



PERINATAL MENTAL HEALTH

Labor & Delivery and
Maternal Core Curriculum Fellowships
2026





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

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

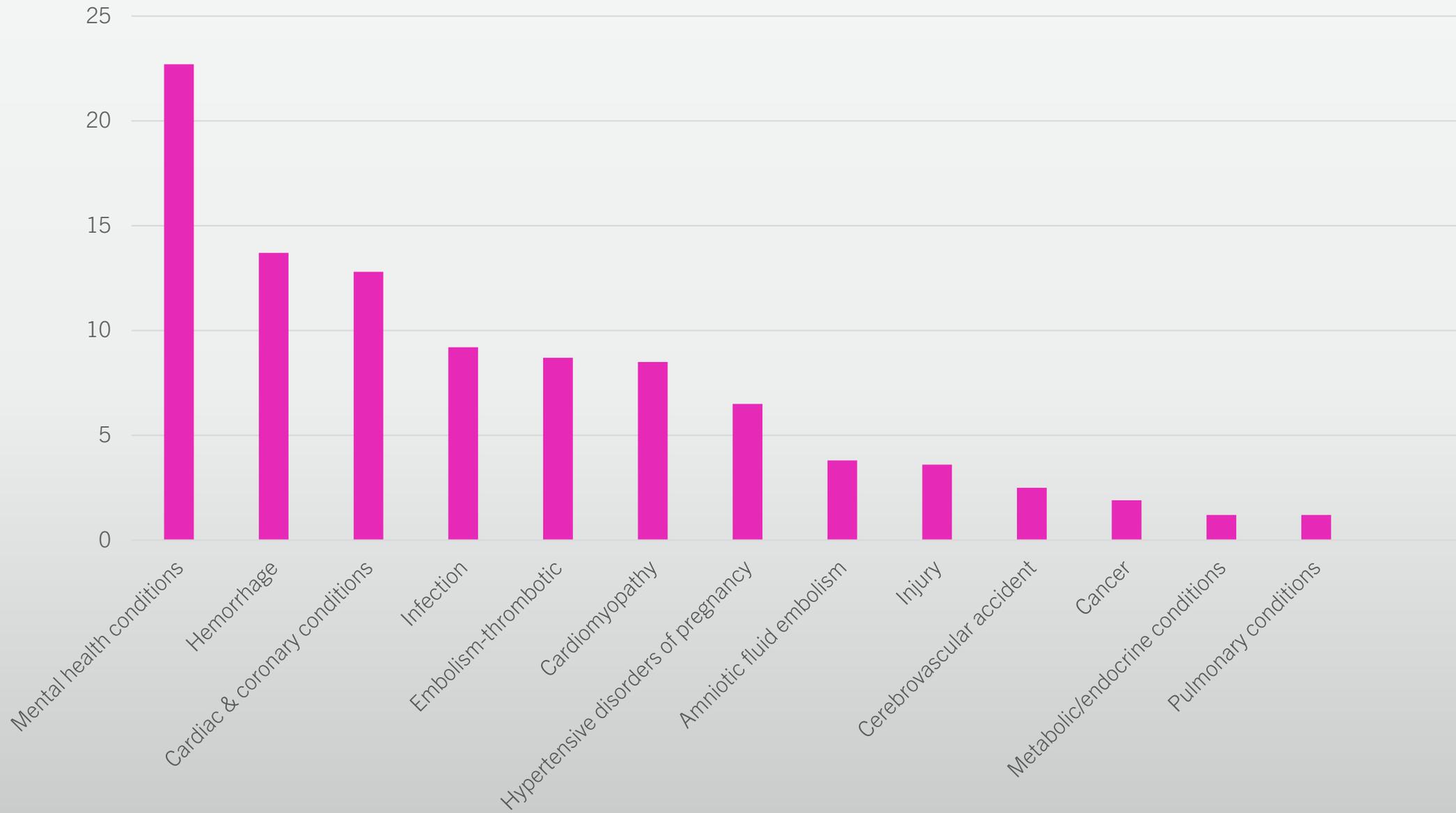
PREVELANCE

- 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

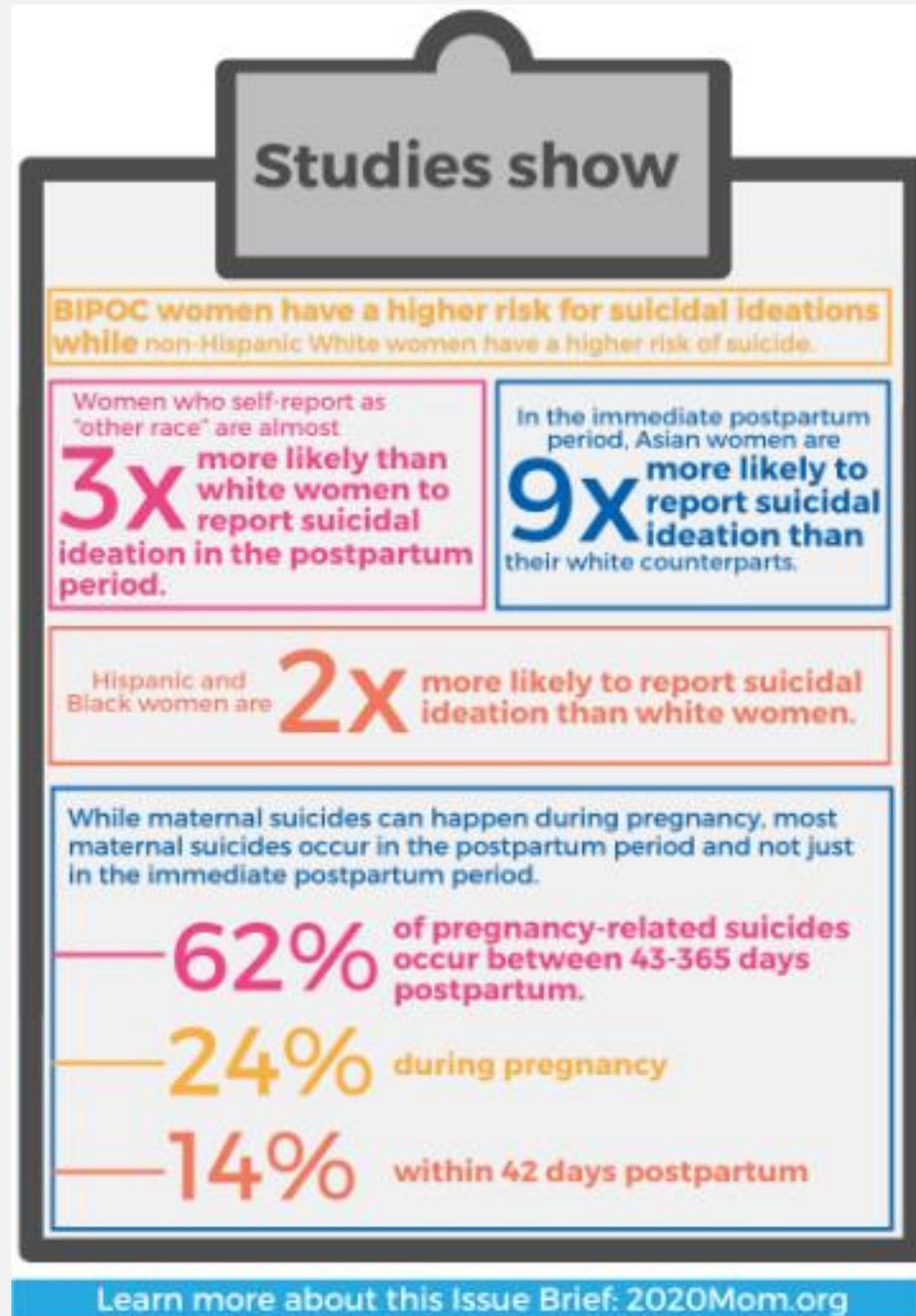


■ Maternal Deaths

(TROST ET AL., 2022)

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





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/)

RISK FACTORS

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

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 followup
- Failure of health care professionals to question new mothers about mood or anxiety symptoms

When the Royal Family gives birth



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



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

SCREENING TIPS

- 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

EPDS

Screening focuses on the following three symptom characteristics:

1. Frequency
2. Duration
3. 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) scale²⁴

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 ≥ 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 Scale²³

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).

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
12. 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

	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				

COLUMBIA- SUICIDE SEVERITY RATING SCALE (C-SSRS)

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

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

Take
this info
to your
healthcare
provider

If I am beyond
2-3 weeks postpartum
& feeling sad, weepy,
anxious, nervous, or
worried about the way
I am feeling, IT IS
NO LONGER THE
BABY BLUES.
Please help me determine
what step I should take next.

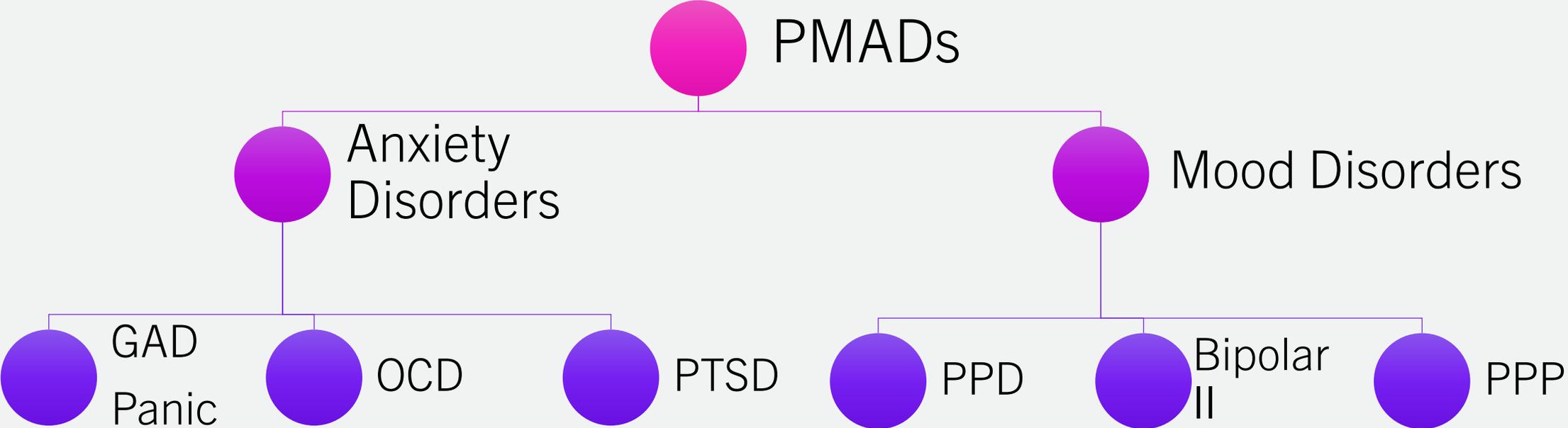


PPSC

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

PERINATAL MOOD & ANXIETY DISORDERS



PERINATAL MENTAL HEALTH QUICK GUIDE





PMADS AND BREASTFEEDING



burzolife • Follow

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 can be 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

- 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 mediations 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

BREASTFEEDING MEDICATION RESOURCES

The screenshot shows the MotherToBaby website homepage. At the top left is the logo with the text "MotherToBaby Medications & More During Pregnancy & Breastfeeding Ask The Experts". To the right is a search bar and a navigation menu with links for Home, About Us, Pregnancy Studies, Join A Study, Fact Sheets, News & Resources, For Health Professionals, The Baby Blog, and Ask An Expert. Below the navigation is a large banner image of a smiling woman with a text box that reads: "Friendly, expert information about exposures during pregnancy and breastfeeding. ¡Hablamos Español!". At the bottom of the banner are three contact options: "Call Us Toll Free 866-626-6847 Or Text Us 855-999-3525 Standard Messaging Rates May Apply", "Email An Expert", and "Chat Live With An Expert". Below the banner is a "Welcome" section with a sidebar menu containing "Fact Sheets", "Pregnancy Studies", and "For Health Professionals". The main content area says "Welcome To MotherToBaby" and describes the organization's mission. To the right is a "Member Log-In" form with fields for "E-mail address" and "Password".

The screenshot shows the National Library of Medicine (NIH) website. At the top is the NIH logo and the text "National Library of Medicine National Center for Biotechnology Information". Below the logo is a "Books" dropdown menu and a search bar. The main content area is titled "Drugs and Lactation Database (LactMed®)" and includes the text "Bethesda (MD): National Institute of Child Health and Human Development; 2006-." and a link for "Copyright and Permissions". Below this is a search bar with the text "Search this book" and a "lactmed @NIH" logo.

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 the data to assure scientific validity and currency.

A woman with long dark hair, wearing a light blue shirt, is sitting and holding a baby. She has her right hand pressed against her forehead, looking down with a distressed or pained expression. The baby is lying in her arms, looking towards the camera. The background is slightly blurred, showing what appears to be a home setting.

**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

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

- Utilize a calm, caring, confident, and nonjudgmental approach
- Provide clear, concise, realistic information
- Be a witness to fears, pain, and other symptoms
- Hear and validate anxiety and concerns
- 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

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.”

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



POSTPARTUM SUPPORT
INTERNATIONAL

POST- DISCHARGE CARE

- Establish seamless transition in care and follow-up
- Who will be treating the mother beyond the postpartum period?
- Bridge the gap of care
- Know available resources
- Do not expect mothers with PMADs to “advocate for themselves”

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



Mom-to-Mom Peer Support Group



This free group provides guided peer support to new and expectant moms, creating a safe space to ask questions and share personal observances through open conversation. Led by a licensed mental health practitioner specializing in women's health and trained medical professionals, these hour-long sessions are designed for moms to help each other navigate the emotional and social changes that can occur when a new baby joins a family.

All new and expectant mothers are welcome. Children up to one year of age are welcome to attend with mom. Advance registration is not required.

Dates and times

The first and third Wednesdays of each month (weather permitting, excluding holidays)
Noon - 1 p.m.

Location

Methodist Women's Hospital Medical Office Building
2nd Floor Conference Center
717 N. 190th Plaza
Omaha, NE 68022

RESOURCES

THE POSTPARTUM STRESS CENTER

MAKE AN APPOINTMENT
610.525.7527

ABOUT US GET HELP FOR FAMILIES **FOR PROFESSIONALS** KAREN KLEIMAN CONTACT

Clinical Tools for Your Practice

Important Note:
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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



Donate En Español Contact Us Subscribe Join A Clim **1.800.944.4773**

Get Help Learn More Professionals Resources News & Blog About Join Us

RESOURCES

- Overview
- Discussion Tool
- PSI Awareness Posters
- PSI Resources – Support Services and Volunteers
- PSI Educational DVD
- PSI Educational DVD
- PSI Educational Brochures – English and Spanish
- PSI Bookstore
- PSI Guidebook



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](#)



THE JOSIE HARPER CAMPUS
PROFESSIONAL DEVELOPMENT

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 &
Lactation

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