenings, stress, food, sleep, and the self-advocacy skills that hold the rest of your health together.

1. Preventive Care & Screenings by Decade

Preventive care works best when it's routine, not reactive. Screening needs shift by decade, so use this as a general map — your provider will adjust it based on your personal and family history.

- 20s: annual well-woman visit, Pap smear every 3 years (or HPV co-testing every 5), blood pressure and BMI checks, STI screening based on activity.
- 30s: continue Pap/HPV screening, cholesterol and blood sugar checks begin or continue, thyroid screening if symptomatic, preconception counseling if relevant.
- 40s: mammograms typically begin (talk to your provider about starting earlier given documented risk factors for Black women, including higher rates of aggressive breast cancer subtypes), continued blood pressure and diabetes screening, perimenopause conversations often start here.
- 50+: colonoscopy starting around 45–50, bone density screening, continued mammograms, cardiovascular risk monitoring, hearing and vision checks.

If something in your family history — fibroids, hypertension, diabetes, certain cancers — puts you at higher risk, ask directly whether you should start screening earlier than the general guideline.

2. Weathering: The Physical Toll of Chronic Stress

Researcher Dr. Arline Geronimus coined the term “weathering” to describe how chronic exposure to systemic stress — racism, financial strain, caregiving load — accelerates biological aging. It shows up in the body as higher rates of hypertension, earlier onset of chronic disease, and higher rates of preterm birth, independent of income or education.

This isn't about individual failure to “handle stress better.” It's a documented physiological response to sustained pressure. Naming it is the first step toward protecting yourself from it.

- Build in real recovery time, not just downtime between obligations — rest is physiological maintenance, not a reward.
- Practice naming stressors out loud, to yourself or someone you trust, instead of absorbing them silently.

- Use simple grounding tools — slow breathing, stepping outside, a few minutes of quiet — as often as you need them, not just in a crisis.
- Let go of the idea that resting or asking for help means you're not strong enough. Community and rest are protective factors, not indulgences.
- Consider therapy as a stress-management tool, not just a crisis response.

3. Nutrition That Fits Real Life

Good nutrition isn't about restriction or eliminating the foods you grew up on. It's about building meals that keep your blood sugar and energy steady across a long day.

- Build plates around a source of protein, a source of fiber (vegetables, beans, whole grains), and a source of fat — in whatever combination fits your actual meals.
- Small swaps beat total overhauls: adding a vegetable, swapping a sugary drink for water, or batch-cooking one meal a week.
- Hydration affects energy, headaches, and mood more than most people expect — aim for consistent water intake through the day.
- Culturally familiar foods don't need to be abandoned. Seasoning, portioning, and pairing can shift a dish's nutritional profile without losing what makes it yours.

If a nutrition plan feels punishing or impossible to sustain, that's useful information — not a personal failure. Talk to a provider or registered dietitian about an approach that fits your actual life.

4. Sleep as a Health Pillar

Sleep isn't optional recovery time — it directly affects immune function, blood pressure, blood sugar regulation, and mental health. For mothers, it's often the first thing sacrificed and the hardest to protect.

Sleep apnea is also underdiagnosed in Black women, often mistaken for ordinary tiredness. Loud snoring, gasping during sleep, morning headaches, or daytime exhaustion despite a full night's sleep are worth raising with a doctor.

- Protect a consistent wind-down routine, even a short one — dim lights, less screen time, a set bedtime.
- Notice patterns: trouble falling asleep, waking frequently, or feeling unrested are all worth mentioning at an appointment, not just living with.
- If caregiving responsibilities are cutting into sleep, treat that as a health issue worth problem-solving, not just a season to push through.

5. Your Health Advocacy Toolkit

Being heard in a medical appointment is a skill you can prepare for, the same way you'd prepare for any important conversation.

- Before your visit, write down your symptoms, when they started, and how they affect your daily life — specifics are harder to dismiss than general statements.
- Bring a written list of questions so you don't have to remember them under pressure.
- Bring a trusted person with you to important appointments when you can — a second set of ears helps you remember details and can back you up if you feel unheard.
- Ask for plain-language explanations: “Can you explain that in a different way?” is a completely reasonable question.
- If you feel dismissed, it's okay to say so directly: “I'd like this documented in my chart,” or “I'm still concerned — what would you do next if this were your own family member?”
- You are always allowed to seek a second opinion.

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CDC — Preventive Care Guidelines →
Black Women's Health Imperative →
ACOG — Well-Woman Visits →

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Reproductive Health Education

From menstrual health to pregnancy to fertility, this section is about knowing what's actually normal — and when it's time to ask more of your care team.

1. Menstrual Health Literacy & Fibroids

A typical cycle runs 21–35 days, with bleeding lasting roughly 2–7 days. “Normal” has a range — but there are signs that heavy or painful periods aren't just something to push through.

- Soaking through a pad or tampon every hour for several hours in a row.
- Periods lasting longer than 7 days.
- Pain severe enough to interfere with work, school, or daily activities.
- Bleeding between periods, or passing large clots.

Uterine fibroids — benign growths in or on the uterus — are significantly more common in Black women, and tend to develop earlier and grow larger. They're a leading cause of heavy bleeding, pelvic pain, and pressure symptoms, yet are frequently normalized or dismissed for years before diagnosis. Treatment ranges from monitoring to medication to minimally invasive or surgical procedures, depending on symptoms and goals, including fertility goals. If your periods have been disrupting your life, that's worth a real evaluation, not just reassurance.

2. Preconception & Family Planning Basics

A preconception visit — ideally a few months before trying to conceive — covers folic acid supplementation, managing chronic conditions like hypertension or diabetes before pregnancy, updating vaccines, and reviewing medications that may need adjusting.

- Barrier methods (condoms) protect against STIs as well as pregnancy.
- Hormonal methods (the pill, patch, ring, shot) and IUDs vary widely in how they're used and how long they last.
- Permanent options (tubal ligation, vasectomy for a partner) are worth discussing fully before deciding.

The right method depends on your health history, lifestyle, and goals — including whether and when you want future pregnancies. It's a conversation worth having directly with your provider rather than defaulting to whatever's offered first.

3. Pregnancy Health & Self-Advocacy

Black women in the U.S. face significantly higher rates of pregnancy-related death than white women, across income and education levels. This disparity is tied to systemic bias in how symptoms are heard and acted on — not to individual risk factors alone. Knowing the warning signs, and insisting they be taken seriously, is a form of protection.

- Preeclampsia warning signs: severe or persistent headache, vision changes (blurriness, spots, light sensitivity), sudden swelling in the face or hands, upper abdominal pain, and high blood pressure readings.
- Postpartum hemorrhage warning signs: soaking through pads rapidly, dizziness or fainting, a racing heartbeat, or unusual weakness after delivery.

Building a birth support team — a doula, a patient advocate, or simply a trusted person who will speak up with you — measurably improves outcomes and helps ensure your symptoms get heard the first time you raise them, not the third.

4. STI Screening Basics

Routine STI screening is a normal part of reproductive care, not a judgment about your choices. Many STIs have no visible symptoms, which is exactly why routine testing matters even when you feel fine.

- Screening frequency depends on your activity and number of partners — ask your provider what's appropriate for you rather than assuming annual testing covers everything.
- Most STIs are treatable, and many are fully curable with the right medication.
- You can request testing directly; you don't need to wait for a provider to bring it up.

5. Fertility Awareness

Understanding your own cycle — tracking ovulation through basal body temperature, cervical mucus changes, or an app — builds useful knowledge whether you're trying to conceive or avoid it.

- General guidance is to seek a fertility evaluation after 12 months of trying under age 35, or 6 months over age 35.
- Conditions like fibroids, PCOS, and endometriosis can affect fertility — if you have any of these, it's reasonable to ask for an earlier workup rather than waiting out the standard timeline.
- A fertility evaluation is a starting point for information, not a verdict.

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The White Dress Project (Fibroids) →

Black Mamas Matter Alliance →

ACOG — Patient FAQs →

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Perimenopause Education

Perimenopause often starts earlier and lasts longer than most conversations about it suggest — especially for Black women. Here's what it actually is, and how to advocate for real answers.

1. Perimenopause vs. Menopause

Perimenopause is the transitional period leading up to menopause, when hormone levels fluctuate and periods become irregular. It can start in your mid-30s to 40s and last anywhere from a few years to over a decade.

Menopause itself is a single point in time: 12 consecutive months without a period. The average age in the U.S. is around 51 — but the years leading up to it are where most of the symptoms and confusion happen.

2. Symptoms Often Dismissed or Misattributed

- Hot flashes and night sweats
- Mood shifts, irritability, or new anxiety
- Sleep disruption unrelated to other causes
- Brain fog or memory lapses
- Joint aches and changes in libido
- Increasingly irregular periods

These symptoms are frequently chalked up to “just stress” or general aging — or dismissed altogether, especially for Black women. Naming perimenopause specifically, rather than describing only the individual symptoms, helps providers connect the pattern.

3. Why This Matters for Self-Advocacy

Research, including the long-running Study of Women's Health Across the Nation (SWAN), has found that Black women tend to enter perimenopause earlier and experience symptoms like hot flashes for a longer duration than white women — yet are less likely to be offered treatment for it.

Don't wait to be asked. If you're in your late 30s or 40s and noticing pattern changes, it's reasonable to raise perimenopause directly and ask what your options are, rather than waiting for a provider to bring it up first.

4. Talking to Your Doctor & Hormone Therapy Basics

There's no single test that confirms perimenopause — it's usually diagnosed from your symptoms and cycle changes, sometimes alongside hormone level testing. Bring a simple log of your symptoms and cycle patterns to the appointment.

Hormone therapy (estrogen, sometimes combined with progesterone) can be an effective option for many women and is safest and most effective when started closer to the onset of menopause. It's an individualized decision based on your health history — ask directly what your risks and benefits would look like. Non-hormonal options, including certain medications and lifestyle approaches, are also available for those who prefer or need them.

5. Long-Term Considerations: Bone & Heart Health

Declining estrogen after menopause raises the risk of osteoporosis. Weight-bearing exercise, adequate calcium and vitamin D, and a bone density screening (typically starting around age 65, or earlier with risk factors) all matter here.

Cardiovascular risk also rises after menopause. This is a good time to be more vigilant about blood pressure and cholesterol monitoring, not less — heart disease is often under-recognized as a women's health issue.

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The Menopause Society →
Black Women's Health Imperative →
Ourselves Black →

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Maternal Mental Health

Perinatal mood and anxiety disorders are common, treatable, and consistently under-diagnosed in Black mothers. This section is about naming what's happening and building real support around it.

IF YOU NEED SUPPORT RIGHT NOW

988 Suicide & Crisis Lifeline — call or text 988, available 24/7, free and confidential.

Postpartum Support International Helpline — call or text 1-800-944-4773.

1. Perinatal Mood & Anxiety Disorders (PMADs)

The "baby blues" — tearfulness, mood swings, mild anxiety in the first two weeks after birth — are extremely common and usually resolve on their own. PMADs are different: they last longer, feel more intense, and interfere with daily functioning. They can start during pregnancy or any time in the first year postpartum.

- Postpartum depression: persistent sadness, hopelessness, loss of interest, feeling disconnected from your baby.
- Postpartum anxiety: constant worry, racing thoughts, physical symptoms like a racing heart.
- Postpartum OCD: intrusive, unwanted thoughts, often about harm coming to the baby, paired with anxiety and compulsive behaviors.
- Postpartum psychosis (rare, but a medical emergency): confusion, hallucinations, delusions — requires immediate care.

These are medical conditions, not a reflection of your character or your love for your child. They are treatable.

2. Why PMADs Are Under-Diagnosed in Black Mothers

Black mothers are screened for PMADs less often, diagnosed less often, and referred to treatment less often than white mothers — even when reporting similar symptoms. The reasons are layered: stigma around mental health within some community narratives, provider bias that dismisses or minimizes symptoms, and real barriers to access like insurance, cost, and finding a provider who understands your context.

Naming your symptoms plainly and repeatedly — even if it feels uncomfortable, even if a provider seems to brush past it the first time — is one of the most effective ways to push past both stigma and bias.

3. Building Your Village

- Identify 3–5 people or roles you can call on: someone for emotional support, someone who can help practically (meals, childcare, errands), and a professional you trust.
- Ask for help before you're in crisis — waiting until you're overwhelmed makes it harder to ask and harder to receive.
- Accepting help is not a failure of independence. It's part of how this season is supposed to work.

4. Finding a Culturally Competent Therapist

A culturally competent therapist understands the specific pressures — racism, the "strong Black woman" narrative, family expectations — that shape how symptoms show up and how comfortable you feel disclosing them.

- Therapy for Black Girls maintains a directory of Black therapists and mental health resources.
- Postpartum Support International has a provider directory specific to perinatal mental health, including many who offer teletherapy.
- Ask a potential therapist directly how they approach cultural context in their practice — their answer will tell you a lot.

5. Crisis Resources

If you are having thoughts of harming yourself or your baby, please reach out immediately. These resources are free, confidential, and available right now.

- 988 Suicide & Crisis Lifeline — call or text 988, 24/7.
- Postpartum Support International Helpline — call or text 1-800-944-4773.

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Therapy for Black Girls →
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Fitness & Movement

Movement is medicine, not punishment. This section covers postpartum recovery, realistic routines, and building habits that outlast diet culture.

1. Movement as Medicine, Not Punishment

Exercise doesn't have to be earned by what you ate, and it isn't a punishment for your body's size or shape. Its real benefits — better mood, lower blood pressure, better sleep, longer-term health — have nothing to do with weight loss and everything to do with how you feel and function.

The best movement practice is one you'll actually keep doing. Start from what you enjoy, not what you think you're supposed to do.

2. Postpartum Recovery & Pelvic Floor Health

Most providers clear light activity around 6 weeks postpartum for vaginal births; recovery after a C-section, a difficult delivery, or significant tearing often takes longer. Always get individual clearance before resuming exercise.

- Diastasis recti (abdominal muscle separation) is common and often improves with targeted core rehab — a visible doming or gap along your midline is worth mentioning to your provider.
- Leaking urine, pelvic pain, or a feeling of pressure or heaviness are common after childbirth, but they are not something to simply live with — a pelvic floor physical therapist can meaningfully help.
- Kegels done incorrectly can make some pelvic floor issues worse; a proper evaluation is more useful than guessing.

3. Realistic Routines for Time-Strapped Moms

- 10–15 minute “movement snacks” throughout the day add up and are easier to sustain than a single long workout you keep skipping.
- Involve your kids where you can — stroller walks, dance breaks, active play all count.
- Consistency matters more than intensity. Three short sessions most weeks will outperform one intense session you can't sustain.

4. Fitness Considerations Through Perimenopause

As estrogen declines, bone density and muscle mass become more directly tied to how much resistance and weight-bearing activity you're doing — strength training becomes more important with age, not less.

- Prioritize resistance training (bodyweight, bands, or weights) at least twice a week for bone and muscle health.
- Low-impact options (swimming, cycling, walking) protect joints that may be more sensitive during this transition.
- Recovery time may need to lengthen — adjusting intensity isn't a step backward, it's adapting to a real hormonal shift.

5. Sustainable Habits Over Diet-Culture Cycles

All-or-nothing thinking — either a perfect routine or nothing at all — is the fastest way to abandon movement altogether. Sustainable habits are built from small, repeatable actions, not intensity spikes.

- Stack movement onto habits you already have (a walk after a meal, stretching while watching TV).
- Track how movement makes you feel and function, not calories burned.
- Rest days are part of a sustainable routine, not a departure from it.

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Black Girls RUN! →
GirlTrek →
ACOG — Exercise After Pregnancy →

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Thank you for trusting us with your wellness journey.

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General information only — always consult your own healthcare provider.