


EMILY L. GOODMAN LIMHP, LADC, PMH-C

# AFTER THE POSITIVE SCREENING

The Role of the Perinatal Care Team in Managing Maternal Mental Health

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Hi, I'm Emily L. Goodman

I am a mental health practitioner in Lincoln, NE. I specialize in maternal mental health. I am the current president of Postpartum Support International - Nebraska

I am using case studies and all identifying information has been changed.

I may or may not have been a clinician, intern, or case manager in their experience but I have received permission to use their story for learning purposes.

Thank you for having me today. I am so excited and appreciate your work.

## INTRODUCTION —

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## 2022 NPOIC FALL SUMMIT

NEBRASKA PERINATAL QUALITY IMPROVEMENT COLLABORATIVE

What changes to patient outcomes can you expect:

- \* Increase confidence of referral and patient centered care following the indication of maternal mental health symptoms.
- \* Increase knowledge of where to find resources for referrals and how to incorporate services within patient centered care

Presentation Objectives:

Applying patient centered support and care in office following indication of maternal mental health symptoms. You will be able to produce office centered procedures to engage all employees in screening and assessing. We will examine word choice in patient care and interview skills for supportive application of screening and referral

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# 1 IN 5 WOMEN

[HTTPS://WWW.POSTPARTUM.NET/LEARN-MORE/](https://www.postpartum.net/learn-more/)

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## **RISK FACTORS**

- A personal or family history of depression, anxiety, or perinatal disorders**
- Premenstrual dysphoric disorder (PMDD or PMS)**
- Inadequate Support in caring for the baby**
- Financial or Marital Stress**
- Complications in pregnancy, birth or breastfeeding**
- Recent life event: loss, house move, job loss**
- Mothers of multiples**
- Mothers whose infants are in the NICU**
- Women with a thyroid imbalance**
- Women who've gone through infertility treatment**
- Women with any form of diabetes**
- Because.....**

<https://www.postpartum.net/learn-more/depression/>

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# SCREENING TOOLS FOR ANXIETY AND DEPRESSION

Screenings should be done with adequate system in place to ensure accurate diagnosis, effective referrals and treatment, and appropriate follow-up are available to all women. The screening listed here are recommended by ACOG to be used to screen for perinatal depression and available in Spanish and are short to administer

Screening Tool	Number of Items	Minutes to Complete	Spanish Available	Includes Anxiety
Edinburgh Postnatal Depression Scale (EPDS)	10	Less than 5	Yes	Yes
Patient Health Questionnaire 9 (PHQ-9)	9	Less than 5	Yes	

The EPDS includes anxiety symptom, which are a prominent feature of perinatal mood disorders, but excludes constitutional symptoms of depression, such as changes in sleeping patterns, which can be common in pregnancy and the postpartum period. The PHQ-9 includes these symptoms in their screening instrument, reducing their specificity for perinatal depression. Another potential preliminary screening tool for depression and anxiety is the PHQ-4, a positive PHQ-4 screen warrants use of an additional screening tool.

<https://dhhs.ne.gov/PRAMS%20Documents/Maternal%20Mental%20Health%20Fact%20Sheet.pdf>

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## PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

- Little interest or pleasure in doing things
- Feeling down, depressed, or hopeless
- Trouble falling or staying asleep, or sleeping too much
- Feeling tired or having little energy
- Poor appetite or overeating
- Feeling bad about yourself — or that you are a failure or have let yourself or your family down
- Trouble concentrating on things, such as reading the newspaper or watching television
- Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual
- Thoughts that you would be better off dead or of hurting yourself in some way

If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all  
Somewhat difficult  
Very difficult  
Extremely difficult

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

## Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Your Date of Birth: \_\_\_\_\_  
Baby's Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time  
 Yes, most of the time  
 No, not very often  
 No, not at all
- This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

In the past 7 days:

- I have been able to laugh and see the funny side of things
  - As much as I always could
  - Not quite so much now
  - Definitely not so much now
  - Not at all
- I have looked forward with enjoyment to things
  - As much as I ever did
  - Rather less than I used to
  - Definitely less than I used to
  - Hardly at all
- I have blamed myself unnecessarily when things went wrong
  - Yes, most of the time
  - Yes, some of the time
  - Not very often
  - No, never
- I have been anxious or worried for no good reason
  - No, not at all
  - Hardly ever
  - Yes, sometimes
  - Yes, very often
- I have felt scared or panicky for no very good reason
  - Yes, quite a lot
  - Yes, sometimes
  - No, not much
  - No, not at all
- Things have been getting on top of me
  - Yes, most of the time I haven't been able to cope at all
  - Yes, sometimes I haven't been coping as well as usual
  - No, most of the time I have coped quite well
  - No, I have been coping as well as ever
- I have been so unhappy that I have had difficulty sleeping
  - Yes, most of the time
  - Yes, sometimes
  - Not very often
  - No, not at all
- I have felt sad or miserable
  - Yes, most of the time
  - Yes, quite often
  - Not very often
  - No, not at all
- I have been so unhappy that I have been crying
  - Yes, most of the time
  - Yes, quite often
  - Only occasionally
  - No, never
- The thought of harming myself has occurred to me
  - Yes, quite often
  - Sometimes
  - Hardly ever
  - Never

Administered/Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup>Source: Cox JL, Holden JM, and Sagovsky R. 1987. Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:783-786.

Source: K. L. Wittner, B. L. Parry, C. M. Piontek. Postpartum Depression N Engl J Med vol. 347, No. 3, July 18, 2002, 194-199.

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**PSI POSTPARTUM SUPPORT INTERNATIONAL**

**Perinatal Mental Health Discussion Tool for Parents Experiencing Loss**

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. Parents who are grieving the loss of a child may experience many of these symptoms, which is a normal part of the grieving process. If the symptoms worsen or persist for longer than two weeks you may be experiencing a mood disorder. This tool can help track your symptoms and be a resource to help you 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"/> Extreme worries or fears
<input type="checkbox"/> Feelings of hopelessness	<input type="checkbox"/> Flashbacks regarding the pregnancy or delivery
<input type="checkbox"/> Lack of interest in things that once brought you pleasure	<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"/> Not wanting to eat	<input type="checkbox"/> Feeling more energetic than usual
<input type="checkbox"/> Feeling anxious or panicky	<input type="checkbox"/> Seeing images or hearing sounds that others cannot see/hear
<input type="checkbox"/> Feeling angry or irritable	<input type="checkbox"/> Thoughts of harming yourself
<input type="checkbox"/> Dizziness or heart palpitations	
<input type="checkbox"/> Not able to sleep	

**Risk Factors**

Below are several risk factors associated with postpartum depression (PPD), postpartum anxiety (PPA), and postpartum PTSD. 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"/> Pregnancy or infant loss	<input type="checkbox"/> Birth of Multiples
<input type="checkbox"/> History of depression or anxiety	<input type="checkbox"/> Baby in the NICU
<input type="checkbox"/> History of bipolar disorder	<input type="checkbox"/> Relationship issues
<input type="checkbox"/> History of psychosis	<input type="checkbox"/> Financial struggles
<input type="checkbox"/> History of diabetes or thyroid issues	<input type="checkbox"/> Single mother
<input type="checkbox"/> History of FMS	<input type="checkbox"/> Family history of mental illness
<input type="checkbox"/> History of sexual trauma or abuse	<input type="checkbox"/> No or little social support
<input type="checkbox"/> Family history of mental illness	<input type="checkbox"/> Teen mother
<input type="checkbox"/> Traumatic pregnancy or delivery	<input type="checkbox"/> No in-home social support
<input type="checkbox"/> Birth of Multiples	<input type="checkbox"/> Away from home country
<input type="checkbox"/> Baby in the NICU	
<input type="checkbox"/> Relationship issues	
<input type="checkbox"/> Financial struggles	
<input type="checkbox"/> Single mother	
<input type="checkbox"/> Family history of mental illness	
<input type="checkbox"/> No or little social support	
<input type="checkbox"/> Teen mother	
<input type="checkbox"/> No in-home social support	
<input type="checkbox"/> Away from home country	

**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 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. \*\*

**PSI POSTPARTUM SUPPORT INTERNATIONAL**

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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)**

<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 (including the health and safety of 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:**

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<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

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- FREE Online Weekly Support Groups:** Led by a trained facilitator. For days and times please visit: <http://www.postpartum.net/get-help/psl-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/>

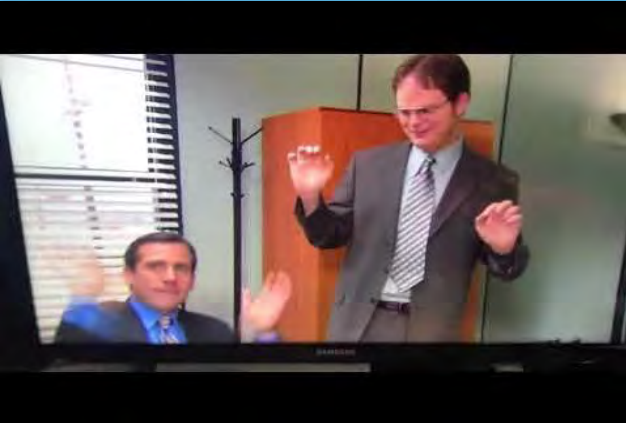
\*\* This is not a diagnostic tool and should not take the place of an actual diagnosis by a licensed professional. \*\*

https://www.postpartum.net/resources/discussion-tool/

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# LET'S GET THIS PARTY STARTED

**DWIGHT SCHRUTE- THE OFFICE**



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**WOULD YOU LOVE A TOOL BOX FOR YOUR OFFICE FULL OF  
RESOURCES AND REFERRALS FOR YOUR PATIENTS ALL READY  
COMPLETED AND ACCESSIBLE FOR ALL AREAS AND NEEDS?**

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## **WE CAN'T OFFER WHAT ISN'T AVAILABLE**

**Lack of resources**  
**BIG space; not a lot of people**  
**Connection**  
**Increased access**  
**I just don't know where to start**  
**Aren't we the resources**  
**COVID ruined it and I don't like video**

**Less Than  
15%**  
receive treatment <sup>2</sup>




2020 Mom. "Maternal Mental Health Disorders," 2021, <https://www.2020mom.org/mmh-disorders>

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SO

## WHAT MAKES THE DIFFERENCE?

- Patient circumstance
- Availability of services
- Employee engagement and education
- Accessibility
- Education
- Policy and procedure
- Informed consent
- THE WORDS WE USE
- Bias and privilege



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YOU AS THE PROVIDER HOLD THE ANSWER FOR A QUESTION THEY DON'T KNOW TO ASK

"I haven't thought of killing myself"

"It's fine"

"We had a few rough days but nothing out of the norm"

"Don't no body want to listen to me complain"

"We decided it wasn't that big of a deal"

"I have done this before"

"If we could just get this feeding stuff down we would be good"

"I knew a girl who had that depression, it's nothing like that"

"He doesn't like stuff like that"

"No, it's just me and the baby"

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## CASE STUDIES

**\*\*\* REMINDER.... THESE ARE REAL PEOPLE, REAL CIRCUMSTANCES, IDENTIFYING DETAILS HAVE BEEN ADJUSTED BUT NOT TO CHANGE CLINICAL NEED OR OUTCOME!! \*\*\***



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### **CASE STUDY 1 LISA, 23 YEAR OLD GESTATION: 16 WEEKS POSTPARTUM**

Lisa presents in the emergency room at 2200 hours in December. Reason for visit, suicidal ideation. She is appropriately dressed for the season, her age, and circumstances. She is appropriately groomed with slight dishevelment but not disproportional to circumstances. She appears to be reported age but speech is soft and moderately delayed. She makes broken eye contact and answers questions guarded and with short answers. She has a flat affect with dysphoric mood. She is accompanied and transported by her significant other. A 25 year old male also appropriately dressed and with appropriate acuity to environment and questioning. Lisa is carrying an infant carrier with her, that is covered and presents with safety features to indicate appropriate measures taken for use in a vehicle. Lisa has two bags, one is a personal item and the other is a bag identified for her infant. Her infant appears upon initial visual assessment to be reported age and care with clothing and hat for the weather.

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## ADDITIONAL INFORMATION ON LISA

Lisa has been experiencing extreme sadness for approximately one to two weeks most of the day. She has had frequent periods of crying including times she is unable to control the crying and it interferes with her ability to care for herself but she reinforces that she is caring for her child. The emergency department is very busy on this occurrence and the nurse is providing intake to more than one patient at this moment. Lisa identified her infant as a 16 week, male, insignificant, scheduled cesarean birth at 39.5 weeks due to breach fetal position. She reports he is eating regularly (formula from a bottle) and sleeping in a regular pattern. Lisa identified him as a "good baby". Lisa reported that she has sufficient resources from WIC, Medicaid, and food stamps. She reports that she has eaten regularly, she described her regular meals as frozen food, soda, and quick ready to make meals. She indicated that she is her own primary support and caregiver. She describes her home as her mom, her infant son, and her significant other. She indicates they all live in a two bedroom apartment. She identified her significant other as Chris, a man she has been in a monogamous relationship with for about 20 months. During the interview S/O is disengaged and will leave and return. He was overly involved with his phone. He would have to be engaged directly and Lisa would touch him to gain his attention.

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## CONCLUSION WITH LISA

Emergency Department nurse called DHHS hotline for child abuse and neglect. The child was removed from his mother/parents custody. Safety concern was reported and met partially because the affidavit was emergency filed after hours with law enforcement involvement. The probable cause affidavit stated that the child was left in the infant car seat carrier while his mother was receiving mental health/medical help and the father was not engaged directly or appropriately. Ultimately the child was returned after mom completed all requests but was disconnected from her child for approximately 6 months.

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## WHAT WOULD HAVE MADE THE DIFFERENCE?



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### CASE STUDY 2 KATE, 36 YEARS OLD GESTATION: 7 MONTHS PREGNANT

Kate presents at her monthly appointment and check in with her Obstetrician-gynecologist's office. Conception was planned and positive. Kate is married and has no other children. Her and her partner decided to try, ceased birth control, became pregnant right away. She immediately began experiencing extreme nausea and vomiting. These symptoms continued and she became severely dehydrated, documented weight of 7% loss at most significant point, and would report experiencing a drop in her blood pressure upon standing several times per day. These symptoms did not subside during the day and were present nearly every day all day. Kate's partner is very supportive and reports concerns for her well being, he says "pregnancy appears to be taking a toll on her". Kate has no significant medical history or indication of other medical issues.

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## ADDITIONAL INFORMATION ON KATE

Kate has previously taken Lexapro but was directed by her OBgyn to stop taking it because “it wasn’t safe for the baby”. Kate stopped taking the medication immediately after finding out she was pregnant. Kate has a positive and well connected relationship to her provider. During this appointment the sheet of paper was given to her by the nurse while administering her vitals and checking in on the last month with small talk and genuine but short conversation. Kate returned the form to the nurse prior to her leaving the room. When her provider entered there room she was greeted with a compassionate and caring demeanor and again the short and concerned questions of update are completed. The doctor completes a physical screening, belly measurements, blood pressure, and listening to baby’s heart beat. All things check out as expected with no further concerns. Prior to the doctor leaving, Kate is handed a sticky note with a phone number for a medication provider in her area that they use for individuals that are positively screened for postpartum depression. The doctor ends the visit with the same compassion and caring demeanor extending a welcomed hug and orders to schedule in a few weeks.

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## CONCLUSION WITH KATE

Kate is referred to me by the medication provider. Kate did not want medications and was very scared that was her only option to feel better. She had been diagnosed with hyperemesis gravidarum and given anti-nausea medications from her medical team. She was no longer vomiting consistently throughout the day but was experiencing a fear of the nausea and need to lay down or loss of control of her symptoms and body. Kate was thankful that her provider was so caring and compassionate and made the connection with her including the hug. Kate did not feel heard or validated despite reporting she was receiving good care. After explaining limits of confidentiality within therapy and the EPDS again she acknowledged there were some discrepancies and that if she was being honest she would probably have to answer them all but she was afraid her doctor would commit her. Ultimately no one was committed, Kate gave birth to a healthy baby, and immediately felt better. Her therapy was titrated over the first year postpartum to meet her needs and offer support for the transition to motherhood.

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## WHAT WOULD HAVE MADE THE DIFFERENCE?



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### CASE STUDY 3 BRITTNEY AGE 21 GESTATION: 25 WEEKS

Brittney presents at her family care doctor, he is a resident at a learning institution/ organization. She reports experiencing turbulence in her life, the pregnancy was unplanned. She reports the father is not involved or is sporadically involved but has since moved on. Brittney reports that her mom is unhappy about the pregnancy and has not talked to her since 20 weeks and only a few times since telling her she was pregnant. Brittney is not given any screening tool at the office. She presents often for appointments and is tearful or is full of energy and upbeat. Brittney reports that she previously smoked cigarettes and has stopped since learning of her pregnancy at 4 weeks gestation. She lost her job but quickly found new employment and has secured a new housing but waiting for her voucher to be approved. Brittney is on Medicaid, she said that her work didn't offer insurance for her because she isn't full time despite working 36-40+ hours per week. Brittney is also a student at the state University but is not doing well academically although had previously done well.

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## ADDITIONAL INFORMATION WITH BRITTNEY

Brittney is also working at an internship. She reports her schedule, 4:00 a.m. - 8:00 a.m. at internship; 10:00 a.m. - 3:30 p.m. at school; 4:00 - Midnight at work. She follows up that her ex and father of her baby has moved a new partner into their previously shared dwelling. She appears unaffected while talking, head hung down, and flat affect. No history of any medical issues, pregnancy is healthy and without issue. Baby is measuring healthy and appears to be developing on track. Brittney is not taking any medications and denies any illegal substances or alcohol during pregnancy. Brittney does share with the receptionist that she is excited for her baby shower, but also doesn't think she has friends to attend it because they are all busy and stuff.

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## CONCLUSION WITH BRITTNEY

Brittney's provider has never seen anything like this but feels genuinely concerned for his patient. He tells her that he is concerned and that it is common to have feelings both good and bad during pregnancy but that the emotions, both up and down he has observed are more than he would want for anyone to feel. Brittney started sobbing. Her provider let her know that he has supports for her, described what therapy was and even showed her a picture of the person she would see; a kind looking woman with blonde hair. Brittney left the room, scheduled the appointment for follow up the next month and an appointment with the kind looking woman the following week. Brittney went to her regular office for the therapy appointment, checked in with the regular receptionists who asked about the baby shower and sat in the same chair she normally used. Brittney's provider, the young resident doctor, came and greeted her. "It's good to see you Brittney, I am so glad you are doing this, things will get better".

Brittney gave birth, continued sessions for a few weeks, but then stopped going. She felt better, despite her life not being different or 100% good she knew she had people she could connect with if she needed to.

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SO  
**WHAT WOULD HAVE MADE  
THE DIFFERENCE?**



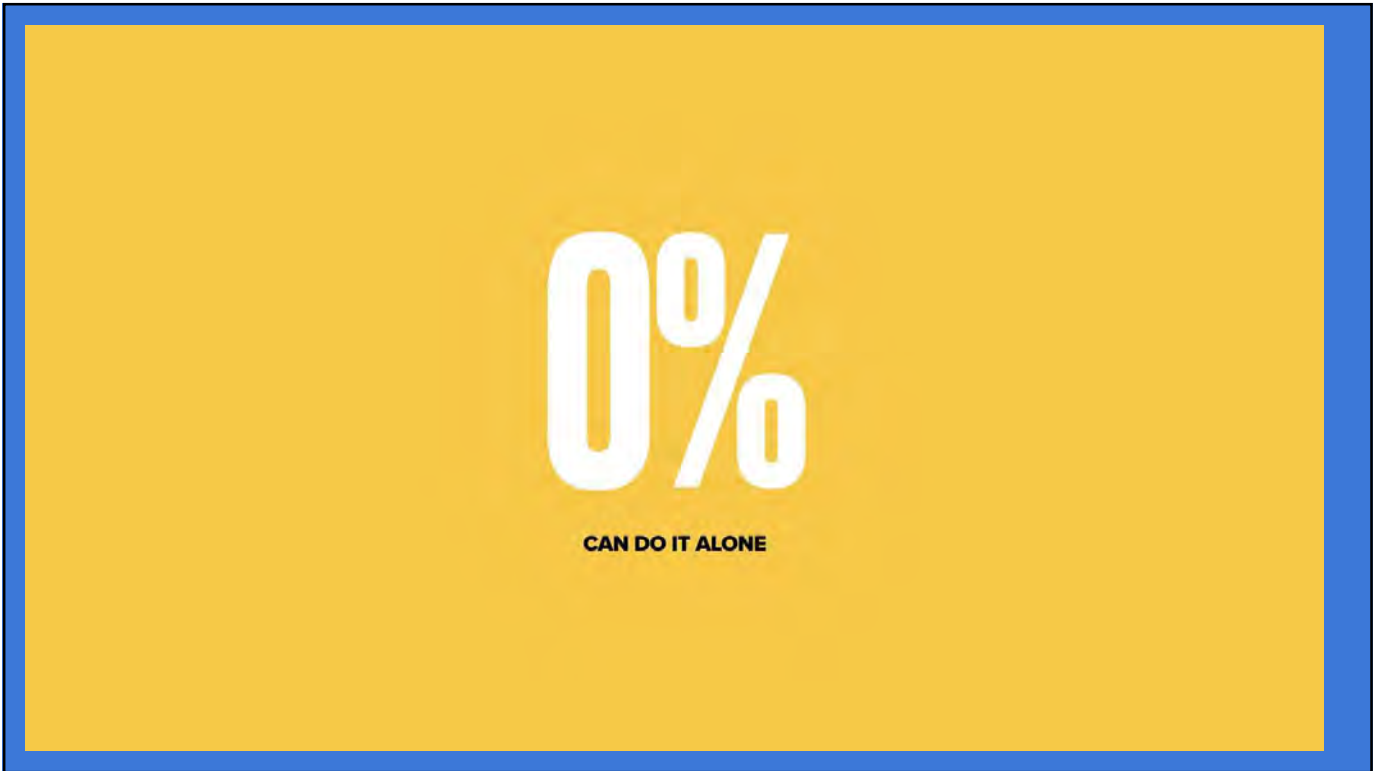
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**QUESTION?**

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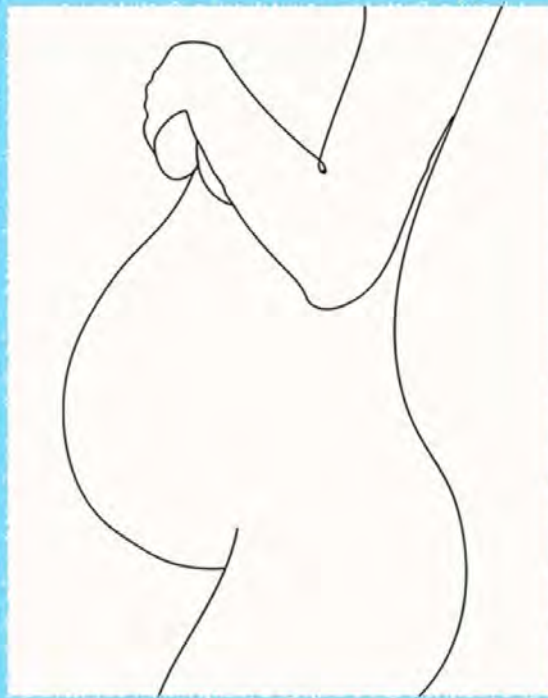
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**WOULD YOU LOVE A TOOL BOX FOR YOUR OFFICE FULL OF  
RESOURCES AND REFERRALS FOR YOUR PATIENTS ALL READY  
COMPLETED AND ACCESSIBLE FOR ALL AREAS AND NEEDS?**

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## NEBRASKA RESOURCES

- [www.ne211.org](http://www.ne211.org)  
Healthy Mothers, Healthy Babies  
Hotline
- [https://imneb.org/imn-programs/  
farming/rural-response-hotline/](https://imneb.org/imn-programs/farming/rural-response-hotline/)  
Nebraska Rural Response Hotline
- [http://portal.networkofcare.org/sites/  
nebraska/mh](http://portal.networkofcare.org/sites/nebraska/mh)  
Nebraska Behavioral Health Network  
of care
- [http://dhhs.ne.gov/pages/nebraska-  
family-helpline.aspx](http://dhhs.ne.gov/pages/nebraska-family-helpline.aspx)  
Nebraska Family Helpline
- [https://  
www.nebraskamed.com/reproductive-  
psychiatry](https://www.nebraskamed.com/reproductive-psychiatry)  
Reproductive Psychiatry at Nebraska  
Medicine



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## NEBRASKA RESOURCES CONT...

- Text HOME to 741741  
National Crisis Text Line
- 1.800.944.4773  
Text in English: 800-944-4773  
Text en Español: 971-203-7773  
Postpartum Support International  
HelpLine
- <https://psichapters.com/ne/>  
Postpartum Support International  
Nebraska Chapter



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## RESOURCE LINKS FOR SUPPORT IN YOUR CLINIC AND YOUR PATIENTS

- <https://www.nationalpartnership.org/our-work/resources/health-care/maternal-mental-health-crisis.pdf>
- <https://dhhs.ne.gov/PRAMS%20Documents/Maternal%20Mental%20Health%20Fact%20Sheet.pdf>
- <https://www.postpartum.net/resources/psi-brochure/>
- <https://womensmentalhealth.org/research/app/>
- <https://www.cdc.gov/pregnancy/meds/treatingfortwo/>
- <https://www.postpartum.net/professionals/perinatal-psychiatric-consult-line/>
- <https://www.printfriendly.com/p/g/xFFkMG>
- <https://www.mhanational.org/self-help-tools>

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**OVERVIEW FROM TODAY****THANK YOU!**

- Resources are available and I hope the links help
- There are forms in many languages and are free for use and distribution
- Words you use matter
- Everyone in your office is a support potential
- Are you listening to your patient or your care
- We need more services because there are always more moms
- Advocates come in all potentials

