

A STATEWIDE ADVOCACY TRAINING



STORYTELLING FOR SYSTEMS CHANGE

AUGUST 5, 2026

11:00AM - 12:00PM

WEBINAR

**YOUR STORY
CAN CHANGE
SYSTEMS.**



CALIFORNIA
PERINATAL
WELLNESS ALLIANCE

YOUR VOICE. OUR COLLECTIVE
IMPACT.

[CALPWA.ORG](https://calpwa.org)

WELCOME



**THE CALIFORNIA PERINATAL WELLNESS
ALLIANCE (CPWA) is a survivor-and
community-led statewide alliance.**



Cassie Manjikian
Co-Founder & Director



Jess Ford
Storytelling & Policy Intern



Somoh Supharukchinda
Strategy Advisor & Consultant



**Monea
Jennings**
Senate Fellow



**Policy &
Systems
Change**



**Convenings
& Movement
Building**



**Storytelling
& Narrative
Shift**

PURPOSE & AGENDA

- ⊗ Understand the moment.
- ⊗ Learn a story framework.
- ⊗ See storytelling in action.
- ⊗ Choose one next step.



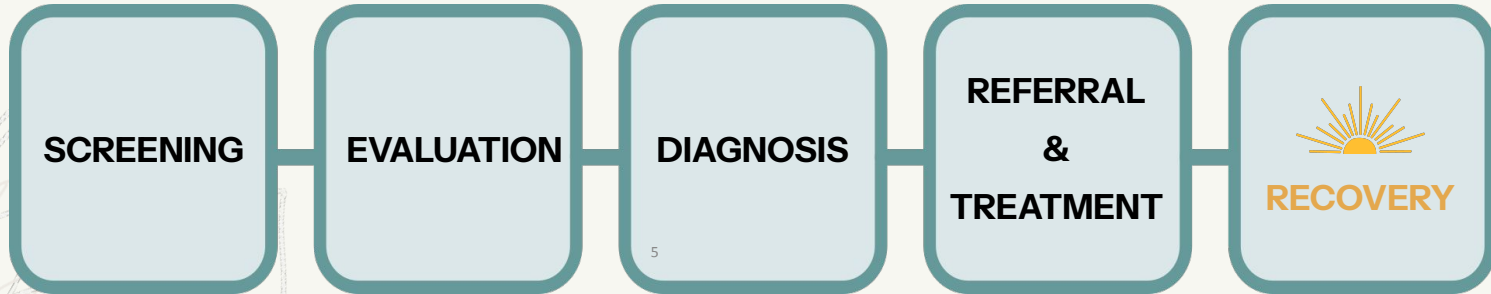
WHY WE'RE HERE TODAY



- Families are telling us the same story
- “I got screened, was handed a piece of paper, and that was it.”

WHAT FAMILIES NEED

SCREENING IS AN ENTRY POINT, NOT A FINISH LINE.



In the Chat: Where along this pathway do you think families most often fall through the cracks?

HOW SB 626 HELPS

SB 626 seeks to strengthen:

- Follow-up after a positive screen
- Case management & care coordination
- Quality improvement & accountability

6



STORIES BRING DATA TO LIFE

- More than 1 in 3 California birthing people reported depression or anxiety symptoms in 2024.
- Yet 85% of families never received the care they needed.

In the Chat: What's one barrier you've seen – or experienced – that makes it harder for families to get connected to care?

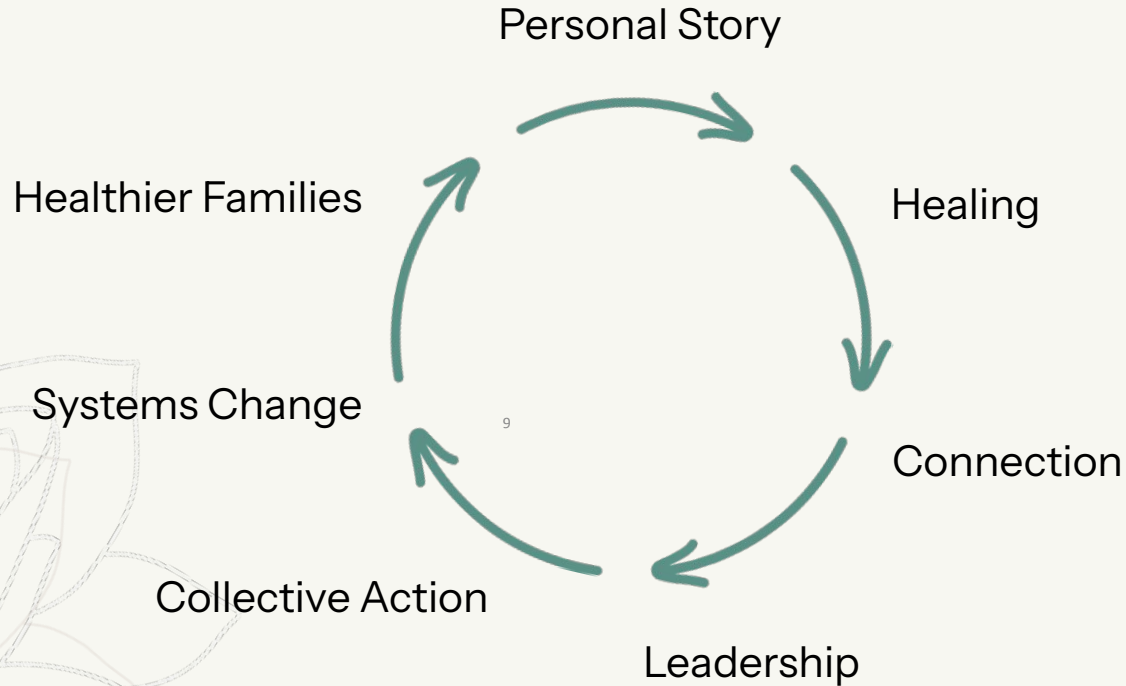


HOW SYSTEMS CHANGE HAPPENS



- Stories move people.
- People move policy.
- Policy changes systems.

FROM STORY TO SYSTEMS CHANGE



In the Chat: Looking at this pathway, where do you see yourself today?

- Pain to Power
- Advocacy Day
- *Breaking the Silence*
Storybook
- State Agency Roundtable
- SB 626



ADVOCACY JOURNEY



HEALING

ADVOCACY

CALIFORNIA
PERINATAL
WELLNESS ALLIANCE



JADE Los Angeles
90029

I had my son in 2020 during the pandemic with a well-planned postpartum: 40 days of rest, Chinese meal delivery, acupuncture, lactation support, and a present partner. But at eight weeks postpartum, everything shifted. The services ended, my partner relapsed and cheated, and I had no income. No one followed up from the birthing center or the hospital after my C-

Despite my best friend's support, I often felt alone. I cried myself to sleep, overwhelmed and questioning if my child would be better off with someone else. But every day, I danced with my baby, went on hikes, leaned into my community, and made art. I survived by reaching for joy, even in tough moments. The real struggle came after initial support ended. What helped me heal wasn't just inner strength but the community, resources, and continued support I had access to.



SHEKALIA Los Angeles
90018

When I was pregnant, my midwife ran a full panel of tests and discovered I had the MTHFR genetic mutation. This finding was something she said she rarely saw in Black women. Because she caught it early, I was able to take the right supplements and make changes that helped me avoid complications that could have impacted both my physical and mental health. I've seen how this mutation can contribute to depression, anxiety, and mood swings during and after pregnancy. Too many women never get that opportunity, and they suffer in silence.

My experience showed me that proactive, culturally affirming care, including genetic testing when needed, can make all the difference. Every mother deserves to start her journey with the tools and support to protect her mental and emotional well-being.



YVONNE Los Angeles
90008

Throughout my pregnancy, I was fortunate to have the support of my family, especially my daughter and community-based programs like Black Women for Wellness, Black Infant Health, Mommy Glow, and CannaMoms. These programs provided group spaces where I connected with other mothers, shared real feelings, cried, and found healing through support and sisterhood. I was also honored to contribute to the Abundant Birth Project by helping design their website, select colors, and ensure the experience felt welcoming and supportive for moms.

Watching that project grow brought me to tears - it gave me purpose and peace. Being surrounded by love, resources, and a safe space to be vulnerable helped me navigate anxiety, depression, and mood swings. It



CONNOR Los Angeles
90039

When our baby was born, most conversations revolved around the baby and my partner's recovery. Our midwives checked in with her, friends asked how she was healing, and family made sure she had support. I was glad she had that care, but it also meant there wasn't much space to talk about what the transition felt like for me.

The shift into fatherhood hit me harder than I expected. Our whole life changed overnight, and I struggled to understand what my role was. I loved my child deeply, but I felt unsure where I fit and unprepared for how much our pace of life would shift. Instead of talking about it, I pulled away. I stayed busy, focused on work and practical tasks, and avoided conversations about how overwhelmed I felt.

Looking back, I realize I was disconnecting. I felt more irritable, distant, and alone, but there was never a moment when a provider asked about my mental health or offered screening for partners. If someone had simply asked how I was coping, it might have helped me feel less alone in becoming a father.



VICKI San Clemente
92672

I had looked forward to being a grandmother for years, so when my daughter became pregnant, I was thrilled. Her pregnancy was healthy, and everything went smoothly. After my grandson's birth, she struggled to sleep, which I assumed was normal. But after staying with my daughter and son-in-law, I began noticing signs something was wrong—lists upon lists of tasks, late-night restlessness, and eventually, talking about God, angels, and the universe. Her husband and I took her to the ER, where she was admitted to the psych ward. It was terrifying. Friends called to congratulate me on my new grand baby, but all I felt was fear—was my daughter permanently losing touch with reality?

Thankfully, my son-in-law researched her symptoms and discovered postpartum psychosis, which I had never heard of. With help from a trained therapist, including a sleep plan, she began to recover. Looking back, proper screening could have spared confusion, fear and heartbreak that impacted our whole family.



SARAH Los Angeles
0007

Learning my mother had postpartum depression after I was born made my whole life



FYNAY ACCORTT, PH.D. Los Angeles

I have been passionate about maternal mental health since 2008, witnessing firsthand the challenges new parents face without consistent screening, support, or connection to care. In 2017, I helped develop the Cedars-Sinai Postpartum Depression Screening, Education, and Referral program, through which I have observed both the barriers families encounter and the progress possible when systems prioritize early identification and follow-up. Our quality improvement work has been documented in several publications highlighting these barriers.

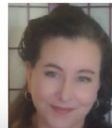
In 2018, I shared my experiences at the California State Senate Health Committee to support bills 2093 and 3032, and in 2024, I spoke at the Los Angeles City Health Commission about racial disparities in maternal mental health and the need for culturally responsive care for Women of Color. These experiences have reinforced how crucial it is for birthing hospitals to educate medical teams, and to educate, screen, and refer new mothers for mental health support after delivery.



KENDY FAYE, MA, AMFT Sacramento 95812

JOEL PERINATAL CARE, RESEARCHER AND ADVISOR, SUPERIOR

We are in the midst of a preventable crisis of perinatal and infant mortality, disproportionately affecting Black and Indigenous birthing people nationwide. In California, this crisis is exacerbated by widening perinatal care deserts. For survival, we need to address the social, cultural, and psychological determinants of the psychological, physical, emotional, and spiritual levels. Traumatic birth experiences affect the birthing person, their partners, providers, and children. Mounting evidence indicates that the perinatal experience can have a significant and long-term foundation to outcomes in trauma, anxiety, depression, attachment, and family systems. And yet, perinatal mental health remains a cost-prohibitive specialization for the majority of new clinicians working directly with community members who are most in need of care. We need to train and support a new generation of perinatal clinicians risk misdiagnosis, retraumatization, and perpetuating disparities that affect lives. Education and competency in perinatal mental health care are critical and public health imperatives. Every clinician needs this knowledge to provide safe, cost-effective care.



DR. LISA WENNINGER, LPCC

Individuals who are pregnant and who have recently given birth are susceptible to distinct mental health challenges which are poorly understood in our culture and in the medical professions. These mental health challenges can be intensely compounded by systemic factors when the birth-giving parent holds marginalized and intersectional identities, such as low-income, neurodivergent, disabled, BIPOC, trans, or queer. As a mental health professional dedicated to equity within our field, I emphasize the critical importance of universal, culturally-informed, and intersectionally-focused perinatal mental health screening that can detect and treat mental health concern associated with the birth-giving parent's childbearing period. I am currently in the process of my regulatory boards in requiring providers to increase their competence in delivering equitable mental health care to Californians.

A FIVE-PART ADVOCACY FRAMEWORK

Framework

- What happened?
- How did it affect you or your family?
- Where did the system break down?
- What needs to change?
- What is your clear ask?

What were your expectations entering into your perinatal journey?

What symptoms did you experience? Describe their onset, duration, severity, and any factors that contributed.

Describe a moment when you felt unseen or unsupported, what were your feelings/experiences in that moment?

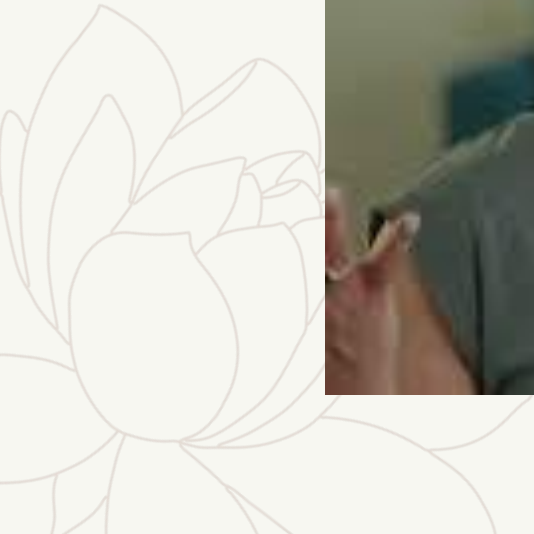
Were there any barriers or system gaps that contributed to you experience?

What did you need that you didn't receive? If you received help, what was beneficial?

What would it have meant to you if someone had caught this early? If you had been screened.

What do you hope for change?

LIGAYA'S STORY



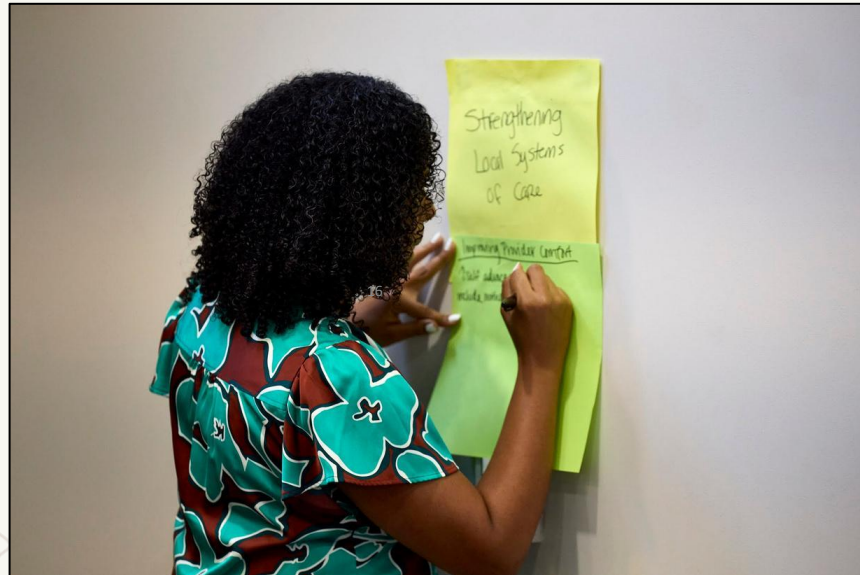
What did you hear?

- The human impact
- The systems gap
- The proposed change
- The call to action



EFFECTIVE ADVOCACY STORIES

Specific • Authentic • Focused • Brief • Connected to action



DO'S AND DON'TS



If you're stuck, ask:

- When did you realize something was wrong?
- What support was missing?
- What do you wish had happened instead?
- What should change for the next family?

- What feels clear?
- What feels hard?
- Where might you use your story?



TAKE ACTION & STAY CONNECTED



- Share or update your story by Sep 1st.
- Send an individual or organizational support letter.
- Contact your Assemblymember.
- Invite another storyteller or organization.
- Join CPWA's advocacy network.
- Join CPWA's next convening on Oct. 8th.

