Providers Resource: Why Perinatal Mental Health Matters for the Whole Family

ZERO TO THREE
Early connections last a lifetime

1 in 5 Moms
1 in 10 Dads

will experience a perinatal mental health disorder; something beyond an adjustment period or experiencing the baby blues.

Supporting parents during the perinatal period is both challenging and rewarding. It's a powerful time to promote well-being for both parents and their baby—while reminding parents they're not alone in their experience.

It's helpful when parents have ongoing conversations about their successes, challenges and struggles related to pregnancy and parenting during the first year. When you routinely include the topic of mental health, you provide them with the opportunity to share and reflect on their experiences and feelings. They need to know that they're not the only ones who constantly worry about the baby's safety, struggle to bond with baby, and/or wonder why no one prepared them for the drastic change in their body, mood, and everyday/every night life.

These experiences could be adjusting to their new normal, the baby blues, or may be something more.

Defining Perinatal Mood and Anxiety Disorders (PMADs): Prevalence, Symptoms, and Types

More people are talking about and understanding postpartum depression, but that's only one type of perinatal mental health disorder that a mom or dad may experience. *Perinatal* means occurring anytime during pregnancy through the first year after birth.

If it feels like:	You may experiencing this/ these PMADs:
 **Anger, sadness, guilt,** extreme worry, lack of interest in baby, irritability, changes in eating and/or sleeping habits, trouble concentrating, thoughts of hopelessness, unwilling to leave baby with anyone	• Depression During Pregnancy & Postpartum • Anxiety During Pregnancy & Postpartum
 **Extreme worry and fear often about health and safety of baby,** having panic attacks or symptoms of them, repetitive, unwanted, intrusive and upsetting thoughts or obsessions, compulsions to reduce anxiety caused by thoughts	• Anxiety During Pregnancy & Postpartum • Pregnancy or Postpartum Obsessive Compulsive Disorder (OCD)
 **Flashbacks to traumatic or scary pregnancy**, childbirth or past trauma with feelings of anxiety, guilt and/or avoidance	• Postpartum Post-Traumatic Stress Disorder
 **Bipolar depression or mania** (extreme highs and/or lows)	• Bipolar Mood Disorders
 **Seeing and hearing things that others can't.** Periods of confusion, memory loss, distrust. Onset typically within first 2 weeks postpartum.	• Postpartum Psychosis* *Postpartum psychosis is a medical emergency.

Beyond the Baby Blues: Strengthening Families Through Perinatal Mental Health Awareness

- More than half of mothers live with untreated PMADs—Untreated PMADs are the most common complication of pregnancy and childbirth, and the leading cause of maternal and pregnancy-related deaths
- It can happen to anyone, including men and the non-birthing parent
- PMADs can often be unaddressed or untreated due to lack of knowledge and understanding of the postpartum period and PMADs for both parents and professionals
- Parents may hide PMADs struggles out of fear, lack of trust in a provider or system, lack of knowledge/ understanding that what they're experiencing is PMADs—it's critical they feel safe with their providers

Strengthening Families Through Awareness of PMADs and its Impacts

Parents deserve to be well and feel well. A parent's mental health impacts their health and relationships AND it impacts baby's development, attachment and relationships. The exact things babies need for healthy development and attachment are what babies miss out on when a parent is struggling with mental health.

Babies depend on:

- Consistent calm and compassionate responses to their individual needs
- Sensitive and caring interactions with parent
- Emotional connection and bond with parent to form a secure attachment
- Predictable routines

Babies may miss out when a parent struggles with mental health because it can be hard for parents to:

- Be emotionally present with their baby
- Consistently care for baby's health and daily needs (child well and sick visits, diapering, feeding, bathing)
- Provide and practice predictable daily routines
- Talk, play and interact with baby

When babies and young children don't get consistent sensitive responses and engagement from their parent, babies may experience:

- Difficulties in emotional regulation—Increased crying, fussiness and irritability
- Changes in eating and/or sleeping patterns
- Increase in "attention seeking"/connection seeking behavior
- Emotional and behavioral reactions like clinging, aggression or withdrawing
- Challenges in meeting physical, cognitive, social, behavioral and emotional developmental milestones
- Greater risk for developing mental health problems later on such as depression, anxiety themselves
- Less patience and compassion

When babies and young children have any of these experiences parenting feels harder. Life feels harder.

When we talk about PMADs and ensure parents receive the support they need, we support parents in ways that strengthen both their immediate well-being and their family's long-term health.

Providers Closing the Gap: Building Effective Care Pathways for Perinatal Mental Health

Emotional Presence/Holding Space

- Slow down – allow time, space and silence for parents to gain courage to share honest and thoughtful responses and questions
- Seek to understand and validate their experience and what it feels like for them

Conversations

- Introduce topic of PMADs early and often – during pregnancy and ongoing
- Practice active listening, empathy and unconditional positive regard, rather than rushing to "fix." This may sound like:
  - "This sounds really hard. You are overwhelmed."
  - "Your feelings and mood are all over the place? That makes sense - having a baby is a lot of change for you and your family."
  - "I heard you say you feel alone and want help without having to ask."
  - "It is okay to struggle. All moms do, but not everyone talks about it. Let's talk about it."
- Ask direct questions and ask more than once. Such as:
  - "Is there anything you are particularly worried or scared about? ... What is it?"
  - "Does taking care of baby ever feel like a chore?"
  - "Do you struggle to fall asleep when you need it?"

Screening

- Provide psychoeducation on PMADs during pregnancy
- Screen early and regularly to help you understand the parent's experience, including suicidal risk assessment
- Use a screener(s) as a tool for conversation
  - Edinburgh Postnatal Depression Scale (EPDS), Patient Health Questionnaire (PHQ-9), Perinatal Anxiety Screening Scale (PASS), Generalized Anxiety Disorder (GAD-7), Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

Referrals

- Behavioral health/individual therapy – live or telehealth
- PCP
- OBGYN
- Support group – live or virtual

Ongoing Suppport

- Help the parent identify and build social connections
- Identify any familial, peer and cultural support, including rituals and routines
- Partner with parents to build on their existing strengths and ways of coping in the past

Free Resources

- **National Maternal Mental Health Hotline** 1-833-TLC-MAMA (call or text)
- **Postpartum Support International HelpLine** 1-800-944-4773 (call or text)
- **988 Suicide and Crisis Lifeline**
- **Local support groups** - hospitals, community organizations
- **Virtual support groups** - Postpartum Support International or your state's Postpartum Support organization