Perinatal Mental Health

Beyond Postpartum Depression

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Learning Objectives

- By the end of this presentation, participants will be able to:
  - Recognize common perinatal mental health conditions.
  - Identify symptoms, warning signs, and risk factors.
  - Explore evidence-based treatment options and support resources.
  - Apply strategies for compassionate conversations and appropriate referrals.

Why Perinatal Mental Health Matters

> *“1 in 5 mothers experience a mental health condition during pregnancy or within the first year postpartum.”*

- These conditions can affect the entire family.
- Early recognition and support matter.

Source: Postpartum Support International, World Maternal Mental Health Forum (2026).

Understanding the Perinatal Period

- The Perinatal Period
  - Pregnancy through the first year after birth
  - Postpartum: Birth through 12 months
- The Baby Blues
  - Common emotional changes after childbirth
  - Typically resolve within two weeks
- When to Look Closer
  - Symptoms persist or worsen
  - Significant distress or impaired functioning

Source: ACOG Clinical Practice Guideline No. 4 (2023); Postpartum Support International.

Beyond Postpartum Depression

- Perinatal mental health encompasses more than depression.
  - Depression
  - Anxiety
  - Obsessive-Compulsive Disorder (OCD)
  - Bipolar Disorder
  - Postpartum Psychosis

Perinatal Depression: More Than Feeling Sad

- Common Signs & Symptoms
  - Persistent sadness or emotional numbness
  - Loss of interest or pleasure
  - Irritability, guilt, or feelings of inadequacy
  - Changes in sleep, appetite, or energy
  - Difficulty bonding with the baby
  - Thoughts of death or suicide
- Perinatal depression is treatable—and is not a reflection of parenting ability.

Perinatal Anxiety

- Common Signs & Symptoms
  - Excessive, difficult-to-control worry
  - Persistent fears about the baby's safety
  - Restlessness, irritability, or feeling on edge
  - Racing thoughts or difficulty sleeping
  - Physical symptoms of anxiety
  - Repeated checking or reassurance-seeking
- Anxiety may occur without depression—and deserves assessment and support.

Perinatal OCD: Intrusive Thoughts

- Common Signs & Symptoms
  - Unwanted intrusive thoughts or images
  - Fears involving the baby's safety
  - Checking or reassurance-seeking
  - Avoidance, guilt, or shame
- Key distinction: Ego-dystonic thoughts
  - Unwanted and inconsistent with personal values
- Assess insight, intent, and safety.

Perinatal Bipolar Disorder

- Key Signs & Symptoms
  - Episodes of depression, mania, or hypomania
  - Decreased need for sleep
  - Increased energy or racing thoughts
  - Irritability, impulsivity, or agitation
  - Changes in judgment or behavior
- Why It Matters
  - Increased risk of mood episodes postpartum
  - Higher risk of postpartum psychosis, particularly with bipolar I disorder
  - Recognizing bipolar disorder is essential for appropriate treatment and postpartum safety.

Postpartum Psychosis: A Psychiatric Emergency

- Warning Signs:
  - Delusions, hallucinations, or disorganized thinking
  - Confusion or rapidly changing mood
  - Severe insomnia or decreased need for sleep
  - Agitation, mania, or severe depression
- Important Clinical Considerations
  - Often develops within the first two weeks postpartum
  - Increased risk with bipolar disorder or prior postpartum psychosis
  - Requires immediate psychiatric evaluation and usually hospitalization.

How Perinatal Mental Health Affects the Family

- Perinatal Mental Health Affects the Entire Family
  - Parent: Emotional well-being and daily functioning
  - Parent–Infant Relationship: Bonding and responsiveness
  - Infant: Early emotional and social development
  - Partner & Family: Relationships and caregiver stress
  - Family Functioning: Routines, communication, and support
- Supporting parental mental health supports the entire family.

The Still Face Experiment

- The Power of Connection
  - What happens when a caregiver suddenly becomes emotionally unresponsive?
- Watch: The Still-Face Experiment — Dr. Edward Tronick



- Reflection: What does this teach us about responsive caregiving?

Video: Tronick, E. (Still-Face Experiment), via YouTube: youtube.com/watch?v=FaiXi8KyzOQ

Protective Factors and Early Intervention

- What Supports Perinatal Mental Health?
  - Strong social connections and supportive relationships
  - Early recognition of mental health concerns
  - Access to appropriate treatment and resources
  - Sleep, rest, and practical support
  - Reduced stigma and open conversations
- Early intervention supports parental well-being and strengthens families.

Recognizing When Someone Needs Help

- Early Identification Starts With Awareness
  - Screen routinely during pregnancy and postpartum
  - Use validated tools: EPDS, PHQ-9, GAD-7
- Recognize changes in mood, behavior, sleep, and functioning
- Ask directly about emotional well-being and safety
- Connect patients with appropriate assessment and treatment
- Screening opens the conversation. Clinical assessment guides the next steps.

Creating Space for Disclosure

- When patients share difficult experiences
- A patient shares: “Sometimes I have these terrible thoughts about something happening to my baby.”
- Consider these two responses:
  - A: “That's normal. Everyone worries about their baby.”
  - B: “That sounds really overwhelming. Can you tell me more about what you've been experiencing?”
- Our response can encourage—or discourage—further disclosure.

Treatment Options for Perinatal Mental Health

- Treatment Is Individualized
  - Psychotherapy: CBT, IPT, and other evidence-based therapies
  - Medication: When clinically indicated
  - Supportive Care: Sleep, practical assistance, and social support
  - Collaborative Care: Coordination across healthcare disciplines
  - Specialized Treatment: Options for severe or persistent symptoms
- Effective treatment supports the well-being of both parent and family.

Medication During Pregnancy and Breastfeeding

- Balancing Risks and Benefits
  - Consider risks of untreated illness alongside medication risks
  - Review psychiatric history and previous treatment response
  - Individualize decisions during pregnancy and breastfeeding
  - Use shared decision-making; avoid abrupt discontinuation
  - Coordinate care across healthcare disciplines
- Trusted Patient Resources
  - MotherToBaby — mothertobaby.org
  - MGH Center for Women's Mental Health — womensmentalhealth.org

Emerging and Specialized Treatments

- Additional Treatment Options
  - Zuranolone (Zurzuvae): Oral treatment for postpartum depression
  - TMS: Noninvasive treatment for depression
  - ECT: Treatment option for severe psychiatric illness
  - Specialty Psychiatric Care: For complex or persistent symptoms
- When first-line treatment isn't enough, additional options are available.

Resources and Referral Pathways

- Connecting Patients With Support
  - Postpartum Support International (PSI) — Support groups, provider directory & PMH-C credential • postpartum.net
  - PSI Nebraska — Local support groups and community connections
  - National Maternal Mental Health Hotline — 1-833-TLC-MAMA • Free, confidential, 24/7
  - 988 Suicide & Crisis Lifeline — Call or text 988 for crisis support
  - Local Referral Networks — OB/GYN, primary care, therapy, and perinatal psychiatry
- A positive screening is the beginning—not the end—of connecting someone to care.

Putting Knowledge Into Practice

- Five Actions That Make a Difference
  - RECOGNIZE — Perinatal mental health extends beyond postpartum depression
  - SCREEN — Throughout pregnancy and the postpartum period
  - LISTEN — With compassion, curiosity, and without judgment
  - CONNECT — Patients with appropriate treatment and support
  - FOLLOW UP — Ensure patients can access the care they need
- Every healthcare and behavioral health professional has a role in supporting perinatal mental health.

Questions & Discussion

"Supporting perinatal mental health begins with recognizing that no one should have to navigate it alone."

Thank you!
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