



1

Agenda

- Impacts of maternal mental health and benefits of addressing
- The law and ACOG recommendations
- Key mental health differences in the perinatal period
- Screening and educational options
- Talking to patients with positive screeners
- Community resources



2

Importance of Addressing Perinatal Mood and Anxiety Disorders (PMADs)

Impacts 15-20% of birthing persons

\$14 billion societal cost

Negative impacts on children

Partners and adoptive parents also experience

Improved patient care

Adherence to statutes and recommendations

Opportunity to screen and refer



3

The Law: Oklahoma Statute 419

Prenatal Care Providers

- Screening, re-screening, and review
- PMAD education

Labor and Delivery

- PMAD education, coping, and treatment resources

Postnatal Care Providers

- Screening and review

Pediatric Providers

- Screening and review at any well-child appt until age 1



4

ACOG Recommendations for PMADs

- Screen during well-woman, pre-pregnancy, prenatal, and postpartum care
- Screen for bipolar disorder prior to initiating pharmacotherapy
- Suicide assessment and arrange for risk-tailored management
- Immediate medical attention for postpartum psychosis
- Counsel on benefits and risks of psychopharmacotherapy
- Initiate psychopharmacotherapy for PMADs as appropriate and refer to behavioral health



5

Baby Blues

Estimated that 60-80% of birthing persons experience mood swings and crying right after birth

Lasts 2-3 weeks and is a normal adjustment period that can be resolved without medical assistance



6

Perinatal Mood and Anxiety Disorders (PMADs)

- Depression and Anxiety
- Posttraumatic Stress Disorder
- Obsessive Compulsive Disorder
- Postpartum Psychosis
- Bipolar Mood Disorders



7

PMAD Risk Factors

Mental health history (personal or familial)

Low social support

Financial stress

Unplanned pregnancy

Teen parent

Birth of multiples

Pregnancy or infant loss

Use of assisted reproductive technologies

Poor / lack of relationship with their mother

Trauma history (physical/sexual abuse)

Traumatic pregnancy or delivery

Breastfeeding challenges

8

Why aren't symptoms discussed?

Believing anxiety and depression are part of being a new parent

Fear of being seen as complaining

Views of self-blame and failing vs. symptoms as a medical condition

Fear of DHS involvement, baby removed from home, or hospitalization

Cultural considerations

Providers: lack of training, availability to resources, discomfort

9

Screening Options

Patient Health Questionnaire 9 (PHQ-9)

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

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	0	1	2	3

add columns: + + +

(Healthcare professional: For interpretation of TOTAL, TOTAL: _____ please refer to accompanying scoring card)

10. 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 _____

Edinburgh Postnatal Depression Scale (EPDS)

Edinburgh Postnatal Depression Scale¹ (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 This would mean: 'I have felt happy most of the time' during the past week.
 Yes, most of the time
 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
 As much as I always could
 Not quite so much now
 Definitely not so much now
 Not at all

2. 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

3. I have blamed myself unnecessarily when things went wrong
 Yes, most of the time
 Yes, some of the time
 Not very often
 No, not at all

4. I have been anxious or worried for no good reason
 No, not at all
 Hardly ever
 Yes, sometimes
 Yes, very often

5. I have felt scared or panicky for no very good reason
 Yes, quite a lot
 Yes, sometimes
 No, not much
 No, not at all

6. 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

7. 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

8. I have felt sad or miserable
 Yes, most of the time
 Yes, quite often
 Not very often
 No, not at all

9. I have been so unhappy that I have been crying
 Yes, most of the time
 Yes, quite often
 Only occasionally
 No, never

10. The thought of harming myself has occurred to me
 Yes, quite often
 Sometimes
 Hardly ever
 Never

10

Screening Options

Mood Disorder Questionnaire (MDQ)

Mood Disorder Questionnaire (MDQ)

Instructions:
Has there ever been a period of time when you were not your usual self and...

	Yes	No		
1 ...you felt so good or so happy that other people thought you were not your normal self or you were so happy that you got into trouble?	1	0		
2 ...you were so irritable that you shouted at people or started fights or arguments?	1	0		
3 ...you felt much more self-confident than usual?	1	0		
4 ...you got much less sleep than usual and found you didn't really miss it?	1	0		
5 ...you were much more talkative or spoke faster than usual?	1	0		
6 ...thoughts raced through your head or you couldn't slow your mind down?	1	0		
7 ...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	1	0		
8 ...you had much more energy than usual?	1	0		
9 ...you were much more active or did many more things than usual?	1	0		
10 ...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	1	0		
11 ...you were much more interested in sex than usual?	1	0		
12 ...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	1	0		
13 ...spending money got you or your family into trouble?	1	0		
14 If you checked YES to more than one of the above, have you ever had a period of time when you were not your usual self?	1	0		
	No problem	Minor problem	Moderate problem	Serious problem
15 How much of a problem did any of these cause you — like being unable to work, having family, money, or legal troubles, getting into arguments or fights?	0	1	2	3

Generalized Anxiety Disorder 7-item (GAD-7)

GAD-7 Anxiety

Over the last two weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals: _____ + _____ + _____ + _____ = _____
Total score: _____

If you checked any problems, how difficult have they 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11

Screening Options

Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

C Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- A serious accident or fire
- A physical or sexual assault or abuse
- An earthquake or flood
- A war
- Seeing someone be killed or seriously injured
- Having a loved one die through homicide or suicide

Have you ever experienced this kind of event? Please circle the response that indicates your answer:

	NO	YES
<i>If NO, you are finished. Thank you for completing this survey! If YES, please continue:</i>		
In the past month, have you...		
have had nightmares about the event(s) or thought about the event(s) when you did not want to?	NO	YES
tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	NO	YES
been constantly on guard, watchful, or easily startled?	NO	YES
felt numb or detached from people, activities, or your surroundings?	NO	YES
felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?	NO	YES

Combo Screener Pack from ACOG

- Screening for Mood Changes During Pregnancy and After Giving Birth
 - EPDS, MDQ, GAD-7, and PC-PTSD-5
 - PHQ-9, MDQ, GAD-7, and PC-PTSD-5

12

Non-Clinical Screening Option

Perinatal Mental Health Discussion Tool

As many as 1 in 7 moms (1 in 10 dads) experience symptoms of depression and anxiety during the postpartum period. People of every age, income level, race and culture can develop Perinatal Mood Disorders (PMDs) during pregnancy and within the first year after delivery. This tool can help track your symptoms and discuss them with your medical provider. Being your own advocate is okay and you deserve to be well.

I have been experiencing the following symptoms: (please mark all that apply)

- | | |
|---|--|
| <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
<small>(including the health and safety of the baby)</small> | |

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:

- | | |
|--|--|
| <input type="checkbox"/> History of depression or anxiety | <input type="checkbox"/> Birth of Multiples |
| <input type="checkbox"/> History of bipolar disorder | <input type="checkbox"/> Baby in the NICU |
| <input type="checkbox"/> History of psychosis | <input type="checkbox"/> Relationship issues |
| <input type="checkbox"/> History of diabetes or thyroid issues | <input type="checkbox"/> Financial struggles |
| <input type="checkbox"/> History of PMS | <input type="checkbox"/> Single mother |
| <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 |

- Perinatal Mental Health Discussion Tool
- 18 Symptoms
- 18 Risk Factors
- PSI resources listed

13

Positive Screening

- Review screener scores
- Normalize, educate, and validate
- Incorporate the family
- Refer to behavioral health provider
 - Ideally trained in perinatal mental health
- Discuss medication options



14

Navigating Suicidality

- ❑ Clarify questions about suicide
- ❑ Columbia Suicide Severity Rating Scale
- ❑ Inpatient vs outpatient
- ❑ Least restrictive environment

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.



15

Educational Options: PSI

We Can Help with Perinatal Mental Health
Having a baby is supposed to be an amazing experience—the best moment of your life. Everyone says, “You must be so happy!” But what if you’re not? What if you’re depressed, anxious, or overwhelmed? What if your partner or friends are worried about you, but you just don’t know how to talk about it? You’re not alone. Postpartum Support International can help you get better.

Ask Yourself

- Are you feeling sad or depressed?
- Do you feel more irritable or angry with those around you?
- Are you having difficulty bonding with your baby?
- Do you feel anxious or panicky?
- Are you having problems with eating or sleeping?
- Are you having sporadic thoughts that you can’t get out of your mind?
- Do you feel as if you are “out of control” or “going crazy”?
- Do you feel like you never should have become a parent?
- Are you worried that you might hurt your baby or yourself?

Any of these symptoms, and many more, could mean that you have a perinatal mental health disorder. The good news is that you can get treatments that will help you feel like yourself again. There is no reason to continue to suffer. Go to postpartum.net for more information.

PERINATAL MOOD AND ANXIETY DISORDERS (PMADs)
Perinatal: Anytime during pregnancy through the first year postpartum

SYMPTOMS

- Feelings of guilt, shame or hopelessness
- Feelings of anger, rage, or irritability, or rage and unwanted thoughts
- Lack of interest in the baby or difficulty bonding with baby
- Loss of interest, joy or pleasure in things you used to enjoy

TREATMENT OPTIONS

- Counseling
- Medication
- Support from others
- Exercise
- Adequate sleep
- Healthy diet
- Bright light therapy
- Yoga
- Relaxation techniques

RISK FACTORS

- History of depression, anxiety, OCD
- Thyroid imbalance, diabetes, endocrine disorders
- Lack of support from family and friends
- Pregnancy or delivery complications, infertility, miscarriage or infant loss
- Premenstrual Syndrome (PMS)
- Financial stress or poverty
- Abrupt discontinuation of breastfeeding
- History of Abuse
- Unwanted or unplanned pregnancy

Postpartum Support International | www.postpartum.net | 800.944.4773 (call or text)

16

Treatment Options

Peer, family, and community supports

Wellness

Postpartum planning

Individual and/or group therapy

Medication management

- Early connection to treatment for those with risk factors



17

Resources

- ACOG's Perinatal Mental Health Toolkit
- Postpartum Support International Psychiatric Consult Line
- Postpartum Support International Provider Directory
- National Maternal Mental Health Hotline
 - ▣ 1-833-TLC-MAMA (1-833-852-6262)
- National Suicide Prevention Lifeline
 - ▣ 988



18



Creating a culture of excellence,
safety and equity in perinatal care

19

Evaluation Link

We want your feedback! Please take a few minutes to let OPQIC know how we can improve our future meetings and how we can better meet the needs of your organization.



<https://tinyurl.com/2p9f3d72>

20