

Perinatal mental health resources 2025



ARIZONA DEPARTMENT
OF HEALTH SERVICES



Purpose

The objective of this training is to enhance understanding of the management and treatment of perinatal mental health. By raising awareness and promoting the use of screening tools for perinatal mental health, we aim to reduce the rates of maternal mortality and morbidity associated with these conditions.

Disclaimer

All information provided through this program is for informational purposes only. Through this program, AzHHA intends only to provide resources that hospitals may use in making their own decisions about how to support patient care.

No materials, advice, discussion, coaching or other information provided by AzHHA through this program creates a standard of care or treatment.

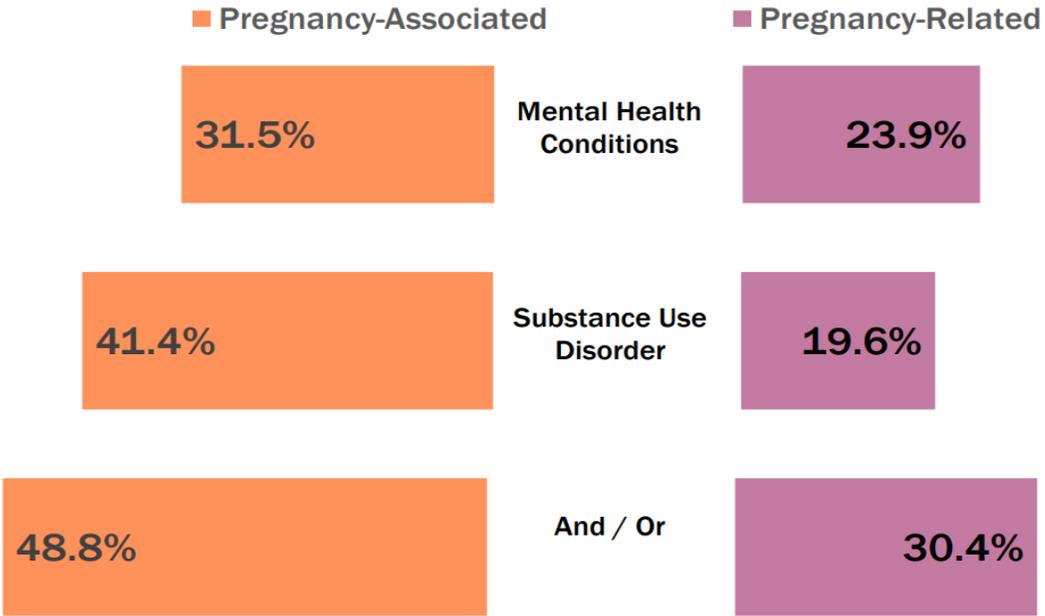
Nothing provided by AzHHA through this program is intended to be a substitute for professional medical advice, diagnosis or treatment.

Maternal mortality crisis in the United States



- The U.S. has the highest maternal mortality rate among high-income countries, and it continues to rise.
- The most recent data from 36 maternal mortality review committees (MMRCs) reveal that perinatal mental health conditions are the leading cause of pregnancy-related deaths (AIM, 2024).
- Prior reports from 14 MMRCs determined that all perinatal mental health-related deaths were preventable.
- Untreated and undertreated perinatal mental health conditions are associated with other significant negative consequences for perinatal individuals, along with adverse obstetric, fetal, neonatal, infant, partner and societal outcomes (AIM, 2024).

Pregnancy-associated deaths in Arizona

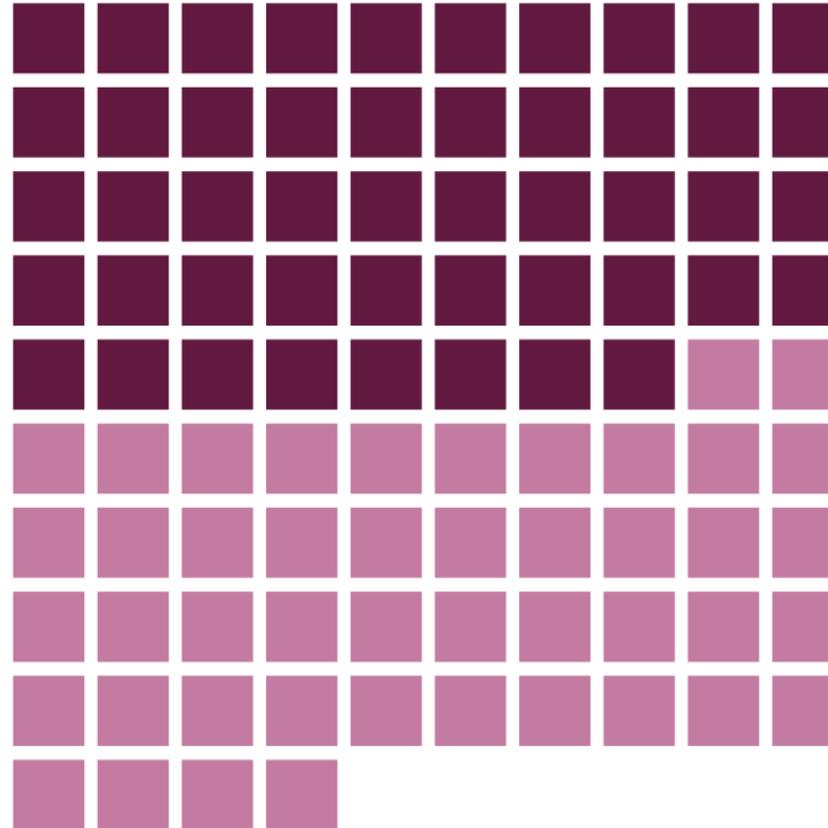


Almost half of all pregnancy-associated deaths in Arizona were related to mental health conditions or substance use disorder.

Pregnancy-associated deaths in Arizona

98%

were preventable



-  Good Chance to Prevent Death (48.5%)
-  Some Chance to Prevent Death (46.5%)

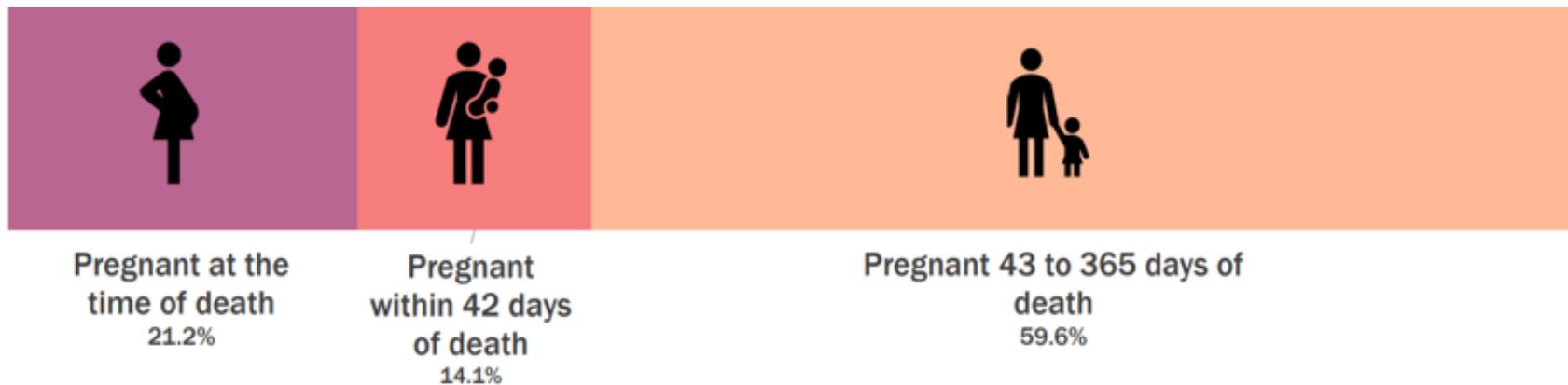


Source: ADHS, 2020



Pregnancy-associated deaths in Arizona

Three out of five pregnancy associated deaths related to mental health conditions or substance use disorder occur between 43 and 365 days postpartum.



Total Pregnancy Associated Deaths Related to Mental Health Conditions or Substance Use = 99



Source: ADHS, 2020



Mental health impact

One in five perinatal individuals suffer from perinatal mental health conditions

Most common complications of pregnancy and postpartum

Early detection and treatment mitigates negative consequences

Perinatal mental health disorders remain underdiagnosed and untreated or undertreated

Less than a quarter of perinatal individuals with depression will receive any treatment

Core AIM patient safety bundles



Introduction video for perinatal mental health



AIM's primary objectives

Reduce preventable maternal deaths and severe maternal morbidity (SMM) in the U.S.

- Promoting safe care for every U.S. birth.
 - Engaging multidisciplinary partners at the national, state and hospital levels.
 - Developing and providing tools for implementation of evidence-based patient safety bundles.
 - Utilizing data-driven quality improvement strategies.
 - Aligning existing efforts and disseminating evidence-based resources.
- Reduce preventable maternal deaths and severe maternal morbidity (SMM) in the U.S.

Perinatal mental health AIM safety bundle

- Readiness (every unit)
- Recognition & prevention (every patient)
- Response (every admission or triage visit)
- Reporting & systems learning (every unit)
- Respectful, equitable & supportive care (every patient)

Learning objectives

- Review current perinatal mental health morbidity and mortality data in Arizona.
- Review the pathophysiology surrounding perinatal mental health.
- Identify the current best practice for screening tools to assess perinatal mental health.
- Understand the impact of trauma informed care within this patient population.
- Importance of open transparent, empathetic and trauma-informed communication with patients and their identified support network.
- Knowledge to establish care pathways that facilitate coordination and follow-up among multiple providers through the perinatal period.
- Understand and identify the data related to perinatal mental healthcare.

Perinatal mental health pathophysiology

Hormonal changes

Neuroinflammation

Genetic and epigenetic factors

Neuroplasticity

Perinatal mental health

- 75% of women impacted by perinatal mental health conditions **remain untreated**, increasing the risk of long-term negative impacts on mother, babies and families.
- High-risk groups include people of color, those impacted by poverty, people with disabilities, military service members and military spouses.



Perinatal mental health readiness

Every Unit

Develop workflows for integrating mental health care into preconception and obstetric care before pregnancy through the postpartum period including provision of pharmacotherapy when indicated, including:

- Identify mental health screening tools to be integrated universally in every clinical setting where patients may present.
- Establish a response protocol based on what is feasible for each area of practice and local mental health resources.

Perinatal mental health readiness

- Educate clinicians, office staff, patients and patients' designated support networks on optimal care across the preconception and perinatal mental health pathway including prevention, detection, assessment, treatment, monitoring and follow-up best practices.
- Facilitate trauma-informed trainings and education to address healthcare team member biases and stigma related to perinatal mental health conditions, including anti-racism considerations.
- Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to address patient needs, including social drivers of mental and physical health.

Assessment and management of perinatal mood and anxiety

Depression screening algorithm for obstetric providers

Provides guidance for obstetric providers and clinical support staff on administering the Edinburgh postnatal depression screening (EPDS) and next steps depending in the EPDS score. The first side is a simplified version of the algorithm. The second side provides more detailed information including talking points and suggested language regarding how to discuss the EPDS and resultant scores with the patient.

[Edinburg postnatal depression screening tool](#)

Edinburgh postnatal depression scale screening tool

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

Administered/Reviewed by _____ Date _____

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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Edinburgh Postnatal Depression Scale¹ (EPDS)

Postpartum depression is the most common complication of childbearing.² The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for "perinatal" depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt **during the previous week**. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women's Health Information Center <www4.women.gov> and from groups such as Postpartum Support International <www.chss.lup.edu/postpartum> and Depression after Delivery <www.depressionafterdelivery.com>.

SCORING

QUESTIONS 1, 2, & 4 (without an *)

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

QUESTIONS 3, 5-10 (marked with an *)

Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30
Possible Depression: 10 or greater
Always look at item 10 (suicidal thoughts)

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Instructions for using the Edinburgh Postnatal Depression Scale:

1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
2. All the items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

Edinburg postnatal depression screening tool

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

FOR OFFICE CODING 0 + + +
=Total Score:

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHQ-9 Screening Tool

Assessment and treatment options

Assessment of depression severity and treatment options

Highlights the signs and symptoms of depression and options for treatment as they relate to clinical assessments and/or EPDS score (Massachusetts Child Psychiatry Access Program for Moms, 2024).

Bipolar disorder screen

A Brief screen derived from the Composite International Diagnostic Interview-Based Bipolar Screening Scale to be used prior to starting treatment with an antidepressant (Massachusetts Child Psychiatry Access Program for Moms, 2024).

[COMPOSITE INTERNATIONAL DIAGNOSTIC INTERVIEW \(CIDI\)](#)



Provider treatment toolkit

Assessment and management of perinatal mood and anxiety disorders

- Depression screening algorithm for obstetric providers
- Edinburgh postnatal depression scale
- Assessment of depression severity and treatment options
- Bipolar screen
- Summary of emotional complications during pregnancy and the postpartum
- Key clinical considerations when assessing the mental health of pregnant and postpartum women
- Recommended steps before beginning antidepressants medication algorithm
- Antidepressant treatment algorithm

[AdultProviderToolkit_2019.pdf](#)

Screening in the pediatrician office for postpartum depression

Evidence show pediatricians see postpartum patients more often than their Obstetrician. The American Academy of Pediatrics recommends screening postpartum patients at 1, 2, 4 and 6 month well baby visits, with valid screening tool (Earls, 2019).

- [PHQ-9 screening tool](#)
- [Edinburgh screening tool](#)

Screening tools

- [PHQ-9](#)
- [Provider Toolkit with treatment algorithm](#)
- [Lifeline for Moms Perinatal Mental Health Toolkit](#)
- [Behavioral health screening tools | Wisconsin Department of Public Instruction](#)
- [Perinatal Mood and Anxiety Disorders \(PMAD\) | Orange County California - Health Care Agency](#)
- [Screening for anxiety recommendations | WPSI](#)
- [Scoring sheet for EPDS, MDQ, GAD-7, PC-PTSD-5](#)
- [Edinburgh screening tool](#)
- [AdultProviderToolkit 2019.pdf](#)

Referral for all patients with positive screens

- Each patient who screening positive with any screening tool should be referred to establish a care pathway that facilitates coordination and follow-up among multiple providers.
- Refer patients for psychotherapy, group therapy or other treatment and support options.
- Every facility will incorporate mental health multidisciplinary rounding to establish a non-judgment culture of safety to care for patients with a positive screen.

Creating a multidisciplinary work group

Establish a workgroup of inpatient and outpatient providers

- Group will meet regularly to identify and implement best practices on issues related to pregnancy and the postpartum period.
- Workgroup will coordinate the completion of the other structure measures.
- Create a process for resource mapping both regionally and statewide.

Establish perinatal mental health assessment and response protocol

Create a written assessment and response protocol for mental health conditions that is tiered based on illness severity and risk of harm

- Will report on a rate progress (1, not yet started-5 fully in place) toward putting and keeping the structure measure fully in place.

Patient resources

You're not alone

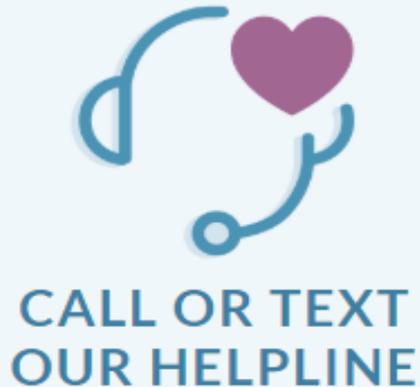
Pregnant or just had a baby? The National Maternal Mental Health Hotline is free, confidential, and here to help, 24/7.

1-833-TLC-MAMA



[National Maternal Mental Health Hotline | MCHB](#)

Patient resource – Postpartum Support International



1-800-944-4773 (4PPD) #1 En Español or #2 English

Text in English: 800-944-4773

Text en Español: 971-203-7773

The HelpLine will provide you with support and resources. You will be asked to leave a confidential message and a trained and caring volunteer will return your call or text.

Call the HelpLine

Helpline Form

Learn More

[Help for Perinatal Individuals | Postpartum Support International \(PSI\)](#)

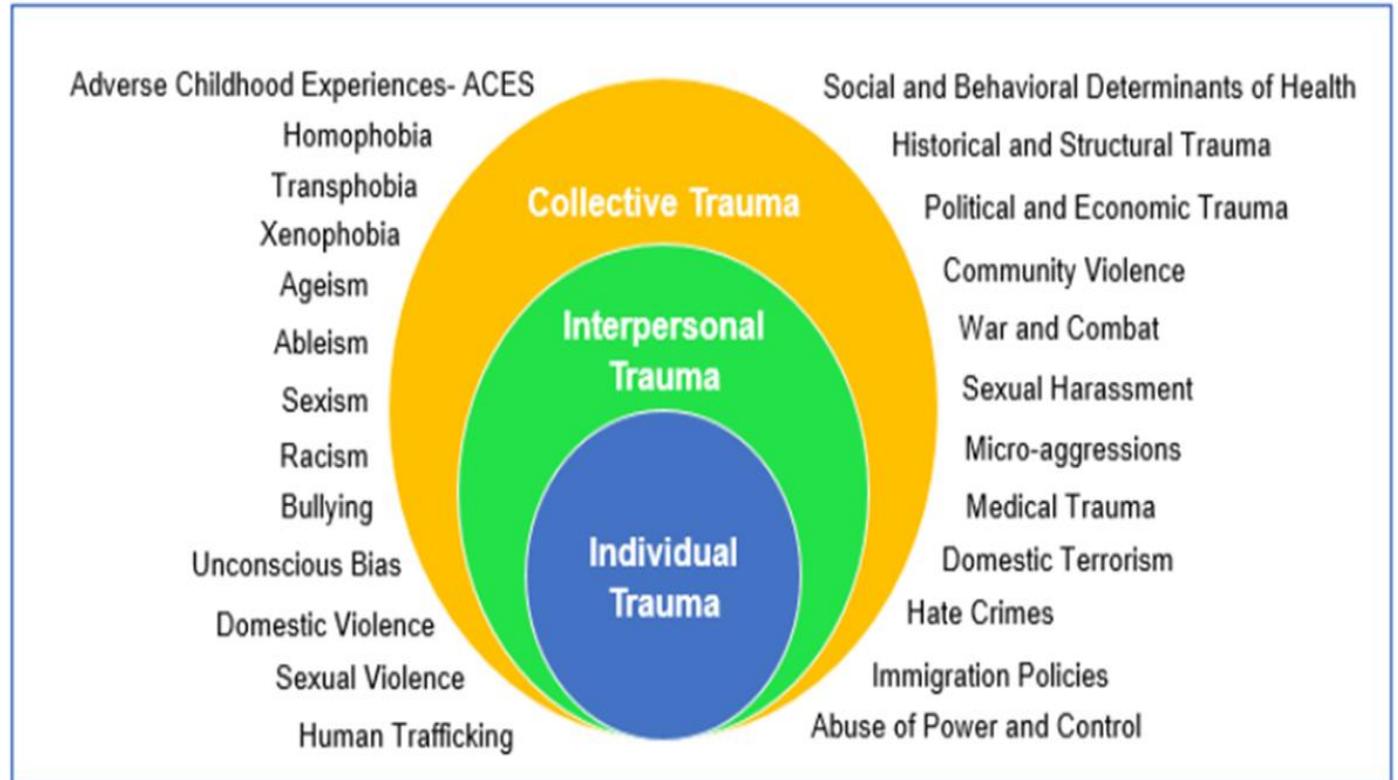
Trauma informed care

Trauma is a pervasive experience, especially in individuals with substance use disorder. Trauma-informed care should be applied universally in healthcare settings to create environments that promote recovery and safety and avoid inadvertent traumatization.

Understanding Trauma

“Trauma is defined as an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening, and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.”
SAMHSA 2014

Trauma can be experienced concurrently at the individual, interpersonal, and collective level.



Adapted with permission from © Lewis-O'Connor A et al 2019 Women's Health Volume 15:1-17

Change in thinking

Shifting the Paradigm
from

“What’s wrong with
you?”

“What happened to
you?” and “How is it
affecting you today?”

Implementing the Six Principles of Trauma-Informed Care in your Organization

Principle	Description	Sample Language
Safety	Throughout the organization, staff and the people they serve feel physically and psychologically safe.	<i>What can I do to help you feel safer or more comfortable today? (i.e., Keep clothes on until necessary, door open until procedure begins)</i>
Collaboration and Mutuality	Leveling power differences through partnership and sharing decision making Fostering meaningful relationships	<i>I would like to work in partnership with you today and during the course of your treatment. (i.e., collaborative treatment planning, patient views notes as you write, discussion of what goes into notes)</i>
Peer Support	Peer support and mutual self-help are key to building trust, establishing safety and empowerment.	<i>Would you like to connect with someone who has had a similar experience?</i>
Empowerment, Voice and Choice	Belief in the ability and resilience of patients and clients and amplifying their voice as a valuable member of their care team.	<i>I value your opinion and want to hear about your preferences and what has worked for you in the past.</i>
Cultural, Historic, and Gender Issues	Offers gender and culturally responsive services while recognizing historical trauma. Acknowledging and challenging biases	<i>What aspects of yourself - your identity, culture, and history are important for me to know? (i.e., race, ethnicity, gender, religion, roles, etc.)</i>
Trustworthiness and Transparency	Conducts interactions and decisions with the goal of building and maintaining trust. Acknowledging and validating boundaries	<i>Before we begin, is there anything that you would like to know about today's visit and/or procedure? We can pause, stop, or not talk about a topic.</i>

Source: MCPAP, 2024

Recognition

Early interventions

- Educational for patient regarding perinatal mental health.
- Education for family and support person regarding perinatal mental health.
- Assessments for depression and anxiety completed from 1st perinatal visit through one year postpartum at well-baby checks in pediatrician office
- Screening for social determinates of health.
- Protocols for responding to and assessing patient's assets, risk and experience.

Response

- **It is recommended that all obstetrician** – gynecologists and other obstetric care providers complete a full assessment of mood and emotional well-being (including screening for postpartum depression and anxiety with a validated instrument) during the comprehensive postpartum visit for each patient.
- If a patient **is screened for depression and anxiety during pregnancy**, additional screening should then occur during the comprehensive postpartum visit.
- Screening tools and algorithms for obstetric providers - includes depression, bipolar disorder and SUD. Also includes education for patients about how to find a primary care provider and how to talk to your HCP.
- Webpage containing mental health hotlines and other resources for patients and providers.

Reporting and system learning

Multidisciplinary rounds

- With multidisciplinary rounds, disciplines come together, informed by their clinical expertise, to coordinate patient care, determine care priorities, establish daily goals and plan for potential transfer or discharge.

Screening in all care setting

- Integrating care across a pediatric hospital setting and within pediatric offices.

AIM maternal mental health bundle goals

State surveillance measures (ADHS will provide):

- Percentage of pregnant/postpartum people with perinatal mental health conditions (PMHC) diagnosis during their birth admission.
- Severe maternal morbidity among people with PMHC.

AIM maternal mental health bundle goals

Outcome measures:

- Percent of pregnant and postpartum people with PMHC with documentation of having received or been referred to treatment prior to discharge from their birth hospitalization. Treatment may include pharmacotherapy and/or behavioral health therapy.

AIM maternal mental health bundle goals

Process measures:

- Provider and nursing education on respectful and equitable care in the last two years (already collecting).
- Provider and nursing education on perinatal mental health conditions in the last two years.
- Patients will receive patient education on perinatal mental health conditions and when to seek care during their birth admission.

AIM maternal mental health bundle goals

Structure measures:

- Departments will develop patient educational material on urgent postpartum warning signs (already collecting).
- Hospitals will establish a multidisciplinary workgroup of inpatient and outpatient providers that meets regularly to identify and implement best practices on issues related to pregnancy and the postpartum period that cross the continuum of care.
- Create a comprehensive list of community resources relevant to pregnant and postpartum people. This resource list will be available to all inpatient nursing units and outpatient OB sites.
- Hospitals will create a written assessment and response protocol for perinatal mental health conditions that is tiered based on illness severity and risk of harm.
- Hospital will share with all its affiliated prenatal care sites validated screening tools for diagnosis of PMHC.

AIM maternal mental health bundle goals

Optional measures:

- Report proportion of pregnancy-associated deaths due to suicide.
- Report proportion of pregnancy-associated deaths due to overdose.
- Percentage of birth admission patients that were screened prenatally and postnatally for depression, disaggregated by race and ethnicity.
- Percentage of birth admission patients that were screened prenatally and postnatally for anxiety, disaggregated by race and ethnicity.

Respectful, equitable & supportive care

“When women are treated in a way that is responsive to their needs, their preferences and values; when providers are compassionate and respectful and supportive, a woman feels engaged in their care,” she said. “They feel satisfied. They feel valued. They feel empowered, which promotes positive emotional health.”

AHRQ – Health Equity and Maternal Health

The screenshot shows the AHRQ PSNet website interface. At the top left is the AHRQ logo (Agency for Healthcare Research and Quality) and the PSNet logo (Patient Safety Network). A search bar is located in the top right, with a 'Login' button. Below the navigation bar, there are several menu items: 'The PSNet Collection', 'Patient Safety 101', 'Training and Education', 'Improvement Resources', and 'About PSN'. Under 'The PSNet Collection', there are sub-menu items: 'All Content', 'Classics', 'Perspectives', 'Current Weekly Issue', 'Past Weekly Issues', 'Curated Libraries', and 'Clinical Areas'. The breadcrumb trail reads: 'Home > The PSNet Collection > Perspectives'. The main article title is 'Health Equity and Maternal Health', dated 'October 6, 2021'. There are links for 'Also Read the Conversation >' and 'View more articles from the same authors.'. The article text begins with 'Redefining Maternal Safety' and discusses maternal safety during pregnancy, childbirth, and the postnatal period. On the right side, there is a 'Save' section with options: 'Save to your library', 'Print', and 'Download PDF'. Below that is a 'Share' section with options: 'Facebook', 'Twitter', and 'LinkedIn'.

Health Equity and Maternal Health | AHRQ



ACOG – respectful care

— eModule —

Respectful Care eModules

Overview

Significant racial health disparities have been proven to exist in birth outcomes year after year. The data prove that racial inequities in care are harmful to patients; but what can health care professionals do to help eliminate these disparities?

[Respectful Care eModules | ACOG](#)



AWHONN toolkit for respectful maternity care



Respectful Maternity Care Implementation Toolkit (RMC-IT)

[Respectful Maternity Care Implementation Toolkit – AWHONN](#)

Patient education material

What if the “happiest time of your life” doesn’t feel so happy?



It seems like everywhere you look, you see happy moms. But the truth is, pregnancy and childbirth can bring a mix of emotions, including feeling sad and feeling overwhelmed. Many women may experience these emotions, which may be signs of depression and anxiety, before and after birth.

Contact a health care provider if you experience:

-  Intense anger, worry, or unhappiness
-  Extreme mood swings
-  Difficulty caring for yourself or your baby
-  Less interest in things you used to enjoy

 Changes in your eating or sleeping habits

Reach out if you don't feel right.
To learn more, visit nichd.nih.gov/MaternalMentalHealth.
To find a mental health provider in your area, call 1-800-662-HELP (4357).



Moms' Mental Health Matters: Materials - NCMHEP | NICHD - Eunice Kennedy Shriver National Institute of Child Health and Human Development

Patient education

Talk About Depression and Anxiety During Pregnancy and After Birth Ways You Can Help

Pregnancy and a new baby can bring a mix of emotions—excitement and joy, but also sadness and feeling overwhelmed. When these feelings get in the way of your loved one taking care of herself or the baby—that could be a sign that she’s dealing with deeper feelings of depression or anxiety, feelings that many pregnant women and new moms experience.



LISTEN

Open the line of communication.

- ♦ “I know everyone is focused on the baby, but I want to hear about you.”
- ♦ “I notice you are having trouble sleeping, even when the baby sleeps. What’s on your mind?”
- ♦ “I know a new baby is stressful, but I’m worried about you. You don’t seem like yourself. Tell me how you are feeling.”
- ♦ “I really want to know how you’re feeling, and I will listen to you.”



OFFER SUPPORT

Let her know that she’s not alone and you are here to help.

- ♦ “Can I watch the baby while you get some rest or go see your friends?”
- ♦ “How can I help? I can take on more around the house like making meals, cleaning, or going grocery shopping.”
- ♦ “I am here for you no matter what. Let’s schedule some alone time together, just you and me.”



OFFER TO HELP

Ask her to let you help her reach out for assistance.

- ♦ “Let’s go online and see what kind of information we can find out about this.” Visit nichd.nih.gov/MaternalMentalHealth to learn more.
- ♦ “Would you like me to make an appointment so you can talk with someone?” Call her health care provider or the Substance Abuse and Mental Health Services Administration’s National Helpline at **1-800-662-HELP (4357)** for 24-hour free and confidential mental health information, treatment, and recovery services referral in English and Spanish.
- ♦ “I’m very concerned about you.” Call the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)** for free and confidential emotional support—they talk about more than suicide.

Moms' Mental Health Matters:
Materials - NCMHEP | NICHD -
Eunice Kennedy Shriver National
Institute of Child Health and
Human Development

Postpartum warning signs

**SAVE
YOUR
LIFE:**

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. **But any woman can have complications after the birth of a baby.** Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.



<p>Call 911 if you have:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Pain in chest <input type="checkbox"/> Obstructed breathing or shortness of breath <input type="checkbox"/> Seizures <input type="checkbox"/> Thoughts of hurting yourself or your baby
<p>Call your healthcare provider if you have:</p> <p><small>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</small></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger <input type="checkbox"/> Incision that is not healing <input type="checkbox"/> Red or swollen leg, that is painful or warm to touch <input type="checkbox"/> Temperature of 100.4°F or higher <input type="checkbox"/> Headache that does not get better, even after taking medicine, or bad headache with vision changes



Tell 911 or your healthcare provider:

"I had a baby on _____ and
(Date)

I am having _____."
(Specific warning signs)

Postpartum warning signs

URGENT MATERNAL WARNING SIGNS



If you have any of these symptoms during or after pregnancy, contact your health care provider and get help right away.

If you can't reach your provider, go to the emergency room. Remember to say that you're pregnant or have been pregnant within the last year.



Resources

- Alliance for Innovation on Maternal Health. (2024). Perinatal mental health conditions. *Alliance for Innovation on Maternal Health*. [R2_AIM_Bundle_PMHC-resources.pdf](#)
- Arizona Department of Health Services. (2020). Maternal mortality and severe maternal mortality in Arizona. *Arizona Department of Health Services*. [sb-1040-report-on-mmm-in-az.pdf](#)
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THANK YOU

2800 N. Central Ave., #1450 | Phoenix, AZ 85004