Lifeline4Moms Perinatal Mental Health Toolkit

Perinatal mental health challenges are some of the **most common conditions complicating pregnancy and the first postpartum year.** Despite the negative effects on maternal, obstetric, birth, offspring, partner, and family outcomes, perinatal mental health disorders often remain **underdiagnosed, and untreated or under-treated**.

Acknowledging perinatal mental health disorders as **preventable causes of maternal morbidity and mortality**, the Council on Patient Safety in Women's Health Care, convened by the American College of Obstetricians and Gynecologists (ACOG), has developed a maternal mental health patient safety bundle informing how obstetric providers should detect, assess, and treat these conditions (available at https://safehealthcareforeverywoman.org/).

ACOG recommends that **all women be screened at least once during the perinatal period for depression and anxiety symptoms using standardized, validated tools**. If women are screened in pregnancy, the recommendation is to also screen postpartum.

To facilitate screening, practices need to create welcoming and **non-stigmatizing environments** that display information about perinatal mental health, thus **educating and creating awareness** about this important issue for **every patient and their support person(s)**. Therapy is recommended as a first-line treatment for mild to moderate illness. ACOG recommends that obstetric providers be prepared to respond appropriately to a positive screen, which includes providing education about **therapy and making a referral, initiating medication treatment when indicated, and referring patients to other additional mental health resources**.

Implementation of the patient safety bundle, aided by this toolkit requires tailoring to specific practice environments. This toolkit provides suggestions for resources and referrals, many of which can be customized to your practice setting.

Prior to the initiation of screening, it is critical to **establish practice workflows and referral networks** so that all women who screen positive for perinatal mental health disorders have **timely access to assessment and both non-pharmacologic and pharmacologic treatment.**

This toolkit provides actionable information, algorithms, and clinical pearls so that obstetric providers and practices can successfully address perinatal mental health conditions.

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Lifeline4Moms

Screening, Assessment, and Treatment of Perinatal Mental Health Conditions

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Implementing Perinatal Mental Health Screening

1. Who should be screened for perinatal mental health conditions?

ALL perinatal women should be screened for mental health conditions. ACOG's Committee Opinions, #757, "*Screening for Perinatal Depression*[1]" recommends screening patients at least once during the perinatal period for depression and anxiety, and, if screening in pregnancy, it should be done again postpartum. Opinion #736, "*Optimizing Postpartum Care*,[2]" recommends a full assessment of physical, social, and psychological well-being within a comprehensive postpartum visit that occurs no later than 12 weeks after birth.

2. When should screening occur?

Wisner et al.[3] (2013) suggests that among women who screen positive for depression in the postpartum period, the onset of depression occurs before delivery for the majority of women. Wisner et al. found that depression onset occurred prior to pregnancy among 27% of women, during pregnancy for 33%, and in the postpartum period for the remaining 40%. Screening at the following times may capture mental health conditions with onset at each time point:

- At the **first obstetric visit** to identify onset before pregnancy
- At **24-28 weeks gestation** to identify onset during pregnancy
- At the **comprehensive postpartum visit** (4th trimester visit) to identify onset that occurs in late-pregnancy or early postpartum

Women with a history of depression or other mental health conditions, women who have previously taken psychiatric medications, or women who have screened positive in a pregnancy/postpartum episode often need more frequent monitoring. Re-administering screening tools can facilitate monitoring of symptoms and follow-up care with the goal of full symptom remission.

In addition, the American Academy of Pediatrics[4] recommends screening for depression at well-child visits in the first postpartum year. Thus, additional screening should occur in the pediatric environment. Obstetric providers should expect women to be referred to them for care, if a positive screen is identified in the pediatric setting.

3. What screening tools should be used?

There are many validated tools available. ACOG does not endorse specific screening instruments. This toolkit includes screening instruments that are:

a. validated or accepted for use in pregnancy and the postpartum period;
b. routinely used;
c. free;
d. easy to administer and score; and,
e. available in numerous languages.

This Toolkit includes several commonly used screening instruments to provide a comprehensive assessment of perinatal women's mental health.

To screen for **Depression**, the Toolkit includes the below, either of which can be used:

- **Edinburgh Postnatal Depression Screen (EPDS)**, 10 questions
  or
- **Patient Health Questionnaire-9 (PHQ-9)**, 9 questions

To screen for **Anxiety**, the Toolkit includes:

- **General Anxiety Disorder 7 Screen (GAD-7),** 7 questions

To screen for **Posttraumatic Stress Disorder (PTSD)**, the Toolkit includes:

- **PC-PTSD**, 4 questions
- To further screen for PTSD**,** the **PCL-C** is included in the appendix, 17 questions

To screen for **Bipolar Disorder**, the Toolkit includes:

- **Mood Disorder Questionnaire (MDQ)**, 14 questions
    - The MDQ needs to be done only once in the perinatal period as it queries lifetime experience as compared to the other screening tools which ask how a person has felt in the last 7 days to 1 month.
    - We recommend screening all women for bipolar disorder. Minimally it needs to be done prior to initiating an antidepressant[5] because 1 in 5 women who screen positive for depression may have bipolar disorder.[3]
    - **Treatment of bipolar disorder with an antidepressant alone is contraindicated and is associated with worsening of mood symptoms which can increase risk of mania, psychosis and suicide.** If a patient has bipolar disorder, treatment with a mood stabilizer is generally indicated.
    - In general, if bipolar disorder is suspected, consultation with or referral to psychiatry for further assessment is indicated.

4. Who hands out, scores, and responds to the screening tools?

Every office is different, and the workflow for addressing perinatal mood and anxiety disorders needs to be tailored to each practice environment.

Clinical support staff can often provide the screening tools to women at the time of 'check-in' or appointment registration, or upon rooming. Women should be given time to complete it thoughtfully. Time in the waiting room or in the exam room while awaiting the provider can be used. Many electronic health records can be customized with templates for these screening tools.

After a woman completes the screening tools, they should be scored by clinical staff and entered into the chart if not already done and included in an electronic medical record. Scoring is straightforward and can be done by any level of caregiver. It is imperative that they are scored before a woman leaves her appointment, so that a positive screen can be promptly addressed.

The responsible licensed independent provider should be made aware of positive screening score(s), if they themselves did not administer the screening tools or did not do the scoring.

Information regarding how to respond to a positive screen can found in the **Toolkit, pages 21-28.**

5. How do you talk about mental health conditions in a strength-based way?

Women are often reluctant to discuss mental health conditions for many reasons including stigma. As clinical support office staff are often the first to interact with women regarding screening for mental health, it is important that it is done with **an inclusive, strength-based approach** that emphasizes:

- They are common
- They are medical conditions, like diabetes, that need to be treated

- They are treatable
- That the practice screens ***every*** woman in pregnancy and the postpartum period
- The practice cares for the whole woman
- For more information, see ***How to Talk to your Patient About Their Mental Health*, page 8.**

The first administration of perinatal mental health screening tools should be accompanied by the provision of educational materials for the patient and family that outline relevant symptoms and resources (see the ***Action Plan for Mood Changes During Pregnancy and After Giving Birth and Self-Care Plan*, pages 29-30**). In addition, women, their families, and members of their support system should be encouraged to contact the practice if she or they are concerned about her mental health. Remind everyone that you are there to help and you want them to reach out to you or your colleagues at the practice.

When discussing treatment options, **provide a balanced perspective of treated versus untreated illness and associated risks and benefits.** Untreated illness has significant risk. Let women know that a healthy mother is critical to the health of the baby and it is important to prioritize a mother's health, including mental health. Because of this, you will be checking in with her and her mental health regularly throughout her obstetric care.

6. Where can I find educational materials for patients and families?

Women and their families, or other members of her support system should be proactively provided with education so that they are aware of signs and symptoms of perinatal mood and anxiety disorders. Having these conversations early in the pregnancy and again in the early postpartum period, can decrease stigma, normalize screening and detection, and encourage women to discuss any mental health concerns. An environment with ample displays of, and access to, mental health-related information can help to reduce this stigma, and empower women and their families to seek help, while letting women know that they are not alone.

Recommendations for education:

- Provide educational materials to all new prenatal patients and again to patients at their postpartum visit.
- Place posters, pamphlets, and other materials throughout your offices.

Educational resources for both patients and families can be found in the **Toolkit, page 41**.

1. ACOG Committee Opinion No. 757: Screening for Perinatal Depression. *Obstet Gynecol.* 2018;132(5):e208-e212.
2. ACOG Committee Opinion No. 736: Optimizing Postpartum Care. *Obstet Gynecol.* 2018;131(5):e140-e150.
3. Wisner KL, Sit DK, McShea MC, et al. Onset timing, thoughts of self-harm, and diagnoses in postpartum women with screen-positive depression findings. *JAMA Psychiatry.* 2013;70(5):490-498.
4. Earls MF, Yogman MW, Mattson G, Rafferty J, Committee On Psychosocial Aspects Of C, Family H. Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice. *Pediatrics.* 2019;143(1).
5. Kendig S, Keats JP, Hoffman MC, et al. Consensus Bundle on Maternal Mental Health: Perinatal Depression and Anxiety. *Obstet Gynecol.* 2017;129(3):422-430.

Ask open-ended questions

- "How are you managing to free yourself up to attend therapy appointments?"
- "I'm curious, what seems to be getting in the way of [xyz]?"

Use reflective listening

- "You're really not sure if your new therapist can be helpful."

Reinforce action, changes, and strengths

- "With all the obstacles that you've described, it's impressive that you've been able to make your therapy appointments. This really speaks to your commitment to yourself and to being the best mom you can."
- "It was difficult, and you still you were able to make it to your visit today. That didn't just magically happen, you had to take specific, concrete action to get to where you are right now."

Normalize concerns

- "It is common to feel concerned about how getting help for depression will affect your life."
- "Based on everything you're going through, it would be odd for you *not* to feel overwhelmed."

Summarize the conversation

- "So, based on what you've described, it sounds like you're concerned about your depression because it affects your relationship with your baby and your partner. You also said that you have to put in a lot of effort to attend therapy appointments and it costs money to get there, which makes you doubt the process. Do I have that right?"

Ask permission before providing advice/feedback and follow-up

- "Would it be ok if we talk about your depression?"
- "I have some thoughts about strategies to address this, would you be interested in hearing them?"
- "What's it like for you hearing this feedback?"
- "What questions do you have for me?"

Avoid saying "I understand"

- Say instead, "I can't imagine what you're going through" or "that must be very difficult." Sometimes patients are looking for simple validation, rather than a solution.

Avoid using the word "but" because it negates what came before it

- Avoid saying something like, "You're working really hard, but you still feel overwhelmed." Instead, use the word "and" to acknowledge both truths: "You're working really hard, and it's important to keep focusing on your mental health and self-care. You've already made progress by being here."

Avoid talking about yourself and your personal challenges or situations

- No matter how well-intentioned or seemingly appropriate, patients often perceive this as you not hearing them.

Lifeline4Moms

Screening for mood changes during pregnancy and after giving birth

- Mood changes are very common during pregnancy or after giving birth. They can affect you and your baby's health.
- 1 in 5 women have depression, anxiety or frightening thoughts during this time.
- If you are having mood changes, getting help is the best thing you can do for you and your baby. You are not alone. We can help.
- Mood changes are common. Because it is important to your health, we are going to be asking about them.
- Please complete the following questionnaires. Your answers will help us figure out how to help you.
- Moods can change at any time during pregnancy and after giving birth. Because of this we will ask you to answer some of these questions again, at future visits.

Turn to next page

For Staff use only: Initial mid postpartum

Name _____ Date ___/___/_____

A Please circle one of the four answers that comes closest to how you have felt **in the past 7 days**, not just how you feel today.

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
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
I have blamed myself unnecessarily when things when 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 good reason	Yes, quite a lot	Yes, sometimes	No, not much	No, not at all
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
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
I have felt sad or miserable	Yes, most of the time	Yes, quite often	Not very often	No, not at all
I have been so unhappy that I have been crying	Yes, most of the time	Yes, quite often	Only occasionally	No, never
The thought of harming myself has occurred to me	Yes, quite often	Sometimes	Hardly ever	Never

Keep going…. Circle the letter that indicates:
Has there ever been a period of time **in your life** when you were **not your usual self** and…

	NO	YES
…you felt so good or so hyper that other people thought you were not your normal self, or you were so hyper that you got into trouble?	N	Y
…you were so irritable that you shouted at people or started fights or arguments?	N	Y
…you felt much more self-confident than usual?	N	Y
…you got much less sleep than usual and found you didn't really miss it?	N	Y
…you were much more talkative or spoke much faster than usual?	N	Y
…thoughts raced through your head or you couldn't slow your mind down?	N	Y
…you were so easily distracted by things around you that you had trouble concentrating or staying on track?	N	Y
…you had much more energy than usual?	N	Y
…you were much more active or did many more things than usual?	N	Y
…you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	N	Y
…you were much more interested in sex than usual?	N	Y
…you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	N	Y
…spending money got you or your family into trouble?	N	Y
Circle the letter that indicates your answer the following two questions:		
If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	N	Y
Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	N	Y

*Please continue to section **B** (next page)*

B Circle one of the four answers that indicates:
Over the **past 2 weeks**, how often have you been bothered by any of the following problems?

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

Please continue to section **C**

C Circle the letter that indicates: In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, **in the past month**, you:

	NO	**YES**
Have had nightmares about it or thought about it when you did not want to?	N	Y
Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	N	Y
Were constantly on guard, watchful, or easily startled?	N	Y
Felt numb or detached from others, activities, or your surroundings?	N	Y

Done! Thank you for completing this questionnaire!

Lifeline4Moms

Screening for mood changes during pregnancy and after giving birth

- Mood changes are very common during pregnancy or after giving birth. They can affect you and your baby's health.
- 1 in 5 women have depression, anxiety or frightening thoughts during this time.
- If you are having mood changes, getting help is the best thing you can do for you and your baby. You are not alone. We can help.
- Mood changes are common. Because it is important to your health, we are going to be asking about them.
- Please complete the following questionnaires. Your answers will help us figure out how to help you.
- Moods can change at any time during pregnancy and after giving birth. Because of this we will ask you to answer some of these questions again, at future visits.

Turn to next page

For Staff use only: Initial mid postpartum

Name _____ Date ___/___/_____

A Please one of the four answers that most closely indicates:
Over the last 2 weeks, how often have you been bothered by any of the following:

Little interest or pleasure in doing things?	Not at all	Several Days	More than half the days	Nearly every day
Feeling down, depressed or hopeless?	Not at all	Several Days	More than half the days	Nearly every day
Trouble falling or staying asleep, or sleeping too much?	Not at all	Several Days	More than half the days	Nearly every day
Feeling tired or having little energy?	Not at all	Several Days	More than half the days	Nearly every day
Poor appetite or overeating?	Not at all	Several Days	More than half the days	Nearly every day
Feeling bad about yourself-or that you are a failure or have let yourself or your family down?	Not at all	Several Days	More than half the days	Nearly every day
Trouble concentrating on things, such as reading the newspaper or watching television?	Not at all	Several Days	More than half the days	Nearly every day
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	Not at all	Several Days	More than half the days	Nearly every day
Thoughts that you would be better off dead, or of hurting yourself?	Not at all	Several Days	More than half the days	Nearly every day

Keep going…. Circle the letter that indicates:
Has there ever been a period of time **in your life** when you were **not your usual self** and…

	NO	YES
…you felt so good or so hyper that other people thought you were not your normal self, or you were so hyper that you got into trouble?	N	Y
…you were so irritable that you shouted at people or started fights or arguments?	N	Y
…you felt much more self-confident than usual?	N	Y
…you got much less sleep than usual and found you didn't really miss it?	N	Y
…you were much more talkative or spoke much faster than usual?	N	Y
…thoughts raced through your head or you couldn't slow your mind down?	N	Y
…you were so easily distracted by things around you that you had trouble concentrating or staying on track?	N	Y
…you had much more energy than usual?	N	Y
…you were much more active or did many more things than usual?	N	Y
…you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	N	Y
…you were much more interested in sex than usual?	N	Y
…you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	N	Y
…spending money got you or your family into trouble?	N	Y
Circle the letter that indicates your answer the following two questions:		
If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	N	Y
Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	N	Y

*Please continue to section **B** (next page)*

B Circle one of the four answers that indicates:
Over the **past 2 weeks**, how often have you been bothered by any of the following problems?

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

Please continue to section **C**

C Circle the letter that indicates: In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, **in the past month**, you:

	NO	YES
Have had nightmares about it or thought about it when you did not want to?	N	Y
Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	N	Y
Were constantly on guard, watchful, or easily startled?	N	Y
Felt numb or detached from others, activities, or your surroundings?	N	Y

Done! Thank you for completing this questionnaire!

Scoring of Screening Tools for Emotional Changes

A Depression (EPDS)

Please circle one of the four answers that comes closest to how you have felt **in the past 7 days**, not just how you feel today.

I have been able to laugh and see the funny side of things* →	0 As much as I always	1 Not quite so	2 Definitely not so	3 Not at all	
I have looked forward with enjoyment to things*	0 As much as I ever ..	1 Rather less	2 Definitely less ..	3 Hardly at all	
I have blamed myself unnecessarily when things when wrong	3 Yes, most of the ...	2 Yes, some of	1 Not very often	0 No never	
I have been anxious or worried for no good reason*	0 No, not at all	1 Hardly ever	2 Yes, sometimes	3 Yes, very ...	
I have felt scared or panicky for no good reason	3 Yes, quite a lot	2 Yes, ...	1 No, not much	0 No, not at all	_____ Grand total
Things have been getting on top of me	3 Yes, most of the time I haven't been	2 Yes, sometimes	1 No most of the time I have coped	0 No, I have been coping as	
I have been so unhappy that I have had difficulty sleeping	3 Yes, most of the ..	2 Yes, ...	1 Not very often	0 No, not at all	
I have felt sad or miserable	3 Yes, most of the. ...	2 Yes, quite ...	1 Not very often	0 No, not at all	
I have been so unhappy that I have been crying	3 Yes, most of the ..	2 Yes, quite ...	1 Only occasionally	0 No, never	
The thought of harming myself has occurred to me	3 Yes, quite often	2 Sometimes	1 Hardly ever	0 Never	
Column totals	_____	_____	_____	_____	

Scoring: Sum the columns and then sum the column totals. A **score ≥ 10 and/or a non-zero response on the last question** (self-harm question in red) is a positive screen. Use page 21, "Depression" section for treatment options.

Bipolar disorder (MDQ)

Keep going…. Circle the letter that indicates: Has there **ever been a period of time in your life** when you were not your usual self and…

	NO	YES
…you felt so good or so hyper that other people thought you were not your normal self, or you were so hyper that you got into trouble?	N	N
…you were so irritable that you shouted at people or started fights or arguments?	N	Y
…you felt much more self-confident than usual?	N	Y
…you got much less sleep than usual and found you didn't really miss it?	N	Y
…you were much more talkative or spoke much faster than usual?	N	Y
…thoughts raced through your head or you couldn't slow your mind down?	N	Y
…you were so easily distracted by things around you that you had trouble concentrating or staying on track?	N	Y
…you had much more energy than usual?	N	Y
…you were much more active or did many more things than usual?	N	Y
…you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	N	Y
…you were much more interested in sex than usual?	N	Y
…you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	N	Y
…spending money got you or your family into trouble?	N	Y
Please place a check mark in the NO or YES column to answer the following two questions:		
If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	N	Y
Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	N	Y

Scoring: Total the number of Y responses above the grey bar containing the text beginning with "Please place a …" A **score ≥ 7** is a positive screen. Use page 21, "Bipolar disorder" section and pages 27 and 28, Bipolar Disorder Treatment and Management, for treatment options.

Please continue to section B (next page)

EPDS: Cox JL, et al. Detection of Postnatal Depression: Development of the 10-item Edinburgh Postnatal Depression Scale. Br J Psychiatry. 1987;150: 782–6.
MDQ: Hirschfeld, R., et al. Development and Validation of a Screening Instrument for Bipolar Spectrum Disorder: The Mood Disorder Questionnaire. Am J Psychiatry 2000; 157: 1873-1875

Scoring of Screening Tools for Emotional Changes

B Anxiety (GAD-7)	Circle one of the four answers that indicates: Over the **past 2 weeks**, how often have you been bothered by any of the following problems?				
Feeling nervous, anxious or on edge	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Not being able to stop or control worrying	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Worrying too much about different things	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Trouble relaxing	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Being so restless that it is hard to sit still	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	____ Grand total
Becoming easily annoyed or irritable	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Feeling afraid, as if something awful might happen	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Column Totals	____	____	____	____	
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	

Scoring: Sum the ratings for the 7 items. A **score ≥ 5** is a positive screen. Use page 21, "Anxiety" section for treatment options.

C Posttraumatic Stress Disorder (PC-PTSD)	In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, **in the past month**, you:	
Have had nightmares about it or thought about it when you did not want to?	No	Yes
Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	No	Yes
Were constantly on guard, watchful, or easily startled?	No	Yes
Felt numb or detached from others, activities, or your surroundings?	No	Yes
Number of Yes responses	____	

Scoring: Sum the number of "yes" responses. A **score ≥3** indicates a positive screen for PTSD. Use page 21, "PTSD" section to consider treatment options. Consider administering the PCL-C in the Supplemental Materials.

Done! Thank you for completing this questionnaire!

GAD-2 and GAD-7: Spitzer, RL, et al. A Brief Measure for Assessing Generalized Anxiety Disorder. Arch Int Med. 2006; 166(10):1092-1097
PC-PTSD: Prins, A, et al. The Primary Care PTSD Screen (PC-PTSD): Development and Operating Characteristics. Primary Care Psychiatry. 2004; 9(1):9-14

Scoring of Screening Tools for Emotional Changes

A Depression (PHQ-9)

Please circle one of the four answers that most closely indicates:
Over the last 2 weeks, how often have you been bothered by any of the following:

Little interest or pleasure in doing things?	0 Not At all 1 Several Days 2 More than half the days 3 Nearly every day	
Feeling down, depressed or hopeless?	0 Not At all 1 Several Days 2 More than half the days 3 Nearly every day	
Trouble falling or staying asleep, or sleeping too much?	0 Not At all 1 Several Days 2 More than half the days 3 Nearly every day	
Feeling tired or having little energy?	0 Not At all 1 Several Days 2 More than half the days 3 Nearly every day	
Poor appetite or overeating?	0 Not At all 1 Several Days 2 More than half the days 3 Nearly every day	
Feeling bad about yourself-or that you are a failure or have let yourself or your family down?	0 Not At all 1 Several Days 2 More than half the days 3 Nearly every day	_____ Grand total
Trouble concentrating on things, such as reading the newspaper or watching television?	0 Not At all 1 Several Days 2 More than half the days 3 Nearly every day	
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 Not At all 1 Several Days 2 More than half the days 3 Nearly every day	
Thoughts that you would be better off dead, or of hurting yourself?	0 Not At all 1 Several Days 2 More than half the days 3 Nearly every day	
Column totals	_____ _____ _____ _____	

Scoring: Sum the columns and then sum the column totals. A score ≥10 and/or a non-zero response on the last question (self-harm question in red) is a positive screen. Use page 21, "Depression" section for treatment options.

Bipolar disorder (MDQ)

Keep going…. Circle the letter that indicates: Has there **ever been a period of time in your life** when you were not your usual self and…

	NO	YES
…you felt so good or so hyper that other people thought you were not your normal self, or you were so hyper that you got into trouble?	N	N
…you were so irritable that you shouted at people or started fights or arguments?	N	Y
…you felt much more self-confident than usual?	N	Y
…you got much less sleep than usual and found you didn't really miss it?	N	Y
…you were much more talkative or spoke much faster than usual?	N	Y
…thoughts raced through your head or you couldn't slow your mind down?	N	Y
…you were so easily distracted by things around you that you had trouble concentrating or staying on track?	N	Y
…you had much more energy than usual?	N	Y
…you were much more active or did many more things than usual?	N	Y
…you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	N	Y
…you were much more interested in sex than usual?	N	Y
…you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	N	Y
…spending money got you or your family into trouble?	N	Y
Please place a check mark in the NO or YES column to answer the following two questions:		
If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	N	Y
Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	N	Y

Scoring: Total the number of Y responses above the grey bar containing the text beginning with "Please place a …" A **score ≥ 7** is a positive screen. Use page 21, "Bipolar disorder" section and pages 27 and 28, Bipolar Disorder Treatment and Management, for treatment options.

Please continue to section B (next page)

PHQ9: Gilbody, S., et al. Screening for Depression in Medical Settings with the Patient Health Questionnaire (PHQ) A Diagnostic Meta-Analysis. Gen Intern Med 22(11):1596–602.
MDQ: Hirschfeld, R., et al. Development and Validation of a Screening Instrument for Bipolar Spectrum Disorder: The Mood Disorder Questionnaire. Am J Psychiatry 2000; 157: 1873-1875

Scoring of Screening Tools for Emotional Changes

B Anxiety (GAD-7)	Circle o that indicates: Over the **past 2 weeks**, how often have you been bothered by any of the following problems?				
Feeling nervous, anxious or on edge	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Not being able to stop or control worrying	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Worrying too much about different things	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Trouble relaxing	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Being so restless that it is hard to sit still	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	____ Grand total
Becoming easily annoyed or irritable	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Feeling afraid, as if something awful might happen	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Column Totals	____	____	____	____	
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	

Scoring: Sum the ratings for the 7 items. A **score ≥ 5** is a positive screen. Use page 21, "Anxiety" section for treatment options.

C Posttraumatic Stress Disorder (PC-PTSD)	In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, **in the past month**, you:	
Have had nightmares about it or thought about it when you did not want to?	No	Yes
Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	No	Yes
Were constantly on guard, watchful, or easily startled?	No	Yes
Felt numb or detached from others, activities, or your surroundings?	No	Yes
Number of Yes responses	____	

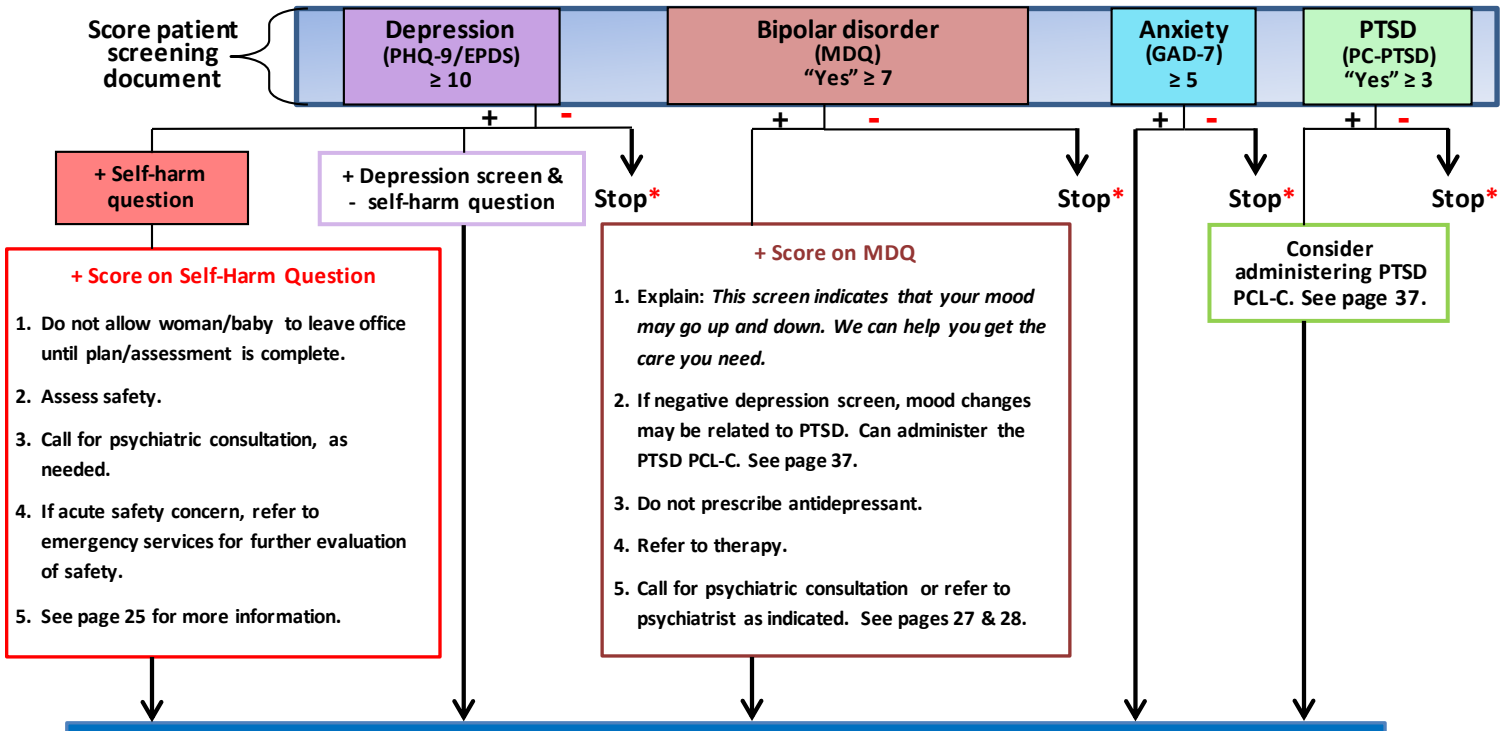
Scoring: Sum the number of "yes" responses. A **score ≥3** indicates a positive screen for PTSD. Use page 21, "PTSD" section to consider treatment options. Consider administering the PCL-C in the Supplemental Materials.

Done! Thank you for completing this questionnaire!

GAD-2 and GAD-7: Spitzer, RL, et al. A Brief Measure for Assessing Generalized Anxiety Disorder. Arch Int Med. 2006; 166(10):1092-1097
PC-PTSD: Prins, A, et al. The Primary Care PTSD Screen (PC-PTSD): Development and Operating Characteristics. Primary Care Psychiatry. 2004; 9(1):9-14

Lifeline4Moms

Assessing Perinatal Mental Health



To assess for presence and severity of perinatal mental illness, ask about:

- Recent stressors
- Symptom frequency
- Symptom duration
- How symptoms impact daily functioning
- Current treatment (meds/therapy)
- Feelings of hopelessness, helplessness
- Current suicidal ideation, plan, intent
- Family history
- Prior symptoms
- Previous suicide attempt(s)
- Past psychiatric treatment (meds/therapy)
- Previous psychiatric hospitalization(s)
- See pages 33-35 for more on perinatal mental health conditions

Determine Illness Severity

MILD

Depression screener score 10-14

GAD-7 score 5-9

PC-PTSD answered "Yes" < 3 times

No suicidal ideation

Not feeling hopeless, helpless, worthless

No previous psychiatric hospitalization

No or minimal difficulty caring for self or baby

MODERATE

Depression screener score 15-19

GAD-7 score 10-14

PC-PTSD answered "Yes" ≥ 3 times

Suicidal ideation present

Sometimes feels hopeless, helpless, worthless

Previous psychiatric hospitalization

Some difficulty caring for self or baby

SEVERE

Depression screener score >19

GAD-7 score ≥15

PC-PTSD answered "Yes" ≥ 3 times

Suicidal ideation, intent and/or plan

Previous suicide attempt(s)

Often feels hopeless, helpless, worthless

History of multiple psychiatric hospitalization(s)

Often feels unable to care for self or baby

May experience hallucinations, delusions or other psychotic symptoms (e.g., major depression with psychotic features or bipolar disorder with psychotic features)

History of multiple medication trials

For mild, moderate, and severe illness:

- Start treatment, see page 22.
- Check for underlying medical condition - order TSH, B12, folate, Hgb, Hct
- Assess for substance use or medications which can cause or worsen mood/anxiety disorders

*If all screens are negative, tell her they were negative and say, *"if something changes, please let us know. We are here."*

Continue to other side

EPDS – Edinburgh Postnatal Depression Scale; GAD – Generalized Anxiety Disorder; MDQ – Mood Disorder Questionnaire; PHQ – Patient Health Questionnaire; PTSD – Posttraumatic Stress Disorder; PC-PTSD – Primary Care Post Traumatic Stress Disorder; PCL-C – PTSD CheckList-Civilian

Starting Treatment for Perinatal Mental Health Conditions

Consider treatment options based on highest level of illness severity

If severity of symptoms overlap, clinical decisions should be based on the assessment, with strong consideration of higher level treatment options.

MILD

Therapy referral

Consider medication treatment

MODERATE

Therapy referral

Strongly consider medication treatment

If depression onset occurs in late pregnancy or 1-3 months postpartum, consider postpartum brexanolone (IV allopregnanolone infusion over 60 hours in an inpatient setting). See page 23.

SEVERE

Therapy referral

Medication treatment

If depression onset occurs in late pregnancy or 1-3 months postpartum, consider postpartum brexanolone (IV allopregnanolone infusion over 60 hours in an inpatient setting). See page 23.

Call for psychiatric consultation/referral

- Direct patients to call their health insurance company or Postpartum Support International (PSI) at 1-800-944-4773 for resources, or direct patients to search online at https://directorypsichapters.com
- Call Postpartum Support International (PSI) at 1-800-944-4773 ext. 4 for psychiatric consultation
- Call a Perinatal Psychiatry Access Program, if one is available in your state

Therapy and support options

- All women who screen positive, regardless of illness severity, should be referred to therapy or be advised to continue therapy
- Always discuss and encourage prevention and support options (e.g., peer and social supports and groups, sleep hygiene, self-care, and exercise). See page 30.

How to educate patients about treatment with antidepressants

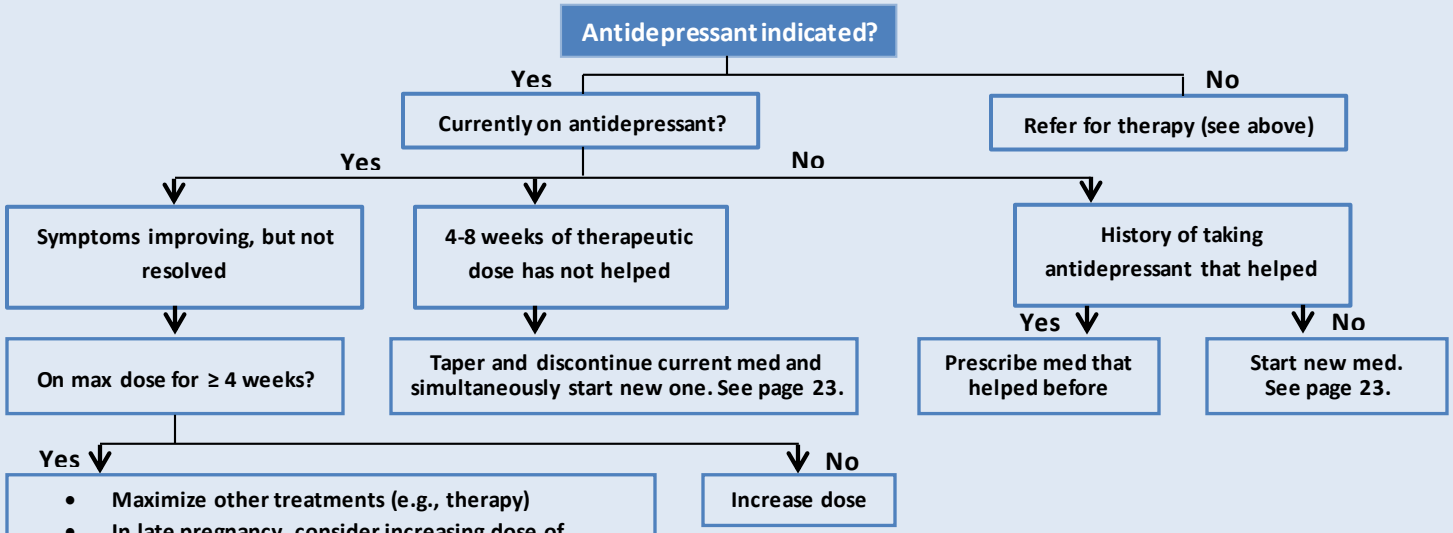
Antidepressant use during pregnancy:

- Does not appear to be linked with birth complications
- Has been linked with small but inconsistent risk of birth defects when taken in the first trimester, particularly paroxetine
- Has been linked with transient (days to weeks) neonatal symptoms (tachypnea, irritability, insomnia)
- Has inconsistent, overall reassuring, evidence regarding long-term (months to years) neurobehavioral effects on children

Under-treatment or no treatment of perinatal mental health conditions:

- Has been linked with birth complications
- Can increase the risk or severity of postpartum depression
- Can make it harder for moms to take care of themselves and their babies
- Can make it harder for moms to bond with their babies
- Can increase risk of mental illness among offspring
- Has been linked with possible long-term neurobehavioral effects on children

Medication treatment (when indicated)



Continue to page 23 →

Starting Treatment for Perinatal Mental Health Conditions

Pharmacological Treatment Options for Depression, Anxiety, and PTSD

- Choose antidepressant that has worked before. If antidepressant naïve, choose antidepressant based on table below with patient preference in consideration. Antidepressants are similar in efficacy and side effect profile.
- In late pregnancy, you may need to increase the dose above usual therapeutic range (e.g., sertraline [Zoloft] 250mg rather than 50-200mg).
- If a patient presents with pre-existing mood and/or anxiety disorder and is doing well on an antidepressant, do not switch it during pregnancy or lactation. If patient not doing well, see page 24.
- Evidence does not support tapering antidepressants in the third trimester.
- Minimize exposure to both illness and medication.
  - Untreated/inadequately treated illness is an exposure
  - Use lowest effective doses
  - Minimize switching of medications
  - Monotherapy preferred, when possible

See page 22 for how to educate patients about treatment with antidepressants

First-line Treatment Options for Mild, Moderate, or Severe Depression, Anxiety, and PTSD

Medication	sertraline* (Zoloft)	fluoxetine (Prozac)	citalopram** (Celexa)	escitalopram** (Lexapro)
Starting dose	25 mg	10 mg	10 mg	5 mg
How to ↑	↑ to 50 mg after 4 days, ↑ to 100 mg after 7 days, then reassess monthly and ↑ by 50 mg until symptoms remit	↑ to 20 mg after 4 days, then reassess monthly and ↑ by 10 mg until symptoms remit	↑ to 20 mg after 4 days, then reassess monthly and ↑ by 10 mg until symptoms remit	↑ to 10 mg after 4 days, then reassess monthly and↑ by 10 mg up to 20 mg until symptoms remit
Therapeutic range***	50-200 mg	20-60 mg	20-40 mg	10-20 mg

*Lowest degree of passage into breast milk compared to other first-line antidepressants
**Side effects include QTC prolongation (see below)
***May need higher dose in 3rd trimester

In general, if an antidepressant has helped during pregnancy it is best to continue it during lactation.
Prescribe a maximum of two (2) antidepressants at the same time.

Medication	duloxetine (Cymbalta)	venlafaxine (Effexor XR)	fluvoxamine (Luvox)	paroxetine (Paxil)	mirtazapine (Remeron)	buproprion HCL (Wellbutrin XL)
Starting dose	20 mg	37.5 mg	25 mg	10 mg	7.5 mg	75 mg
How to ↑	↑ to 30 mg after 4 days, then reassess monthly and ↑ by 30 mg until symptoms remit	↑ to 75 mg after 4 days, then reassess monthly and ↑ by 75 mg until symptoms remit	↑ to 50 mg after 4 days, then ↑ to 100 mg after 7 days, then reassess monthly and ↑ by 50 mg until symptoms remit	↑ to 20 mg after 4 days, then reassess monthly and↑ by 10 mg until symptoms remit	↑ to 15 mg after 4 days, then reassess monthly and↑ by 15 mg until symptoms remit	↑ to 150 mg after 4 days, then reassess monthly and↑ by 75 mg until symptoms remit
Therapeutic range ***	30-120 mg	75-300 mg	50-200 mg	20-60 mg	15-45 mg	300-450 mg

General side effects oral antidepressants	Temporary (days to weeks)	Long-term (weeks to months)
	Nausea (most common)	Increased appetite/weight gain
	Constipation/diarrhea	Sexual side effects
	Lightheadedness	Vivid dreams/insomnia
	Headaches	**QTC prolongation (citalopram & escitalopram)

- Tell women to take medication with food and only increase dose if tolerating; otherwise wait until side effects dissipate before increasing.
- Start medication in morning; if patient finds it sedating recommend that she takes it at bedtime

Treatment for Moderate/Severe Depression with Onset in Late Pregnancy or Within 3 Months Postpartum – brexanolone (Zulresso)

- IV allopregnanolone infusion over 60 hours
- Needs to take place in an in-patient setting
- Can call PSI 1-800-944-4773 ext. 4 or direct patients to call PSI 1-800-944-4773 for more information

More information can be found at Reprotox and LactMed on all pharmacological treatments

Follow-Up Treatment of Perinatal Mental Health Conditions

Once patient is determined to have a mental health condition, repeat screen in 4 weeks and re-evaluate treatment plan via clinical assessment

If no/minimal clinical improvement after 4 weeks

- If patient has no or minimal side effects, increase antidepressant medication dose until full symptom remission (e.g., EPDS/PHQ-9 < 10, GAD-7 <5, PC-PTSD <3)
- If patient has intolerable or serious side effects, taper medication to discontinue, and simultaneously start new antidepressant
- Maximize other treatments (e.g., therapy, lifestyle changes, support groups)
- If late in pregnancy, given physiological changes in pregnancy, may need to increase the dose of antidepressant above usual therapeutic range (e.g., sertraline [Zoloft] 250 mg per day rather than 50-200 mg)
- Consider adding additional medication. See page 23.
- Repeat screens every 4 weeks and re-evaluate treatment via clinical assessment until remission, or, if you are not continuing to manage the patient, provide a hand-off to the primary care physician

If clinical improvement and no/minimal side effects

If clinical improvement and no/minimal side effects

- Re-evaluate every month in pregnancy and postpartum and adjust med accordingly. See page 23
- Encourage patient to stay on medication and continue therapy
- If you are not continuing to manage the patient, provide a hand-off to primary care physician

If you are not continuing to manage the patient postpartum:

- Contact PCP and provide handoff
- Ask patient to make appointment with PCP
- Send summary to PCP
- See patient again to make sure she is in treatment with PCP

Once patient experiences remission of symptoms (e.g., 2 sequential EPDS/PHQ-9 scores <10, GAD-7 <5, PC-PTSD <3)

Can consider tapering antidepressant when patient has been in remission for ≥ 6 months for depression and ≥ 12 months for anxiety

Taper medication slowly to minimize risk of relapse and discontinuation syndrome

- Shorter acting medications (e.g., paroxetine [Paxil], venlafaxine [Effexor]) have higher chance of discontinuation syndrome and thus need to be tapered slowly
- Establish postpartum birth control plan to help women make informed decision regarding family planning

Adjunctive Support Options

Talk to your patient about adjunctive support options such as:

- Self-care
- Sleep hygiene
- Mindfulness
- Exercise
- Books and workbooks (e.g., *The Pregnancy and Postpartum Anxiety Workbook* by Pamela S. Wiegartz and Kevin Gyoerkoe)
- See Self-Care Plan (page 30)

Social and Structural Determinants of Health

Ask about/consider social and structural factors that can be a barrier to engagement in care:

- Access to stable housing
- Access to food/safe drinking water
- Utility needs
- Safety in home and community
- Immigration status
- Employment conditions
- Transportation
- Childcare

Refer to social services as indicated

Lifeline4Moms

Assessing Risk of Suicide

Reports thoughts of self-harm and/or +self-harm question on the EPDS/PHQ-9 (any response other than "never")

Ask about thoughts of self-harm or wanting to die

Thoughts of death or of self-harm are common among women with perinatal mental health conditions. The following wording can help to get information about these thoughts.

Introduce assessment to patient

"Many people have intrusive or scary thoughts. When people are sad or down they often have thoughts about death or wanting to die. These thoughts can feel awful. They can sometimes feel reassuring or like an escape from a hard life or something else that feels too hard to bear. We are here to help you. We ask about these thoughts because they are so common."

To build up to assessing suicide risk, ask:

1. *"Have you been feeling sad or down in the dumps?"*
2. *"Is it difficult to shake those sad feelings?"*
3. *"Do you sometimes wish you weren't here, didn't exist?"*
4. *"Have you thought about ways to make that happen?"*

To assess risk of suicide, ask:

1. *"In the past two weeks, how often have you thought of death or wanting to die?"*
2. *"Have you thought about ways in which you could harm yourself or attempt suicide?*
3. *"Have you ever attempted to hurt yourself or attempted suicide in the past?"*
4. *"What prevents you from acting on thoughts of death or wanting to die?"*

Assess Risk

Assessment

LOW RISK	MODERATE RISK	HIGH RISK
Fleeting thoughts of death or wanting to die	Regular thoughts of death or wanting to die	Persistent thoughts of death/that life is not worth living
No current intent*	Has thoughts of possible plans yet plans are not well-formulated or persistent	Current intent*
No current plan**	History of suicide attempt	Current well-formulated plan**
No history of suicide attempt	Persistent sadness and tension, loss of interest, persistent guilt, difficulty concentrating, no appetite, decreased sleep	Hx of multiple suicide attempts, high lethality of prior attempt(s)
Future-oriented (discusses plans for the future)	Sometimes feels hopeless/helpless	Hx of multiple or recent psychiatric hospitalizations
Protective factors (e.g., social support, religious prohibition, other children, stable housing)	Somewhat future oriented	Continuous sadness, unrelenting dread, guilt, or remorse; not eating, < 2-3 hours of sleep/night, unable to do anything, unable to feel pleasure or other feelings`
No substance use	Limited protective factors (e.g., social support, religious prohibition, other children)	Hopeless/helpless all or most of the time
Few risk factors (e.g., mental health or medical illness, access to lethal means, trauma hx, stressful event)	+/-Substance use	Not future oriented (no plans for/cannot see future)
	Anxiety/agitation/impulsivity	No protective factors (e.g., social supports, religious prohibition, other children, stable housing)
	Poor self-care	Substance use
	Some risk factors	Not receiving mental health treatment
		Anxiety/agitation
		Many risk factors

***Tell the patient that**: "I hear that you feel distressed and overwhelmed. So much so that you're having thoughts of death and dying."*
(use patient's language to describe)
"When people are overwhelmed they often feel this way. It is common."
"I'm so glad you told me. I'm here to help. There are many things we can do to help you."

Intervene and Document Plan

Treatment

LOW RISK	MODERATE RISK	HIGH RISK
Treat underlying illness	Treat underlying illness	Do not alarm patient (reinforce her honesty). Do not leave mother and baby alone or let them leave until assessment is complete. Call another staff member
Maximize medication treatment and therapy	Maximize medication treatment and therapy	If assessed to be at imminent risk of harm to self or others, refer to emergency services (custom link)
Monitor closely	Discuss warning signs with patient and family	Treat underlying illness
Thoughts of suicide are common. Not all women need to be evaluated urgently or sent to emergency services, especially if risk factors are minimal and there is no plan or intent for suicide.	Discuss when and how to reach out for help should she feel unsafe	Maximize medication treatment and therapy
	Establish family, friends, and professional(s) she can contact during a crisis	Discuss warning signs with patient and family
	Establish and carry out a plan for close monitoring and follow-up (within 2 weeks)	Discuss when and how to reach out for help should she feel unsafe
		Contact family, friends, and professional(s) and establish how you and patient can contact them during a crisis
		Establish a plan for close monitoring and follow-up

Ideation: Inquire about frequency, intensity, duration—in last 48 hours, past month, and worst ever

***Intent:** Inquire about the extent to which the patient 1) expects to carry out the plan and, 2) believes the plan/act to be lethal vs. self-injurious. Explore ambivalence: reasons to die vs. reasons to live.

****Plan**: Inquire about timing, location, lethality, access to lethal means (e.g., gun), making preparations (e.g., hoarding medications, preparing a will, writing suicide note).

Behaviors: Inquire about past attempts, aborted attempts, rehearsals (e.g., tying noose, loading gun) vs. non-suicidal self-injurious actions.

Assessing Risk of Harm to Baby

Ask about unwanted or intrusive thoughts

Unwanted or intrusive thoughts, including those of harming the baby, are common (up to 70%) among postpartum women. Most women will not act on these thoughts because they are usually due to anxiety, depression, and obsessive/compulsive disorder, which is very different than thoughts of harming the baby that are due to psychosis/delusions. The following wording can be used to get information about whether these thoughts are present and how current and concerning they are.

"People often have intrusive thoughts or thoughts that seem to pop in from nowhere. Women often have thoughts about something bad happening to their baby. These thoughts can feel awful and sometimes feel as if they could be an escape from something too hard to bear. We are here to help you. We ask about these thoughts because they are so common."

- *Have you had any unwanted thoughts?*
- *Have you had any thoughts of harming your infant, either as an accident or on purpose?*
- If the patient answers yes to the above question, follow up with:
  - *How often do you have them?*
  - *How recently have you had them?*
  - *How much do they scare you?*
  - *How much do they worry you?"*

Assess Risk

Assessment

LOW RISK *(symptoms more consistent with depression, anxiety, and/or OCD)*	MODERATE RISK	HIGH RISK *(symptoms more consistent with psychosis)*
Thoughts of harming baby are scary	Thoughts of harming baby are somewhat scary	Thoughts of harming the baby are comforting (ego syntonic)
Thoughts of harming baby cause anxiety or are upsetting (ego dystonic)	Thoughts of harming baby cause less anxiety	Feels as if acting on thoughts will help infant or society (e.g., thinks baby is evil and world is better off without baby)
Mother does not want to harm her baby and feels it would be a bad thing to do	Mother is not sure whether the thoughts are based on reality or whether harming her baby would be a bad thing to do	Lack of insight (inability to determine whether thoughts are based on reality)
Mother very clear she would not harm her baby	Mother is less clear she would not harm her baby	Auditory and/or visual hallucinations are present
		Bizarre beliefs that are not reality based
		Perception that untrue thoughts or feelings are real

Consider Best Treatment

Treatment

LOW RISK	MODERATE RISK	HIGH RISK
Provide reassurance and education	Treat underlying illness	A true emergency, refer to emergency services (custom link), as needed
Treat underlying illness	Discuss warning signs with patient and family	Do not alarm patient (reinforce honesty) and do not leave mother and baby alone while help is being sought
Discuss warning signs with patient and family	Discuss when and how to reach out for help should she feel unsafe	Treat underlying illness
Discuss when and how to reach out for help should she feel unsafe	Establish family, friends, and professionals she can contact during a crisis	Discuss warning signs with patient and family
	Establish and carry out a plan for close monitoring and follow-up	Discuss when and how to reach out for help should she feel unsafe
		Establish family, friends, and professionals she can contact during a crisis
		Establish and carry out a plan for close monitoring and follow-up

Assessment and Management of Bipolar Disorder and Psychosis

Why screen for bipolar disorder?

- It is important to address bipolar disorder because 1 in 5 patients who screen positive for perinatal depression may have bipolar disorder.
- Treating with an unopposed antidepressant can induce mania, mixed states, and rapid cycling, all of which carry significant risks.
- Bipolar disorder is associated with increased risk of postpartum psychosis and postpartum psychosis is associated with suicide and infanticide.

How is bipolar disorder different from depression?

Depression	Bipolar disorder
- Depressive episodes	- Depressive episodes AND manic (Type I) or hypomanic (Type II) episodes
- No mania or hypomania	- Mood stabilizers or antipsychotics can be used to stabilize mood
- Medication treatment = antidepressant	

Ask about current psychotic symptoms

- Have you heard anything like sounds or voices or see things that others may not?
- Do you hold beliefs that other people may find unusual or bizarre?
- Do you find yourself feeling mistrustful or suspicious of other people?
- Have you been confused at times whether something you experienced was real or imaginary?

Consider bipolar disorder if any of the following are present:

- Patient reports a history of bipolar disorder
- MDQ is positive
- Patient is taking medication for bipolar disorder (e.g., mood stabilizer or antipsychotic)

Assessment of bipolar disorder:

- Assessment with a psychiatric prescriber is generally indicated due to complexity of diagnosis
- Broad DDx (e.g., includes unipolar depression, schizoaffective disorder, borderline personality disorder, PTSD). See page 33-35 of the toolkit

If patient cannot be assessed by a psychiatric provider in a timely manner:

- One option is to prescribe quetiapine (Seroquel) because it can treat unipolar and bipolar depression as well as mania and psychosis until patient can be assessed and diagnosis clarified
- Start with quetiapine (Seroquel) 100mg qhs, increase by 100 mg increments as needed up to 800 mg/day

Examples of Clinical Scenarios

Case Example #1:

Patient is on medication for bipolar disorder or psychosis

- Establish liaison with psychiatry
- Continue current meds
- If not in therapy, refer
- Psychosis does not mean she can't parent
- Not all patients with psychosis will need inpatient psychiatric hospitalization; some can be managed as an outpatient with close monitoring and follow-up

Case Example #2:

Prior history bipolar disorder

No current meds

Case Example #3:

Positive MDQ

Unidentified diagnosis

No current meds

→ Refer for assessment

Management of Bipolar Disorder and Psychosis

Medication Use During Pregnancy

Many mood stabilizers and antipsychotics can be used in pregnancy. Discontinuation greatly increases risk of decompensation or relapse.

Safer ⟷ Higher Risk

Reassuring data; do not discontinue

- Typical* or Atypical** Antipsychotics
- Lamotrigine (Lamictal)
- Lithium
  - monitor lithium levels
  - fetal echocardiogram (16-18 wks GA)

Less reassuring data; can continue if high risk

- Carbamazepine (Tegretol)
- Oxcarbazepine (Trileptal)

Avoid; change medication

- Valproic acid (Depakote)

Valproic acid is contraindicated for women of childbearing age and pregnant and lactating women because it can cause maternal metabolic syndrome and is a structural and neurodevelopmental teratogen

If patient is on lamotrigine, carbamazepine, or oxcarbazepine, supplement with folate 4mg/day preconception and during pregnancy and obtain a detailed ultrasound evaluation

Medication Use During Breastfeeding

- Mother must be clinically stable to breastfeed.
- Mother and infant must receive careful treatment plans and monitoring.
- Breastfeeding is not a benefit if it is at the expense of maternal mental health.
- Most mood stabilizers and antipsychotics can be used during breastfeeding. Lithium is an exception.
- Lithium is not generally recommended during breastfeeding.

Safer ⟷ Higher Risk

Reassuring data for antipsychotic use; do not discontinue

- Typical antipsychotics*: Monitor for stiffness
- Atypical antipsychotics**: Monitor maternal and infant weight and blood sugar

Usually considered compatible with breastfeeding

- carbamazepine (Tegretol): Monitor drug level, cbc, liver enzymes
- lamotrigine (Lamictal): Monitor rash, drug level

Significant side effects with Lithium; avoid or use with caution

- Engage and work with pediatric provider
- Pediatric provider needs to check infant TSH, lithium levels, renal function, monitor hydration status, and for toxicity

Always coordinate with pediatric provider

General Management Strategies

To decrease and manage risk of decompensation:

- Prophylactically treat with a mood stabilizer and/or antipsychotic
- Develop post-birth plan (e.g., clear follow-up plan for after delivery)
- Monitor closely (patient may not recognize labor cues)
- Collaborate with newborn medicine/pediatric provider
- Develop a plan for breastfeeding
- Develop a plan to support adequate sleep (e.g., partner feeds baby at night)
- Develop a plan to support maternal-infant bonding (e.g., engage family in postpartum plan)

Mania or postpartum psychosis:

Patient needs to be evaluated by a mental health provider. This can be done through psychiatric emergency services or as an outpatient depending on acuity level and safety concerns.

*Typical Antipsychotics (1st generation) include: haloperidol [Haldol], perphenazine [Trilafon], chlorpromazine [Thorazine], loxapine [Loxitane], fluphenazine [Prolixin]
**Atypical Antipsychotics (2nd generation) include: quetiapine [Seroquel], olanzapine [Zyprexa], risperidone [Risperdal], aripiprazole [Abilify], clozapine [Clozaril]

Lifeline4Moms

Action Plan for Mood Changes during Pregnancy or After Giving Birth

Feeling down, mood swings, feeling anxious, overwhelmed, and scared are very common for women during and after pregnancy. If your feelings are impacting your life or your ability to care for you or your baby, we want to make sure you have the resources and support you need. If a few of these feelings sound like you, see below for what you can do.

If you…	You may be experiencing emotional changes that happen to many pregnant women and new moms. You should…
Feel like you just aren't yourself Have trouble managing your emotions (ups and/or downs) Feel overwhelmed, but are still able to care for yourself and your baby Feel mild irritability Have slight difficulty falling asleep Have occasional difficulty focusing on a task Are less hungry than usual	Take special care of yourself. Get your partner to watch the baby, get a babysitter, or team up with another person to share child care so that you can rest and exercise. Continue to watch for the signs of emotional mood changes in the yellow and red sections below. Find someone to talk to if things get worse. Talk to a health care provider if you feel unsure.

If you…	You may be experiencing emotional changes during or after your pregnancy for which you should get help. You should…
Feel intense uneasiness that hits with no warning Feel foggy and have more difficulty completing tasks than usual Notice that you have stopped doing things that you used to enjoy Have scary or upsetting thoughts that don't go away Feel guilty, or are having thoughts that you are failing at motherhood Are having difficulty falling or staying asleep (that doesn't have to do with getting up with your baby) Are falling behind with your job or school work, or struggling in your relationships with family and/or friends Have family/friends mention that your mood seems off, or you're not acting like your usual self Are being overwhelmed by feelings of worry Have periods of feeling really "up," and overly happy where you are doing more activities than usual, then feel very sad, "down," or hopeless Are taking risks you usually wouldn't Are on edge or always looking out for possible danger/threats Feel numb or detached, like you are just going through the motions Have no interest in eating – food tastes like nothing Have thoughts of hurting yourself	Contact us. Your mental health is important to us. We are here to help. Talk to your partner, family, and friends about these feelings so they can help you. Contact your insurance company to find mental health providers. Visit the Anxiety and Depression Association of America's telehealth providers: https://adaa.org/finding-help/telemental-health/provider_listing Call Postpartum Support International (PSI) at 1-800-944-4PPD (4773) to speak to a volunteer who can provide support and resources in your area or search online for a mental health provider at https://directorypsichapters.com/ Search the National Center for posttraumatic stress disorder (PTSD) at https://www.ptsd.va.gov/ Read or complete workbook materials: *Pregnancy & Postpartum Anxiety Workbook* by Pamela S. Wiegartz and Kevin Gyoerkoe

If you…	Get help now!
Feel hopeless and in total despair Feel out of touch with reality (you may see or hear things that other people don't) Feel that you may hurt yourself or your baby Have family/friends that are worried about your or other's safety due to your mood swings and/or changes in activity levels	Go to the local emergency room or call 9-1-1 for immediate help. Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free and confidential emotional support Text the Crisis Line at 741741 (US) or 686868 (Canada) Still not sure what to do? Call us and we'll figure it out together

Getting help is the best thing you can do for yourself and your baby. Your mental health is important to us, please call us with any concerns or questions. We are here to help.

Self-Care Plan

Your life may feel drastically changed during this time, and feeling overwhelmed, stressed, or sad are very common and understandable responses. It can be hard to cope with problems when you're feeling sad and have little energy. A self-care plan can be a useful tool to help you attend to your own wellness needs, and those of your baby.

1. **Make time for pleasurable activities.** Commit to scheduling some simple and enjoyable activity each day.
   Things I find pleasurable include: _____
   During the week I will spend at least_____ minutes doing (choose one or more of activity to try in the coming week) _____

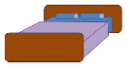
2. **Stay physically active.** Make sure you make time to do some activity, even a few minutes of activity can be helpful.
   During the week, I will spend at least _____minutes doing (write in activities)_____ _____.

3. **Ask for help.** Look to those in your life who you can ask for help - for example your husband or partner, your parents, other relatives, your friends.
   People I can ask to help me: _____
   During the week I will ask at least _____ person/people for help.

4. **Talk or spend time with people who can support you.** Explain to friends or loved ones how you feel. If you can't talk about it, that's OK – you can still ask them to be with you or join you for an activity.
   People I find supportive include _____. During the week, I will contact _____ (name/s) and try to talk with them _____times.

5. **Belly breathing** is about breathing in a specific way that triggers your body's natural calming response.
   - Begin by slowly bringing your breath to a steady, even pace.
   - Focus on breathing in from the very bottom of your belly, almost as if from your hips/pelvis.
   - See if you can breathe in a way that makes your belly stick out on the in-breath and deflate totally on the out-breath. Your chest and shoulders should stay quite still, it's all about breathing with your belly!
   - Any amount of time you can find to do this can help. Aim to practice 10-15 minutes at least twice daily.

6. **Mindful breathing** helps bring awareness into the present moment using our body's natural rhythm of breath. Bring your attention to your own natural rhythm of breath.
   - Notice physical sensations with breathing, such as the textures of clothing or movement of body.
   - When your mind offers a distraction, notice this and bring your attention back to the physical sensation of natural breath. Try and notice temperature of the in-breath and out-breath or notice the precise moment in the rhythm where an in-breath becomes an out-breath.
   - Practice this when you feel like you could use some present moment grounding.



7. **Sleep is a very important part of self-care.** Here are some helpful strategies to try to help you sleep better at night.
   - Watch how much caffeine you take in. Caffeine stays in the body for 10-12 hours. Consider limiting coffee, tea, soda, chocolate, and energy drinks, and setting a cut-off point during the day (such as lunchtime) to stop drinking or eating caffeine.
   - Set a routine. Set regular times for going to bed and waking up, even if you slept poorly the night before. Set up a relaxing routine 1-2 hours before bed where you do something calming and limit your exposure to electronics and light. Getting into a routine will train your body to prepare for sleep near bedtime.
   - Keep the bedroom mellow. Only use your bed for sleep and sexual activity. This helps your body link the bed with sleep, rather than other things that keep you awake. Keep your bedroom dark and cool and move your clock to prevent you from constantly checking it through the night.
   - Sleeping pills can also be a reasonable short-term option while waiting for other techniques to work.

8. **Simple goals and small steps.** Break goals down into small steps and give yourself credit for each step you finish.

Supplemental Materials

Summary of Perinatal Mental Health Conditions

	Baby Blues	Unipolar or Major Depression	Bipolar Disorder
What is it?	Common and temporary experience right after childbirth when a new mother may have sudden mood swings, feeling very happy, then very sad, or cry for no apparent reason. This is not considered a psychiatric illness.	Depressive episode that occurs during pregnancy or within a year of giving birth.	Bipolar disorder, also known as manic-depressive illness, is a brain condition that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks.
When does it start?	First week after delivery. Peaks 3-5 days after delivery and usually resolves 10-12 days postpartum.	Most often occurs in the first 3 months postpartum. May also have started before pregnancy or begins during pregnancy, after weaning baby or when menstrual cycle resumes.	The average age-of-onset is about 25, but it can occur in the teens, or more uncommonly, in childhood. Some women can have a first onset in pregnancy or in the postpartum period.
Susceptibility factors	N/A	Personal history of depression or postpartum depression. Family history of postpartum depression. Fetal/newborn loss. Lack of personal/ community resources. Substance use/addiction. Complications of pregnancy, relationship stress, labor/delivery, or infant's health. Unplanned pregnancy. Domestic violence or abusive relationship. Adverse Childhood Experiences (ACEs).	No single cause. Likely that many factors contribute to the illness or increase risk (e.g., brain structure and functioning, genetics and family history).
How long does it last?	A few hours to two weeks.	2 weeks to a year or longer. Symptom onset may be gradual.	Lifelong, can be well-managed
How often does it occur?	Occurs in up to 85% of women.	One in seven women.	The condition affects men and women equally, with about 2.6% of the U.S. population diagnosed with bipolar disorder and nearly 83% of cases classified as severe.
What happens?	Dysphoric mood, crying, mood lability, anxiety, sleeplessness, loss of appetite, and irritability. Baby blues is a risk factor for postpartum depression.	Change in appetite, sleep, energy, motivation, and concentration. May experience negative thinking including guilt, hopelessness, helplessness, and worthlessness. May also experience suicidal thoughts and evolution of psychotic symptoms. Thoughts of harming baby. Low self-care.	Manic or hypomanic episodes alternate with depressive episodes.
Resources and treatment	Resolves on its own. Resources include support groups, psycho-education and sleep hygiene (asking/accepting others' help during nighttime feedings). Address infant behavioral dysregulation - crying, sleep, feeding problems - in context of perinatal emotional complications.	For depression, treatment options include individual therapy, dyadic therapy for mother and baby, group therapy, and medication treatment. Encourage self-care, and engagement in social and community supports. Encourage sleep hygiene and asking/accepting help from others during nighttime feedings.	Bipolar disorder responds well to treatment with individual therapy and medication management. Encourage stability in daily routine and sleep hygiene and asking/accepting help from others during nighttime feedings. Emphasize consistency with medication regime, as early hypomanic episodes can be associated with medication non-compliance and overall decompensation.

Summary of Perinatal Mental Health Conditions

	Perinatal Anxiety Disorders	Schizoaffective and Schizophrenia	Postpartum Psychosis
What is it?	A range of anxiety disorders, including generalized anxiety, panic, and social anxiety, experienced during pregnancy or the postpartum period.	Schizoaffective disorder is a chronic mental health condition characterized primarily by symptoms of schizophrenia, such as hallucinations or delusions, and symptoms of a mood disorder, such as mania and depression. Schizophrenia is a psychotic illness without mood episodes.	Very rare and serious. Sudden onset of psychotic symptoms following childbirth (increased risk with bipolar disorder). Usually involves poor insight about illness/symptoms, making it extremely dangerous. Psychotic symptoms include auditory hallucinations, delusions, paranoia, disorganization, and rarely visual hallucinations. May put baby at risk.
When does it start?	Immediately after delivery to 6 weeks postpartum. May also begin during pregnancy, after weaning baby or when menstrual cycle resumes. May have been untreated before.	Symptoms of schizoaffective disorder and schizophrenia usually start between ages 16 and 30.	Onset is usually between 24 hours to 3 weeks after delivery. Watch carefully if sleep deprived for ≥48 hours.
Risk factors	Personal history of anxiety. Family history of anxiety. Life changes, lack of support and/or additional challenges (e.g., difficult pregnancy, birth, health challenges for mom or baby). Prior pregnancy loss. ACEs.	The exact causes of schizoaffective disorder and schizophrenia are not known. A combination of factors may contribute to development of either condition (e.g., genetics, variations in brain chemistry and structure, and environment).	Bipolar disorder, history of psychosis, history of postpartum psychosis (80% will relapse), family history of psychotic illness, sleep deprivation, medication discontinuation for bipolar disorder (especially when done quickly). Prior pregnancy loss.
How long does it last?	From weeks to months to longer.	Lifelong, can be well-managed	Until treated.
How often does it occur?	Generalized anxiety occurs in 6-8% in first 6 months after delivery. Panic disorder occurs in 0.5-3% of women 6-10 weeks postpartum. Social anxiety occurs in 0.2 to 7% of early postpartum women.	1% of the population is diagnosed with schizophrenia. One in every 200 people (0.5%) develops schizoaffective disorder.	Occurs in 1-3 in 1,000 births.
What happens?	Fear and anxiety, panic attacks, shortness of breath, rapid pulse, dizziness, chest or stomach pains, fear of detachment/doom, fear of going crazy or dying. May have intrusive thoughts. Fear of going out. Checking behaviors. Bodily tension. Sleep disturbance.	Schizoaffective disorder: hallucinations, delusions, disorganized thinking, depressive and/or manic episodes. Schizophrenia: hallucinations, delusions, thought disorder, disorganized thinking, restricted affect, and cognitive symptoms (e.g., poor executive functioning skills, trouble focusing, "working memory" problems).	Mood fluctuation, confusion, marked cognitive impairment. Bizarre behavior, insomnia, visual and auditory hallucinations and unusual (e.g., tactile and olfactory) hallucinations. May have moments of lucidity. **May include altruistic delusions about infanticide and/or homicide and/or suicide that need to be addressed immediately.**
Resources and treatment	Treatment options include individual therapy, dyadic therapy for mother and baby, and medication treatment. Encourage self-care, exercise and nutritious eating. Behavioral exercises can be taught to decrease nervous system dysregulation. Encourage engagement in social and community supports (including support groups). Address infant behavioral dysregulation as needed.	These conditions can be well managed with a careful regimen of medication and support. Medication should be continued during pregnancy and closely monitored by a psychiatric provider in combination with outpatient therapy or support groups. When well-managed, women with these conditions can absolutely be skillful and caring parents.	**Requires immediate psychiatric help. Hospitalization usually necessary.** Medication is indicated. If history of postpartum psychosis, preventative treatment is needed in subsequent pregnancies. Encourage sleep hygiene for prevention (e.g., consistent sleep/wake times, help with feedings at night). When well-managed, women with these conditions can absolutely be skillful and caring parents.

Summary of Perinatal Mental Health Conditions

	Borderline Personality Disorder	Posttraumatic Disorder (PTSD)	Obsessive-Compulsive Disorder (OCD)
What is it?	Borderline personality disorder is a condition marked by an ongoing pattern of varying moods, self-image, and behavior. Women often display impulsive actions and problems in relationships. People with borderline personality disorder may experience intense fluctuating feelings. **This is not a mood disorder, yet women are often misdiagnosed with bipolar disorder.** Borderline personality disorder is a pervasive, developmental condition that is not specific to peripartum period.	Distressing anxiety symptoms experienced after traumatic event(s). Symptoms generally cluster around intrusion, avoidance, hyperarousal, and negative world view.	Intrusive repetitive thoughts that are scary and do not make sense to mother/expectant mother. May include rituals (e.g., counting, cleaning, hand washing). May occur with or without depression.
When does it start?	Begins early and develops through life, though symptoms typically manifest in late adolescence or young adulthood. However, many women go through their entire lives without an accurate diagnosis.	Onset may be related to labor and delivery process, traumatic delivery, or poor OB outcome. Underlying PTSD can also be worsened by traumatic birth.	1 week to 3 months postpartum. Occasionally begins after weaning baby or when menstrual cycle resumes. May also occur in pregnancy.
Risk factors	The cause of borderline personality disorder is not clear. Research suggests that genetics, brain structure and function, and environmental, cultural, and social factors play a role, or may increase the risk for it. Adverse childhood experiences (ACEs) are also associated with borderline personality disorder.	Depression or trauma/stress during pregnancy, obstetrical emergency, subjective distress during labor and birth, fetal or newborn loss, and infant complication. Prior trauma or sexual abuse. Lack of partner support. History of ACEs.	Personal history of OCD. Family history of OCD. Comorbid depression. Panic or generalized anxiety disorder. Premenstrual dysphoric disorder. Prior pregnancy loss. Preterm delivery. Cesarean delivery. Postpartum worsening.
How long does it last?	Until treated.	1 month or longer.	From weeks to months to longer.
How often does it occur?	Occurs in 6.2% of women.	Occurs in 2-15% of women. Occurs after childbirth in 2-9% of women.	Occurs in up to 4% of women.
What happens?	May experience mood swings and display uncertainty about how they see themselves and their role in the world. Tend to view things in extremes, such as all good or all bad. Their opinions of other people can also change quickly; leading to intense and unstable relationships. Rejection sensitivity, anger, paranoia, self-harm, and impulsivity may be seen.	Change in cognition, mood, arousal associated with traumatic event(s) and avoidance of stimuli associated with traumatic event. Constantly feeling keyed up.	Disturbing repetitive and invasive thoughts (which may include harming baby), compulsive behavior (such as checking) in response to intrusive thoughts, or in an attempt to make thoughts go away.
Resources and treatment	The gold standard treatment is Dialectical Behavior Therapy (DBT). DBT uses individual, group, and phone therapy to teach mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness skills to help manage symptoms. Medication can also be helpful in addressing other untreated mental health conditions. A typical course of DBT lasts one year. Treatment is accessible through many community mental health outpatient settings.	Treatment options include individual therapy and group therapy. Encourage self-care, exercise, and healthy eating. Monitor avoidance patterns and emphasize engagement in social and community supports (including support groups). Follow up traumatic birth experiences with women. Can refer to Council on Patient Safety in Women's Healthcare "Support after Severe Maternal Event" safety bundle https://safehealthcareforeverywoman.org/patient-safety-bundles/support-after-a-severe-maternal-event-supported-by-aim/	OCD can be successfully treated with a combination of behavior therapy and medication. Encourage consistency with daily routines that include self-care and exercise and nutritious diet. Encourage engagement in social and community supports (including support groups). Encourage sleep hygiene and asking/accepting help from others during nighttime feedings.

Adapted from Susan Hickman, Ph.D., Director of the Postpartum Mood Disorder Clinic, San Diego; Valerie D. Raskin, M.D., Assistant Professor of Clinical Psychiatry at the University of Chicago, IL ("Parents" September 1996) and O'Hara MW, Wisner KL. Perinatal mental illness: Definition, description and aetiology. Best Pract Res Clin Obstet Gynaecol. 2013 Oct 7. pii: S1521-6934(13)00133-8. doi: 10.1016/j.bpobgyn.2013.09.002.

Name_____ Date___/___/_____

Please complete the questions below to help your obstetric provider understand how you have been feeling.

Circle the number in the boxes below to answer the questions. Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully and indicate how much you have been bothered by that problem **in the past month**.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated disturbing memories, thoughts, or images of a stressful experience from the past?	1	2	3	4	5
Repeated disturbing dreams of a stressful experience from the past?	1	2	3	4	5
Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?	1	2	3	4	5
Feeling very upset when something reminded you of a stressful experience from the past	1	2	3	4	5
Having physical reactions (e.g. heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?	1	2	3	4	5
Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?	1	2	3	4	5
Avoid activities or situations because they remind you of a stressful experience from the past?	1	2	3	4	5
Trouble remembering important parts of a stressful experience from the past?	1	2	3	4	5
Loss of interest in things you used to enjoy?	1	2	3	4	5
Feeling distant or cut off from other people?	1	2	3	4	5
Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
Feeling as if your future will somehow be cut short?	1	2	3	4	5
Trouble falling or staying asleep?	1	2	3	4	5
Feeling irritable or having angry outbursts?	1	2	3	4	5
Having difficulty concentrating?	1	2	3	4	5
Being super alert or watchful on guard?	1	2	3	4	5
Feeling jumpy or easily startled?	1	2	3	4	5

Done! Thank you for completing this questionnaire!

Scoring of Screening Tool for Posttraumatic Stress Disorder (PCL-C)

Posttraumatic Stress Disorder/PCL-C	Circle the number in the boxes below to answer the questions. Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully and indicate how much you have been bothered by that problem in the past month.				
	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated disturbing memories, thoughts, or images of a stressful experience form the past?	1	2	3	4	5
Repeated disturbing dreams of a stressful experience from the past?	1	2	3	4	5
Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?	1	2	3	4	5
Feeling very upset when something reminded you of a stressful experience from the past	1	2	3	4	5
Having physical reactions (e.g. heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?	1	2	3	4	5
Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?	1	2	3	4	5
Avoid activities or situations because they remind you of a stressful experience from the past?	1	2	3	4	5
Trouble remembering important parts of a stressful experience from the past?	1	2	3	4	5
Loss of interest in things you used to enjoy?	1	2	3	4	5
Feeling distant or cut off from other people?	1	2	3	4	5
Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
Feeling as if your future will somehow be cut short?	1	2	3	4	5
Trouble falling or staying asleep?	1	2	3	4	5
Feeling irritable or having angry outbursts?	1	2	3	4	5
Having difficulty concentrating?	1	2	3	4	5
Being super alert or watchful on guard?	1	2	3	4	5
Feeling jumpy or easily startled?	1	2	3	4	5
Column Total	_____	_____	_____	_____	_____

Scoring: Sum the ratings for the PCL-C items. A score of 30 or higher is a positive score Use page 21, "PTSD" section to consider treatment.

Grand Total _____

PCL-C: PCL-C for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division

Resources from the National Institutes of Health: Moms' Mental Health Matters

Order FREE copies or download a PDF of these materials at https://www1.nichd.nih.gov/ncmhep/initiatives/moms-mental-health-matters/pages/materials.aspx. All materials are FREE and available in English and Spanish.

Posters:

- What if the "happiest time of your life" doesn't feel so happy?
- You're Prepared for ALMOST Anything…

Tear Pad: The **Action Plan for Depression and Anxiety Around Pregnancy Tear Pad** is designed for patients to understand the signs of depression and anxiety and take steps to feel better.

Postcard: The **Conversation Starter Postcard** is for partners and family members who are concerned about a loved one. It offers ways to provide support.

Resources from Postpartum Support International (PSI)

Download and print materials for free or order copies (charges apply). All materials are available in English and Spanish.

DVD: http://www.postpartum.net/resources/psi-educational-dvd/
Health Mom, Happy Family: Understanding Pregnancy and Postpartum Mood and Anxiety Disorders: Four women who have suffered and recovered from perinatal mood disorders share their experiences and help reassure and educate new mothers, their family members and friends, and health care professionals. Their poignant stories are complemented by up-to-date information from experts in the field. Movie length: 13 minutes.

Brochure: http://www.postpartum.net/resources/psi-brochure/
A resource about perinatal mood and anxiety disorders for families, groups, clinics, and hospitals.

Posters: http://www.postpartum.net/resources/psi-awareness-poster/
Raise awareness of pregnancy and postpartum mental health and provide messages of help and hope.

Resources for Fathers: http://www.postpartum.net/get-help/resources-for-fathers/

Resources from the American College of Obstetricians and Gynecologists

Frequently Asked Questions (FAQs): Print the PDF for free.

- Postpartum Depression: https://www.acog.org/Patients/FAQs/Postpartum-Depression
- Depression: https://www.acog.org/Patients/FAQs/Depression

Brochures: Order copies (charges apply).

- **Postpartum Depression**: This brochure explains the difference between postpartum blues and postpartum depression; reasons for postpartum depression; signs and symptoms; and treatment and prevention. https://sales.acog.org/Postpartum-Depression-P124.aspx

- **Depression**: This brochure explains the definition of depression, symptoms, causes, diagnosis and treatment, and concerns during pregnancy. https://sales.acog.org/Depression-P184.aspx