

# Perinatal Mood and Anxiety Disorders

Marianela Rodriguez-Reynaldo, PhD- PMH-C

June 7, 2024





Northeast and Caribbean (HHS Region 2)

**MHTTC**

**Mental Health Technology Transfer Center Network**

Funded by Substance Abuse and Mental Health Services Administration

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**Wellness & Recovery** for Providers and people with mental health conditions

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Feedback about this training will assist us in developing future trainings that are relevant to your professional needs. Therefore, your feedback counts!



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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 AND  
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

A woman with dark, curly hair and a nose ring is looking out a window. The window shows a view of a blue sky with clouds and green foliage. The woman is in the foreground, and the window is in the background.

# 988

SUICIDE  
& CRISIS  
LIFELINE

**For people experiencing:**

- Suicide, mental health, substance use crisis
- Emotional distress
- People concerned about someone in crisis

# Meet Today's Presenter



Marianela Rodriguez-Reynaldo , PhD, PMH-C



# Perinatal Mood and Anxiety Disorders

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Marianela Rodríguez-Reynaldo, PhD, PMH-C  
[marianela.rodriguez@upr.edu](mailto:marianela.rodriguez@upr.edu)



# Objectives

1. Discuss the prevalence of perinatal mental disorders and their impact on birthing individuals and families.
2. Describe signs and symptoms of common mental disorders during the perinatal period.
3. Identify relevant resources available for mental health support of birthing and postpartum individuals.

# PMADS: Perinatal Mood and Anxiety Disorders

**PERINATAL**

Pregnancy + 1 year postpartum

**MOOD**

Depression, Bipolar Disorder, or Psychosis

**ANXIETY**

General Anxiety, OCD, or PTSD

**DISORDERS**

Affecting mood, thinking, and behavior and interfering with functioning and day-to-day life



# Perinatal Mental Health disorders are the #1 complication of childbirth



## PREVALENT

**1 in 5** women experience a mental health condition in pregnancy or postpartum

## UNDER REPORTED

Conservative numbers, does not include women who miscarry or **those who “treat” on own**

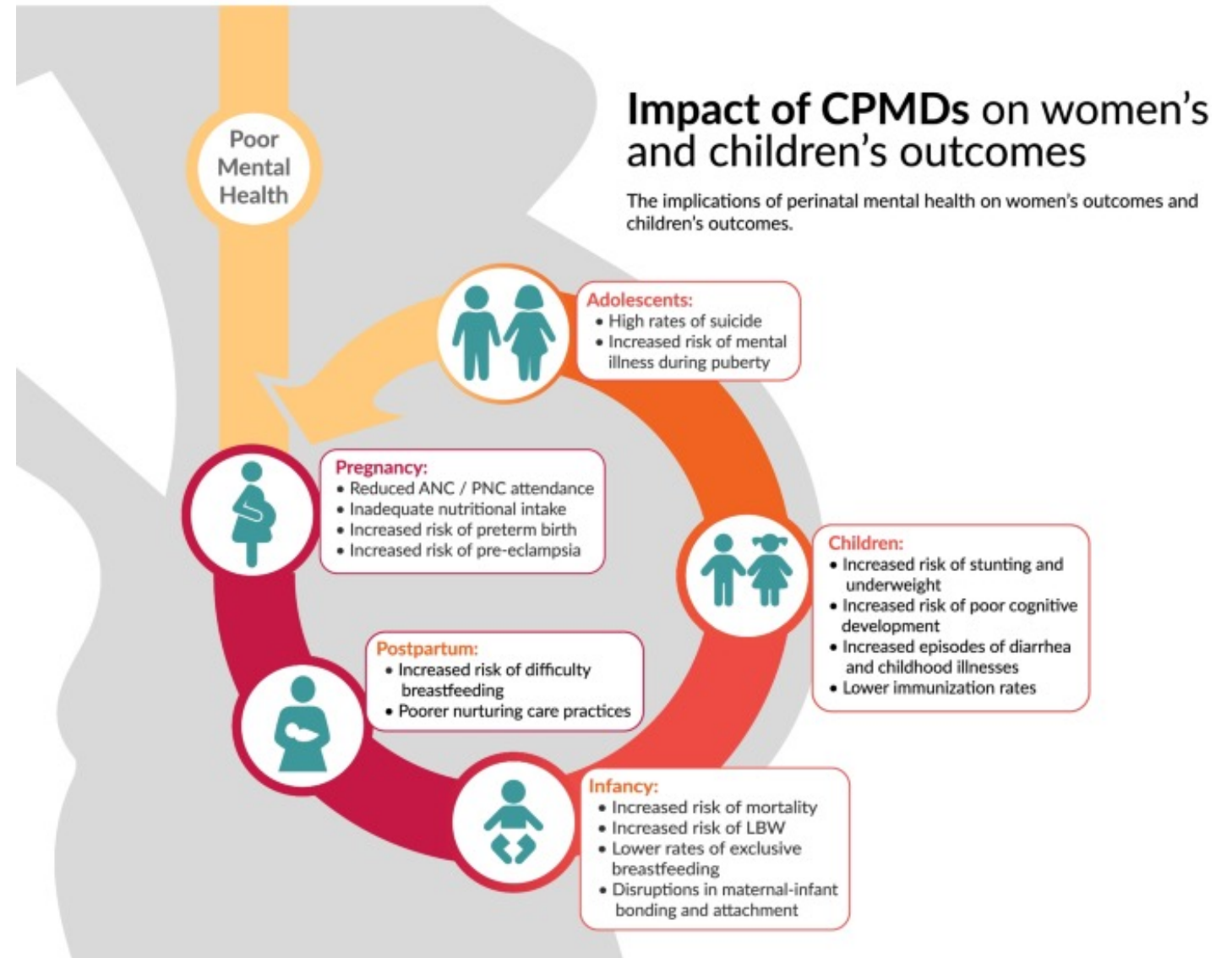
## UNTREATED

Only **30%** who screen positive receive treatment

# Prevalence within BIPOC

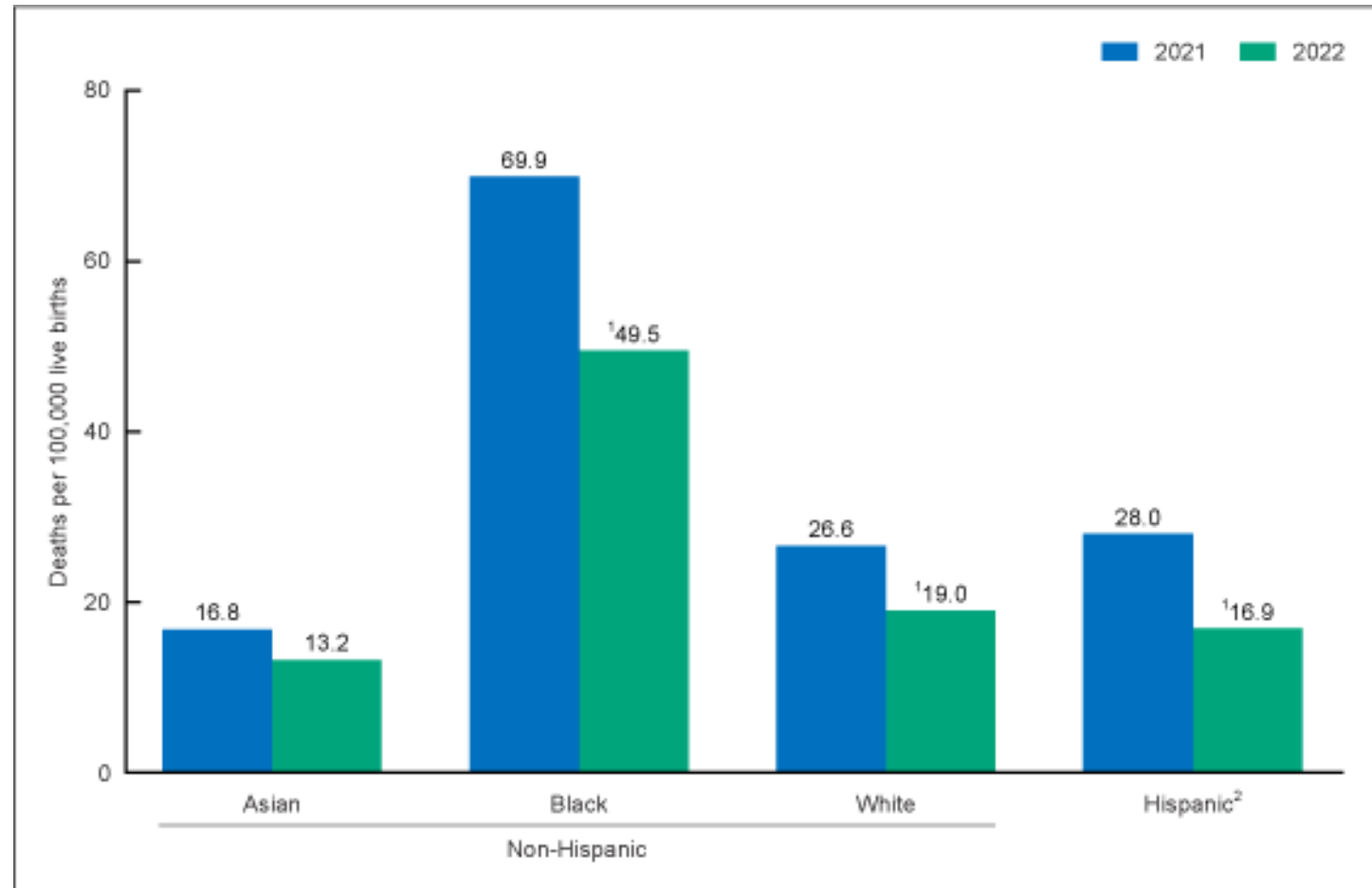
- Latinx exhibit a higher prevalence of perinatal mental health disorder(s) and are less likely to be identified or receive adequate mental health care (Lara-Cinisomo, Clark, & Wood, 2018).
- Less than half of low-SES Black women received counseling or medication in the six months after giving birth compared to white women of low-SES (Kozhimannil et al., 2011).
- A larger proportion of Native American and Alaska Native women experience mental health symptoms during the perinatal period relative to the general population. More research is needed to better understand the nature and extent of perinatal distress within this group (Bowen et al., 2014).

# Implications



# Maternal Mortality in the US

\* Mental health conditions account for **22.7%** of pregnancy-related deaths.



SOURCE: National Center for Health Statistics, National Vital Statistics System, 2024

# Risk factors



Personal or family history of mental illness



Life stressors or difficult transitions



Lack of healthy social and/or family support



Previous trauma or abuse (including during pregnancy)



Complications with delivery, breastfeeding, or birth



Infant temperament or "high needs"; Multiples



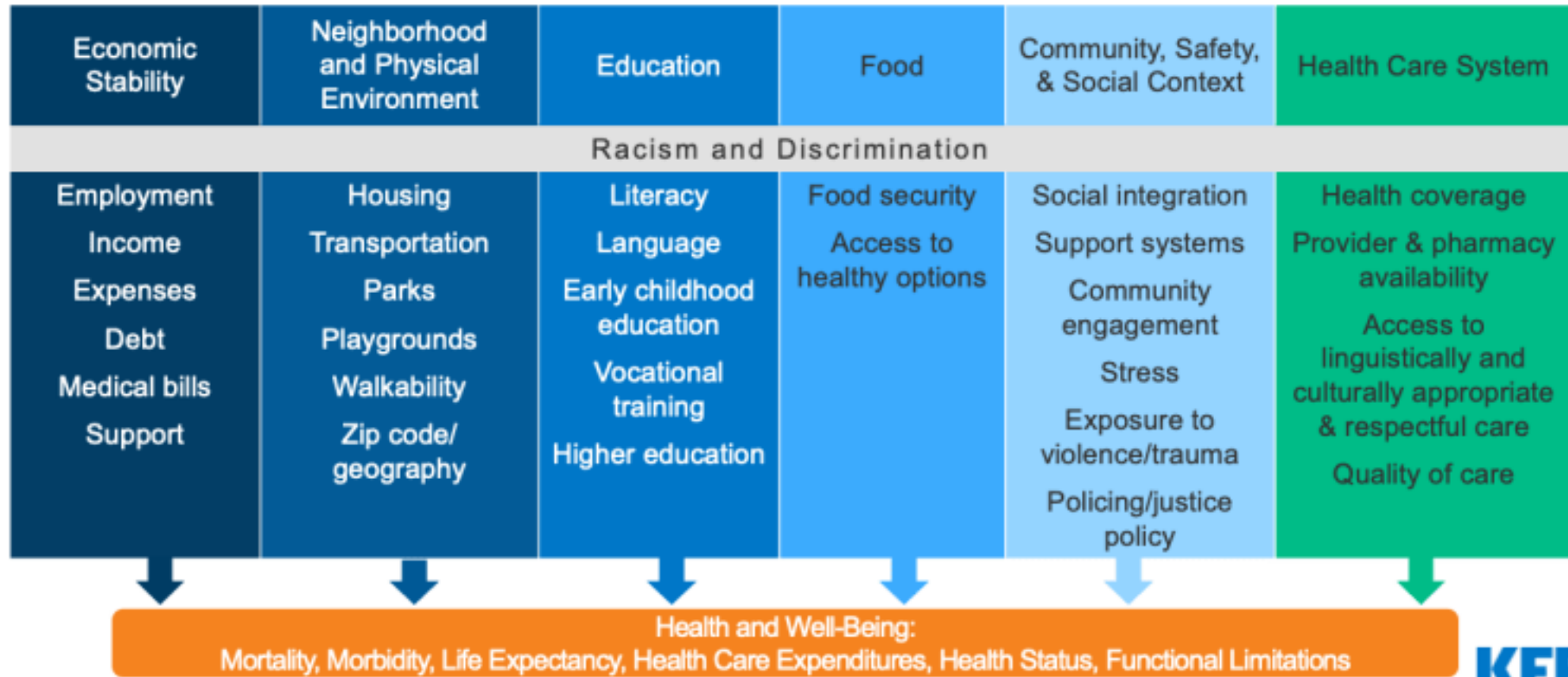
History of infertility or perinatal loss



Sleep deprivation

Figure 6

# Health disparities are driven by social and economic inequities that are rooted in historic and ongoing racism and discrimination



# Maternity deserts

- Defined as “any county ... without a hospital or birth center offering obstetric care and without any obstetric providers” (March of Dimes, 2022)
- 96% of birthing-aged, American women live in maternal mental health professional shortage areas
- 70% of U.S. counties lack sufficient maternal mental health resources
- Nearly 700 counties face a high risk for maternal mental health disorders
- Over 150 counties fall into the “Maternal Mental Health Dark Zone” with both high-risk and large resource gaps





# Life transition







- Body-hormonal changes
- Role and identity
- Relationship
- Cultural assumptions
- Reproductive journey
- Expectations meet reality



# Perinatal mental disorders include:

- Depression\*
- Anxiety and panic disorders
- Obsessive compulsive disorder (OCD)
- Post-traumatic stress disorder (PTSD)
- Bipolar disorder\*
- Postpartum psychosis
- Perinatal substance misuse
- Parental suicide
- Complicated grief after perinatal loss

# Is this normal?

	 SLEEP DEPRIVATION	 BONDING WITH BABY	 YOUR MIND IS	 YOU WORRY	 YOU FEEL	 AFTER A FEW WEEKS
TYPICAL ADJUSTMENT	MAKES YOU TIRED	HAPPENS SHORTLY AFTER BIRTH	FORGETFUL & DISTRACTED	FOR GOOD REASON	HAPPY & HOPEFUL	YOU GET INTO A GOOD ROUTINE
BABY BLUES	MAKES YOU EMOTIONAL	DOESN'T HAPPEN IMMEDIATELY	FOGGY & UNCLEAR	ABOUT MINOR THINGS	WEEPY & EMOTIONAL	YOU START TO FEEL BETTER
PPD/PPA	MAKES YOU ANGRY	DOESN'T REALLY HAPPEN AT ALL	FULL OF SCARY THOUGHTS	IF YOU ARE A GOOD MOTHER	NOTHING/ GUILT/ EXT. SADNESS	YOU START TO FEEL WORSE

# Depression (26%-32%)<sup>1</sup>

**COMMON SIGNS OF postnatal DEPRESSION**

**Sleep disturbance**  
unrelated to baby's sleep needs

Inability to cope with daily chores and demands

**NEGATIVE obsessive or morbid thoughts**

Chronic exhaustion or hyperactivity

**FEAR**  
of being alone

**Crying**  
and feeling sad without apparent reason

**Appetite disturbance and disinterest in food**

**Feeling guilty and inadequate**

**IRRITABILITY**  
often without cause

**Anxiety**  
causing a 'knot in the tummy' most of the time and panic without cause

Memory difficulties and loss of concentration

**Loss of interest in sex**

**Loss of confidence and self-esteem**

**FEAR OF SOCIAL CONTACT**

**Feelings of SELF HARM,**  
harm to the baby or suicide

**kidspot**

NB: Please see your doctor or healthcare professional if you feel any of these symptoms

DSM 5- Major Depressive Disorder with peripartum onset  
Criteria of 5 or more symptoms present during a 2-week period:

- Depressed mood
- Anhedonia
- Significant weight change
- Sleep disturbance
- Agitation or retardation
- Fatigue
- Feelings of worthlessness
- Excessive guilt
- Recurrent thoughts of death

1. Al-Abri, K., Edge, D., & Armitage, C. J. (2023). Prevalence and correlates of perinatal depression. *Social psychiatry and psychiatric epidemiology*, 58(11), 1581–1590. <https://doi.org/10.1007/s00127-022-02386-9>

# Perinatal Anxiety (15%-23%)<sup>1</sup>

## GAD

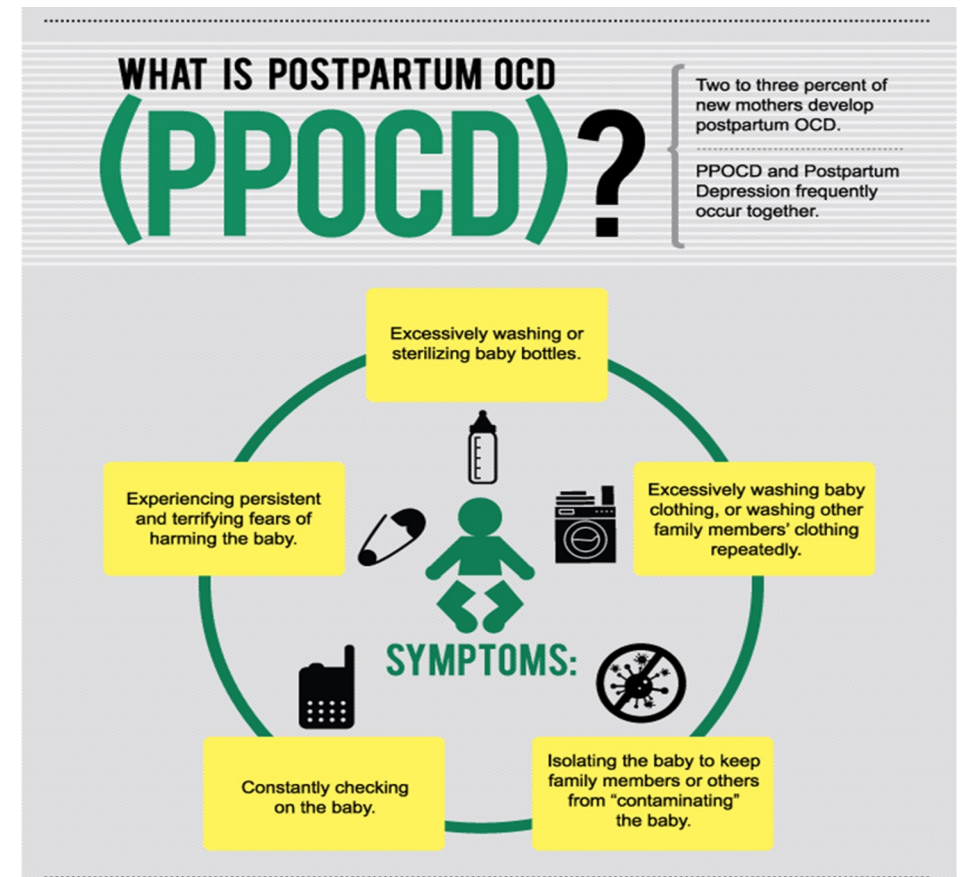
- Excessive worry
- Is the baby feeding enough?
- Why is the baby crying again?
- Is there something wrong?
- Can I do this?
- Googling stillbirth/low fluid/genetic concerns
- What if...

## Panic Disorder

- Intense fear and misinterpretation of bodily sensations
- Fear of harm to baby
- Fear of losing control; dying
- Waking up in the night with worries
- Not feeling like self
- Fear of fear

# Perinatal OCD (2%-24%)<sup>1</sup>

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

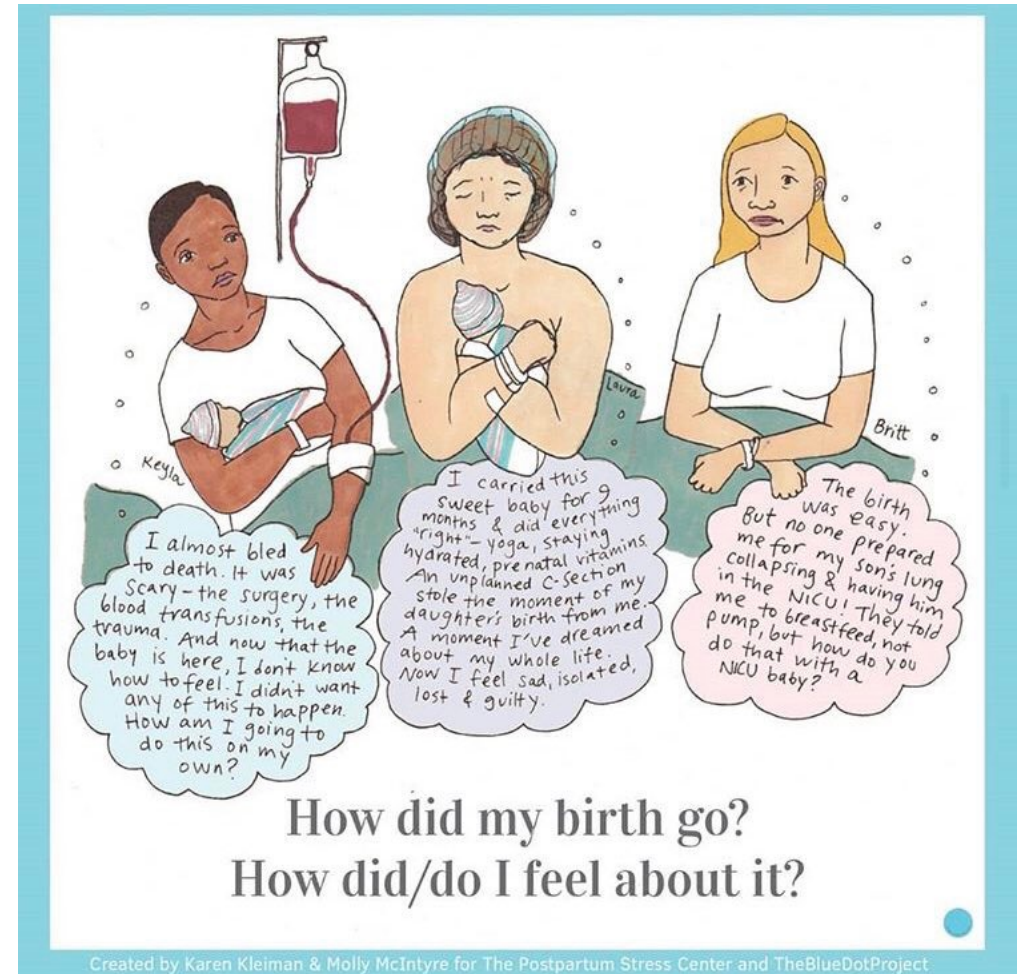




# Birth Trauma (4%-45%)<sup>1</sup>

“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.”

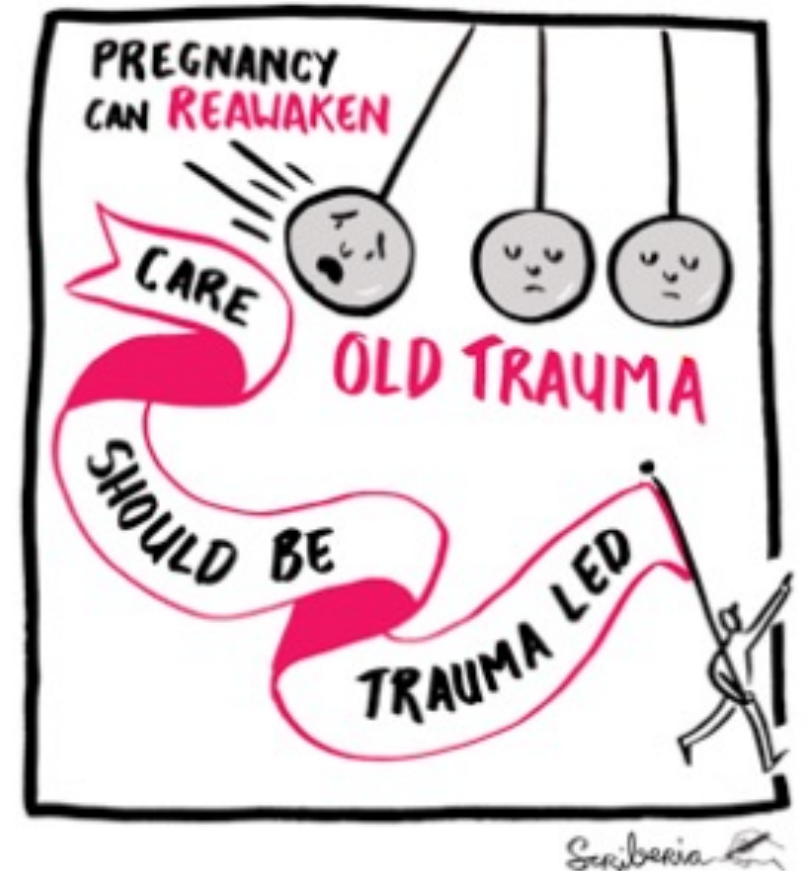
(Leinweber et al., 2022)



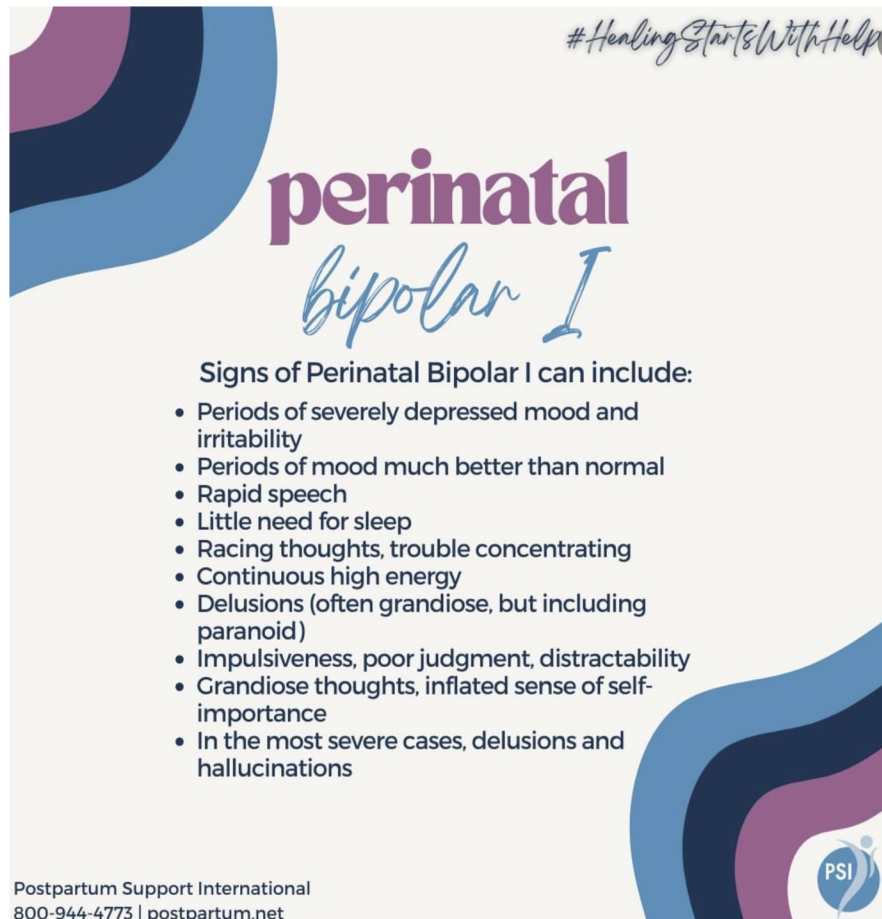
1. Beck, C. T., Watson, S., & Gable, R. K. (2018). Traumatic Childbirth and Its Aftermath: Is There Anything Positive?. *The Journal of perinatal education*, 27(3), 175–184. <https://doi.org/10.1891/1058-1243.27.3.175>

# 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



# Bipolar Disorder (2.6%-20.1%)<sup>1</sup>




#HealingStartsWithHelp

## perinatal bipolar I

Signs of Perinatal Bipolar I can include:

- Periods of severely depressed mood and irritability
- Periods of mood much better than normal
- Rapid speech
- Little need for sleep
- Racing thoughts, trouble concentrating
- Continuous high energy
- Delusions (often grandiose, but including paranoid)
- Impulsiveness, poor judgment, distractability
- Grandiose thoughts, inflated sense of self-importance
- In the most severe cases, delusions and hallucinations

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



- Cleaning in the middle of the night; spending excessive amount of money.
- Hypomania may improve functioning.
- Mania -functioning is impaired; more severe.
- No need for sleep
- Bipolar II- “PPD imposter”
- 70% of women with Bipolar Disorder relapsed within the first six months postpartum

1. Masters, G. A., Hugunin, J., Xu, L., Ulbricht, C. M., Moore Simas, T. A., Ko, J. Y., & Byatt, N. (2022). Prevalence of Bipolar Disorder in Perinatal Women: A Systematic Review and Meta-Analysis. *The Journal of clinical psychiatry*, 83(5), 21r14045. <https://doi.org/10.4088/JCP.21r14045>



# Psychosis (1%-2%)<sup>1</sup>

- Delusions or strange beliefs
- Symptoms can wax and wane
- Hallucinations
- Hyperactivity
- Paranoia and suspiciousness
- Rapid mood swings
- Difficulty communicating at times
- Feeling like baby is possessed

## POSTPARTUM PSYCHOSIS

Be informed. Be aware.

*To all Moms*

What you need to know



- Do you or anyone in your family have a history of bipolar illness or psychosis?
- Do you feel you have to hide what you are feeling or thinking so no one knows?
- Do you feel like a stranger to yourself?
- Do you feel disconnected from loved ones and friends?
- Are people telling you that you are speaking or acting differently than you usually do?
- Do things that make sense to you not make sense to others?
- Do you have a decreased need for sleep or food and/or feel better than you have ever felt in your life?
- Are your thoughts racing making you feel unable to concentrate or make decisions?
- Do you believe you hear things or see things that others do not?
- Are you suspicious of others or worried that others are out to get you in some way?
- Do you feel confused or disoriented?

THE POSTPARTUM STRESS CENTER

# POSTPARTUM MENTAL HEALTH IS A MEN'S ISSUE

DAD'S EXPERIENCE GRIEF OVER THEIR OLD LIFE AND IDENTITY

DAD'S CAN ALSO EXPERIENCE TRAUMA DURING PREGNANCY AND BIRTH

DAD'S HORMONES ALSO SHIFT AND CHANGE IN THE POSTPARTUM PERIOD

1 IN 5 OF THEIR PARTNERS WILL EXPERIENCE PPD/PPA

1 IN 10 DADS EXPERIENCE POSTPARTUM DEPRESSION

DAD'S ARE 50% MORE LIKELY TO EXPERIENCE POSTPARTUM DEPRESSION OR ANXIETY IF THEIR PARTNER HAS PPA/PPD

18% OF DADS DEVELOP A CLINICALLY SIGNIFICANT ANXIETY DISORDER

@\_HAPPYASAMOTHER



# What fathers may manifest

- “Checking out”
- Feeling burden
- Sleep deprivation
- Anger, irritability
- Anxiety
- Isolation
- Jealousy, feeling “left out”
- Cultural/social expectation to “man up!”



# Other experiences that impact PMH

- ACE
- IPV
- Fertility challenges
- NICU
- History of sexual trauma
- Breast/chestfeeding (D-MER)
- Disability
- Age
- Substance misuse
- Eating disorders
- Immigration
- Fetal diagnosis

"What's the bravest  
thing you've ever said?"  
asked the boy.



"Help" said his mother.

# Screening & Support

# An ideal time to screen

- A person with an uncomplicated pregnancy has an average of 25 interactions with healthcare providers during the perinatal period.
- Pregnant and postpartum individuals often interact with nonmedical community-based providers—such as doulas, childbirth educators, lactation consultants, home visitors, and community health workers.
- The perinatal period also offers a unique opportunity to have a two-generation approach.

# Screening Best Practices

- All birthing persons should be screened by their providers during:
  - ✓ First prenatal visit
  - ✓ At least once in second trimester & third trimester
  - ✓ Six-week postpartum obstetrical visit (or at first postpartum visit)
  - ✓ Repeated screening at 6 and/or 12 months
  - ✓ 3, 9, and 12-month pediatric visits
- Ideally provided in a private setting

# Screening Tools

- Healthy Pregnancy Stress Scale (HPSS)
- Edinburgh Postnatal Depression Scale (EPDS)\*
- Patient Health Questionnaire, (PHQ-2) (PHQ-9)
- Generalized Anxiety Disorder (GAD-7)
- Perinatal Anxiety Screening Scale (PASS)
- Mood Disorder Questionnaire (MDQ)
- Obsessive Compulsive Inventory (OCI-12)
- City Birth Trauma Scale
- PTSD Checklist Civilian version (PCL-C)



# Educate client and family

- Create a safe, comfortable environment for conversation.
- Normalize PMH in conversation.
- Avoid judgement, reduce fear of disclosure.
- Encourage small action steps.
- Support mother-baby bonding.
- Be culturally sensitive.
- Know your resources.



# Words Matter



## Instead of saying this:



## Try saying this:

<p>You are just a new mom, everyone struggles. Welcome to motherhood!</p>	<p>Having a baby is a life-changing event, and it is completely common to feel stressed and overwhelmed about your new life immediately after giving birth.</p>
<p>Your baby is healthy, you are fine. Don't worry about it.</p>	<p>If you don't like how you are feeling, help is available. The quicker you get support for these feelings, the quicker you will feel more like yourself again. Let me give you some names.</p>
<p>You are tough, you can do this if you try hard enough.</p>	<p>Getting help is never a sign of weakness. In fact, it can be a sign of strength that you are speaking up and surrounding yourself with good support.</p>

# The Perinatal Lens as Framework

The perinatal lens encourages us to **look beyond signs & symptoms** and to consider all the areas impacting a client during this season.

- Sleep disruptions
- Identity shifts
- Impact on relationships
- Career changes
- Financial strains
- Body changes
- Cultural traditions/implications
- Reproductive history

# Evidence based and emerging practices

- Cognitive Behavior Therapy (CBT)
- Interpersonal Therapy (IPT)
- Dialectical Behavioral Therapy (DBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Family Therapy
- Group Therapy
- Mindfulness; Mind-Body Techniques
- Medication
- Peer Support



# Resources





## The Global Champion for Perinatal Mental Health

Perinatal mental health (PMH) disorders are the most frequent complication of childbearing and the top underlying cause of pregnancy-related deaths in the United States. They can have a huge impact on individuals, families, and society as a whole—but too often are unrecognized, undiagnosed, and untreated, leaving hundreds of thousands of people each year to suffer in silence.

For 35 years, Postpartum Support International (PSI) has been leading the global effort to improve awareness and treatment of PMH disorders and connect people with the care they need. We work in over 50 countries to connect experts and patients, to boost scientific knowledge and emotional understanding, and to develop and deliver effective interventions.

## PMH Disorders: A Serious and Widespread Problem

Perinatal mental health disorders can appear anytime during pregnancy and the first 12 months after childbirth—the perinatal period. They affect people of every age, race, ethnicity, income, and culture.

PMH disorders include perinatal depression, anxiety, obsessive compulsive disorder, post-traumatic stress disorder, bipolar mood disorders, and psychosis. Left untreated, they can lead to learning and behavioral problems in children, premature or underweight births, impaired parent-child bonding, and an increase in maternal mortality.

The good news is that support and resources are available and can help prevent these complications.

### Stark Statistics



## A Champion for Change

PSI works to end the stigma and silence around PMH disorders by raising public awareness, advancing scientific expertise, and providing emotional and logistical support. In partnership with our dedicated global staff, volunteers, members, and affiliated organizations, we:

- connect individuals and families with a wealth of support services and resources;
- train health professionals to better recognize and treat PMH disorders; and
- advocate for policies and programs that advance perinatal mental health.

postpartum.net

## Perinatal Mental Health Discussion Tool

As many as 1 in 7 moms (1 in 10 dads) experience symptoms of depression and anxiety during the postpartum period. People of every age, income level, race and culture can develop Perinatal Mood Disorders (PMDs) during pregnancy and within the first year after delivery. This tool can help track your symptoms and discuss them with your medical provider. Being your own advocate is okay and you deserve to be well.

I have been experiencing the following symptoms: (please mark all that apply)

- Feeling depressed or void of feeling
- Feelings of hopelessness
- Lack of interest in the baby
- Trouble concentrating
- Brain feels foggy
- Feeling anxious or panicky
- Feeling angry or irritable
- Dizziness or heart palpitations
- Not able to sleep when baby sleeps
- Extreme worries or fears (including the health and safety of the baby)
- Flashbacks regarding the pregnancy or delivery
- Avoiding things related to the delivery
- Scary and unwanted thoughts
- Feeling an urge to repeat certain behaviors to reduce anxiety
- Needing very little sleep while still functioning
- Feeling more energetic than usual
- Seeing images or hearing sounds that others cannot see/hear
- Thoughts of harming yourself or the baby

## Risk Factors

Below are several proven risk factors associated with postpartum depression (PPD) and postpartum anxiety (PPA). Knowing these risk factors ahead of time can help you communicate more effectively with your family and medical provider and put a strong self-care plan in place.

Please mark all risk factors that apply:

- History of depression or anxiety
- History of bipolar disorder
- History of psychosis
- History of diabetes or thyroid issues
- History of PMS
- History of sexual trauma or abuse
- Family history of mental illness
- Traumatic pregnancy or delivery
- Pregnancy or infant loss
- Birth of Multiples
- Baby in the NICU
- Relationship issues
- Financial struggles
- Single mother
- Teen mother
- No or little social support
- Away from home country
- Challenges with breastfeeding

## RESOURCES

[www.postpartum.net](http://www.postpartum.net)

- **PSI Helpline:** For local resources please call or text "HELP" 800.944.4773. We can provide information, encouragement, and names of resources near you.
- **FREE Online Weekly Support Groups:** Led by a trained facilitator. For days and times please visit: <http://www.postpartum.net/get-help/psi-online-support-meetings/>
- **FREE Psychiatric Consult Line:** Your medical provider can call 877.499.4773 and speak with a reproductive psychiatrist to learn about medications commonly used in the perinatal time period. For more detailed information please visit: <http://www.postpartum.net/professionals/perinatal-psychiatric-consult-line/>

\*\* This is not a diagnostic tool and should not take the place of an actual diagnosis by a licensed professional. \*\*

# Support groups and information

## PSI ONLINE SUPPORT GROUPS SCHEDULE

### WEEKLY GROUPS:

- MON:**
- Perinatal Mood Support for Moms
  - Postpartum Psychosis Support for Moms
  - Perinatal Mood Support for Parents
  - Pregnancy After Loss Support
- TUE:**
- Perinatal Mood Support for Moms
  - Perinatal Mood Support for Parents
  - Perinatal OCD Support for Moms
  - Apoyo Perinatal
  - Black Moms Connect
  - Pregnancy Mood Support
  - Early Pregnancy Lost Support for Moms
  - Support for Parents of 1-4 Year Old Children
  - Perinatal Mood Support for Returning Members
- WED:**
- Perinatal Mood Support for Moms
  - Perinatal Mood Support for Parents
  - Queer & Trans Parents
  - Mindfulness for Parents
- THU:**
- Perinatal Mood Support for Moms
  - NICU Parents
  - Fertility Challenges
  - Termination for Medical Reasons
  - Pregnancy & Infant Loss for Parents
- FRI:**
- Pregnancy & Infant Loss for Moms
  - Perinatal Mood Support for Parents
  - Dads Support
  - Support for Parents of 1-4 Year Old Children

### BI-MONTHLY GROUPS:

- 1st & 3rd Monday: Birth Trauma Support \*\*
- 1st & 3rd Tuesday - Perinatal Bipolar Support \*
- 1st & 3rd Tuesday - Pregnancy Mood Support \*
- 1st & 3rd Thursday - Desi Chaat (South Asian Moms)
- 1st & 3rd Thursday - Pregnancy & Infant Loss for Parents
- 1st and 3rd Friday - Stillbirth and Infant Loss Support for Parents
- 1st & 3rd Sunday - Post-Abortion Support
- 1st & 3rd Sunday - Perinatal Mood Support for Parents
- 2nd & 4th Tuesday - Post-Abortion Support
- 2nd & 4th Tuesday - Pregnancy & Infant Loss for Parents
- 2nd & 4th Wednesday - Perinatal Bipolar Support \*
- 2nd & 4th Wednesday - Pregnancy Mood Support \*
- 2nd & 4th Wednesday - Birth Trauma Support \*\*
- 2nd & 4th Wednesday - Pregnancy Mood Support
- 2nd & 4th Wednesday - Special Needs & Medically Fragile Parenting
- 2nd & 4th Wednesday - Military Moms (Pregnancy & Postpartum)
- 2nd & 4th Thursday - Black Moms in Loss
- 2nd and 4th Thursdays - Perinatal Support for Latinx Moms and Birthing People
- 2nd & 4th Friday: Perinatal Mood Support for Parents
- 2nd & 4th Sunday - Pregnant and Postpartum Parents of Multiples

\*Perinatal Bipolar Support Group and Pregnancy Mood Support do meet weekly just on different days (Tue & Wed)  
 \*\* Birth Trauma Support meets weekly just on different days (1st & 3rd Monday, 2nd & 4th Wednesday)

### MONTHLY GROUPS:

- 1ST:**
- 1st Wednesday - Support for Families Impacted by Postpartum Psychosis
  - 1st Wednesday - Birth Moms
- 2ND:**
- 2nd Monday / Lunes - Spanish Solo Mama: Madres Independientes



## ENCUENTROS DE APOYO 2024

2024



LUNES	MARTES	MIÉRCOLES	JUEVES	VIERNES
<ul style="list-style-type: none"> <li>• PADRES C/NIÑOS ESPECIALES</li> <li>• PÉRDIDA Y DUELO</li> <li>• CONCIENCIA PLENA</li> </ul>	<ul style="list-style-type: none"> <li>• PERINATAL</li> <li>• POSPARTO</li> <li>• TALLER DE ESCRITURA (Meses pares)</li> </ul>	<ul style="list-style-type: none"> <li>• EMBARAZO</li> <li>• PLAN DE POSPARTO 1</li> </ul>	<ul style="list-style-type: none"> <li>• TEMAS MIGRATORIOS</li> </ul>	
<ul style="list-style-type: none"> <li>• UCIN O NICU</li> <li>• MAMÁS INDEPENDIENTES</li> </ul>	<ul style="list-style-type: none"> <li>• PERINATAL</li> <li>• FERTILIDAD</li> <li>• LACTANCIA</li> </ul>	<ul style="list-style-type: none"> <li>• EMBARAZO</li> </ul>	<ul style="list-style-type: none"> <li>• PPP Y BIPOLAR</li> </ul>	<ul style="list-style-type: none"> <li>• FAMILIAS DIVERSAS</li> </ul>
<ul style="list-style-type: none"> <li>• CONCIENCIA PLENA</li> </ul>	<ul style="list-style-type: none"> <li>• PERINATAL</li> <li>• POSPARTO</li> <li>• AUTOESTIMA E INTIMIDAD</li> </ul>	<ul style="list-style-type: none"> <li>• EMBARAZO</li> <li>• MAMÁS TEENS</li> <li>• PLAN DE POSPARTO 2</li> </ul>		<ul style="list-style-type: none"> <li>• CRIANZA</li> </ul>
<ul style="list-style-type: none"> <li>• PARA PAPÁS (Último lunes del mes)</li> </ul>	<ul style="list-style-type: none"> <li>• PERINATAL</li> <li>• FERTILIDAD</li> <li>• LACTANCIA</li> </ul>	<ul style="list-style-type: none"> <li>• EMBARAZO</li> </ul>	<ul style="list-style-type: none"> <li>• PÉRDIDA Y DUELO</li> </ul>	

SCAN HERE FOR UP-TO-DATE SCHEDULE



Current as of 11/30/22

# If you are working with a parent who is struggling... →



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**When you pay attention to the beginning of the story, you can change the rest of the story**



# Q and A



# References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi-org.ezproxy.frederick.edu/10.1176/appi.books.9780890425596>
- Baily BA. Partner violence during pregnancy: prevalence, effects, screening, and management *Int J Womens Health*. 2010; 2: 183–197; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2971723/pdf/ijwh-2-183.pdf>
- Bowen, A., Duncan, V., Peacock, S., Bowen, R., Schwartz, L., Campbell, D., & Muhajarine, N. (2014). Mood and anxiety problems in perinatal Indigenous women in Australia, New Zealand, Canada, and the United States: a critical review of the literature. *Transcultural psychiatry*, 51(1), 93–111. <https://doi.org/10.1177/1363461513501712>
- BlueCross BlueShield (2021) Racial Disparities in Maternal Health, <https://www.bcbs.com/the-health-of-america/reports/racial-disparities-in-maternal-health>
- Ellison K., & Martin, N. (2017) Lost Mothers. ProPublica, <https://www.propublica.org/article/severe-complications-for-women-during-childbirth-are-skyrocketing-and-could-often-be-prevented>
- Hudepohl, N., MacLean, J. V., & Osborne, L. M. (2022). Perinatal Obsessive-Compulsive Disorder: Epidemiology, Phenomenology, Etiology, and Treatment. *Current psychiatry reports*, 24(4), 229–237. <https://doi.org/10.1007/s11920-022-01333-4>
- Jones, I., Chandra, P. S., Dazzan, P., and Howard, L. M. (2014). Bipolar disorder, affective psychosis, and schizophrenia in pregnancy and the post-partum period. *Lancet*, (384)9956, 789-99.
- Kleiman, K., & Wenzel, A. (2011). *Dropping the baby and other scary thoughts: Breaking the cycle of unwanted thoughts in motherhood*. Routledge/Taylor & Francis Group.
- Kozhimannil, K. B., Trinacty, C. M., Busch, A. B., Huskamp, H. A., & Adams, A. S. (2011). Racial and ethnic disparities in postpartum depression care among low-income women. *Psychiatric services (Washington, D.C.)*, 62(6), 619–625. [https://doi.org/10.1176/ps.62.6.pss6206\\_0619](https://doi.org/10.1176/ps.62.6.pss6206_0619)
- Lara-Cinisomo, S., Clark, C. T., & Wood, J. (2018). Increasing Diagnosis and Treatment of Perinatal Depression in Latinas and African American Women: Addressing Stigma Is Not Enough. *Women's health issues : official publication of the Jacobs Institute of Women's Health*, 28(3), 201–204. <https://doi.org/10.1016/j.whi.2018.01.003>

# References

- Leinweber, J, Fontein-Kuipers, Y, Thomson, G, et al. Developing a woman-centered, inclusive definition of traumatic childbirth experiences: A discussion paper. *Birth*. 2022; 00: 1– 10. doi:[10.1111/birt.12634](https://doi.org/10.1111/birt.12634)
- McNab, S.E., Dryer, S.L., Fitzgerald, L. *et al.* The silent burden: a landscape analysis of common perinatal mental disorders in low- and middle-income countries. *BMC Pregnancy Childbirth* **22**, 342 (2022). <https://doi.org/10.1186/s12884-022-04589-z>
- Matthews, K., Morgan, I., Davis, K., Estriplet, T., Perez, S., & Crear-Perry, J. A. (2021). Pathways To Equitable And Antiracist Maternal Mental Health Care: Insights From Black Women Stakeholders. *Health Affairs (Project Hope)*, 40(10), 1597–1604. <https://doi.org/10.1377/hlthaff.2021.00808>
- Masters, G. A., Hugunin, J., Xu, L., Ulbricht, C. M., Moore Simas, T. A., Ko, J. Y., & Byatt, N. (2022). Prevalence of Bipolar Disorder in Perinatal Women: A Systematic Review and Meta-Analysis. *The Journal of clinical psychiatry*, 83(5), 21r14045. <https://doi.org/10.4088/JCP.21r14045>
- 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>
- Roddy M A, Gordon H, Atkinson J, et al. (2023). Prevalence of Perinatal Anxiety and Related Disorders in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis. *JAMA Netw Open*;6(11):e2343711. doi:10.1001/jamanetworkopen.2023.43711
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. **HHS Publication No. (SMA) 14-4884**. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- Simpson, M., & Catling, C. (2016). Understanding psychological traumatic birth experiences: A literature review. *Women and Birth*, 29(3), 203-207.
- Yildiz PD, Ayers S, Phillips L. The prevalence of posttraumatic stress disorder in pregnancy and after birth: A systematic review and meta-analysis. *J Affect Disord*. 2017 Jan 15;208:634-645. doi: 10.1016/j.jad.2016.10.009. Epub 2016 Oct 27. PMID: 27865585.

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MHTTC

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# MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

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