



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Anxiety in the Perinatal Period

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

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- Serves to align mental health services across Missouri, Iowa, Nebraska, and Kansas with evidence-based practice.



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Introductions...who is in the room?



Elizabeth O'Brien, LPC, PMH-C

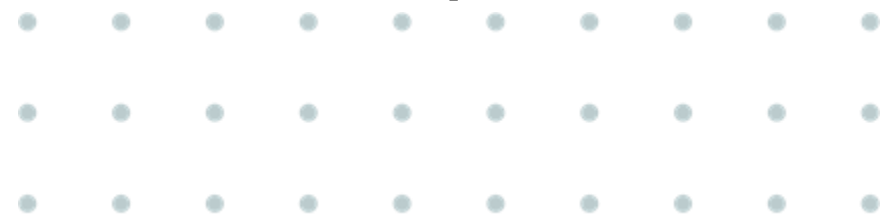


Marianela Rodríguez, PhD, PMH-C



Disclaimers, Language & Diversity/Inclusion

- We are an independent contractors who do not represent any other organization
- We try to recognize our own biases, try to continue to learn to be open, and welcome feedback
- Terms: mother, birth person, parent, partner, father, primary caregiver and others...
- Please add your pronouns next to your name
- Most of research has been on heteronormative couples and we recognized all the data doesn't represent everyone, especially in the LGBTQ+ community + BIPOC communities
- Take care of yourself during trainings!





Objectives

- 01. DISCUSS**
the prevalence of varying anxiety disorders and the impact they have among women and their families.
- 02. DESCRIBE**
types of anxiety disorders in the perinatal period and what screen processes can be utilized for proper identification
- 03. IDENTIFY**
appropriate perinatal resources concerning anxiety disorders for mothers and their families



What is anxiety and perinatal anxiety?

- Involves changes to one's thoughts, actions, and feelings
- Normal during life transitions
- Prenatal/antenatal = experiencing symptoms while you are pregnant.
- Postpartum/postnatal=refers to anxiety experienced during the first 12 months after the birth of a baby.
- Perinatal anxiety during pregnancy and/or the first 12 months after the birth of a baby.



Prevalence

Anxiety disorders are the most common mental illness in the U.S., affecting **40 million adults** (19.1% of the population).

1 in 5 women (20.7%) meeting the diagnostic criteria for at least one of the eight categories of anxiety disorders

A recent meta-analysis reported the prevalence of maternal comorbid anxiety and depression to be **9.5%** during pregnancy and **8.2%** in the first 6 months postpartum.

Paternal perinatal anxiety rates are higher than in the general population (**10.69% vs 3.8%**).

Prenatal: **21%–25%**

Postpartum: **8%–20%**

Risk Factors

- socioeconomic disadvantage
- history of mental health difficulties
- adverse circumstances around the pregnancy and birth
- poor quality partner relationships; intimate partner violence
- previous pregnancy loss
- medical complications
- childhood abuse
- inadequate social support
- high perceived stress
- adverse life events

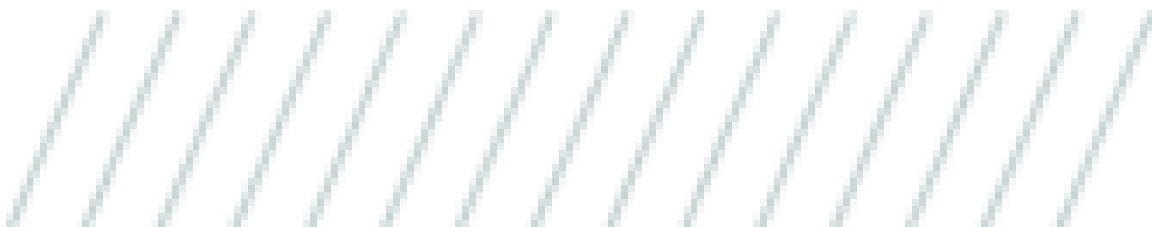
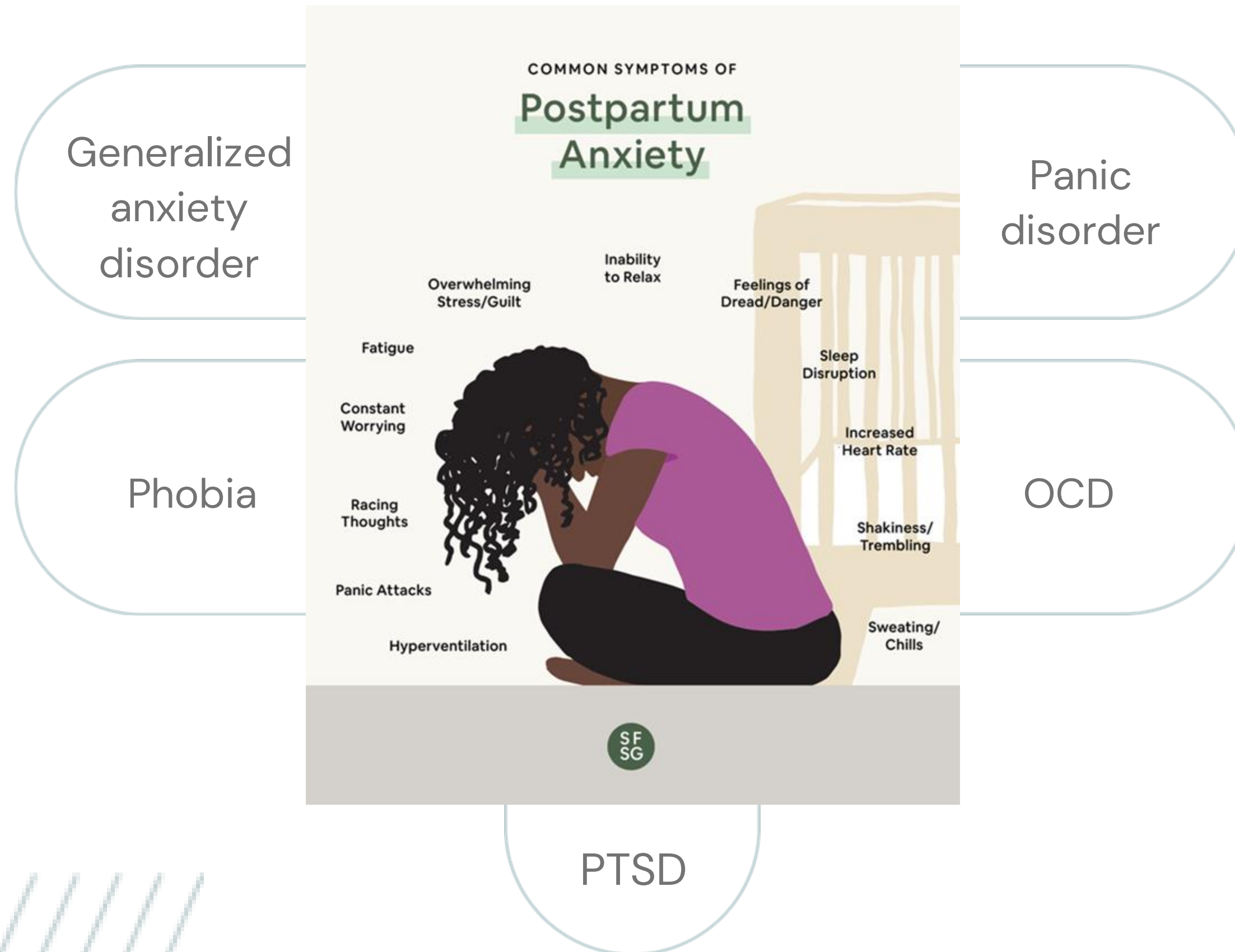
Impact of untreated anxiety



- Anxiety and stress during pregnancy are related to fetal heart rate and motor activity, preterm delivery, and infant behavior.
- Related to adverse pregnancy outcomes such as pre-clampsia & low birth weight.
- Postpartum anxiety is related to lower maternal self-confidence.
- Mother/parent can be over-sensitive and over reactive.
- May increase family conflict.
- Prenatally anxious women have been found to interact less skillfully and communicate less with their infants.



Types of anxiety disorder in perinatal period



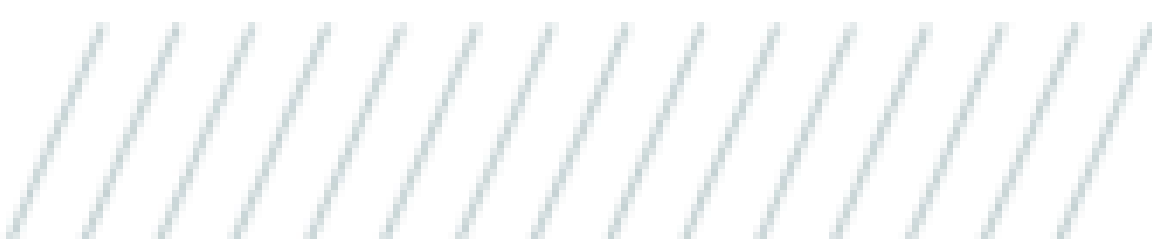
Generalized Anxiety Disorder



What anxiety often sounds like... —●



—● (but you can't always see)



GAD Common Themes

Is the baby feeding enough?

Why is the baby crying again?

Is there something wrong?

Can I do this?

What if...?

Panic disorder themes

Fear of dying

Fear of harm to
baby

Fear of losing
control

Feeling Inadequate

Not feeling like self

Fear of fear

GAD vs Panic

- Constant worry about several things
- Fear of consequences and ability to cope
- Physical manifestations
 - Restlessness
 - Nausea
 - GI disturbances
 - Sleep problems
 - Difficulty concentrating
 - Irritability



- Sudden onset. Hard to identify trigger.
- Intense physical symptoms:
 - Palpitations
 - Chills
 - Difficulty breathing
 - Numbness
 - Detached from their bodies
 - Sense of losing control
- May feel like they are having a heart attack





Tokophobia

Tokophobia is a pathological fear of pregnancy and can lead to avoidance of childbirth. It can be classified as primary or secondary. Primary is morbid fear of childbirth in a woman, who has no previous experience of pregnancy. Secondary is morbid fear of childbirth developing after a traumatic obstetric event in a previous pregnancy.

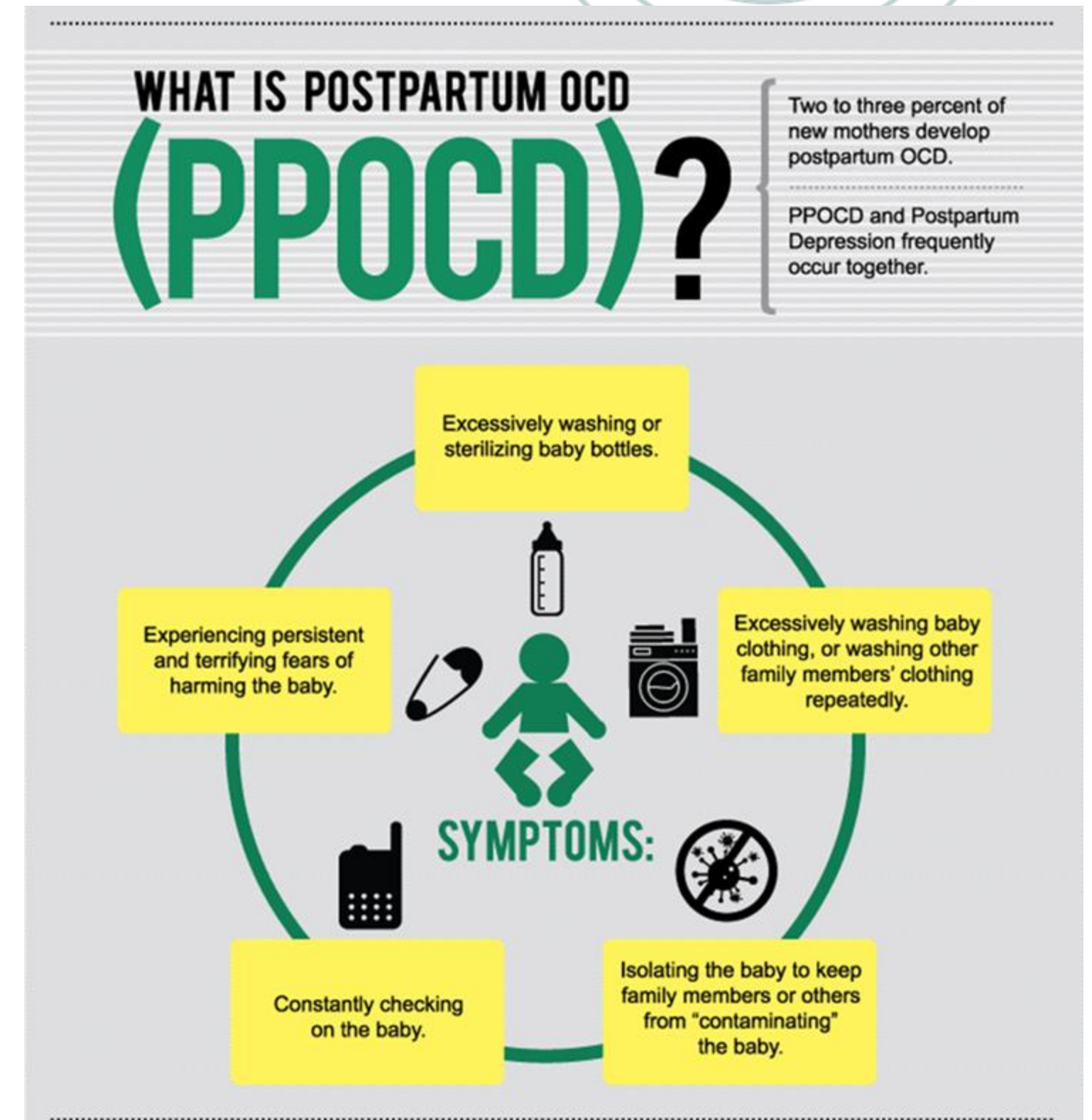
About 20–78% of pregnant women report fears associated with the pregnancy and childbirth.

However, 13% of non-gravid women report fear of childbirth sufficient to postpone or avoid pregnancy.



Common Themes in Perinatal OCD

- Concerns/ images about hurting your baby, during or after pregnancy
- Disturbing thoughts/images of sexually abusing child
- Significant worries regarding health/safety of baby, self or partner
- Fear of making the wrong decision for example: regarding, sleep, childcare , vaccinations, medical treatment





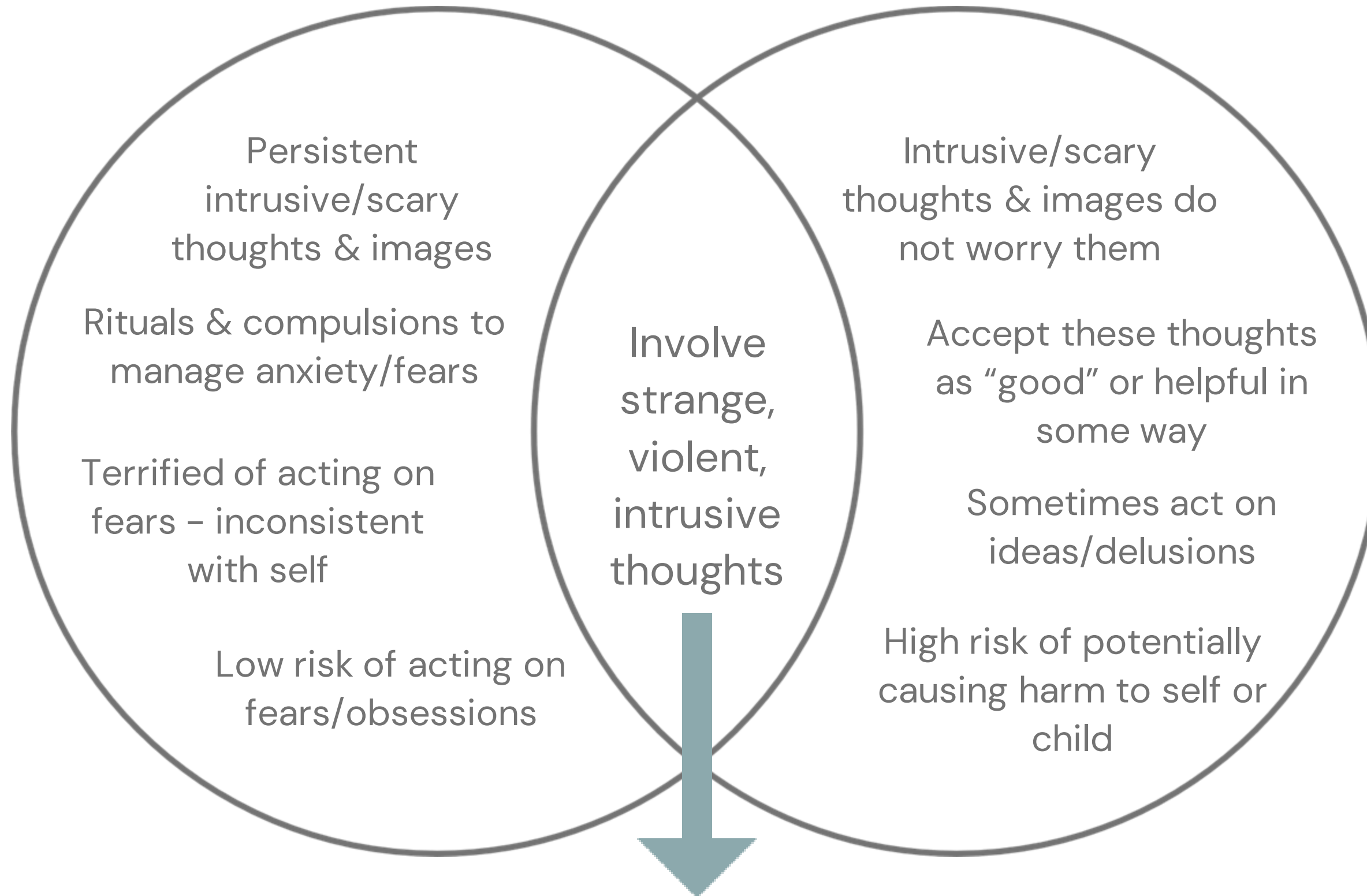
Perinatal OCD: Intrusive/Scary Thoughts

“It once flashed through my mind the thought of putting my newborn in the trash can during an utterly exhausted middle of the night breastfeed wake up call while trying to recover from surgery. I felt so much GUILT AND FEAR AND SHAME that I never shared this thought with anyone.”

#SPEAKTHESECRET



Perinatal OCD vs. Psychosis



Only symptom in common

Perinatal Obsessive-Compulsive Disorder

Did you know?

Increased risk of OCD in perinatal period (1.5 to 2x more risk)

History of OCD is often unrecognized (+65% have comorbid depression)



The COVID Factor

A November 2021 meta-analysis of 21 studies published in Neuroscience & Behavioral Reviews found that up to 65% of respondents reported a worsening of their OCD during the pandemic.

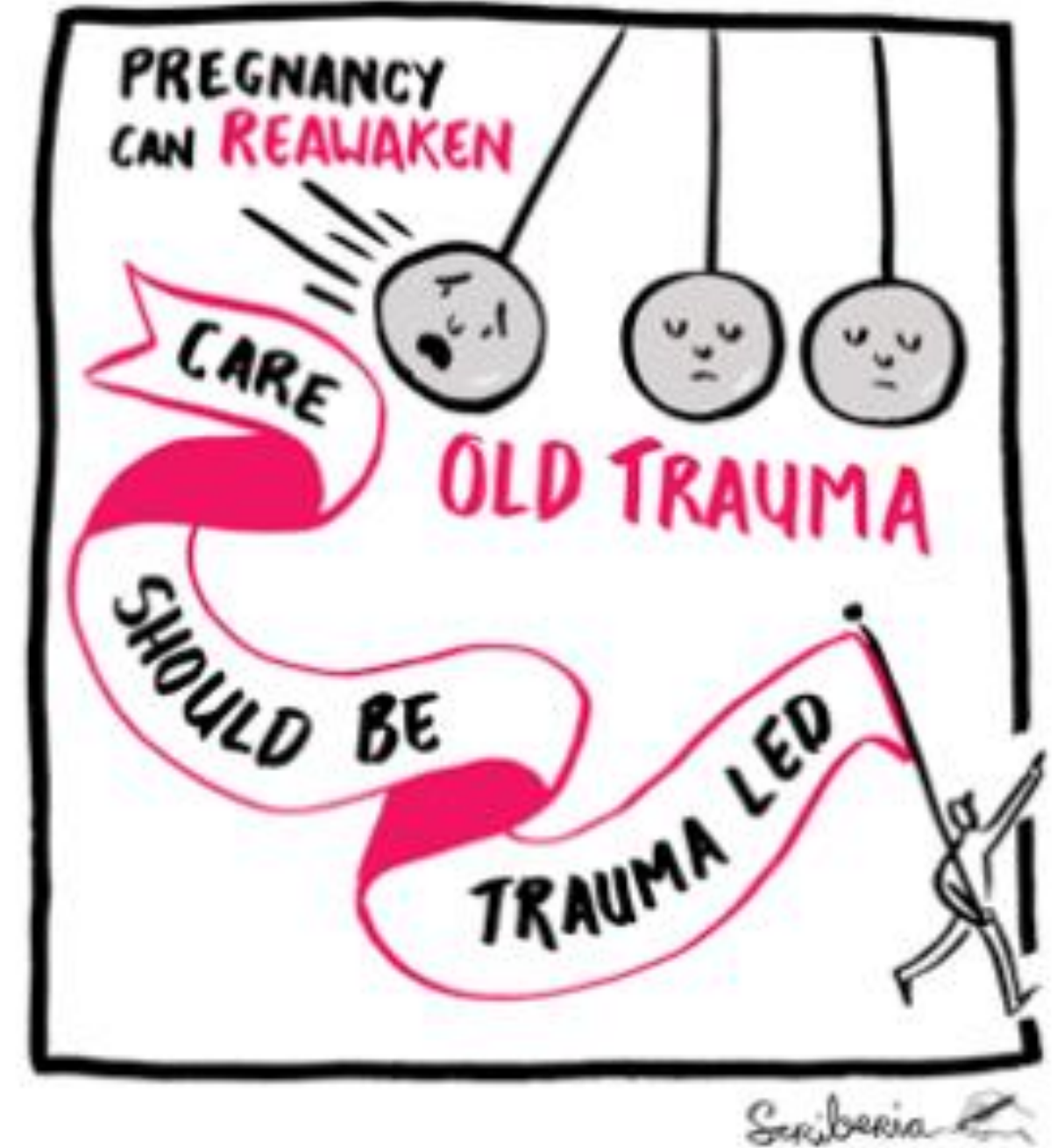


Perinatal Post Traumatic Stress Disorder



Perinatal Traumatic events

- Disrespect and abuse during childbirth
- Undergoing unnecessary and extensive interventions (episiotomy, forceps)
- Prematurity, NICU, Stillbirth
- Hyperemesis gravidarum
- Fetal anomaly diagnosis
- Poor response to anesthesia
- Lack of informed consent during labor
- Feeling coerced
- Separation from newborn

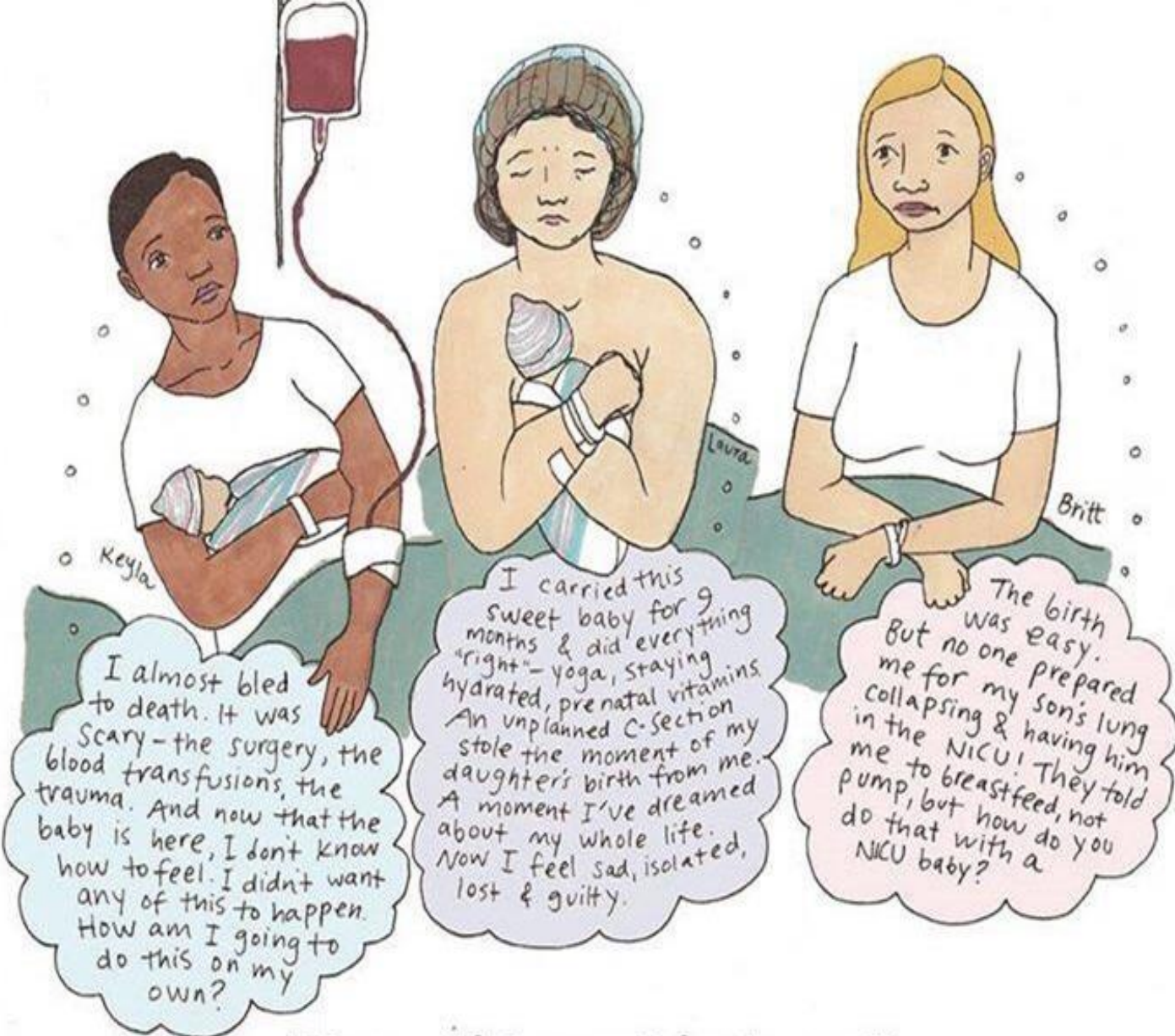


What is birth trauma?



“A traumatic childbirth experience refers to a woman's experience of interactions and/or events directly related to childbirth that caused overwhelming distressing emotions and reactions; leading to short and/ or long-term negative impacts on a woman's health and wellbeing.”
(Leinweber et al., 2022)





Keyla
I almost bled to death. It was scary - the surgery, the blood transfusions, the trauma. And now that the baby is here, I don't know how to feel. I didn't want any of this to happen. How am I going to do this on my own?

Laura
I carried this sweet baby for 9 months & did everything "right" - yoga, staying hydrated, prenatal vitamins. An unplanned C-section stole the moment of my daughter's birth from me. A moment I've dreamed about my whole life. Now I feel sad, isolated, lost & guilty.

Britt
The birth was easy. But no one prepared me for my son's lung collapsing & having him in the NICU! They told me to breastfeed, not pump, but how do you do that with a NICU baby?

How did my birth go? How did/do I feel about it?





Birth Trauma Themes

Abandonment

Powerlessness

Insignificance

Failure

Threat to safety

Do the ends justify
the means?



Prevalence

Up to **45%** of new mothers have reported experiencing birth trauma.

Fully diagnostic PTSD is shown in 3% of women, and in **5–9%** of women if sub-diagnostic levels (partial PTSD) are included.

Prevalence increases to **18.5%** in high-risk groups

Men'sHealth

Suffering in Silence: The Dads Dealing with Birth Trauma

Every year thousands of men suffer PTSD from witnessing traumatic births, while, in the postpartum period, fathers are almost twenty-one times more likely to present a suicide risk. Safety nets that should be in place to protect these men aren't there, and they're left to deal with a major health issue by themselves. We spoke to dads who've been through birth trauma about what happened to them and what needs to happen next

BY LAURA POTTER 21 OCT 2022

Birth Partners

- 97% of women will have someone with them during birth
- Approximately 90% of fathers will attend the birth
- May experience feelings of frustration, fear, and helplessness
- Cultural/social expectation to “man up!”
- Vicarious trauma



Screening



Informal screening can look like 3 simple questions ...

1. In the past week, have you had more bad days than good?
2. Do you have any thoughts that are scaring you?
3. Are you having difficulty adjusting to your new role as a mother?



If they answer yes to any of the above questions, provide referrals to a mental health provider (for further assessment)

Screening

- Anxiety screening instruments used in both pregnant and postpartum women are:
 - Generalized Anxiety Disorder-7 (GAD-7)
 - Perinatal Anxiety Screening Scale (PASS)
 - Anxiety Disorder-13 (AD-13).
- Validated anxiety screening instruments with a postpartum focus include:
 - Postpartum Worry Scale-R (PWS-R)
 - Penn State Worry Questionnaire-10 (PSWQ-10).



Screening OCD

- Yale Brown Obsessive Compulsive Scale (YBOCS; Goldman et al.)
- Self Report Questionnaires
 - Compulsive Activities Checklist (Grayson)
 - Obsessive Compulsive Inventory (Foa et al.)
- Validated OCD screening instruments with a postpartum focus include:
 - Perinatal Obsessive–Compulsive Scale (POCS, Lord et al, 2011)
 - Postpartum Distress Measure (PDM, Allison et al, 2011)
 - Parental Thoughts and Behaviors Checklist (PTBC, Abramowitz et al, 2006)



Birth Trauma Screening Tools

- City Birth Trauma Scale—has 29 questions that measure PTSD according to the DSM-5.
- Perinatal Post Traumatic Stress Disorder Questionnaire-II (PPQ-II)
- PTSD Checklist Civilian version (PCL-C)
- ACES
- Life Events Checklist from the National Center for PTSD, (LEC-5)





Barriers to Treatment

- Stigma around mental health
- Myths about pregnancy, birth, and being a parent
- Racial/Cultural Bias
- Lack of information from providers
- Confusing symptoms with normal maternal adjustment difficulties
- Lack or poor support
- Isolation or IPV relationships
- No screening
- Fears about Child Protection Services



Evidence based and emerging practices

- Cognitive Behavior Therapy (CBT)
- Cognitive Processing Therapy (CPT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Compassion-Focused Therapy (CFT)
- Acceptance and Commitment Therapy (ACT)
- Narrative Exposure Therapy (NET)
- Brainspotting
- Mindfulness; Mind-Body Techniques
- Medication



POSSIBLE TREATMENTS

SUPPORT GROUP

MEDICATION

THERAPY

COMMUNITY SUPPORT

SLEEP



postpartum.net/join-us/climbout/



Support groups and Peer Support

- Increased levels of support are associated with lower symptoms of Perinatal Mood and Anxiety Disorders
- Support groups can be:
 - Professionally, or peer facilitated
 - Held in person or virtually
 - Other options include, play groups, church groups, PSI virtual groups





Online Support Groups

- Free weekly online support groups on numerous topics
- Trained facilitators offer peer (not clinical) support
- "Come as you are" atmosphere - cameras optional
- 90-minutes in length, providing information and resources, with the majority of time spent on open discussion among peers.

Here is to sign up:

<http://bit.ly/FindSupportGroup>

Birth Trauma Support group
Birth Trauma Support group
for Black, Indigenous, Person of
Color (BIPOC)
Perinatal OCD Support group



#ilovepsi

Postpartum Support International

Kansas

PSI-KS


KANSAS

[About](#) [Give](#) [Get Involved](#) [Programs & Resources](#)



Resources

#HealingStartsWithHelp



how to *get help.*

- In an emergency:
call or text 988
- Call or text the PSI
HelpLine:
800-944-4773
- Call or text the National
Maternal Mental Health
Hotline:
1-833-943-5746
- Connect with a PSI
support volunteer
- Join the PSI Peer
Mentor Program
- Join a virtual PSI
support group
- Find a trained
provider in the PSI
Directory
- Chat with an expert

Postpartum Support International
800-944-4773 | postpartum.net

If you have a patient who is struggling...



Call the Free PSI HelpLine 1-800-944-4773(4PPD) or text 503-894-9453
Someone will return message within 24 hours



Visit <https://psidirectory.com>
Search free online directory of vetted providers and support groups



Prescribers can call PSI Perinatal Psychiatric Consultation Line 1-800-944-4773, ext 4
Medical prescribers (only) can consult with experts



PSI Perinatal Mental Health Directory

www.psidirectory.com



[FIND A PROVIDER](#) [FIND A STATE CHAPTER](#) [LEARN MORE](#)

DID YOU KNOW? 1 IN 7 WOMEN SUFFER FROM POSTPARTUM DEPRESSION.
We provide direct peer support to families, train professionals, and provide a bridge to connect them.
[Click here](#) to take a 10-question self-rating scale to find out if you have postpartum symptoms

Connect with knowledgeable providers near you

Tip: Search ONLINE SERVICES AVAILABLE in the keyword box to find providers who can work with you via phone or video-sessions.

Search



THE NATIONAL MATERNAL MENTAL HEALTH HOTLINE IS HERE!

1-833-943-5746

CALL OR TEXT FOR 24/7 FREE, CONFIDENTIAL SUPPORT, RESOURCES, & UNDERSTANDING IN ENGLISH & SPANISH FOR ALL PREGNANCY & POSTPARTUM MENTAL HEALTH CONCERNS.

POSTPARTUM SUPPORT INTERNATIONAL | [POSTPARTUM.NET](https://postpartum.net)



Free downloadables to use with moms/birthing persons

New or Expecting Moms: Are You Having a Hard Time? You Deserve Support.

Becoming a mother is a huge transition that comes with an incredible range of emotional responses. Some are known as the "baby blues," a two-week period of mood swings and a feeling of overwhelm after delivery that 80% of mothers experience. Others can happen in pregnancy, begin or last longer than two weeks after delivery, or are more intense than the baby blues. These symptoms and conditions are called perinatal mood and anxiety disorders (PMADs). They affect as many as 1 in 5 moms (twice as many as gestational diabetes) and are completely treatable.



How Do I Know If It's More Than the Baby Blues?

The "blues" are caused by the drop in hormones after birth and are characterized by weepiness, intense highs and lows in your mood, as well as a general feeling of being overwhelmed, and having a low frustration tolerance or even anger. If you experience symptoms longer than two weeks, they begin during pregnancy or anytime in the year after birth, or they make it hard for you to function, you may be experiencing a PMAD.

But I Don't Feel Depressed

The "classic" symptoms of depression—lack of interest in life, fatigue, feeling intensely sad—are not the only symptoms of PMADs. That's why experts use the term perinatal mood and anxiety disorders, because other symptoms are actually more common such as anxiety and intense irritability or rage. PMADs include depression, anxiety, obsessive-compulsive disorder (OCD), panic disorder, and post-traumatic stress disorder. Often, women experience a combination of more than one of these. There is a full list of symptoms on the back of this sheet.

Isn't Anxiety Just Part of New Motherhood?

Absolutely. Almost all parents report having thoughts and worries about harm coming to their babies. Our job is to protect them and that requires us to think through any possible threats (including ourselves). So, you are going to worry about things or even think about bad things happening to your baby. But, the difference between an acceptable level of anxiety and an anxiety disorder has to do with how intense your anxiety is and whether it makes it difficult for you to function normally.

What If I Am Scared Someone Will Take My Baby Away?

When you call Postpartum Support International, our trained volunteers will connect you with experienced professionals who understand perinatal mood and anxiety disorders and know that having one does not mean you are a danger to your child. In the very rare instances in which mothers harm themselves or their babies, they are usually suffering from a psychiatric emergency called postpartum psychosis, which is also treatable. If you or someone you know is experiencing delusions (believing things that are not true), hallucinations (seeing or hearing things that are not there), or believes hurting themselves or their child is the right thing to do, it is imperative that you seek immediate medical help in an emergency room.

Ways to Get Help

Are you in crisis? You can call the **GA crisis line** & talk with someone immediately: **1-800-715-4225**

Want to leave a message 24 hours a day? Call the **PSI HelpLine: 1-800-944-4773 (4PPD)** OR text: **503-894-9453** and someone will respond within 24 hours, 7 days a week.

Want to look for a local therapist who specializes in perinatal mental health? Check out our **Provider Directory: <https://psiga.org/get-help/find-a-provider/>**

What Are the Symptoms of PMADs?

- Being unable to sleep or wanting to sleep all the time
- Crying continuously
- Experiencing constant, intrusive fears/worries
- Performing repetitive behaviors (such as handwashing or checking on your baby) to try to control the worries in your head
- Avoiding your baby because you are afraid of harming her
- Not being able to leave your baby for fear of him being hurt
- Constant racing thoughts
- A persistent sense of dread like something bad is about to happen
- A dramatic change in your appetite/weight
- Intense rage or constant irritability
- Feeling numb
- Having panic attacks
- Feeling hopeless or that things will never get better
- Reexperiencing a trauma from your past
- Reexperiencing elements of your delivery in a negative way
- Being unable to take care of your daily needs
- Thinking about harming yourself
- Believing your family would be better off without you
- Deep down, knowing that something is not right

If you are feeling one or more of the symptoms above, it is not your fault. You are not alone. And with help you will be well. It's time to reach out for it.

Postpartum Support International, Georgia Chapter • **PSIGA.ORG** • **PSIGAinfo@gmail.com**
PSI HelpLine: 1-800-944-4773 (4PPD) • Facebook: @PSIGACHAPTER • Instagram: @psi_ga

Postpartum Progress
together, stronger.

New Mom Checklist for Maternal Mental Health Help

Name: _____ Mom's age: _____

I'd like to talk to you about the stress I've been having since I had my baby. Because I'm exhausted, overwhelmed & struggling, this is the best way for me to make sure you know what is going on with me, and that I might need your help. I think I might have (Mom, check any that may apply):

- Postpartum depression (PPD)
- Postpartum anxiety or OCD
- Postpartum psychosis
- Postpartum PTSD (post-traumatic stress)
- Bipolar disorder or mania
- Not sure; I just know something isn't right

Here are some of the recognized symptoms of perinatal mood and anxiety disorders that I have been having (Mom, check any that apply to you):

- I can't sleep, even when my baby is sleeping.
- I have lost my appetite.
- I feel sad. I have been crying a lot for no reason.
- I am feeling worried or anxious most of the time.
- I am having anger or rage that is not normal for me.
- I feel numb or disconnected from my life. I can't enjoy the things I used to.
- I don't feel like I'm bonding with my baby.
- I am having scary "what if" thoughts over & over about harm coming to me, my baby or others (also called intrusive thoughts, a sign of postpartum OCD).
- I feel a lot of guilt and shame.
- I'm worried that I'm not a good mother.
- I feel overwhelmed with all of the things in my life.
- I can't concentrate or stay focused on things.
- I feel like I'm losing it.
- I want to be alone all or most of the time.
- My thoughts are racing. I can't sit still.
- I feel like the only way to make myself feel better is by using alcohol, prescription drugs or other substances.
- Sometimes I wonder if my baby or my family would be better off without me.
- I've been having physical symptoms that are not normal for me (for example: migraines, back aches, stomach aches, shortness of breath, panic attacks)
- I have had serious thoughts of hurting myself.
- I have had thoughts that I should (not that I might or what if, but that I should or need to) hurt my baby or someone else.
- I am worried I'm seeing or hearing things that other people don't see or hear.
- I'm afraid to be alone with my baby.
- I feel very concerned or paranoid that other people might hurt me.

I have had these symptoms for more than _____ weeks. I am _____ weeks/months (circle one) postpartum.

Here are some recognized risk factors for maternal mental illness that may help you understand my situation (Mom, check any that apply to you):

- I have had depression, anxiety/OCD or PPD before
- I have a history of bipolar disorder or psychosis
- My family has a history of mental illness
- I have a history of or am now going through trauma (for example: domestic violence, verbal abuse, sexual abuse, poverty, loss of a parent)
- I have had a stressful event in the last year (for example: house move, job loss, divorce or relationship problems, or the death of a loved one)
- I'm a single mom
- I don't have much help or support at home from my partner or family members
- I have a lot of financial stress
- I have had infertility treatment
- My baby has colic, reflux or other health problems
- I have had a previous miscarriage or stillbirth
- I have a history of diabetes, thyroid problems, or pre-menstrual dysphoric disorder (PMDD)
- I delivered multiples
- I'm away from my home country or culture
- I or my baby had problems in pregnancy or childbirth (for example: baby in NICU, unplanned C-section, bed rest)

This checklist is not intended to diagnose any mental illness. It is a discussion tool for moms to use with healthcare providers. It was created by Postpartum Progress, a national nonprofit supporting moms with maternal mental illness. For more free tools and support for perinatal mood & anxiety disorders, visit postpartumprogress.org. ©2015 Postpartum Progress Inc.

https://psichapters.com/wp-content/uploads/2021/04/PSIGA_PMADs_Handout.pdf

<https://postpartumprogress.com/download/new-mom-mental-health-check>

We are all affected by Perinatal Mental Health



We are in this together. Thank you.

Thank you! ...and where to find us:



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References

1. Bhatia MS, Jhanjee A. Tokophobia: A dread of pregnancy. *Ind Psychiatry J*. 2012 Jul;21(2):158-9. doi: 10.4103/0972-6748.119649. PMID: 24250052; PMCID: PMC3830168.
2. Farr SL, Dietz PM, O'Hara MW, Burley K, Ko JY. Postpartum anxiety and comorbid depression in a population-based sample of women. *J Womens Health (Larchmt)*. 2014 Feb;23(2):120-8. doi: 10.1089/jwh.2013.4438. Epub 2013 Oct 26. PMID: 24160774; PMCID: PMC7469256.
3. Fawcett EJ, Fairbrother N, Cox ML, White IR, Fawcett JM. The Prevalence of Anxiety Disorders During Pregnancy and the Postpartum Period: A Multivariate Bayesian Meta-Analysis. *J Clin Psychiatry*. 2019 Jul 23;80(4):18r12527. doi: 10.4088/JCP.18r12527. PMID: 31347796; PMCID: PMC6839961
4. Leach LS, Poyser C, Cooklin AR, Giallo R. Prevalence and course of anxiety disorders (and symptom levels) in men across the perinatal period: A systematic review. *J Affect Disord*. 2016 Jan 15;190:675-686. doi: 10.1016/j.jad.2015.09.063. Epub 2015 Oct 24. PMID: 26590515.
5. Nakić Radoš, S., Tadinac, M., & Herman, R. (2018). Anxiety During Pregnancy and Postpartum: Course, Predictors and Comorbidity with Postpartum Depression. *Acta clinica Croatica*, 57(1), 39–51. <https://doi.org/10.20471/acc.2017.56.04.05>
6. Smythe KL, Petersen I, Schartau P. Prevalence of Perinatal Depression and Anxiety in Both Parents: A Systematic Review and Meta-analysis. *JAMA Netw Open*. 2022;5(6):e2218969. doi:10.1001/jamanetworkopen.2022.18969



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