



Perinatal Mental Health Learning Community

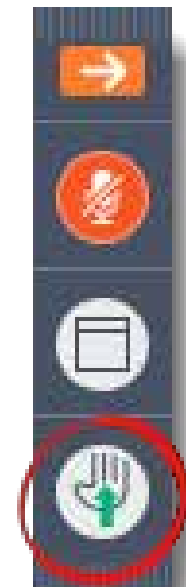
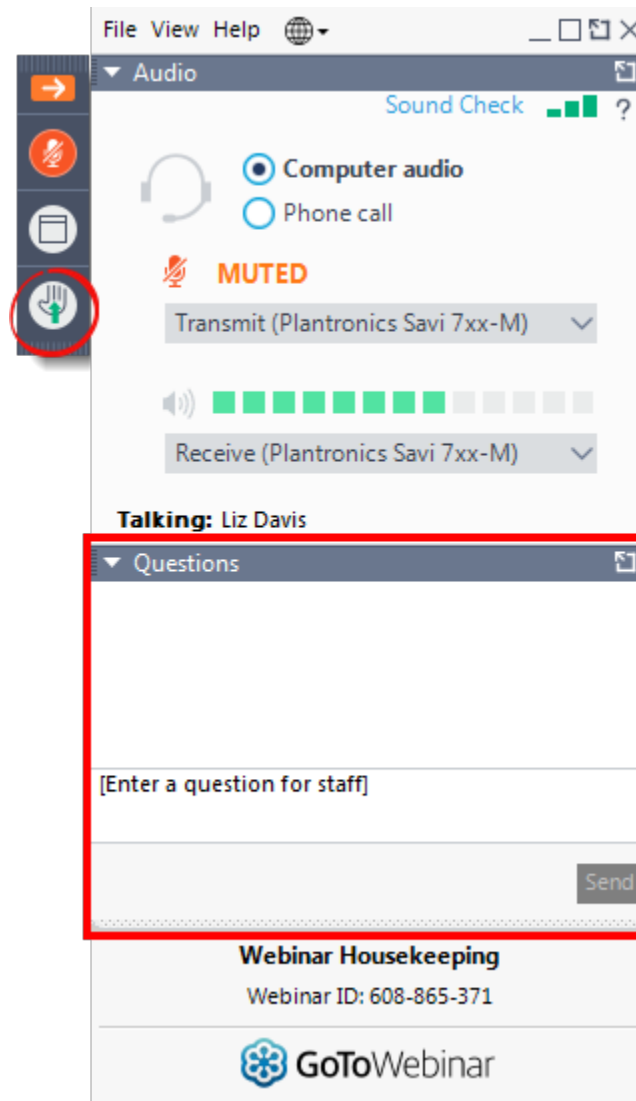
Webinar April 16, 2020 12 – 1 p.m.

Impact of COVID-19 on Perinatal Mental Health

Release of Hospital Resources to Strengthen
Perinatal Mental Health

Housekeeping

- All lines are muted.
- Raise your hand to speak.
- Use “Questions” to make comments or ask questions.



Our Team



Julia Slininger
Program Manager,
PMH Learning Community
Hospital Quality Institute



Staci Grabill
Program Coordinator
PMH Learning Community
Hospital Quality Institute



Barbara Sheehy
System Director, Perinatal
Behavioral Health
CommonSpirit Health



Kelly O'Connor-Kay
Executive Director,
Maternal Mental
Health NOW



Gabrielle Kaufman
Clinical Director,
Maternal Mental
Health NOW



Anna King
Clinical Training Specialist,
Maternal Mental Health
NOW



Boris Kalanj
Director of Programs,
Hospital Quality Institute



Program Website



Hospital Quality Institute

About HQI

Programs

Educational Opportunities

Perinatal Mental Health Learning Community

Feb. 2020 – Dec. 2021

<https://www.hqinstitute.org/post/perinatal-mental-health-learning-community>



The Perinatal Mental Health (PMH) Learning Community provides California hospitals with education, technical assistance, and peer support to strengthen perinatal mental health. The program assists hospitals to comply with Assembly Bill 3032, the Maternal Mental Health Conditions law. The program is administered by HQI, funded by California HealthCare Foundation and delivered in collaboration with Maternal Mental Health NOW and CommonSpirit Health.

Program at a Glance

Webinars

Group Office Hours

Online Resources for Hospitals

1:1 Coaching

Participating Hospitals

Enroll

Contact

Online Resources for Hospitals

Hospitals are invited to use the following resources, developed for our PMH Learning Community to assist with implementing the provisions of AB 3032 and strengthen hospital approaches to perinatal mental health. These resources are available free of charge.

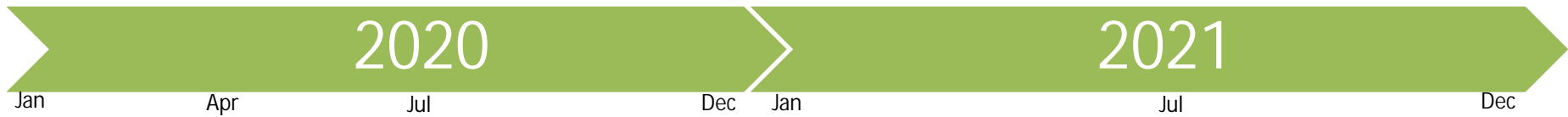
> [Online Training Course for Hospital Staff](#)

> [Quick Reference Guide for Hospital Staff](#)

> [Brochure Template for Hospitals](#)

> [App for Patients and Families](#)

Timeline – Perinatal Mental Health Learning Community



Education and Technical Assistance (Feb '20 - Dec '21)

- Ø Webinars (2020: Feb, Apr, Jun, Aug, Oct, Dec; 2021: Feb, Apr, Jun, Aug, Oct, Dec)
- Ø Group Office Hours (2020: Mar, May, Jul, Sept, Nov; 2021: Jan, Mar, May, Jul, Sept, Nov)
 - Ø 1:1 Technical Assistance (on demand)
 - Ø In-Person Regional Events (Nov '20)

TODAY

Training Tools and Resources (Apr '20 – Dec '21)

- E-learning module and quick reference guide for staff
 - E-learning module for patients
 - Brochure template

Case Studies Developed

Case Studies Available

AB-3032: Hospitals Maternal Mental Health Act

- It requires all birthing hospitals in California to provide education and information to postpartum people and their families about maternal mental health conditions, post-hospital treatment options, and community resources.
- All regular staff in labor and delivery departments (e.g. registered nurses and social workers) must receive education and information about maternal mental health disorders.
- Hospitals can offer additional services to ensure optimal care.

Law became effective on January 1, 2020.

Caring for the Caregiver – April 21



Hospital Quality Institute

About HQI

Programs

Educational Opportunities

Care for the Caregiver Webinar

A Lifeline for the Health Care Frontline

Webinar | April 21, 2020 - 9:00am - 12:00pm

Overview

Dates and Times

Agenda/Objectives

Registration

Faculty

<https://www.hqinstitute.org/care-for-caregiver-web>



Today's Webinar Objectives

- Understand how the COVID-19 pandemic can heighten the mental health risks of women and families in the perinatal period.
- Learn about practical steps health care leaders and staff can take to mitigate these risks.
- Understand how to locate, navigate and use the new education and training resources on perinatal mental health developed for hospitals.

Agenda

- The impact of COVID-19 on perinatal mental health

Margaret Lynn Yonekura, MD, FACOG



Helena Vissing, Psy.D., PMH-C



- Rollout of hospital resources for perinatal mental health

Kelly Kay



- Ø Online course for hospital staff
- Ø Quick reference guide for hospital staff
- Ø Brochure template for hospitals
- Ø App for patients and families

Inpatient Obstetric Healthcare in Era of Covid-19

Margaret Lynn Yonekura, M.D., FACOG

Perinatal Behavioral Health Physician Champion

CommonSpirit Health

Member, Infectious Disease Society for Obstetrics and Gynecology

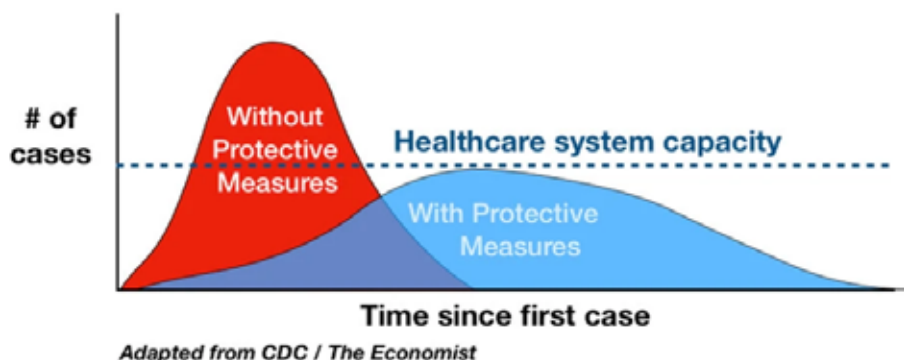
April 16, 2020

COVID-19 Pandemic Disaster

- A **disaster** is a sudden, calamitous event that seriously disrupts the functioning of a community or society and causes human, material, and economic or environmental losses that exceed the community's or society's ability to cope using its own resources.
- Pandemic FAQs
 - Who's susceptible? – everyone
 - How fast is it spreading? – exponentially
 - How deadly is it? Clearly more deadly than influenza
 - When and how will it end?

COVID-19 Pandemic Response

- Goal: “flattening the curve”
 - Staying at home
 - Physical distancing
 - Frequent hand hygiene
 - Wearing face covering
- Impact on mental well-being
 - Tremendous fear, stress, and anxiety
 - Those with history of trauma/toxic stress likely to be triggered
 - Grieving multiple losses: safety/security, freedom, school/job, income, insurance, childcare...



Impact on Maternal Mental Health

- Worrying about health and safety of herself and infant
- Increased fear, stress, and anxiety à depression
- Fear of Covid-19 à obsessive cleaning
- Stay at home order à isolation, loneliness, and depression
- Living in cramped quarters with abuser à



Taking care of mama

A virtual opportunity for pregnant and new moms to connect and gain support during these challenging times.

Tuesdays, April - May 2020 | 2:00 - 2:45 pm (PST)
All are welcome at no cost - Join one meeting or join all

To receive meeting link and password, or for questions contact:
Barbara Sheehy | (415) 544-2395 | Barbara.Sheehy@DignityHealth.org

ZOOM meetings facilitated by Maternal Mental Health NOW staff
Anna King, LCSW, PMH-C & Gabrielle Kaufman, MA, LPOC, BC-DMT, NCC, PMH-C



Your Revised/Updated Birth Plan



TAKE ACTION

Make a birth plan.

While the COVID-19 pandemic constantly changes, March of Dimes knows that every day babies are still being born. This document has been designed for you to assess the preferences you'd like based on the policies of your chosen place of birth. At the end you'll find a series of questions that you should ask your provider as you prepare for your baby's birth.

Your name _____

Your provider's name and contact information _____

Your baby's due date _____

Your baby's provider's name and contact information _____

1 Where do you plan to have your baby? _____

2 Can a support person be present during labor and birth? If yes, who is your primary support? _____

Name _____

Phone _____

This person is:

- ☐ Your partner ☐ Your baby's father
☐ A family member ☐ Your friend
☐ Clergy ☐ Your doula

3 Is there an option to have virtual support during labor and birth?

Virtual options:

- ☐ My phone ☐ Skype
☐ FaceTime ☐ Facebook
☐ Zoom ☐ WhatsApp

4 Can you bring your own device (phone/iPad)?

- ☐ Yes ☐ No

Does the hospital have WiFi access?

- ☐ Yes ☐ No

Will the hospital provide a device for virtual support?

- ☐ Yes ☐ No

5 What support do you want during labor?

- ☐ Help with breathing
☐ Help working through contractions
☐ Massage
☐ Help to move around
☐ Use of labor tools (birth ball, peanut ball)
☐ Sensory (lights, music)
☐ Other _____

6 Do you want to move around during labor?

- ☐ Yes ☐ No

What position(s) do you want to be in during labor?

- ☐ Lying down
☐ Kneeling
☐ Standing
☐ Other _____

7 What kind of medicine, if any, do you want to help with labor pain?

8 Do you want to hold your baby skin-to-skin during the first hour after birth?

- ☐ Yes ☐ No

9 Do you want delayed cord clamping?

- ☐ Yes ☐ No

10 What do you want to cut the umbilical cord?

11 Do you plan to breastfeed your baby's umbilical cord blood?

- ☐ Yes ☐ No

12 Do you want your baby with you at all times after birth? Or is it OK for your baby to spend time in the nursery?

- ☐ Stay with you at all times
☐ OK to stay in the nursery

13 Do you plan to breastfeed your baby?

- ☐ Yes ☐ No

14 Do you want to meet the lactation consultant while in the hospital?

- ☐ Yes ☐ No

15 Do you want to be told before your baby is offered a pacifier or formula?

- ☐ Yes ☐ No

16 If your baby is a boy, do you want him circumcised?

- ☐ Yes ☐ No

17 Are there special traditions you want to take place when your baby is born?

- ☐ Yes ☐ No

Describe _____

18 Who is your emergency contact?

Name _____

Relationship to you _____

Phone _____

19 Is there anything else the hospital or birthing center staff should know about you or your baby's birth?

- ☐ Yes ☐ No

Describe _____

20 Are there words or expressions that you'd like the health care team NOT to use?

- ☐ Yes ☐ No

Describe _____

21 Do you prefer to limit the number of health care staff that enter your room?

- ☐ Yes ☐ No

When preparing for birth, call your facility to ask:

1 Can I bring a partner or support person with me?

2 If I'm not permitted to have a support person present, what are the facility's policies about having a virtual support person?

3 If I'm not permitted to have a support person present, how will your staff support me and help manage my emotional and physical needs during labor and delivery?

4 How will my baby and I be protected from COVID-19 during labor and delivery, and what are the policies about wearing a mask for pregnant and post-partum women?

5 Do you have a virtual hospital tour to prepare for my labor and delivery?

6 What am I permitted to bring to the facility with me?

7 Will I be tested for COVID-19?

8 What will happen if I test positive for COVID-19?

9 What will happen if my baby tests positive for COVID-19?

10 What is the average time frame for post-partum discharge for mom and baby?

11 What is your facility's policy around visitors after I have my baby?

12 Are there any other facility-specific labor and delivery policies that I should be aware of?

When you arrive, ask:

1 Have there been any changes to the facility's labor and delivery policies?

2 While in labor, where am I permitted to move around?

3 What are the policies around eating and drinking during labor?

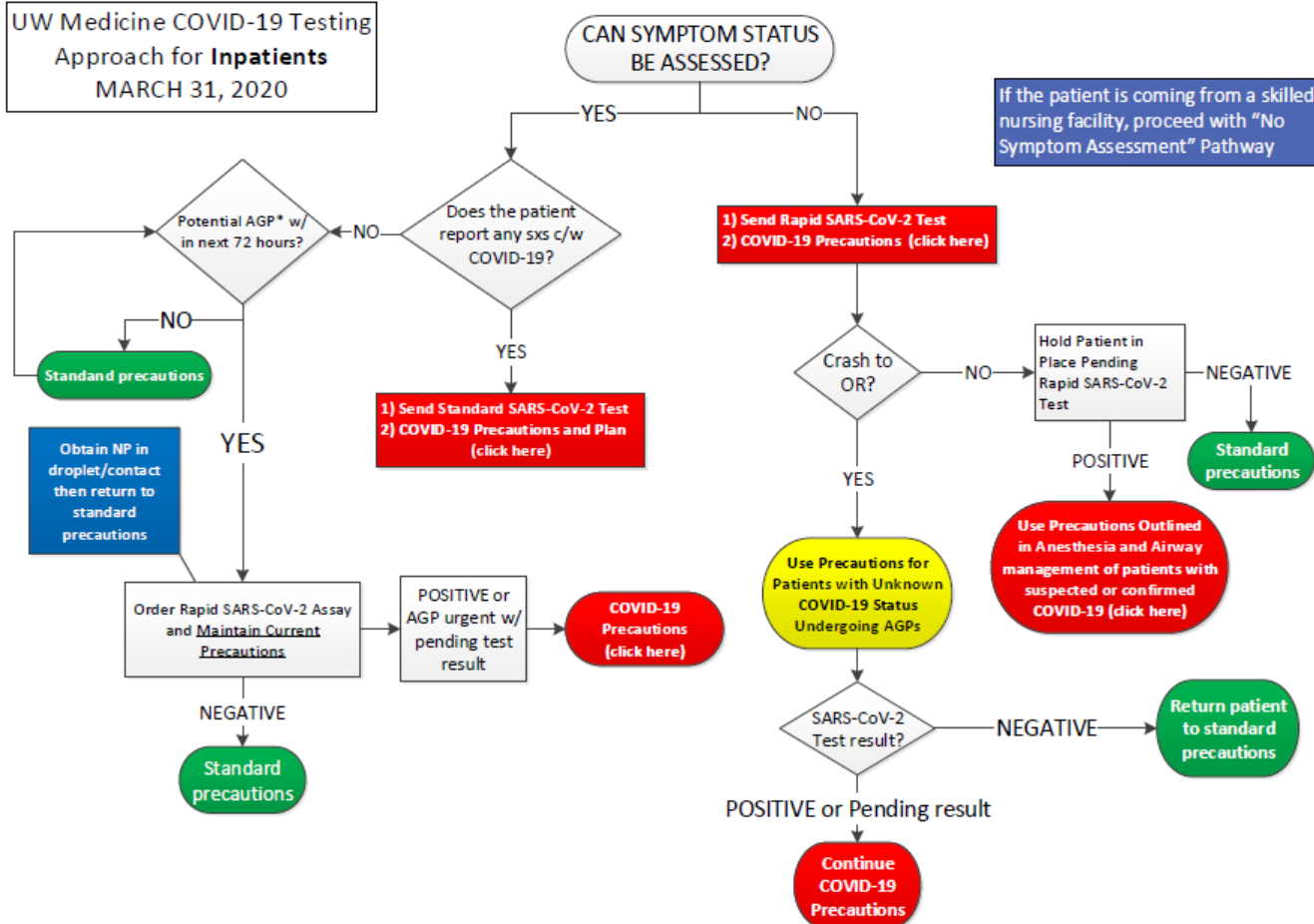
This document was created as an informational resource and is not a medical policy. It is not intended to replace the policies of your chosen facility. The information within cannot be used to replace the policies of your chosen facility. It is not intended to replace the policies of your chosen facility. It is not intended to replace the policies of your chosen facility.

Available in English & Spanish

'What To Expect When You're Delivering'

- COVID-19: 'the great equalizer'
 - Patients and staff share a sense of vulnerability and concern
 - Staff at high risk for vicarious trauma, compassion fatigue, and burnout
 - Self-care has never been more important
 - What has helped you get through difficult times in the past?
 - Engage in practices that help you feel calm and grounded
 - Empathy and compassion for one another
 - Cooperate with each other

Universal Testing



Many facilities have implemented universal testing of all inpatients at time of admission



Hospital Quality Institute 16

Considerations for Inpatient Obstetric Healthcare Settings

- Resource: CDC Guidance for Healthcare Professionals
- Revisions made April 4, 2020
- Guidance updated to clarify:
 - Considerations re visitors and essential support persons to pregnant women who have **known or suspected Covid-19 infection**
 - Prioritized testing of pregnant women with suspected Covid-19 at admission or who develop symptoms during admission
 - Isolation of **infants with suspected Covid-19** from other healthy infants
 - Determination of whether to keep mother with known or suspected Covid-19 and her infant together or separated

Reminder

“The approaches outlined are **intentionally cautious** until additional data become available to refine recommendations for prevention of person-to-person transmission in inpatient obstetric care settings.”

- CDC

Prehospital Considerations

- Pregnant patients with known or suspected Covid-19 should notify the obstetric unit **prior** to arrival so facility can make appropriate infection control preparations
 - Appropriate room for L & D
 - Ensuring infection prevention and control supplies and PPE are correctly positioned
 - Informing healthcare team who will be involved in patient's care

During Hospitalization

- Healthcare facilities providing inpatient obstetric care should limit visitors to pregnant women who have known or suspected Covid-19 infections
 - Visitors should be limited to those essential for pregnant woman's well-being and care (emotional support persons)
 - Depending on extent of community-transmission, institutions may consider limiting visitors to one essential support person and having that person be the same individual throughout the hospitalization
 - Use of alternative mechanisms for patient and visitor interactions, such as video-call applications, can be encouraged for any additional support persons
 - Visitors will be screened; those with negative screens must wear masks

Mother/Baby Contact

- Benefits of mother/infant skin-to-skin contact:
 - Mother-infant bonding
 - Increased likelihood of breastfeeding
 - Stabilization of glucose levels
 - Maintaining infant body temperature
- Unknown risk of transmission and clinical severity of Covid-19 infection in infants from contact with infectious respiratory secretions



Mother/Baby Contact (cont'd)

- The determination of whether or not to separate a mother with known or suspected Covid-19 and her infant should be made on a case-by-case basis using **shared decision-making** between the mother and the clinical team. Considerations in the decision include:
 - Clinical condition of mother and infant
 - Covid-19 testing results of mother (confirmed vs. suspected) and infant (a positive infant test would negate the need to separate)
 - Desire to feed at the breast
 - Facility capacity to accommodate separation or colocation



Mother/Baby Contact (cont'd)

- Options:
 - Separate rooms to reduce the risk of transmission – recommended
 - Using engineering controls like physical barriers (a curtain between mother and NB) and keeping the NB ≥ 6 feet away from mother
 - Rooming-in

In Canada and Europe, mother/baby dyad remains together.

Breastfeeding

- If temporary separation is undertaken, mothers who intend to breastfeed should be encouraged to express their breast milk to establish and maintain milk supply
 - Dedicated breast pump should be provided
 - Practice hand hygiene prior to expressing breast milk
 - After each pumping session, all parts that come into contact with breast milk should be thoroughly washed and the entire pump disinfected.
 - Expressed breast milk should be fed to NB by a healthy caregiver

Breastfeeding (cont'd)


- If a mother with known or suspected Covid-19 and her infant do room-in and the mother wishes to feed at the breast, she should put on a face mask and practice hand hygiene before each feeding

Breastfeeding should continue and be supported during COVID-19







If you are exposed to a viral infection your body naturally makes antibodies to fight it off. These are then transferred to your baby through your breastmilk, helping to protect your child from the illness you have been exposed.

According to the World Health Organization, "Breastfeeding counselling, basic psychosocial support and practical feeding support should be provided to all pregnant women and mothers with infants and young children, whether they or their infants and young children have suspected or confirmed COVID-19."

Breastfeeding or chestfeeding people at home with mild symptoms of a suspected COVID-19 infection are currently advised by WHO to wear a mask and perform hand hygiene before and after having close contact with the baby.



"Considering the benefits of breastfeeding and the insignificant role of breastmilk in the transmission of other respiratory viruses, the mother can continue breastfeeding, while applying all the necessary precautions."
-UNICEF

-  Continue to nurse your baby through COVID-19 and other respiratory infections.
-  Keep breastfeeding even if you are sick.
-  Wash your hands before and after breastfeeding.
-  Breastfeeding protects baby when either they or you are sick.
-  If sick wear a mask near baby.
-  Breastmilk provides protection against many illnesses.

- Testing for Covid-19: NB should be tested around 24 hr of age and then again at 48-72 hr of age
 - If initial test is positive, follow-up testing of combined throat/nasopharynx specimens should be done at 48 to 72 hr intervals until there are 2 consecutive negative tests
- Hospital discharge: NBs should be discharged based on center's normal criteria
- Education should be provided to **all** caregivers and include written as well as verbal education in person, via telephone or virtually.

Screening for Psychosocial Concerns

- Screening is more important than ever!
- At time of admission:
 - Screen for alcoholism and SUD
 - Screen for DV/IPV
- Postpartum:
 - Screen for PMADs (EPDS; PHQ-9 plus GAD-7) and Suicide Risk
 - Consider screening for Stress: Perceived Stress Scale
- Consider referring patients to local perinatal home visiting program(s)

COVID – 19: How are You Doing?

Helena Vissing, Psy.D., PMH-C



- Free evidence-based stress-management virtual clinics
- Drop-ins, no registrations needed
- State-management techniques, mindfulness and simple breathing techniques, appreciation, and peer-to-peer empathy.

www.covidcalm.org

Trauma-Informed Care in Times of Crisis

- Although these are unprecedented times, principles of trauma-informed care are still relevant!

Focus on the connection:



Trauma-Informed Care in Times of Crisis

All the things you do in the moment that cultivates **connection and acknowledgement** can potentially prevent and mitigate trauma and toxic stress significantly – including for yourself!

Non-defensive attitude

- Remember you don't have to defend everything that's happening as most of it is beyond your control
- Showing empathy by not taking patient's frustrations personally is crucial for trauma-prevention

Principles of Trauma-Informed Care

- Safety (for patient and staff)
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural and historical issues and gender awareness

From National Center for Trauma-Informed Care, SAMHSA, www.samhsa.gov

Postpartum PTSD Risk Factors

- High anxiety sensitivity
- History of sexual trauma
- Inadequate social support and social isolation
- Having a baby in the NICU
- History of abortions/pregnancy loss
- Mother's report of prolonged labor
- Mother's perception of obstetric complications
- History of infertility

**Giving birth
during a
pandemic??**

(Verrault et al. 2012; Montmasson et al. 2012; Furuta et al., 2014; Kim et al., 2015)

Factors that may increase resilience and reduce risks of trauma in perinatal patients:

- Sense of support
- Increasing women's positive emotions
- Sense of mastery, control and active coping
- Encouraging a sense of purpose or meaning during pregnancy, birth and postpartum
- Continuous support during labor, particularly for women with history of trauma or abuse, obstetrical complications or high levels of intervention

(Ayers, 2017)



What
we
do

Postpartum Support for New Parents During COVID-19

- **Adjustment of services**

Create a “substitutions menu” of all the ways you can offer virtual alternatives to usual perinatal patient services, and if you can’t, provide referrals

E.g. online childbirth preparation classes, lactation consultation, nurse hotlines, virtual social worker services.

- **Encourage virtual support groups (therapeutic or peer)**

Postpartum Support International: www.postpartum.net

- **Psychoeducate about the importance of reaching out sooner rather than later**

Now more than ever: don’t wait!

Remind patients of self-care and reasonable expectations for adhering to social distancing (e.g. if a single-mom had a c-section she need in-person help)

Virtual Alternatives to Usual Perinatal Services

Examples

Childbirth Class, Evidence-Based Birth:

<https://evidencebasedbirth.com/childbirth-class/>

Online Lactation Consultation, LiveHealth:

<https://livehealthonline.com/lactation/>

Online Perinatal Mental Health Resources, Postpartum Support International:

www.postpartum.net

- HelpLine in English and Spanish
- Online support groups
- Provider directory with specialized Mental Health Professionals

Virtual Support Groups



Taking care of mama

A virtual opportunity for pregnant and new moms to connect and gain support during these challenging times.

Tuesdays, April - May 2020 | 2:00 - 2:45 pm (PST)

All are welcome at no cost - Join one meeting or join all

To receive meeting link and password, or for questions contact:

Barbara Sheehy | (415) 544-2395 | Barbara.Sheehy@DignityHealth.org

ZOOM meetings facilitated by Maternal Mental Health NOW staff
Anna King, LCSW, PMH-C & Gabrielle Kaufman, MA, LPCC, BC-DMT, NCC, PMH-C

References

Ayers, S. (2017). Birth trauma and post-traumatic stress disorder: the importance of risk and resilience. *Journal of Reproductive & Infant Psychology*, 35(5), 427–430.

Furuta, M., Sandall, J., Cooper, D. (2014). The relationship between severe maternal morbidity and psychological health symptoms at 608 weeks postpartum: a prospective cohort study in one English maternity unit. *BMC Pregnancy Childbirth*. 14:133 (Epub ahead of print)

Kim, W.J., Lee, K. (2015). Progress of PTSD symptoms following birth: a prospective study in mothers of high-risk infants. *Journal of Perinatology*.

Montmasson, J., Bertrand, P., & Perrotin, F. (2012) Predictors of postpartum post-traumatic stress disorder in primiparous mothers. *Journal of Gynecology, Obstetrics and Biological Reproduction*, 41(6), 553-560.

Verrault N, DaCosta D, Marchand A et al: PTSD following childbirth: A prospective study of incidence and risk factors in Canadian women. *J Psychosom Res* 2012;73:257-63

Comments & Questions



Online Resources

- “Maternal Mental Health in the Hospital Setting” Online Training for Staff and Providers
 - 55 minutes
 - Provider approved by the California Board of Registered Nursing, CEP #16793 for 1 contact hour
- “Quick Reference Guide” for Staff and Providers
 - Designed to accompany online training
- “Speak Up When You’re Down” Brochure for Patients and Families
 - 4 languages: English, Spanish, Chinese & Vietnamese
 - Customizable so that hospitals can include local resources
- “Emotional Wellness Self-Help Tool” App for patients and Families
 - For those preparing for pregnancy (including loss), pregnant and postpartum
 - Provides mindfulness and other self-care exercises
 - Ability to make and save a care plan
 - Available in English & Spanish

Access through [HQI’s Perinatal Mental Health Learning Community website](#):



Hospital Quality Institute About HQI Programs Educational Opportunities

Perinatal Mental Health Learning Community

Feb. 2020 – Dec. 2021

The Perinatal Mental Health (PMH) Learning Community provides California hospitals with education, technical assistance, and peer support to strengthen perinatal mental health. The program assists hospitals to comply with Assembly Bill 3032, the Maternal Mental Health Conditions law. The program is administered by HQI, funded by California HealthCare Foundation and delivered in collaboration with Maternal Mental Health NOW and CommonSpirit Health.

Program at a Glance Webinars Group Office Hours **Online Resources for Hospitals** 1:1 Coaching

Participating Hospitals Enroll Contact

Online Training for Hospital Staff



The screenshot shows the top navigation bar of the Hospital Quality Institute website with links: Home, About Us, AB3032, CE Information, Signup, and Login. The main heading is "Maternal Mental Health in the Hospital Setting – What to Know & How to Screen". Below the heading is a descriptive paragraph: "This is a 55-minute online course that provides education about features and prevalence of perinatal mood and anxiety disorders, screening approaches that can be done in the hospital, and effective follow up through referrals and resources." A large image of a woman holding a baby is displayed. At the bottom, instructions for first-time and returning users are provided.

Home About Us AB3032 CE Information Signup Login

Maternal Mental Health in the Hospital Setting – What to Know & How to Screen

This is a 55-minute online course that provides education about features and prevalence of perinatal mood and anxiety disorders, screening approaches that can be done in the hospital, and effective follow up through referrals and resources.



For first-time users, click on "Sign Up" above, then enter your information. Use your email address as the username and choose a password. If you are returning user, click on "Login" above to re-enter the course.

Access through [Hqi website](https://hqi-maternalmentalhealthnow.talentlms.com)

Direct URL: hqi-maternalmentalhealthnow.talentlms.com

Quick Reference Guide for Hospital Staff



The screenshot shows a website interface with a dark blue header and a light blue sidebar. The main content area is white. The sidebar contains a 'Quick Links' section with the following items: Perinatal Mental Health Disorders (PMH), Screening (EDPS, PHQ-9, GAD-7, Scripts), High Risk Guidelines (Child Abuse, Suicide/Risk Assessment, Psychosis or Mania, Substance Abuse), Cultural Humility & Considerations, Referral Resources, and Additional Resources. The main content area has a title 'Quick Reference Guide to Maternal Mental Health in the Hospital Setting' and a paragraph stating: 'This guide is designed to accompany the online training Maternal Mental Health in the Hospital Setting: What to Know & How to Screen. Always follow your hospital's protocols and procedures.' Below this is a section titled 'Perinatal Mental Health Disorders (PMH)' with a bulleted list of three points. At the bottom of the main content area is a table with two columns: 'Condition' and 'Characteristics'.

Quick Links

- Perinatal Mental Health Disorders (PMH)
- Screening
 - EDPS
 - PHQ-9
 - GAD-7
 - Scripts
- High Risk Guidelines
 - Child Abuse
 - Suicide/Risk Assessment
 - Psychosis or Mania
 - Substance Abuse
- Cultural Humility & Considerations
- Referral Resources
- Additional Resources

Quick Reference Guide to Maternal Mental Health in the Hospital Setting

This guide is designed to accompany the online training [Maternal Mental Health in the Hospital Setting: What to Know & How to Screen](#). Always follow your hospital's protocols and procedures.

Perinatal Mental Health Disorders (PMH)

- Perinatal Mental Health Disorders affect 1:7 mothers.
- Perinatal Mental Health Disorders can occur from conception through one year after birth. If left untreated, women can experience symptoms of depression and anxiety through two years after birth and beyond.
- Baby Blues is not a disorder and resolves on its own by two weeks postpartum.

Condition	Characteristics
Depression	Helplessness, hopelessness, anger, feelings of inadequacy
Anxiety	Racing thoughts, inability to settle
Bipolar	Episodes of mania paired with periods of depression and low mood
OCD	Compulsions and intrusive thoughts – efforts to avoid harm to infant

Access through [HQI website](#)

Direct URL: guide.mmhnow.org

Editable Brochure in 4 Languages



**SPEAK UP
WHEN
YOU'RE
DOWN**

1 | MATERNAL DEPRESSION AND ANXIETY IS COMMON.

It is the number one complication of pregnancy. In the US, 15% to 20% of new moms, or about 1 million women, each year experience perinatal mood and anxiety disorders. Some studies suggest that number may be even higher.

YOU ARE NOT ALONE.

Maternal depression can affect any woman regardless of age, income, culture, or education.

2 | YOU MIGHT EXPERIENCE SOME OF THESE SYMPTOMS.

- Feelings of sadness or anger.
- Mood swings: highs and lows, feeling overwhelmed.
- Difficulty concentrating.
- Lack of interest in things you used to enjoy.
- Changes in sleeping and eating habits.
- Panic attacks, nervousness, and anxiety.
- Excessive worry about your baby.
- Thoughts of harming yourself or your baby.
- Fearing that you can't take care of your baby.
- Feelings of guilt and inadequacy.
- Difficulty accepting motherhood.
- Irrational thinking; seeing or hearing things that are not there.

Some of the ways women describe their feelings include:

*I want to cry all the time.
I feel like I'm on an emotional roller coaster.
I will never feel like myself again.
I don't think my baby likes me.
Everything feels like a huge effort.*

3 | SYMPTOMS CAN APPEAR ANY TIME DURING PREGNANCY, AND UP TO THE CHILD'S FIRST YEAR.

Baby blues, a normal adjustment period after birth, usually lasts from 2 to 3 weeks. If you have any of the listed symptoms that have stayed the same or gotten worse, and lasted more than 5 weeks, then you may be experiencing maternal depression or anxiety.

4 | YOU DID NOTHING TO CAUSE THIS.

You are not a weak or bad person. You have a common, treatable illness. Research shows that there are a variety of risk factors that may impact how you are feeling, including your medical history, how your body processes certain hormones, the level of stress you are experiencing, and how much help you have with your baby. What we do know is, **THIS IS NOT YOUR FAULT.**

5 | THE SOONER YOU GET HELP, THE BETTER.

You deserve to be healthy, and your baby needs a healthy mom in order to thrive. Don't wait to reach out. Talk to someone you trust. **HELP** is available.

6 | THERE IS HELP FOR YOU.

Postpartum Support International
1.800.944.4773
www.postpartum.net

6 THINGS
Every New Mom & Mom-To-Be Should
Know About Maternal Depression

Adapted from Postpartum Progress, www.postpartumprogress.com, where you can find out more on childbirth-related mental illness. This brochure is also available in Spanish, Chinese and Vietnamese.

www.maternalmentalhealthnow.org



Access through [HQI website](https://www.hqi.org)

App for Patients and Families



Access through [HQI website](https://mycare.mmhnow.org)

Direct URL: mycare.mmhnow.org

Comments & Questions



Next Steps

Next Group Office Hours: May 21, Noon - 1 p.m.



Next Webinar: June 18, 12 – 1 p.m.