

Perinatal Mental Health and Culturally Responsive Support Services

Marianela Rodriguez-Reynaldo, PhD- PMH-C

April 18, 2024





Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

EPBs for serious mental health conditions

Wellness & Recovery for Providers and people with mental health conditions

School Mental Health
Comprehensive, multi-tiered services & supports

Hispanic and Latiné mental health education

Online Education Courses
Wellness Matters, IMR, Functional Thinking & more

Services Available

No-cost training, technical assistance, and resources





Grow Your Knowledge and Skills

Keep up with the latest effective practices, resources, and technologies!

Subscribe to receive our mailings.
All activities are free!



We Want Your Feedback

Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, AND assist us in planning future meetings and programs.

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



Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Disclaimer

This presentation was prepared for the Northeast and Caribbean Mental Health Technology Transfer Center (MHTTC) under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Northeast and Caribbean Mental Health Technology Transfer Center (MHTTC).

At the time of this presentation, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

This work is supported by grant H79SM081783 from the DHHS, SAMHSA.

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, looking towards the right side of the frame.

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 Mental Health and Culturally Responsive Support

Marianela Rodríguez-Reynaldo, PhD, PMH-C
marianela.rodriguez@upr.edu



Objectives

1. Describe signs and symptoms of common mental disorders during the perinatal period.
2. Discuss risk factors and screening alternatives for timely intervention and culturally responsive care.
3. Identify relevant resources available for mental health support of birthing and postpartum individuals.

Perinatal period

- Antenatal/ Prenatal = before birth; during pregnancy
- Perinatal/peripartum period = “around” birth. The period immediately before and after birth. Also defined to include from the 20th week of gestation up to 4wks postpartum.
- Postpartum = medically defined as the six weeks after birth. However, literature may describe up to the first year after birth.
- The first 1,000 days = Conception up to 2 years after birth.
- Perinatal Mood and Anxiety disorders (PMADs); Perinatal Mental Health (PMH)



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).

Maternal Mortality in the US

- According to the CDC, **maternal mortality has significantly increased** for women of color since the pandemic.
- For Black women, increased from **44 per 100,000** in 2019 to 55.3 per 100,000 in 2020.
- For Hispanic women, the death rate went **from 12.6 per 100,000** in 2019 to 18.2 in 2020.

Black and Indigenous women are **2-3x more likely than white women to die from complications of pregnancy and birth**

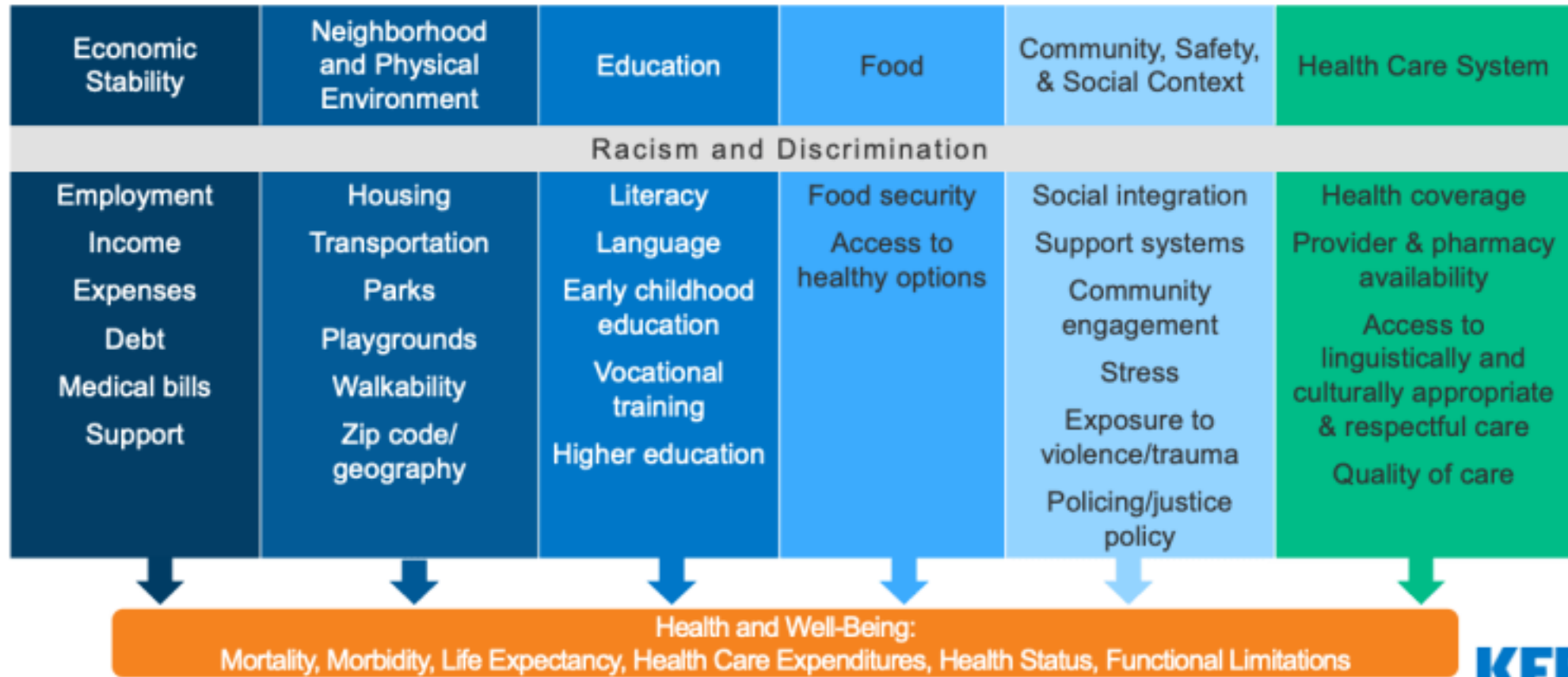
and are also more likely to experience near misses or severe complications.



One in three people of color giving birth in a hospital reported that they experienced disrespectful care or mistreatment.

Figure 6

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



Equity

KEY TAKEAWAYS FROM THE SURVEY:

Compared with white mothers, mothers of color say they were not always able to complete the recommended series of prenatal visits, mainly because of a lack of transportation or scheduling conflicts. COVID-19 has also played a role in reducing prenatal visits.

Mothers who completed all recommended prenatal visits:



Compared to white and Hispanic mothers, Black mothers report feeling their provider did not spend enough time with them and have lower confidence they will receive the care they need. They also feel like they cannot openly speak to their provider about their pregnancy.

Mothers who felt their provider spent enough time with them:



Mothers who are confident they received/ will receive the care they needed:



Mothers who feel they can speak openly about pregnancy with their provider:



Medical Mistrust

- History of experimentation with Blacks and Hispanics
- Forced Sterilization of Women
 - 1930: Forced sterilization of Puerto Rican women began to decrease poverty and population growth.
 - 1969: Forced sterilization of Mexican women began in California.



Painting by Robert Thom



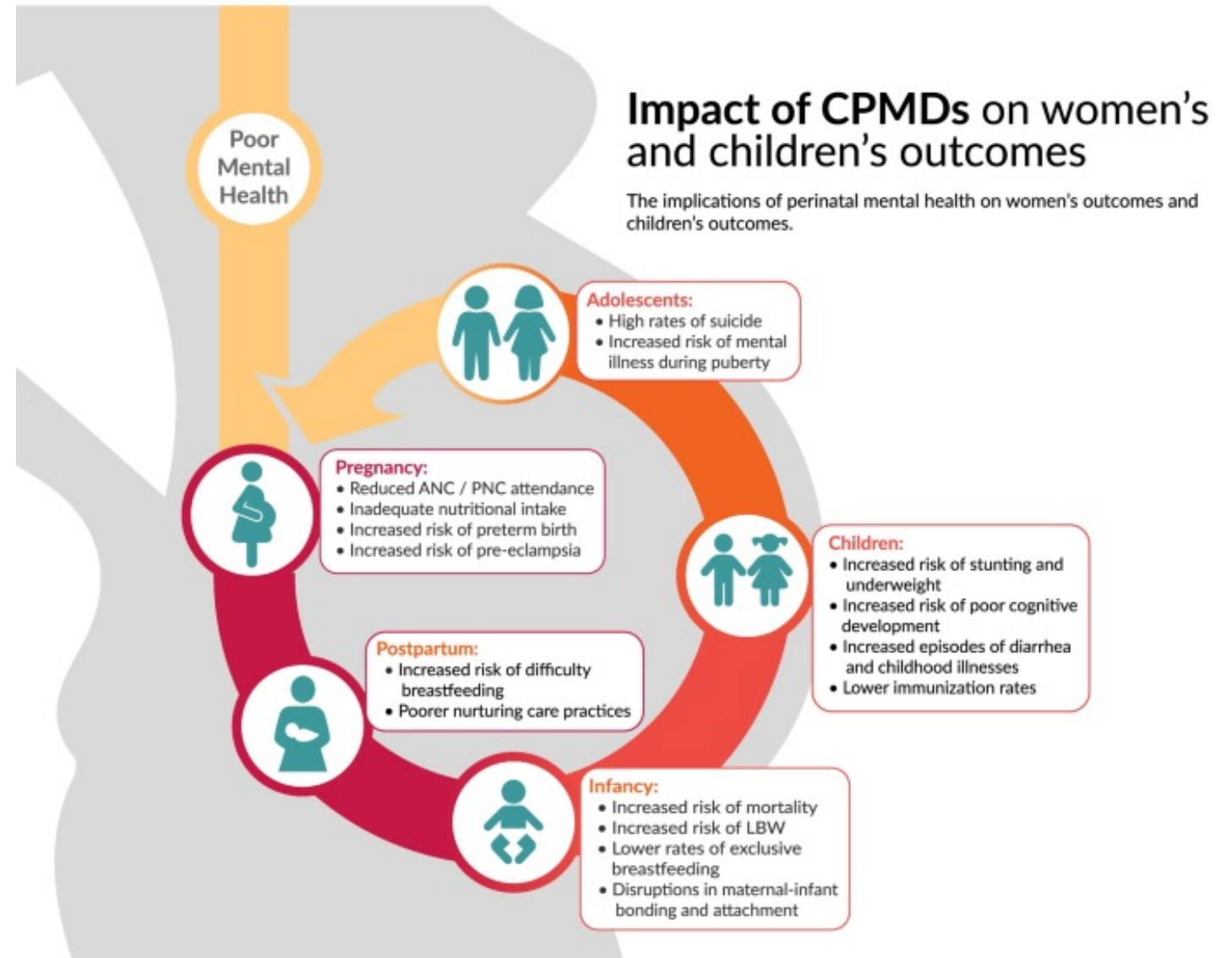
Life transition

- 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

Implications



Risk Factors



Hx alcohol use



Perinatal Loss



Adolescence



IPV



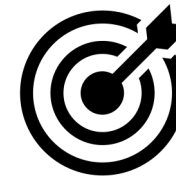
Single



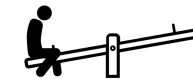
Hx of mental illness



Economic difficulties









Perfectionism



Lack of support

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

Determine

- Are the symptoms in excess of what is experienced by most new mothers?
- Are the symptoms considerably different from the women's usual level of functioning?
- Do the symptoms persist even when they are less likely to be explained by the demands of new parenthood?
 - ✓ Frequency
 - ✓ Duration
 - ✓ Intensity

Perinatal Anxiety (15%-23%)

GAD

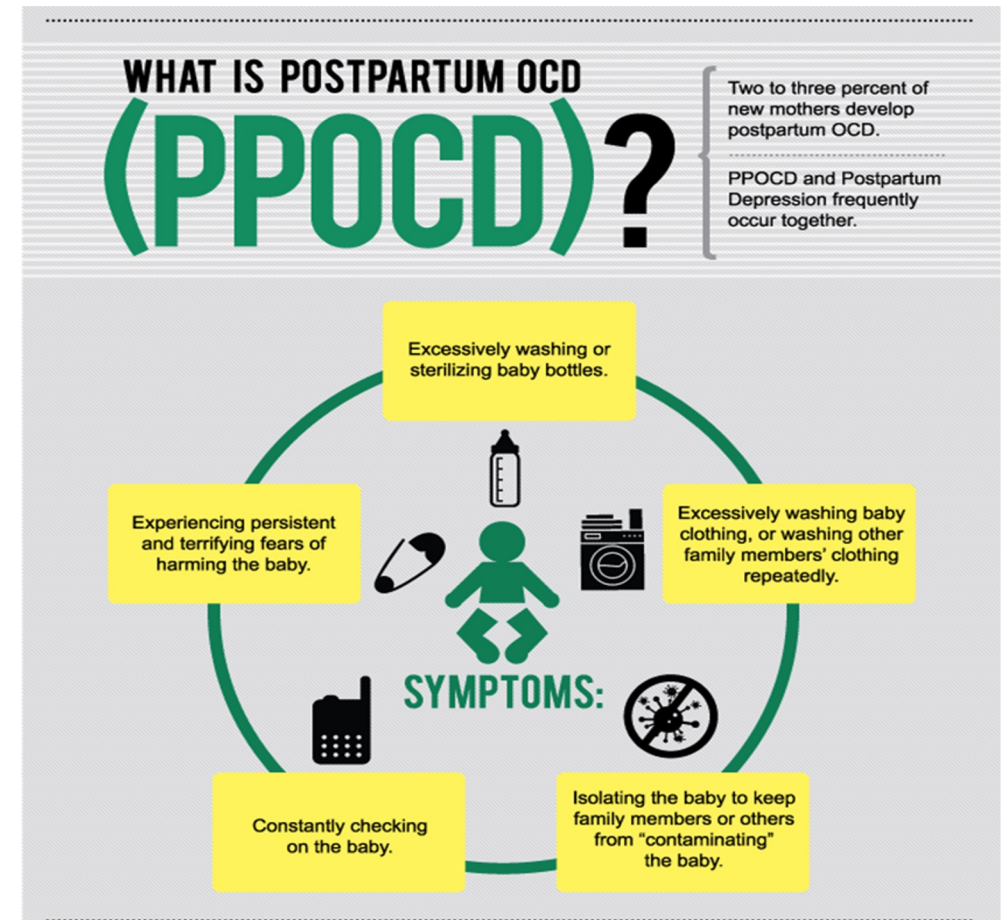
- Is the baby feeding enough?
- Why is the baby crying again?
- Is there something wrong?
- Can I do this?
- Googling stillbirth/low fluid/genetic concerns
- What if...

Panic Disorder

- Fear of dying
- Fear of harm to baby
- Fear of losing control
- Waking up in the night with worries
- Not feeling like self
- Fear of fear

Common Themes in Perinatal OCD (2%-24%)

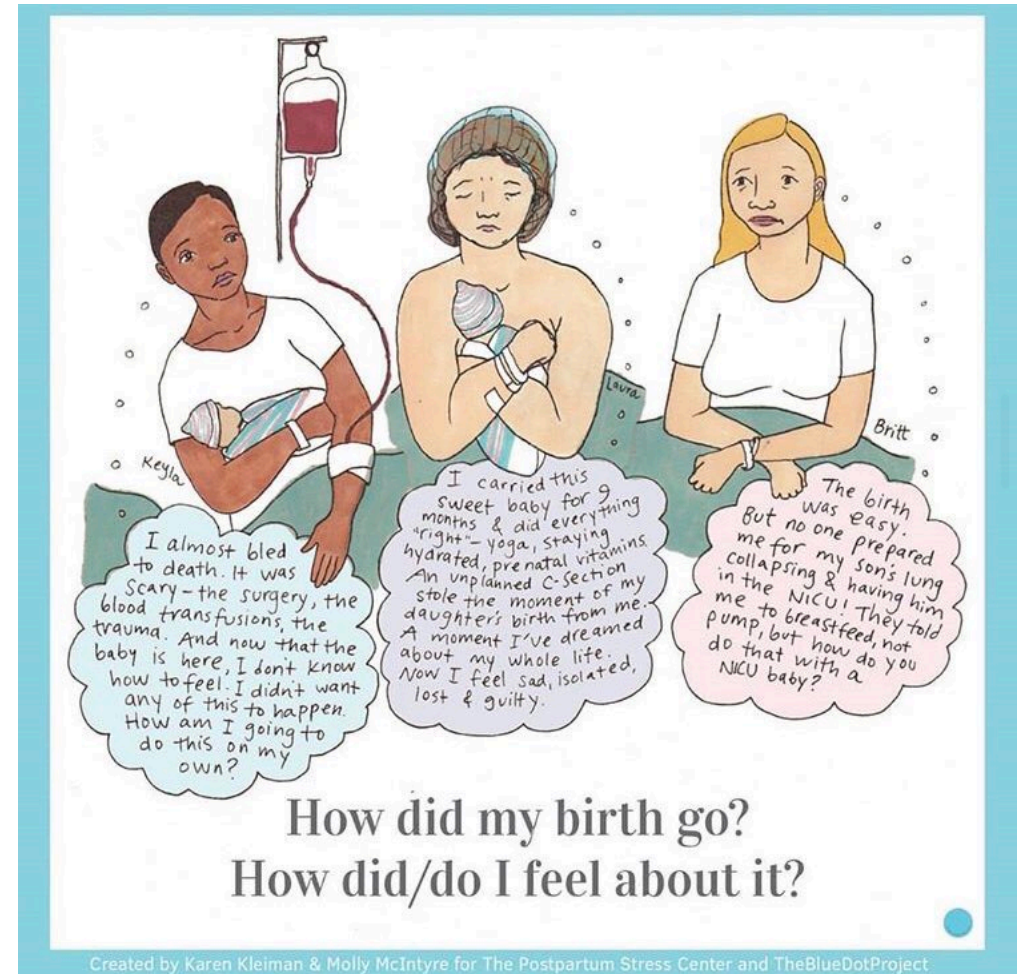
- Concerns/images about hurting the baby, during or after pregnancy.
- Disturbing thoughts/images of sexually abusing the child.
- Significant worries regarding the health/safety of baby, self, or partner.
- Fear of making the wrong decision for example: regarding, sleep, childcare, vaccinations, medical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



What is birth trauma? (4%-45%)

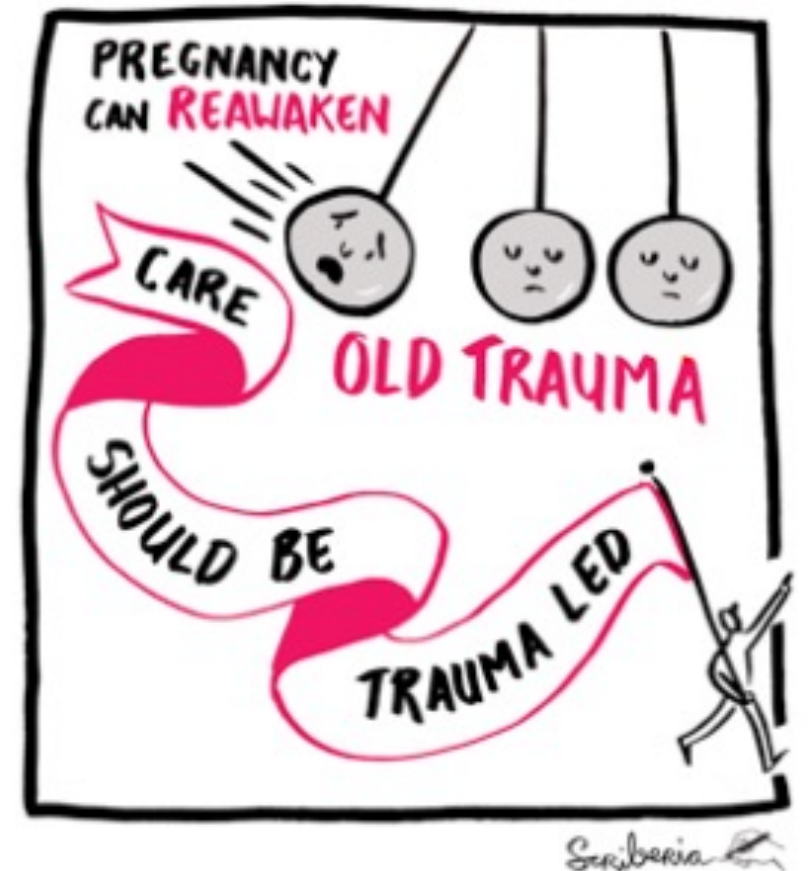
“A traumatic childbirth experience refers to a woman's experience of interactions and/or events directly related to childbirth that caused overwhelming distressing emotions and reactions; leading to short and/ or long-term negative impacts on a woman's health and wellbeing.”

(Leinweber et al., 2022)



Perinatal Traumatic events

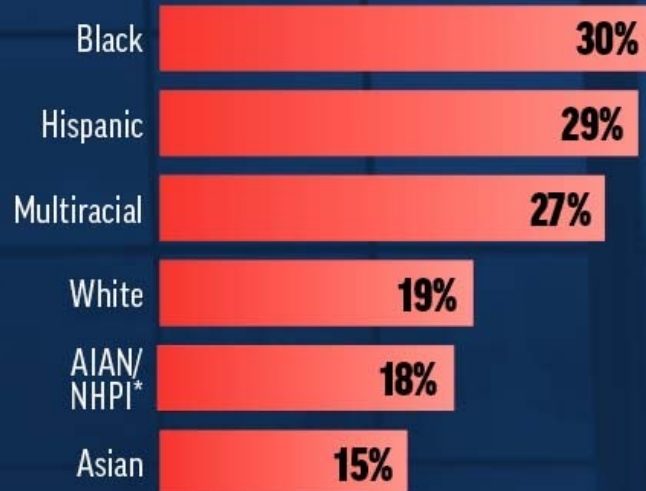
- Disrespect and abuse during childbirth
- Undergoing unnecessary and extensive interventions (episiotomy, forceps)
- Prematurity, NICU, Stillbirth
- Hyperemesis gravidarum
- Fetal anomaly diagnosis
- Poor response to anesthesia
- Lack of informed consent during labor
- Feeling coerced
- Separation from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



Disparities in Treatment

Women Report Mistreatment During Maternity Care

By race/ethnicity



By insurance type†



*American Indian, Alaska Native, Native Hawaiian, and Pacific Islander
†At the time of delivery

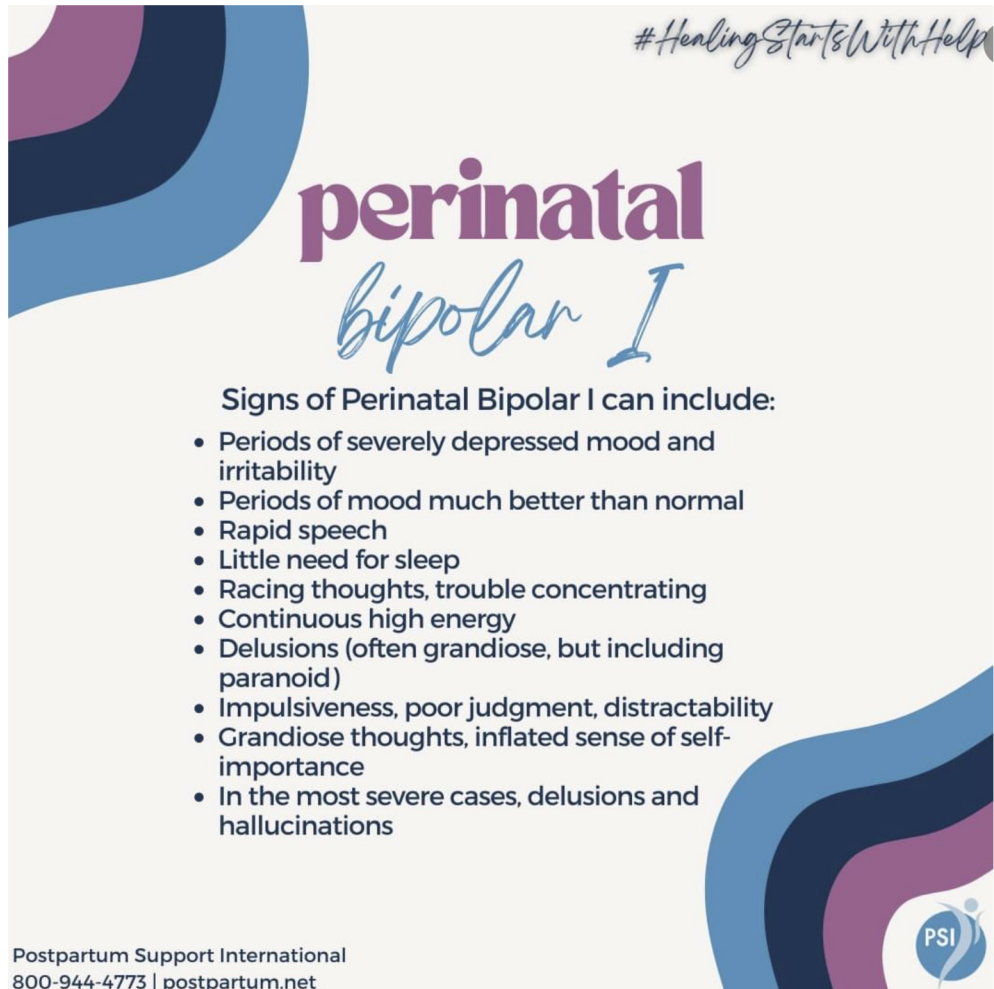
Vitalsigns™
CDC

Source: August 2023 Vital Signs



CS341682

Bipolar Disorder (2.6%-20.1%)




#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

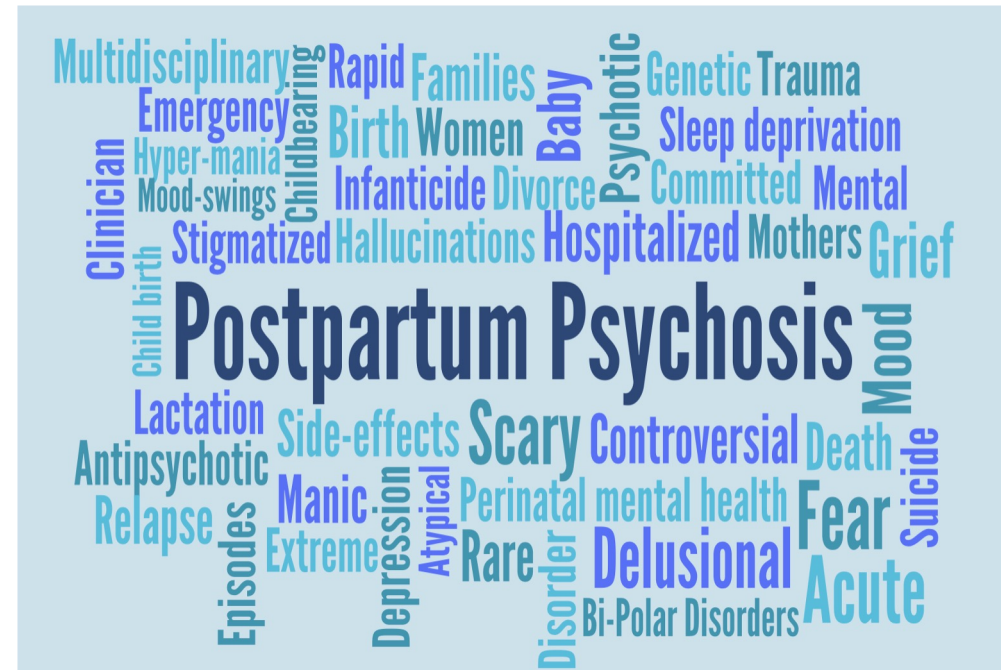
Postpartum Support International
800-944-4773 | postpartum.net



- Cleaning in the middle of the night; spending excessive 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

Psychosis Prevalence (1%-2%)

- Personal history of BPD/schizophrenia = 1 in 4 (25%)
- Personal history of postpartum psychosis = 1 in 2 (50%)
- 43.5% “isolated postpartum psychosis”
- 56.7% experienced lifelong psychiatric conditions
- Onset usually 2 wks after birth



Perinatal Psychosis

- 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; SDH



Cultural Humility

Cultural humility

- “What would I need to know about you so I can be of help/support?”
- “What matters most to you in this experience?”
- “Help me understand your explanation of mental illness/symptoms?”
- “Are there aspects of your background or identity that make a difference to the difficulty you are experiencing?”
- Willingness to learn



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



"Help" said his mother.

Screening & Support

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 Screen (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

Cultural Sensitivity Checklist

- Cultural sensitivity is a necessity when any provider is facilitating an evaluation and assessment. Sensitivity involves awareness of and responsiveness to the family's cultural background.
 - **Establish clear communication**
 - **Be aware of non-verbal cues without jumping to conclusions**
 - **Use normalizing statements**
 - **Ask openly about potentially relevant traditions and customs**
 - **Examine your own biases**

Assessment: Cultural understanding

- What does motherhood look like within your family's expectations?
- What mothering skills do you want to repeat in your parenting journey?
- Which one/s do you want to replace?
- What is the role of your mother (or significant other) in your journey?
- What role does religion play during this period of your life/parenting?
- How do you understand maternal mental health?
- Who do you go to for emotional support and understanding?

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 maternal adjustment difficulties
- Lack or poor support
- Isolation or IPV relationships
- No screening
- Fears about Child Protection

Evidence based and emerging practices

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

Culturally Responsive Therapy

Awareness of own cultural background and biases.

Knowledge of the client's worldview.

Skills in implementing clinical strategies that are appropriate for the client.

Approach diversity

- Make space for talking about the past, home country, and immigration journey.
- Use resources for translation when needed.
- Do not assume phenotype equals genotype or identity.
- Explore trauma and ethno-racial trauma.
- Be aware of nationality.
- Be willing to acknowledge your racial/ethnic identity.

Considerations in Therapy

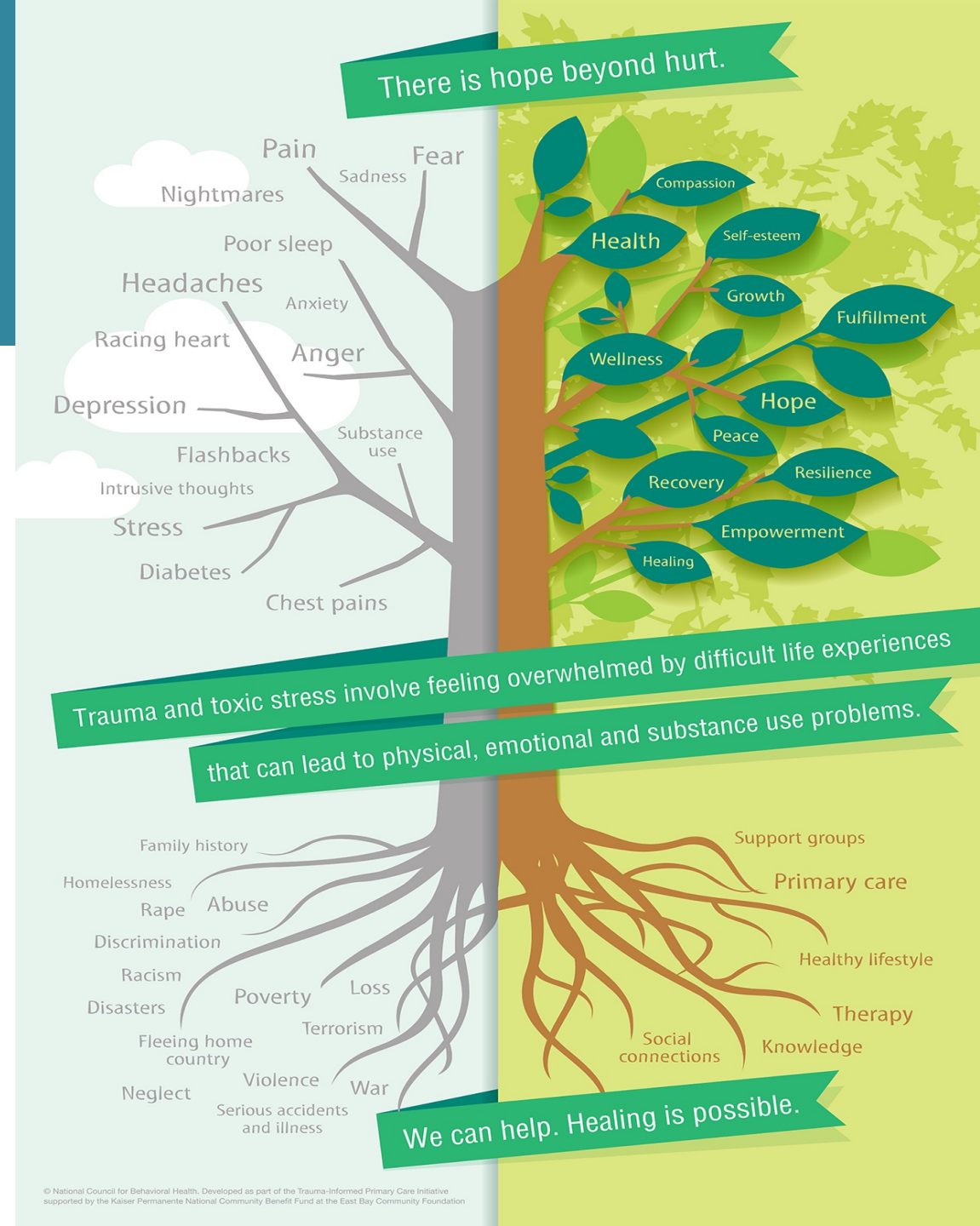
- What role do early experiences, migration history, family dynamics, cultural patterns of expressing distress, and adherence to specific values play in the presenting symptoms (e.g., exacerbating or buffering the stressors and reactions)?
- What criteria (e.g., need for community-based supports) will be used to assess readiness to conclude the treatment?
- What short and long-term interventions would best serve the family?
- How will progress in the treatment goals be measured?
- Promote shared decision-making by patients in their treatment and care.

A Trauma Informed Care Practice

Person centered

Healing takes time and needs connection

Strengths based



Environmental enablers

- Posters with signs, symptoms, resources
- Is there literature in Spanish?
- Are there people that look like me?
- Space welcoming to parents
- Transportation
- Interpreter access
- Privacy





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

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

SCAN HERE FOR UP-TO-DATE SCHEDULE



Current as of 11/30/22

If you are working with a parent 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



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 downloadable

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Postpartum depression (PPD) | <input type="checkbox"/> Postpartum psychosis | <input type="checkbox"/> Bipolar disorder or mania |
| <input type="checkbox"/> Postpartum anxiety or OCD | <input type="checkbox"/> Postpartum PTSD (post-traumatic stress) | <input type="checkbox"/> 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):

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

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):

- | | |
|---|--|
| <input type="checkbox"/> I have had depression, anxiety/OCD or PPD before | <input type="checkbox"/> I have a lot of financial stress |
| <input type="checkbox"/> I have a history of bipolar disorder or psychosis | <input type="checkbox"/> I have had infertility treatment |
| <input type="checkbox"/> My family has a history of mental illness | <input type="checkbox"/> My baby has colic, reflux or other health problems |
| <input type="checkbox"/> I have a history of or am now going through trauma (for example: domestic violence, verbal abuse, sexual abuse, poverty, loss of a parent) | <input type="checkbox"/> I have had a previous miscarriage or stillbirth |
| <input type="checkbox"/> 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) | <input type="checkbox"/> I have a history of diabetes, thyroid problems, or pre-menstrual dysphoric disorder (PMDD) |
| <input type="checkbox"/> I'm a single mom | <input type="checkbox"/> I delivered multiples |
| <input type="checkbox"/> I don't have much help or support at home from my partner or family members | <input type="checkbox"/> I'm away from my home country or culture |
| | <input type="checkbox"/> 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>

Reflections to take back

- Do we have an institutionalized agency protocol for screening all new parents? How many times are we screening?
- Who is following up if there is a positive score in screening?
- Is our space welcoming to diversity?
- Do we have an established referral system?
- Do we give all new parents handouts on Signs/Symptoms of perinatal mental health?
- Did you know YOU can call PSI and talk with an expert?
- Do you feel comfortable referring to a support group and do you know where they are?
- Is your agency/practice interested in starting a [support group](#)?
- It can be intense seeing a parent who is suffering, how are you managing your feelings/reactions? Self-care is vital in this work.

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
- 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)
- 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.

Let's connect!



mrodriguez.inter@gmail.com



<http://linktr.ee/marianelarodriguez>



Dr. Mariana Rodríguez Reynaldo, PMH-C

Evaluation Information

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a **brief** survey about today's training.



Certificate of Completion

A Certificate of Completion will automatically be emailed to all online participants within 7 days of webinar broadcast.

Connect With Us

Phone: (908) 889-2552

Email: northeastcaribbean@mhttcnetwork.org

Website: <https://mhttcnetwork.org/centers/northeast-caribbean-mhttc/home>

Like and follow us on social media!

Facebook: Northeast & Caribbean MHTTC

Twitter: @necmhttc

LinkedIn: @Northeast and Caribbean MHTTC



Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

SAMHSA
Substance Abuse and Mental Health
Services Administration



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.

CONNECT WITH US



MHTTCnetwork.org



[Sign-Up for Newsletter](#)



[MHTTC News](#)