

# Welcome!

We are so glad you are here!

We will get started shortly.  
In the meantime, we invite you to intentionally enter this space.



Silence your cell phone



Stretch



Close the door



Take a few deep breaths



Close browser windows



Emotionally release your to-do list



Check your audio and video



Take a bio break

# Perinatal Mental Health: A Strength-Based Approach to Supporting Families

## Breakout Session

*Wednesday, November 3*

*3-4:20 pm ET*

*The Healthy Start TA & Support Center is operated by the National Institute for Children's Health Quality (NICHQ). This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number 1 UF5MC327500100 titled Supporting Healthy Start Performance Project.*



# Agenda

Housekeeping	Kelly Edwards, National Institute for Children's Health Quality (NICHQ)
Welcome & Introduction	Kelly Edwards, NICHQ
Perinatal Mental Health: A Strength-Based Approach to Supporting Families	Wendy Davis, Postpartum Support International
Q&A	All
Closing	Kelly Edwards, NICHQ





This session is being recorded.



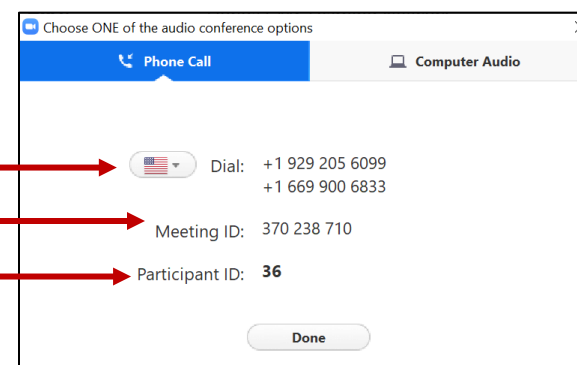
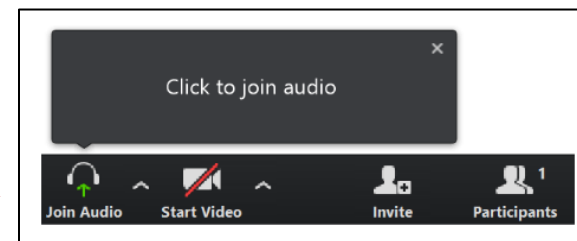
All participants are muted upon entry. We ask that you remain muted to limit background noise.



Participants are encouraged to share comments via the Chat module and ask questions via the Q&A module in Whova (on the mobile app or browser).

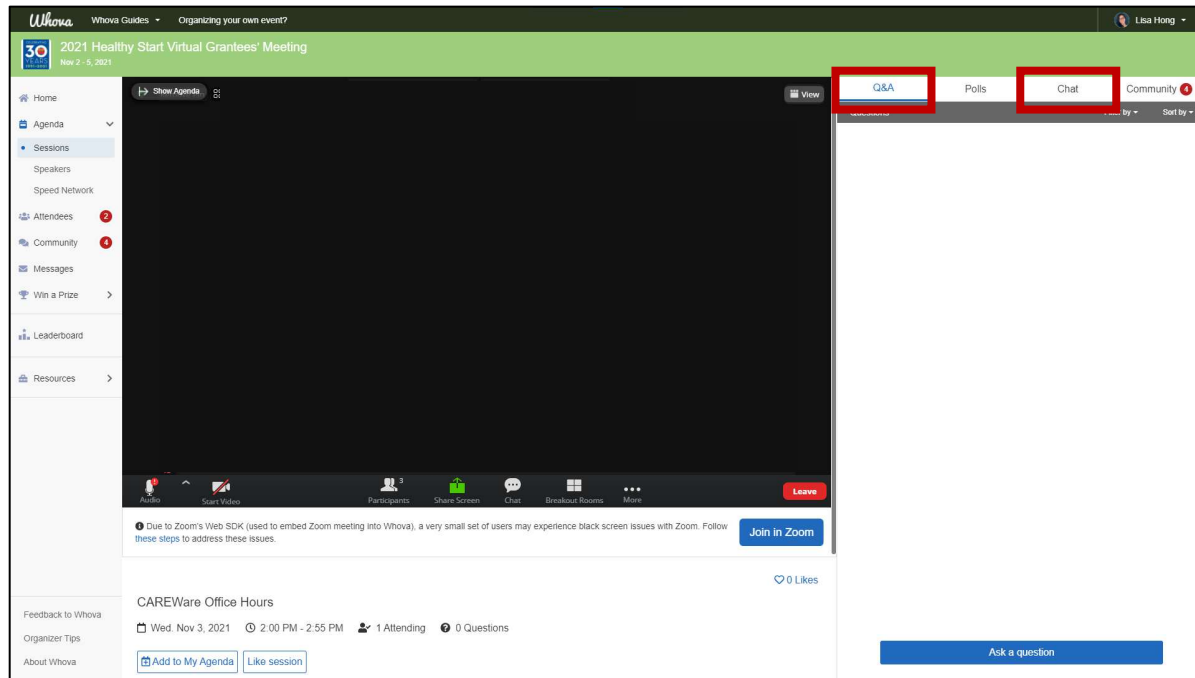
# Audio

- After you join the Zoom session, an audio conference box may appear.
  - If you do not see the box, click **'Join Audio'**
- From the audio conference box, select **'Phone Call'** or **'Computer Audio'**
  - If using the phone:
    - Dial one of the given numbers next to **'Dial'**
    - You will be prompted to enter the **Meeting ID**
    - Then you will be prompted to enter the **Participant ID**

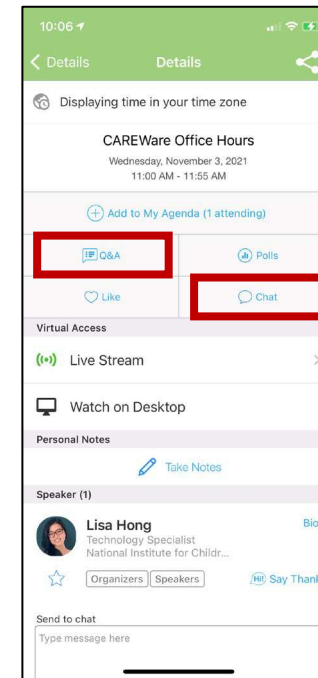


# Chat and Q&A modules in Whova

## Chrome Browser



## Mobile Application



# Like what you see?

*The Healthy Start TA & Support Center is now active on social media!*

1. Take a picture or a screenshot
2. Share on Instagram or Twitter!
3. Don't forget to tag @HS\_TASC and @NICHQ and include hashtags #HealthyStartVGM2021 and #HealthyStartStrong

# Technical Issues

If you experience any technical challenges with Whova, please email [support@whova.com](mailto:support@whova.com).



# Welcome & Introduction

**Kelly Edwards**

National Institute for  
Children's Health  
Quality

#HealthyStartVGM2021

#HealthyStartStrong

@HS\_TASC @NICHQ

*Perinatal Mental Health: Prevention and Support*

*Hosted by the Healthy Start TA & Support Center at NICHQ on November 3, 2021*

**NICHQ**  
National Institute for  
Children's Health Quality

**HEALTHY**  
**start**  
TA & SUPPORT CENTER

# Welcome to the VGM!

We hope you have been  
enjoying today's sessions  
so far!

## In this breakout, you will:

- Learn to identify the types, symptoms, and risk factors, of pregnancy and postpartum mood disorders.
- Learn how to screen and detect the need for more intervention.
- Learn strength-based approaches to talking with parents about mental health
- Learn about online and local resources for families

#HealthyStartVGM2021

#HealthyStartStrong

@HS\_TASC @NICHQ

*Perinatal Mental Health: Prevention and Support  
Hosted by the Healthy Start TA & Support Center at NICHQ on November 3, 2021*

**NICHQ**  
National Institute for  
Children's Health Quality

**HEALTHY**  
**start**  
TA & SUPPORT CENTER



# Our Speaker

**Wendy N. Davis, PhD, PMH-C**

Executive Director  
Postpartum Support  
International (PSI)

#HealthyStartVGM2021  
#HealthyStartStrong  
@HS\_TASC @NICHQ

*Perinatal Mental Health: Prevention and Support  
Hosted by the Healthy Start TA & Support Center at NICHQ on November 3, 2021*

## Questions during the session?

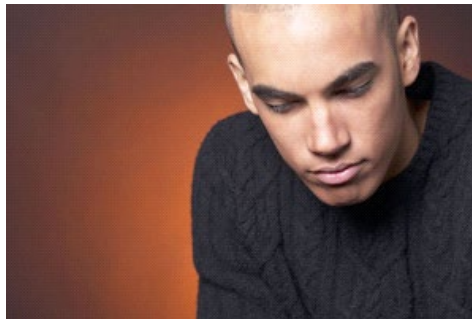
Use the Q&A module in the Whova platform and make sure to identify the speaker to whom you are directing your question(s).

Questions will be answered during the session if time permits. Otherwise, questions will be addressed post-session.

**NICHQ**  
National Institute for  
Children's Health Quality

**HEALTHY**  
**start**  
TA & SUPPORT CENTER

# Perinatal Mental Health: A Strength-Based Approach to Supporting Families



## Healthy Start Virtual Grantees' Meeting

Wendy N. Davis, PhD, PMH-C  
November 3, 2021





POSTPARTUM SUPPORT  
INTERNATIONAL

English & Spanish Support  
Connects with local support volunteers and resources  
“Chat with an Expert” Phone Forums For Moms and Dads  
Educational DVDs – English and Spanish  
Online Video-Based Support Groups  
Trainings and Conferences

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

**1-800-944-4PPD**

**1-800-944-4773**

# Prevalence

- Research says – about 80% of new mothers experience normal “baby blues” in the first few weeks after the baby arrives.
- At least 1 in 7 mothers experience serious depression or anxiety during pregnancy or postpartum.
- 1–2 out of 1,000 have postpartum psychosis.
- 1 in 10 fathers experience PPD



Wisner KL, et.al, JAMA Psychiatry 2013  
Paulson, et.al, JAMA. 2010



# **Suicide is one of the three leading causes of maternal death**

*Oates, M., Perinatal psychiatric disorders: a leading cause of maternal morbidity and mortality. British Medical Bulletin, 2003, 67: p. 219-29;*  
*Dell and O'Brien, Suicide in pregnancy. Obstetrics & Gynecology, 2003, 102(6)p. 1306-9.*

# The Myth of Motherly Bliss







# Obstacles to Care

Shame and Fear

Provider Misinformation

Cultural Taboos

Provider Accessibility



# The Challenge

How do we reassure parents when they are afraid to disclose that they need help?

How can we help them when they don't know what's wrong?

Our challenge is to reduce shame and normalize the new parent's need for support

Treatment will not lead to full recovery if shame is not addressed



# Diversity of the Human Experience

Acknowledge	Honor	Recognize
<p>Acknowledge diversity</p> <ul style="list-style-type: none"><li>• Respectful of all voices, opinions, experiences and hope to learn from one another</li><li>• Awareness of our own biases and assumptions</li></ul>	<p>Honor differences for how parenthood and family are defined</p>	<p>Recognize the limitations represented in the White heteronormative research literature</p> <ul style="list-style-type: none"><li>• Ever-changing landscape to increase inclusivity in research and practice</li></ul>

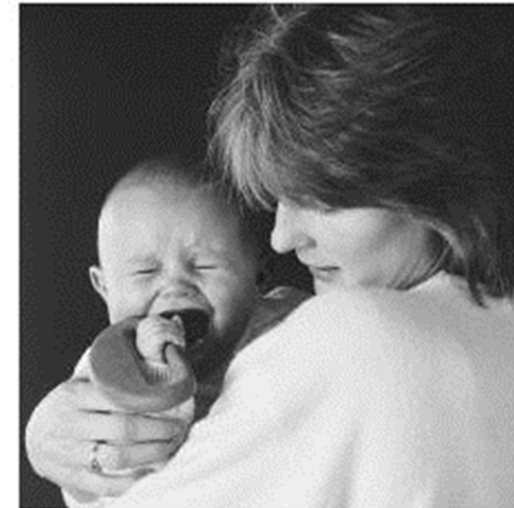
# Home Visitors and PMDs

- ▶ What are the aspects of Home Visiting that make it such an effective way to address maternal mental health?
- ▶ Are there any aspects of home visiting that make it more difficult to address the subject?



# How does parent's mental health impact home visitor goals?

- ▶ Emotional health and support system directly affect family's ability to work toward goals
- ▶ Important to assess emotional and mental health before identifying goals
- ▶ If mom/dad is depressed or anxious, common suggestions might not work well
- ▶ Parents might appear to be accepting suggestions but might be overwhelmed and incapable of taking the first step



# Don't Forget the Partners

- ▶ Partners also experience stress, anxiety, and depression.



# Depressive Symptoms in Dads

Research: 10% of  
Fathers w PPD

Initial high after  
birth may give way  
to depression

Rather than  
sadness, men may  
be more likely to be  
irritable, angry



Distancing:  
“Checking Out”

Distractions and  
Habits

*James F. Paulson, et.al, Pediatrics, Aug 2006*



# Conversation Tips: Myths and Stigma

*“Becoming a parent can be a tough transition. We talk to all our families about emotions and mental health. How do you feel emotionally?”*

*“Lots of parents feel like this is harder than they expected. How has it been for you?”*

*“It looks like you’re taking good care of your baby. When do you take breaks? How are you finding time to take care of your own needs too?”*



# Mood or Perinatal Mood Disorder?

- ▶ Severity
- ▶ Timing
- ▶ Duration
- ▶ History
- ▶ Functionality



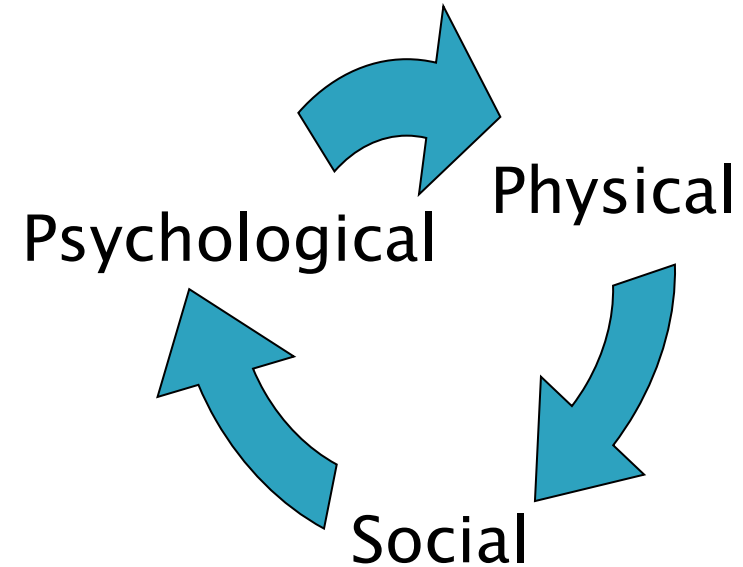
# Definition: Perinatal Mood Disorders



- ▶ Begin any time during or after pregnancy, including loss
- ▶ Might merge with baby blues or start later
- ▶ Onset any time in the first year postpartum
- ▶ Common triggers for later onset
  - Hormonal Triggers
  - Rapid Weaning
  - Hormonal birth control
  - Increased family stress
  - Return to work
  - Illness or hospitalization
  - Loss and grief

# Causes of PMADs

- ▶ **Physical**
  - Genetic Predisposition
  - Sensitivity to hormonal change
- ▶ **Psychosocial Factors**
  - Inadequate support
  - Perfectionism, Superwoman
- ▶ **Concurrent Stressors**
  - Sleep disruption
  - poor nutrition
  - health challenges
  - Interpersonal stress
  - Cultural stress and barriers



Domenech (2000): de Paúl and Domenech (2000); Schuetze and Eiden (2005)

# Types of Perinatal Mood Disorders

---

Prenatal Depression or Anxiety

---

Major Postpartum Depression

---

Postpartum anxiety or panic disorder

---

Perinatal obsessive–compulsive disorder

---

Post–Traumatic Stress

---

Bipolar Disorders

---

Postpartum Psychosis

---



# Other Perinatal Mental Health Issues

- ▶ Grief Reactions
- ▶ Postpartum Exhaustion
- ▶ Endocrine Disorders
- ▶ Substance Abuse and Dependency



# Mental Health in Pregnancy



---

Rates in pregnancy are just as high as postpartum

---

Distress in pregnancy often discounted by providers as normal pregnancy complaints

---

Prenatal Anxiety tends to be intense and persistent

---

Pregnancy and infant loss also cause distress and increase risk for mental health challenges

# DEPRESSION: Pregnancy OR Postpartum

- ▶ Sadness, Crying Jags
- ▶ Feeling overwhelmed
- ▶ Irritability, Agitation, Anger
- ▶ Sleep Disturbance
- ▶ Appetite Changes
- ▶ Mood Swings
- ▶ Apathy
- ▶ Exhaustion





# ANXIETY: Prenatal & Postpartum

- ▶ Normal new parent worry vs. anxiety disorder

- ▶ Possible Symptoms

- Panic Attacks
- Insomnia
- Low appetite
- Fears:
  - losing control, illness, danger, fainting
- Physical symptoms:
  - shaky, dizzy or short of breath



# *Postpartum Anxiety & Panic*

*“I finally told my husband that he and my daughter would be better off without me—that I was not a good mother or wife. I felt like things were never going to get better—that I would never feel happy again. The only way out was to die.”*



*...“I am going to act as though everything is fine and I am terrified of what lies ahead.”*

# Obsessive Compulsive Disorder

Intrusive, repetitive thoughts—usually of harm coming to baby

Tremendous guilt and shame

Horrified by these thoughts

Hypervigilance

Moms engage in behaviors to avoid harm or minimize triggers



# Post Traumatic Stress Disorder



Cheryl Beck *“Trauma is in the eye of the beholder”*



Trauma = perceived threat to the psychological or physical well being and safety of self or loved one



Shattered Expectations

# Picking up Cues – PTSD

- ▶ Avoiding contact with childbirth providers or locations
- ▶ Distancing from partner
- ▶ Nightmares and emotional flooding
- ▶ Recurring feelings and ruminating about birth or past trauma

- ▶ **PTSD vs General Anxiety?**
  - PTSD focuses on the trauma
  - Generalized anxiety focuses on many sources of anxiety



# Bipolar Disorders



# Bipolar Disorders



50% of women with bipolar disorder are first diagnosed in postpartum period



60% of bipolar women present initially as depressed postpartum



If prescribed antidepressant w/out mood stabilizer, at risk of cycling into mania



85% of bipolar women who go off their medications during pregnancy will have a bipolar relapse before the end of their pregnancy

# Postpartum Psychosis

- 1–2 per thousand births
- Early Onset – usually first two weeks
- Delusions (e.g. baby is possessed by a demon)
- Hallucinations (e.g. seeing someone else's face instead of baby's face)
- Insomnia
- Confusion/disorientation
- Rapid mood swings
- Waxing and waning (can appear and feel normal for stretches of time in between psychotic symptoms)





*“I pretended I was delighted in order not to make other people alarmed. But I was steadily getting worse, and soon resented having to change and feed Elizabeth.*

*A deep male voice started talking to me, coming to me at times I couldn't predict. He told me I was so bad at being a mum that Elizabeth would be better off if I were dead.*

*The voice told me that Elizabeth was sent by the devil. Then, when I began to fantasise about hurting her, I knew it was time to seek help.”*

# OCD vs Psychosis: Low Risk vs. High Risk of Harm

## Low Risk – Anxiety and OCD

- Mother doesn't want to harm baby
- Extreme anxiety related to thoughts
- Mother has taken steps to protect baby
- Mother has no delusions or hallucinations related to harming baby



# OCD vs Psychosis: Low Risk vs. High Risk of Harm

## High Risk – Psychosis

- Delusional beliefs about the baby; e.g. that the baby is a demon or supernatural
- Thoughts of harming baby are ego-syntonic (mother thinks they are reasonable or feels tempted to act on them)
- Appears to have less anxiety when indulging in thoughts/behaviors

## Risk of

- Volatile mood or impulsive behavior
- History of violence

# Assessment

*Tools, Talk, and Observation*



# Assessment : The Basics

- ▶ **M**oods: Intensity, Duration, Volatility
- ▶ **A**ppetite
- ▶ **P**ains
- ▶ **S**leep
- ▶ **S**upport System
- ▶ **S**elf-Harm





## *Risk Factors*

# Evidence Based Risk Factors

## Previous PMDs

- Family History
- Personal History
- Symptoms during Pregnancy



## History of Mood Disorders

- Personal or family history of depression, anxiety, bipolar disorder, eating disorders, or OCD

## Significant Mood Reactions to hormonal changes

- Puberty, PMS, hormonal birth control, pregnancy loss

# Evidence Based Risk Factors

- ▶ **Endocrine Dysfunction**
  - Hx of Thyroid Imbalance
  - Other Endocrine Disorders
  - Decreased Fertility
  
- ▶ **Social Factors**
  - Inadequate social support
  - Interpersonal Violence
  - Financial Stress/Poverty
  - High Stress Parenting
    - Military Families
    - Teen Parents
    - Moms of Multiples





# Risk Factor Check List

- It's hard for me to ask for help.
- I've had trouble with hormones and moods, especially before my period.
- I was depressed or anxious after my last baby or during my pregnancy.
- I've been depressed or anxious in the past.
- My mother, sister, or aunt was depressed after her baby was born.
- Sometimes it's hard to slow down: I don't need to sleep, have lots of new ideas, and feel very restless.
- My family is far away and I don't have many friends nearby.
- I don't have the money, food or housing I need.

*If you checked three or more boxes, you are more likely to have depression or anxiety during pregnancy or postpartum.  
Reach out for help to reduce your risk.*

© 2010 Wendy N. Davis. PhD

# Edinburgh Postnatal Depression Scale

1. **I have been able to laugh and see the funny side of things.**
  - 0 As much as I always could
  - 1 Not quite so much now
  - 2 Not so much now
  - 3 Not at all
2. **I have looked forward with enjoyment to things.**
  - 0 As much as I ever did
  - 1 Somewhat less than I used to
  - 2 A lot less than I used to
  - 3 Hardly at all
3. **I have blamed myself unnecessarily when things went wrong.**
  - 0 No, not at all
  - 1 Hardly ever
  - 2 Yes, sometimes
  - 3 Yes, very often
4. **I have been anxious or worried for no good reason.**
  - 3 Yes, often
  - 2 Yes, sometimes
  - 1 No, not much
  - 0 No, not at all
5. **I have felt scared or panicky for no good reason.**
  - 3 Yes, often
  - 2 Yes, sometimes
  - 1 No, not much
  - 0 No, not at all
6. **Things have been too much for me.**
  - 3 Yes, most of the time I haven't been able to cope at all
  - 2 Yes, sometimes I haven't been coping as well as usual
  - 1 No, most of the time I have coped well
  - 0 No, I have been coping as well as ever
7. **I have been so unhappy that I have had difficulty sleeping.**
  - 3 Yes, most of the time
  - 2 Yes, sometimes
  - 1 Not very often
  - 0 No, not at all
8. **I have felt sad or miserable.**
  - 3 Yes, most of the time
  - 2 Yes, quite often
  - 1 Not very often
  - 0 No, not at all
9. **I have been so unhappy that I have been crying.**
  - 3 Yes, most of the time
  - 2 Yes, quite often
  - 1 Only occasionally
  - 0 No, never
10. **The thought of harming myself has occurred to me.**
  - 3 Yes, quite often
  - 2 Sometimes
  - 1 Hardly ever
  - 0 Never

# After Screening and Scoring



Normalize screening and scoring



Review screen regardless of score



Share Resources and Options



Facilitate connection with resources



Follow up

# Helping Parents Reach Out



# PSI Universal Message

- ▶ **You are not alone**
  - Other parents experience this
  - Assure her that support is available
- ▶ **You are not to blame**
  - This is not something you caused
  - This is not a reflection of you as a parent
- ▶ **With help, you will be well**
  - All symptoms are treatable
  - It is okay to need help
  - It will get easier



# Conversation Tips

- ▶ *Thank you for telling me how you're feeling*
- ▶ *It sounds like you might be having some depression or anxiety*
- ▶ *I want to make sure you get all the support you need. Let's slow down for a moment right now and figure that out together*
- ▶ *So many moms and dads go through this – it's not your fault, you didn't cause it.*
- ▶ *Reaching out like this is a sign of what a good mom you are, even though you feel like you're struggling right now.*

# Reducing stress during recovery

- ▶ Break down goals to small, achievable steps
- ▶ Check expectations and perfectionism
- ▶ Teach her the wisdom of saying YES to help and NO to stress

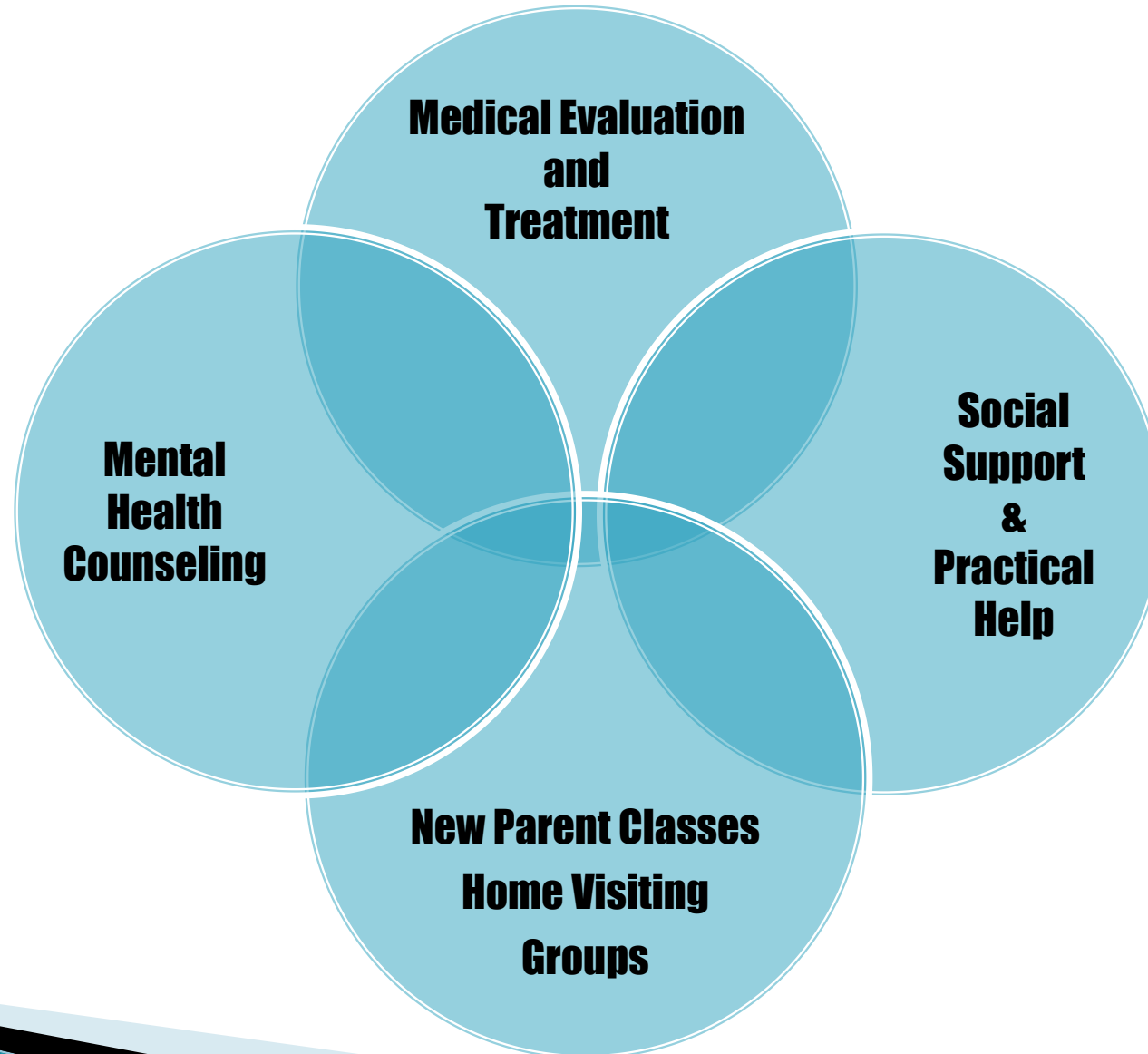


# Conversation Tips: Small Steps to Healthy Goals

- ▶ *“Remember that you will feel better, one step at a time. It helps to start with small steps, and build from there.”*
- ▶ *“We can make a shopping list of easy foods right now if you’d like.”*
- ▶ *“Yes, they say you ‘need to exercise’, but they might forget how hard it can be to get going. It’s helpful to start small. For example, you can step outside for a few minutes each day, then you can add a little walk next, and build up from there.”*



# Treatment Options



# Ruling Out Other Causes

- ▶ PTSD
  - *Birth Trauma*
  - *Undisclosed trauma or abuse*
- ▶ Thyroid or pituitary imbalance
- ▶ Anemia
- ▶ Side effects of other medicines
- ▶ Alcohol or drug use



# ***COUNSELING***

***“Put out the fire before you rewire the house”***

***Susan Hickman, Ph.D., MFCC***



# RESOURCES for Parents



# PSI Support for Families

- **Toll-free Helpline 800-944-4PPD** support to women and families in English & Spanish
- **PSI Support Coordinator Network**  
<http://www.postpartum.net/get-help/locations/>
  - Every US state and more than 40 countries
  - Specialized Support: military, dads, legal, psychosis
- **PSI Facebook Group**  
<https://www.facebook.com/groups/25960478598/>
- **Free Telephone Chat with an Expert**  
[www.postpartum.net/chat-with-an-expert/](http://www.postpartum.net/chat-with-an-expert/)



# PSIDirectory.com



# PSI Online Support Groups

## English or Spanish




WEEKLY ONLINE SUPPORT MEETINGS

- » Join the meeting from your computer, tablet or smartphone!
- » Get comfortable, grab a cup of coffee!
- » Listen and share your story as a mom.
- » Meeting in Spanish offered!

GO TO: [WWW.SUPPORTGROUPSCENTRAL.COM/PSI](http://WWW.SUPPORTGROUPSCENTRAL.COM/PSI)  
AND CLICK THE JOIN BUTTON!




# Smart Patients Forum



Postpartum Support International (PSI) is proud to partner with Smart Patients to offer this online community, where women can receive peer support in a private space where they can feel comfortable sharing openly. The Smart Patients Postpartum community complements the programs of PSI to provide the information and comfort to pregnant and new mothers suffering from perinatal mood and anxiety disorders like postpartum depression, postpartum anxiety, postpartum PTSD, postpartum psychosis and depression and anxiety during pregnancy.

One of PSI's main goals is to make mothers and families aware that effective help is available, that they can get better, and that PSI can help them find knowledgeable providers who understand how to treat PPD.

Join Smart Patients, ask a question, participate in the discussions and support others who can learn from you.



Learn from other patients.  
Patients often become extraordinarily knowledgeable about their disease. You can, too.

[www.smartpatients.com/ppd](http://www.smartpatients.com/ppd)

- Online health forum for medical and mental health challenges
- PSI staff moderates
- Can be anonymous



# PSI Social Media


- ▶ Facebook Open Page: [www.facebook.com/PostpartumSupportInternational](https://www.facebook.com/PostpartumSupportInternational)
- ▶ Facebook Closed Group: [www.facebook.com/groups/25960478598/](https://www.facebook.com/groups/25960478598/)
- ▶ Twitter: @postpartumhelp
- ▶ Instagram @postpartumsupportinternational
- ▶ VIMEO: <https://vimeo.com/postpartumsupport>
- ▶ YouTube Channel: <https://www.youtube.com/user/postpartumvideo>

# PSI Educational Brochures English & Spanish

[www.postpartum.net/resources/psi-brochure/](http://www.postpartum.net/resources/psi-brochure/)



# Discussion Tool



POSTPARTUM SUPPORT INTERNATIONAL

## 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 and Anxiety Disorders (PMADs) 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)

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

### 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:

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

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

- **PSI Helpline:** For local resources please call 800-944-4773 or text us at 503-894-9453. We can provide information, encouragement, and names of resources near you.
- **FREE Online Weekly Support Groups:** Lead 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 800.944.4773 x 4 and speak with a reproductive psychiatrist to learn about medications that are safe for you to take while pregnant and breastfeeding. <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. \*\*

[www.postpartum.net/resources/discussion-tool](http://www.postpartum.net/resources/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 and Anxiety Disorders (PMADs) during pregnancy and within the first year after delivery. This tool can help track your symptoms and discuss them with your healthcare provider.

Being your own advocate is okay and you deserve to be well. Download or bring our discussion tool to your provider.

*Help us translate this tool to other languages, contact us at*  
[communications@postpartum.net](mailto:communications@postpartum.net)

# PSI Educational DVDs



## *Healthy Mom, Happy Family*

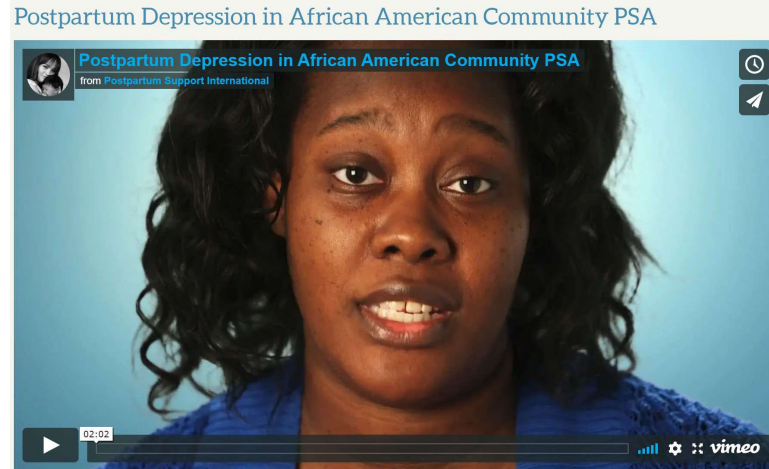
Order this 13 minute DVD from  
Postpartum Support International

[www.postpartum.net/resources/psi-educational-dvd/](http://www.postpartum.net/resources/psi-educational-dvd/)

Stream or Buy PSI DVDs Online

<https://vimeo.com/ondemand/postpartumvideo>

# EDUCATIONAL VIDEOS



- ▶ PSI Educational DVDs – promo/trailer link  
<https://vimeo.com/ondemand/postpartumvideo>
- ▶ PSI Public Service Announcements
  - 7 PSAs available to view or download/share on Vimeo
  - [www.postpartum.net/news-and-blog/publicserviceannouncements/](http://www.postpartum.net/news-and-blog/publicserviceannouncements/)

# Resources: medication in pregnancy & breastfeeding

- InfantRisk: 806-352-2519  
• <http://www.infantrisk.com/>
- MotherToBaby: 866-626-6847  
• <http://www.mothers-to-baby.org/>
- Mass General Women's Health [www.massgeneral.org/womens-health.org](http://www.massgeneral.org/womens-health.org)



# Contact Information

**Wendy Davis, PhD**

**503-277-3925**

[wdavis@postpartum.net](mailto:wdavis@postpartum.net)

**Postpartum Support International**

800-944-4773 helpline

503-894-9453 office

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

Help Map [www.postpartum.net/get-help/locations/](http://www.postpartum.net/get-help/locations/)

# Q&A

Please submit questions using the Q&A module in the Whova platform.

#HealthyStartVGM2021  
#HealthyStartStrong  
@HS\_TASC @NICHQ

*Perinatal Mental Health: Prevention and Support  
Hosted by the Healthy Start TA & Support Center at NICHQ on November 3, 2021*



**NICHQ**  
National Institute for  
Children's Health Quality

**HEALTHY  
start**  
TA & SUPPORT CENTER





# Thank you for joining us!

If you need any support...

Please email [healthystart@nichq.org](mailto:healthystart@nichq.org)

**Upcoming Session:** 4:30 pm ET  
**Collaborative Approaches to Addressing  
Maternal and Infant Health Disparities**

*Perinatal Mental Health: Prevention and Support  
Hosted by the Healthy Start TA & Support Center at NICHQ on November 3, 2021*

**NICHQ**  
National Institute for  
Children's Health Quality

HEALTHY  
**start**  
TA & SUPPORT CENTER

#HealthyStartVGM2021  
#HealthyStartStrong  
@HS\_TASC @NICHQ