

# Perinatal Mental Health

NICU Fellowship

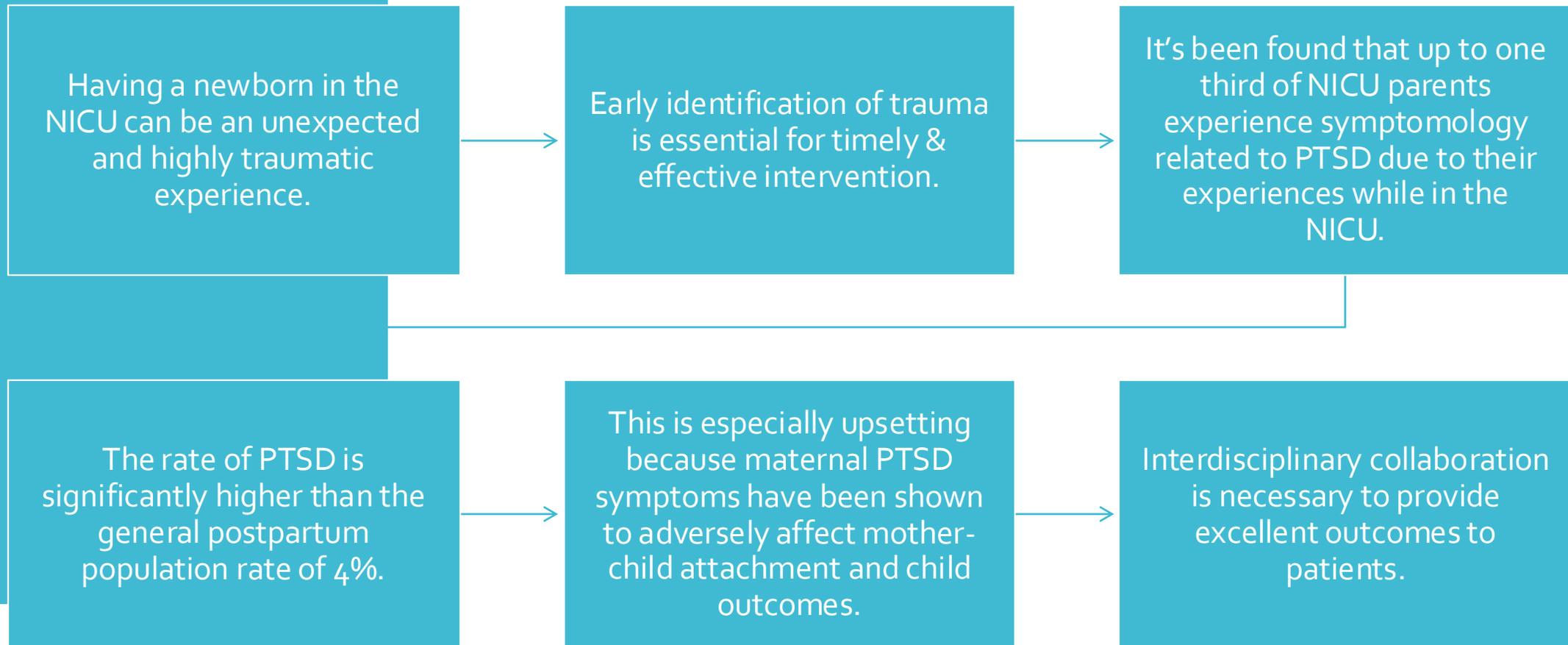
Cynthia Japp APRN-CNS

2025

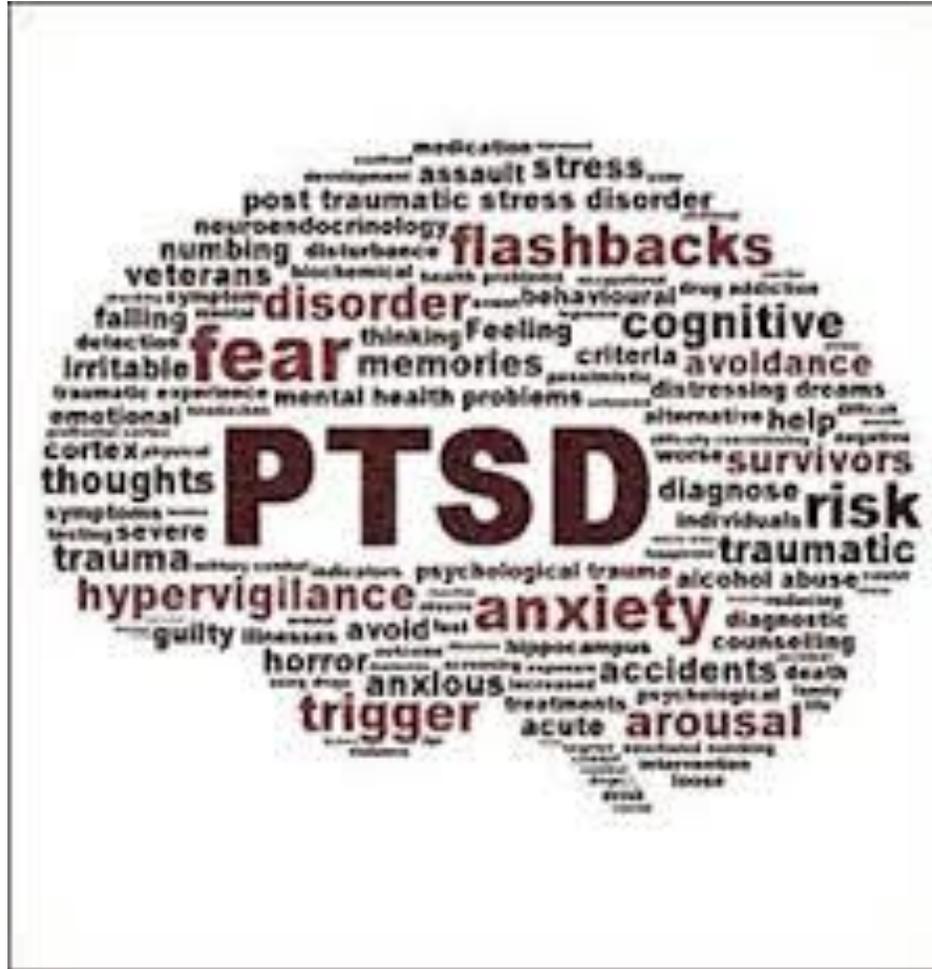
# Objectives

- Define perinatal mood & anxiety disorders
- Discuss causes and risk factors of perinatal mood & anxiety disorders
- Identify signs and symptoms of perinatal mood & anxiety disorders
- Describe interventions and communication techniques helpful when interacting with parents experiencing perinatal mood & anxiety disorders

## Trauma informed care for NICU families



Let's talk  
about trauma  
informed  
care....



## Trauma-Informed Care in the NICU

### Position Statement #3075

NANN Board of Directors  
(September 2022)

Trauma comes in many forms and is manifested in different ways by those who have experienced it. It is essential that as healthcare providers we are knowledgeable on trauma informed care and as the professional voice of neonatal nurses, NANN recommends that all clinicians serving babies and families crisis embrace and operationalize a trauma-informed approach to care in the NICU and beyond.

## Trauma informed care in the NICU

### Introduction

Maternal separation is a significant trauma for newborns across all mammalian species. “Early maternal separation jeopardizes the physical and behavioral health of newborn humans” (Coughlin et al., 2022a, p. 69), with as little separation as a 2-hour period immediately after birth having a negative impact on maternal–infant bonding that could be detected even a year later (Bystrova et al., 2009). Coughlin et al. (2022a) wrote:

The infant’s experience of maternal separation in the NICU [neonatal intensive care unit] becomes the foundation for cumulative toxic stress exposures, to include unmanaged or undermanaged stress and pain, sleep fragmentation, susceptibility to inappropriate sensory stimuli from the physical and social environments, postural malalignment, and hazardous rituals and routines that do not honor the personhood of the baby (Weber & Harrison, 2019). All of these liabilities have a graded-dose effect on the developing baby enduring early life adversity associated with newborn intensive care. (p. 69)

## Attributes of a Trauma-Informed Professional

Knowledge

Healing Intention

Personal Wholeness

Courage

Advocacy

Role Modelling/Mentorship

Scholarship

Leadership for Change



# Recommendations for the Healthcare Provider

- 1. Act in honest and humble ways, treating the patient and family with dignity by indicating that the patient is at the center of the caring relationship (Hemburg & Gustin, 2020).
- 2. Build therapeutic and healing relationships with patients, families, and peers, shifting away from a task-oriented mindset to a relationship-based model of care (Antonytheva et al., 2021).
- 3. Be intentionally present to create authentic caring moments (Durkin et al., 2022).
- 4. Adopt self-care strategies that nurture wholeness, such as contemplative and embodied practices, adequate sleep, optimal nutrition, time in nature, and engaging with supportive and loving social networks (Coughlin, 2021).
- 5. Practice self-compassion/self-kindness to create a healthy and loving relationship with yourself; self-compassion is a healthy way of relating to the suffering that stems from feelings of inadequacy or general life challenges, cultivating compassion for others and resilience (Neff, 2020).
- 6. Re-examine/rediscover what you are passionate about and gain clarity for your vision of what is possible (Yahney et al., 2019).
- 7. Realign with your values and beliefs; these form the foundation for courageous action (Yeo, 2020).
- 8. Courageously and respectfully speak up in the face of bias, inequity, and prejudice (Beck et al., 2020).
- 9. Educate yourself on marginalized identities and forms of oppression (Avant & Davis, 2018).
- 10. Build rapport to promote trusting and safe relationships (Holmes, 2020).
- 11. Be a voice for vulnerable individuals and populations (American Nurses Association, 2015).
- 12. Set an intention that enables you to see the potential in another, fostering a sense of connectedness and belonging that cultivates trustworthiness and safety (Broughton et al., 2019).
- 13. Maintain a reciprocal rapport with others that is grounded in humility and empathy (Sasagawa & Amieux, 2019).
- 14. Empower others through words and actions that inspire them to be their best selves (Burgess et al., 2018).
- 15. Use person-centered language that is respectful of the dignity, worth, and uniqueness of every individual (Hyams et al., 2018).
- 16. Avoid using acronyms and medical jargon; this helps to facilitate and foster a person-centered, relationship-oriented dialogue (Pitt & Hendrickson, 2020).
- 17. Disseminate research findings and quality improvement work at local, national, and international conferences (McNeal et al., 2021).
- 18. Treat each individual with kindness, dignity, and respect throughout each and every encounter or professional interaction (Cochrane et al., 2019).
- 19. Lead yourself and others with a compassionate, understanding, and open heart (Gilbert, 2021).
- 20. Foster a sense of connectedness and belonging with others that cultivates trustworthiness and safety (Lee & Mahania, 2021).

# Perinatal mood & Anxiety disorders (PMADS)



Set of mood and anxiety disorders that can occur any time during pregnancy and in the first year postpartum



Widely underrecognized and underreported



Rule out other causes including thyroid abnormalities and anemia

# Prevalence

During pregnancy and the postpartum period, depressive and anxiety disorders increase in frequency

Anxiety disorders are more common than depressive disorders in the perinatal period

Self-reported anxiety symptoms during pregnancy range from 18-25%

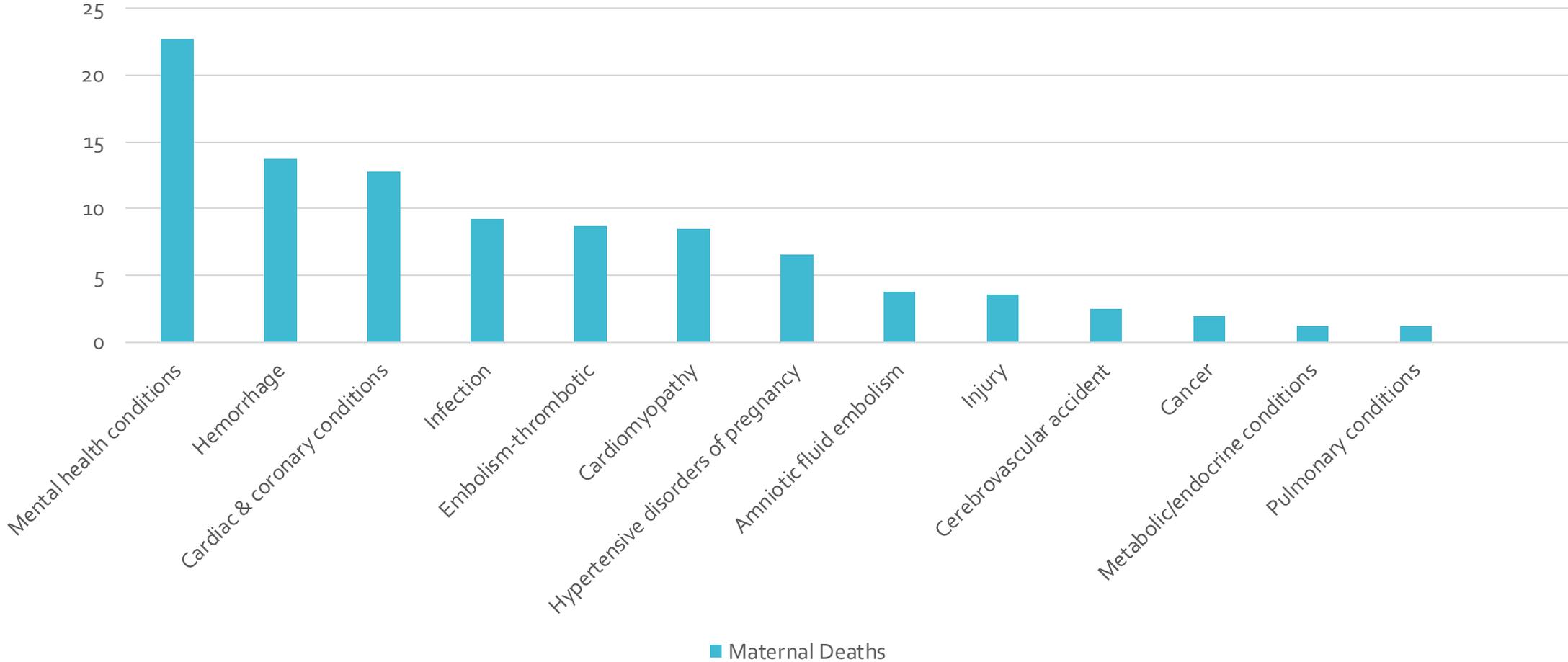
Perinatal women at 1.5-2x more likely to have OCD than women in the general population

Rate of antenatal anxiety increased threefold during Covid-19

# suicide

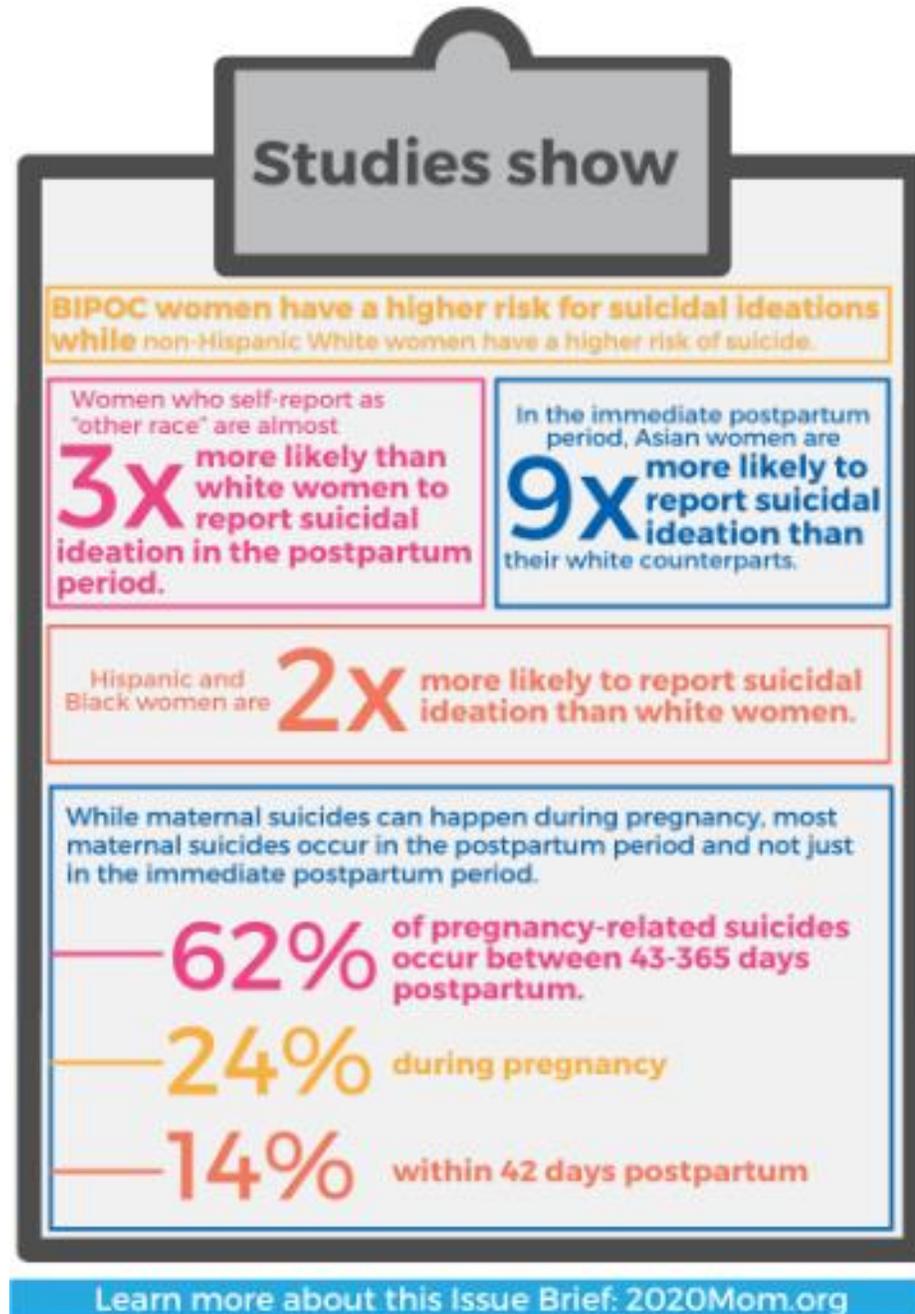
- Mental health conditions are the leading cause of maternal mortality in the U.S.
- Account for 24% of all pregnancy related deaths
- Suicidal ideation occurs more often among pregnant women than non-pregnant women
- Among perinatal women, suicide most commonly occurs in the late postpartum period (43 to 365 days)

# Underlying causes of pregnancy-related deaths, overall, data from Maternal Mortality Review Committees in 36 US States, 2017-2019



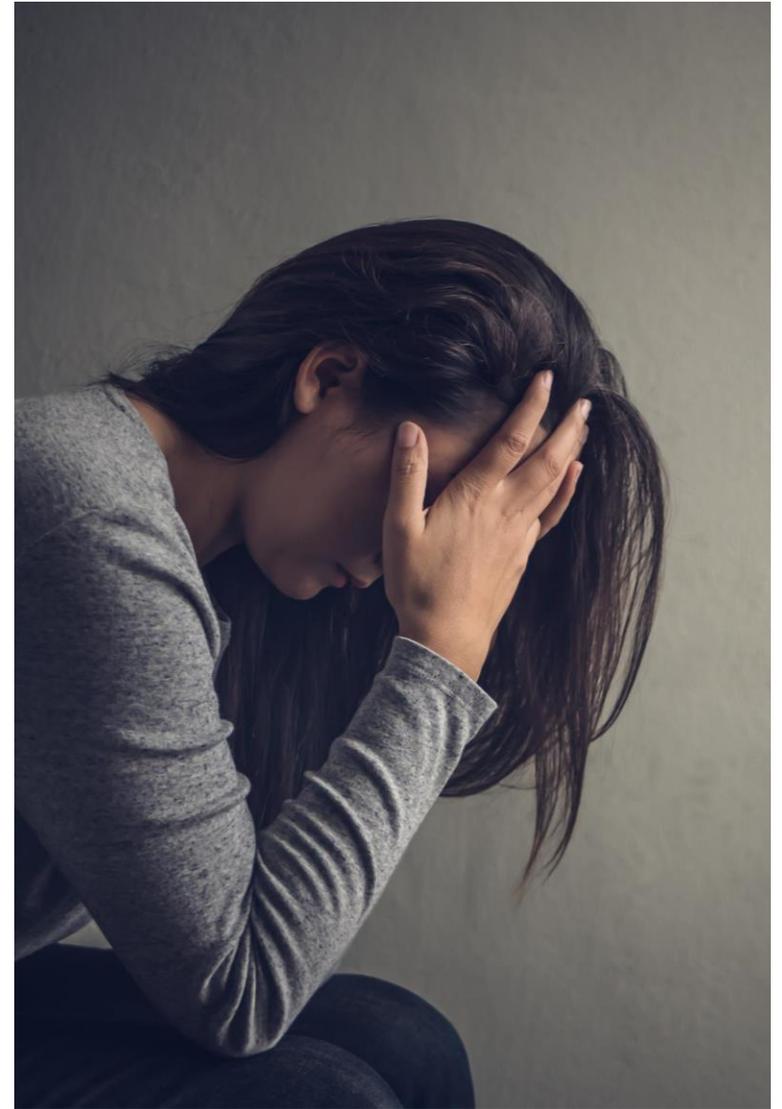
# Maternal suicide in the U.S.

The CDC has determined using data from the Maternal Mortality Review Committees that pregnancy related deaths from suicide are 100% preventable.



# RMC and mental health

Loss of autonomy, dehumanization, and physical and emotional traumatization that occurs in the health care setting has lasting impacts on a patient's mental health



(AWHONN, 2022)

## PMADs can result in...

Adverse maternal outcomes

Adverse newborn outcomes

Breastfeeding challenges

Impaired bonding and  
attachment



(LOWDERMILK ET AL., 2024)

PICTURE FROM [HTTPS://WWW.MOTHERING.COM/ARTICLES/STUDY-TAKING-PROBIOTICS-DURING-PREGNANCY-MAY-REDUCE-POSTPARTUM-DEPRESSION-AND-ANXIETY/](https://www.mothering.com/articles/study-taking-probiotics-during-pregnancy-may-reduce-postpartum-depression-and-anxiety/)

Biologic	Psychologic	Situational	Additional
<ul style="list-style-type: none"> <li>• Rise/fall of estrogen and progesterone</li> <li>• Changes in cortisol, oxytocin, melatonin, and thyroid hormone</li> <li>• Neuroinflammatory processes</li> <li>• Abnormal levels/activity of neurotransmitters</li> <li>• Maternal nutrition deficiencies</li> </ul>	<ul style="list-style-type: none"> <li>• History of psychiatric disorders before or during pregnancy</li> <li>• Family history of psychiatric disorders</li> </ul>	<ul style="list-style-type: none"> <li>• Physical, psychological or sexual abuse</li> <li>• Intimate partner violence</li> <li>• Lack of social support</li> <li>• Unmarried status</li> <li>• Marital discord</li> <li>• Divorce</li> <li>• Low socioeconomic status</li> <li>• Financial hardship</li> <li>• Death of a loved one</li> <li>• Natural disasters</li> <li>• Mass conflict</li> </ul>	<ul style="list-style-type: none"> <li>• Age &lt;24 or &gt;35</li> <li>• Unintended pregnancy</li> <li>• Personal history of premenstrual dysphoria</li> <li>• Complications of pregnancy and/or birth</li> </ul>

# Risk factors

## Risk factors - NICU

### Mothers of NICU Infants:

- 27-57% reported anxiety symptoms
  - Up to 40% experienced PPD
- Immature physical appearance of the newborn
- Worry about newborn's wellbeing
- Perceived loss of maternal role to nurses & physicians
- Financial stress r/t healthcare costs
- Exposure to unfamiliar and intimidating technology
- Distressing signs and sounds
- Lack of familiarity with medical terminology

## What about significant others?

PMADs are significantly related between couples

Experience many of the same risk factors

Often not routinely screened



Mothers with  
PMADs are  
great  
pretenders

**THE STIGMA IS  
REAL.**

People who need  
help sometimes  
look a lot like  
people who  
don't need help.

Glennon Doyle

# Why don't parents disclose symptoms?

- Stigma
- Guilt or shame
- Denial
- Lack of knowledge about PMADs
- Fear of failure
- Lack of maternal confidence
- Unrealistic expectations of motherhood
- Unrealistic social comparisons
- Societal pressure
- Lack of postpartum healthcare support and follow up
- Failure of health care professionals to question new mothers about mood or anxiety symptoms



**Motherhood**

**When the Royal Family gives birth**



**The rest of us be like...**



Kate  
Middleton  
after giving  
birth

Me after  
giving  
birth

@stamfordmommy



## maternal self efficacy

Self-efficacy is essential for maternal survival

Difficulty with new, beginning maternal skills may alter self-efficacy

"Failure" when reality does not meet expectations

In today's society, what inhibits maternal self efficacy?

# PMAD screening

- PMADs are often misdiagnosed or undiagnosed
- Routine screening helps to dispel stigma
- Universal and standardized
- Effectiveness is directly related to follow up
- Recommended by The American College of Obstetricians and Gynecologists (ACOG), American College of Nurse-Midwives (ACNM), the U.S. Preventative Services Task Force (USPSTF), and American Academy of Pediatrics (AAP)...

# When should patient be screened?

- Timing considerations
- At least once during the perinatal period
- During comprehensive postpartum visit
- Newborn care visits
- Both parents

# What screening tools are available?

Use a standardized and validated tool

Depression tools - EPDS, PHQ-2, PHQ-9

Anxiety tools  
- GAD - 7,  
PASS, EPDS  
- A

Suicide tools  
- C-SSRS

- Normalize the patient, not the symptoms
- Ask questions with curiosity, empathy, and support
- Use your poker face
- Provide reasonable expectations of treatment/care
- Reassure, do not make promises, instill hope
- Provide written explanation of diagnosis

## Screening tips

# EPDS

Screening focuses on the following three symptom characteristics:

Frequency  
Duration  
Intensity

## Edinburgh Postnatal Depression Scale (EPDS)

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

In the past 7 days:

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

# PHQ – 2 PHQ - 9

## The Patient Health Questionnaire - 2 (PHQ-2)

**Use:** The purpose of the PHQ-2 is not to establish a final diagnosis or to monitor depression severity, but rather to screen for depression as a “first-step” approach.

**Scoring:** A PHQ-2 score ranges from 0 to 6; patients with scores of 3 or more should be further evaluated to determine whether they meet criteria for a depressive disorder.

### PHQ-2

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

	Not at all	Several Days	More than one half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

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

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(Use “✓” to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. 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	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

# GAD-7 EPDS-A

**TABLE 2**

## Generalized Anxiety Disorder 7-item (GAD-7) scale<sup>24</sup>

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it is hard to sit still	0	1	2	3
Becoming easily annoyed or irritable	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3
	Total = _____ + _____ + _____			

If you checked off any problems, 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

*Scoring the GAD-7: A score of  $\geq 10$  suggests that a patient has generalized anxiety disorder. As part of a clinical assessment, a score of 5 might be interpreted as mild anxiety, with 15 indicating a severe level of anxiety.*

**TABLE 1**

## EPDS-3A subscale: Questions 3-5 from the Edinburgh Postnatal Depression Scale<sup>23</sup>

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

Answers to each of the 3 items are scored from 0 (least severe) to 3 (most severe).

	Not at all	Some times	Often	Almost Always
19. Worry that I will embarrass myself in front of others	0	1	2	3
20. Fear that others will judge me negatively	0	1	2	3
21. Feeling really uneasy in crowds	0	1	2	3
22. Avoiding social activities because I might be nervous	0	1	2	3
23. Avoiding things which concern me	0	1	2	3
24. Feeling detached like you're watching yourself in a movie	0	1	2	3
25. Losing track of time and can't remember what happened	0	1	2	3
26. Difficulty adjusting to recent changes	0	1	2	3
27. Anxiety getting in the way of being able to do things	0	1	2	3
28. Racing thoughts making it hard to concentrate	0	1	2	3
29. Fear of losing control	0	1	2	3
30. Feeling panicky	0	1	2	3
31. Feeling agitated	0	1	2	3
	Not at all	Some times	Often	Almost Always
Global Score				

PERINATAL ANXIETY SCREENING SCALE (PASS)

ANTENATAL Weeks pregnant ( )
  POSTNATAL Baby's age ( )
 DATE:

OVER THE PAST MONTH, How often have you experienced the following? Please tick the response that most closely describes your experience for every question.

	Not at all	Some times	Often	Almost Always
1. Worry about the baby/pregnancy	0	1	2	3
2. Fear that harm will come to the baby	0	1	2	3
3. A sense of dread that something bad is going to happen	0	1	2	3
4. Worry about many things	0	1	2	3
5. Worry about the future	0	1	2	3
6. Feeling overwhelmed	0	1	2	3
7. Really strong fears about things, eg needles, blood, birth, pain, etc	0	1	2	3
8. Sudden rushes of extreme fear or discomfort	0	1	2	3
9. Repetitive thoughts that are difficult to stop or control	0	1	2	3
10. Difficulty sleeping even when I have the chance to sleep	0	1	2	3
11. Having to do things in a certain way or order	0	1	2	3
12. Wanting things to be perfect	0	1	2	3
13. Needing to be in control of things	0	1	2	3
14. Difficulty stopping checking or doing things over and over	0	1	2	3
15. Feeling jumpy or easily startled	0	1	2	3
16. Concerns about repeated thoughts	0	1	2	3
17. Being 'on guard' or needing to watch out for things	0	1	2	3
18. Upset about repeated memories, dreams or nightmares	0	1	2	3
	Not at all	Some times	Often	Almost Always

Continued on Back

PASS

Always ask questions 1 and 2.	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.</i> If yes, was this within the past 3 months?		High Risk



If YES to 2 or 3, seek behavioral healthcare for further evaluation.  
If the answer to 4, 5 or 6 is YES, get **immediate help**: Call or text 988, call 911 or go to the emergency room.  
**STAY WITH THEM** until they can be evaluated.



Download Columbia Protocol app

# Columbia-Suicide Severity Rating Scale (C-SSRS)

# Baby Blues

- Experienced by as many as 4 in 5 new mothers
- Transient, occurs during the first few days postpartum, generally peaks during days 3-5, lasting approximately 10 days postpartum
- Related to physiological and psychosocial changes that happen in the process of becoming a new mother
- Risk factors: relationship difficulties, history of depression, and history of PMS (premenstrual symptoms)
- Exacerbating factors: insecurity, overstimulation, fatigue, pain, lack of strong support system
- Increased risk for developing postpartum depression



# Baby blues presentation

Classic: alternating periods of crying and joy

Additional: irritability, anxiety, headaches, confusion, forgetfulness, depersonalization, fatigue, “feeling let down,” and over-sensitivity

Self limiting

# Baby blues interventions

- Focus on support and reassurance
- Comfort measures may minimize exacerbations
- Self-limiting nature means that active interventions are not necessary
- Postpartum nurses must be able to determine if a mother's symptoms are normal "baby blues" versus pathologic behaviors

# This or that?

Image from:  
<https://www.marchofdimes.org/find-support/topics/postpartum/baby-blues-after-pregnancy>

## IS IT THE BABY BLUES OR POSTPARTUM DEPRESSION?



Baby blues	Postpartum depression
Feeling restless or anxious	Feeling overpowering guilt, sadness or panic
Being impatient or grumpy	Being afraid of staying alone
Crying for no reason	Crying, anxiety or worrying a lot
Feeling like "I'm not myself today"	Feeling hopeless or like you're not good enough
Finding it hard to concentrate	No energy and finding it hard to focus
Mood changes	Weight loss, weight gain or appetite changes
Sadness	Scary thoughts about yourself or your baby
Starts within a few days of giving birth; goes away on its own within a couple of weeks	Usually starts within 1-3 weeks of giving birth or anytime up to one year; needs treatment to get better



If you're ever worried about hurting yourself or your baby, call 911 or go to the nearest emergency room.

# Perinatal mood & anxiety disorders

PMADs

Anxiety Disorders

Mood Disorders

GAD  
Panic

OCD

PTSD

PPD

Bipolar II

PPP

# Perinatal Mental Health Quick Guide





# Pmads and breastfeeding



burzolive • Follow

burzolive I love seeing all these beautiful women in their beautiful nursing clothes smiling down at their babes as they lovingly look up back at them hand in hand while breastfeeding away. That is not my reality, right now that is. This is real & as much as I want to stay strong and be the soldier I feel I cannot hide the struggle that is BREASTFEEDING. Whether she is not latching on properly, whether I am not producing enough milk to keep up with her demand, whether my nipples might not be adequate, whether we confused her with having to give her a bottle after pumping....whatever it may be it has been an emotional & painful struggle. Today has been full of no naps, sucking and not eating, crying and frustrated parents. This photo depicts my reality of this Breastfeeding journey so far



8,883 likes

AUGUST 7, 2017

Log in to like or comment.

# PMADs and breastfeeding

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Increased pressure, stress, anxiety disrupts lactation hormones, reduce milk production and transfer

---

Mothers with PMADs often have unrealistic breastfeeding expectations

---

Breastfeeding may be therapeutic or harmful

---

For mothers struggling with milk production and/or latch, keep it simple

---

Promote relaxation and reduce stress

---

May need to re-consider nighttime feedings

---

Reassure it is the mother's right to choose, without any judgment or guilt

---

# Breastfeeding & Psychotropic Medications

Concerns are related to long term use and potential effects on the infant

An individualized risk-benefit analysis is necessary

Preferred psychotropic medications for breastfeeding are those with greatest documentation of prior use, few or no metabolites, and fewer side effects

Majority of SSRIs and SNRIs pass through the milk in small amounts and have no untoward effects on the infant

Lack of research specific to benzodiazepines, mood stabilizers, and antipsychotics but are used frequently



An official website of the United States government [Here's how you know](#)



**National Library of Medicine**  
National Center for Biotechnology Information

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**Drugs and Lactation Database (LactMed®)**

Bethesda (MD): [National Institute of Child Health and Human Development](#); 2006-  
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The LactMed® database contains information on drugs and other chemicals to which breastfeeding mothers are exposed. It includes information on the levels of such substances in breast milk and infant blood, and the adverse effects in the nursing infant. Suggested therapeutic alternatives to those drugs are provided, where appropriate. All data are derived from the scientific literature and fully referenced. A peer review panel reviews data to assure scientific validity and currency.



Medications & More During Pregnancy & Breastfeeding  
Ask The Experts

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Friendly, expert information about exposures during pregnancy and breastfeeding. ¡Hablamos Español!

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Welcome To MotherToBaby

MotherToBaby, a service of the non-profit Organization of Teratology Information Specialists, is dedicated to providing evidence-based information to mothers, health care professionals, and the general public about medications and other exposures during pregnancy and while breastfeeding. Talk directly to the experts behind the MotherToBaby website.

**Member Log-In**

E-mail address

Password

# Breastfeeding Medication Resources

## how can we make a difference?

“When a woman births, not only is a baby being born but so is a mother. How we treat her will affect how she feels about herself as a mother and as a parent.  
Be gentle. Be kind. Listen.”

Ruth Ehrhardt

The Basic Needs of a Woman  
in Labour

<https://www.goodreads.com/quotes/7253948-when-a-woman-births-not-only-is-a-baby-being>



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# The basics

- Normalize the patient, not the symptoms
- Identify patient at increased risk for PMADs
- Be a good investigator
- Recognize signs and symptoms of PMADs
- Provide/coordinate/advocate for additional follow up PRN during pregnancy & after discharge
- Educate families on signs and symptoms
- Be knowledgeable regarding community resources & referral options

# Actively Listen, validate, carefully Communicate

1

Utilize a calm, caring, confident, and nonjudgmental approach

2

Provide clear, concise, realistic information

3

Be a witness to fears, pain, and other symptoms

4

Hear and validate anxiety and concerns

5

Maintain autonomy

# Therapeutic communication

Helps to dispel anxiety for mother and support persons

Encourages the expression of thoughts and feelings

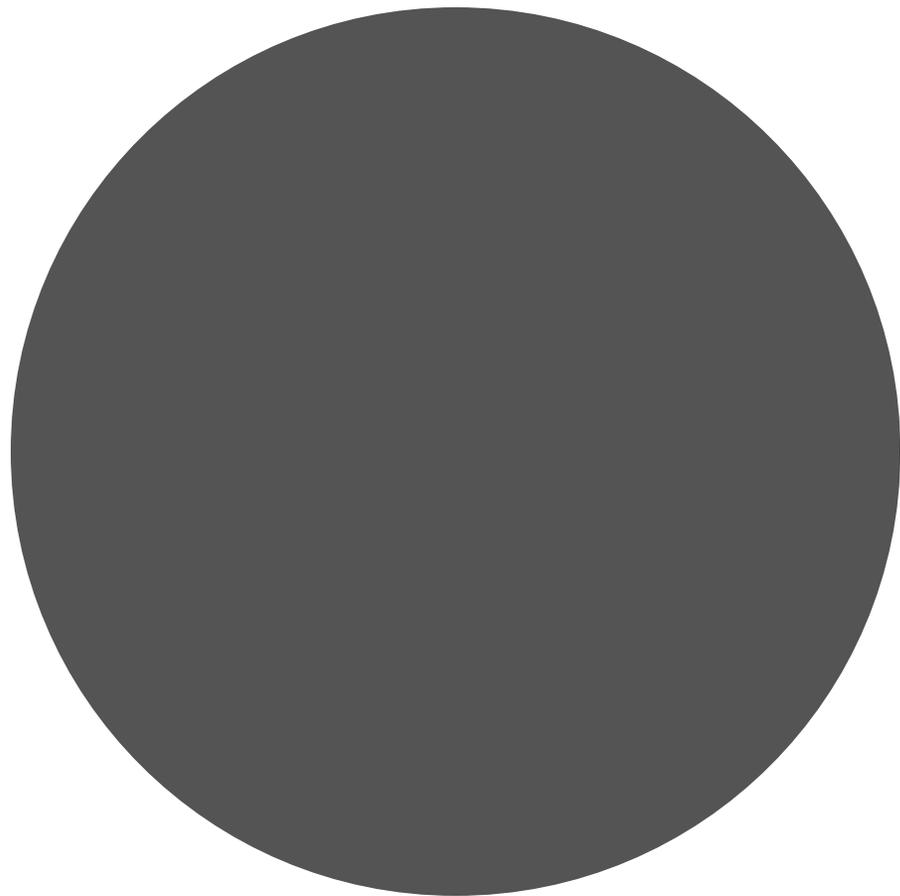
Not about problem solving, but about validating feelings

Active listening

Sharing observations

Sharing empathy

- Sharing hope
- Sharing feelings
- Using touch
- Silence
- Providing information
- Paraphrasing
- Asking relevant questions



**You are not  
alone.  
You are not  
to blame.  
With help,  
you will be  
well.**



- **Provide Support:**
- Promote relaxation, comfort, and self care
- Encourage mom to identify and use coping mechanisms that have worked well in the past
- Frequent attention and therapeutic interaction
- Do not offer general or false reassurance
- Reassure she is not a bad mother
- “Do all that you can and that is enough.”

# Post-discharge care



National  
suicide  
prevention  
hotline

# The National Suicide Prevention Lifeline is now: 988 Suicide and Crisis Lifeline



# Maternal Mental Health Hotline

**You're not alone.**

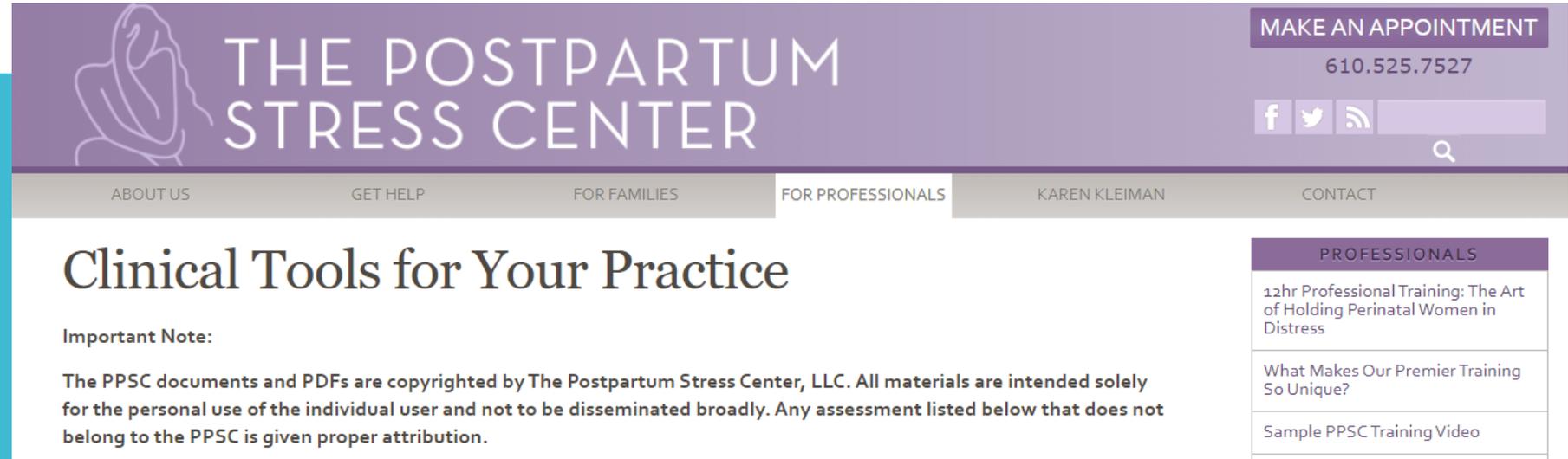


For Support, Understanding, and Resources,  
**CALL OR TEXT 1-833-9-HELP4MOMS**  
**1-833-943-5746**

**Free - Confidential - Available 24/7**



# Resources



THE POSTPARTUM STRESS CENTER

MAKE AN APPOINTMENT  
610.525.7527

f t r

ABOUT US GET HELP FOR FAMILIES FOR PROFESSIONALS KAREN KLEIMAN CONTACT

## Clinical Tools for Your Practice

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PROFESSIONALS

- 12hr Professional Training: The Art of Holding Perinatal Women in Distress
- What Makes Our Premier Training So Unique?
- Sample PPSC Training Video



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## Overview

Postpartum Support International has many resources to help families, providers, and communities learn about the emotional and mental health of childbearing families. If you are not able to find what you're looking for in the blue menu on the left of your screen, there are three ways to find more options: You can do a search by using keywords



[Karen Kleiman, MSW, LCSW](#)

## Perinatal Mood and Anxiety Disorders (PMAD) Podcast Series

**We Welcome:** Nurses, physicians, social workers, mental healthcare practitioners and other healthcare professions interested in learning more about perinatal depression and bipolar disorders.

**Course Description:** Perinatal mood and anxiety disorders affect approximately 1 in 5 women during pregnancy or within one year after delivery. These disorders are among the leading causes of maternal morbidity and mortality in the United States. This podcast series will provide education on specific perinatal mood and anxiety disorders, help healthcare providers recognize critical signs and symptoms among perinatal patients, and identify available resources for affected families.

Scan here  
to listen!



**Podcast 1:  
Perinatal & Panic  
Disorders**

**Podcast 2:  
Perinatal  
Depression &  
Bipolar Disorders**

**Podcast 3:  
Perinatal OCD &  
Psychosis**

**Podcast 4:  
Medications &**



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