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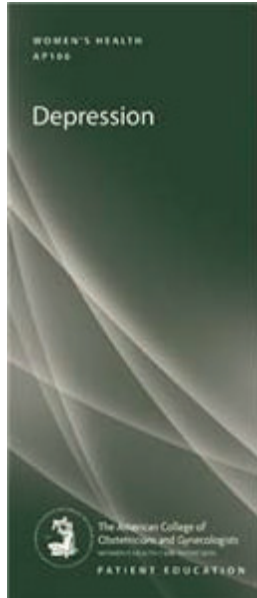
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Patient Education – Anticipatory Guidance Brochures



Feeling unhappy or sad now and then is normal. These feelings usually go away within a few hours or days. When a person has **depression**, however, the feelings last longer and interfere with daily life. Depression can affect anyone, but women are more likely to be depressed than men. About 10% of women in the United States have signs and symptoms of depression.

This pamphlet explains:

- the definition of depression
- symptoms
- causes
- diagnosis and treatment
- concerns during pregnancy

50/pk

2012



Depression after childbirth—also called ***postpartum depression***—is more common than many people realize. About 10–15% of women will experience postpartum depression. This condition is more than just feeling sad or blue for a few days. It is a serious illness that can greatly affect the woman, her baby, and her family.

Some women do not realize that they have postpartum depression. Family or friends may be the ones who notice that something is wrong. Once it is diagnosed, postpartum depression can be treated with medication and therapy.

This pamphlet explains

- the difference between ***postpartum blues*** and postpartum depression
- reasons for postpartum depression
- signs and symptoms
- treatment and prevention

50/pk

2013

HOW ARE YOU FEELING NOW?

While many women experience some mild mood change or "the blues" during or after the birth of a child, 1 in 7 women experience more significant symptoms of depression or anxiety. 1 in 10 Dads become depressed during the first year.

PARENTS:

- Are you feeling sad or depressed?
- Is it difficult for you to enjoy yourself?
- Do you feel more irritable or tense?
- Do you feel anxious or panicky?
- Are you having difficulty bonding with your baby?
- Do you feel as if you are "out of control" or "going crazy"?
- Are you worried that you might hurt your baby or yourself?

FAMILIES:

- Do you worry that something is wrong but don't know how to help?
- Do you think that your partner or spouse is having problems coping?
- Are you worried that it may never get better?
- Any parent can suffer from pregnancy or postpartum mood or anxiety disorders. However, with informed care you can prevent a worsening of symptoms and can fully recover. It is essential to recognize symptoms and reach out as soon as possible so that you can get the help you need and deserve.

THINGS YOU CAN DO

Being a good parent includes taking care of yourself. If you take care of yourself, you will be able to take better care of your baby and your family.

- Talk to a counselor or healthcare provider who has training in perinatal mood and anxiety problems.
- Learn as much as you can about pregnancy and postpartum depression and anxiety.
- Get support from family and friends. Ask for help when you need it.
- Join a support group in your area or online.
- Keep active by walking, stretching or whatever form of exercise helps you to feel better.
- Get enough rest and time for yourself.
- Eat a healthy diet.
- Don't give up! It may take more than one try to get the right help you need.
- Call or email us; we will help you.



@postpartumhelp

www.postpartum.net

Supporting Postpartum Families



POSTPARTUM SUPPORT INTERNATIONAL

Postpartum Support International

Office: (503) 894-9453

Fax: (503) 894-9452

www.postpartum.net

psioffice@postpartum.net

1-800-944-4PPD (4773)

Brochures available in English & Español
Find them at www.postpartum.net/resources

Remember

you are not alone
you are not to blame
with help, you will be well



Call our Warmline
1-800-944-4PPD
Visit us on the web
www.postpartum.net

Postpartum Support International is a worldwide non-profit organization dedicated to helping women and families suffering from perinatal mood and anxiety disorders. PSI was founded in 1987 to increase awareness among public and professional communities about the emotional difficulties that women can experience during and after pregnancy. The organization offers support, reliable information, best practice training, and volunteer coordinators in all 50 U.S. states and more than 35 other countries. Working together with its volunteers, caring professionals, researchers, legislators and others, PSI is committed to eliminating stigma and ensuring that compassionate and quality care is available to all families.

We Can Help

PHONE SUPPORT

- Call the PSI Warmline (1-800-944-4PPD) for information and to get connected to resources for help and healing in your own community. Open during business hours Pacific Time, or leave a message any time.
- "Chat with the Expert" phone sessions. You can talk to an expert and get your questions answered in a safe and supportive setting with PSI's weekly chats. Chats for moms are on Wednesdays, and for dads on First Mondays. These conference calls are free and open to everyone. Callers may remain anonymous. Details at www.postpartum.net/resources.

WEBSITE

- Information and Articles about Pregnancy and Postpartum Mood Disorders
- Comprehensive List of Free Support Groups
- Knowledgeable local coordinators who will offer support, information, and resources, and email support
- Guide to Resources on the Web
- Calendar of events in the perinatal mood disorders community
- Latest News and Research
- Member's Section for Access & Networking

PSI NEWSLETTER

- Newsletter with updates on PSI activities
- Best practices, women's stories and legal issues
- Worldwide events and news

TRAINING

- Annual June conference to discuss latest science, treatment approaches, research, and social support systems.
- Standardized certificate training, manuals, and courses for professionals, volunteers, and support groups.
- Online Webinar certificate course in Maternal Mental Health.
- Training and guidance for developing social support groups and networks.

Parents of every culture, age, income level and race can get Perinatal Mood and Anxiety Disorders. Symptoms can appear any time during pregnancy and the first year after childbirth. There are effective and well-researched treatment options to help you recover. Although the term "postpartum depression" is often used, there are actually several overlapping illnesses.

- Pregnancy or Postpartum Depression might include feelings of anger, irritability, guilt, lack of interest in the baby, changes in eating and sleeping, trouble concentrating, thoughts of hopelessness and sometimes thoughts of harming the baby or yourself.
- Pregnancy or Postpartum Anxiety might include extreme worries and fears, including the health and safety of the baby. Some women have panic attacks and might feel shortness of breath, chest pain, dizziness, feeling of losing control, numbness and tingling.
- Pregnancy or Postpartum Obsessive-Compulsive Disorder might include repetitive, upsetting and unwanted thoughts or mental images, and sometimes the need to do certain things over and over to reduce the anxiety caused by those thoughts. These moms find these thoughts very scary and unusual and are very unlikely to ever act on them.
- Postpartum Stress Disorder is often caused by a traumatic or frightening childbirth, symptoms might include flashbacks of the trauma with feelings of anxiety and the need to avoid things related to that event.
- Postpartum Psychosis might include seeing or hearing voices or images others can't, feeling very energetic and unable to sleep, believing things that are not true and distrusting those around you. This rare illness can be dangerous so it is important to seek help immediately.

¿COMO SE SIENTE AHORA?

Mientras muchas mujeres experimentan trastornos leves en su estado de ánimo (depresión), o se entristecen después del nacimiento de un hijo, entre 10% y 15% de las mujeres muestran síntomas mucho más severos de depresión o ansiedad.

A LA MADRE:

- ¿Se siente triste o angustiada?
- ¿Le es difícil sentirse bien?
- ¿Se siente más irritable o tensa?
- ¿Se siente ansiosa o con temores?
- ¿Tiene dificultad para acercarse a su bebé?
- ¿Siente como si todo estuviera fuera de control o se estuviera volviendo loco?
- ¿Tienen miedo de lastimar al bebé o a Ud misma?

A LA FAMILIA:

- ¿Siente que algo no está bien pero no sabe que hacer para ayudar a la nueva mamá?
- ¿Cree que ella tiene problemas para hacer frente a esta situación?
- ¿Piensa que ella no va a mejorar?

Cualquier mujer puede sufrir depresión o ansiedad en el embarazo o el parto. Sin embargo, con la información debida, se puede prevenir que los síntomas empeoren y lograr así una recuperación total. Es esencial que se reconozcan estos síntomas lo antes posible, para que la madre reciba la ayuda que necesita y merece.

COSAS QUE PUEDE HACER

Ser un buen padre o madre incluye cuidarse a sí mismo. Si cuidas de ti mismo/a, serás capaz de cuidar mejor de tu bebé y de tu familia.

- Consulta con algún terapeuta o proveedor de salud que se haya especializado en salud mental perinatal y tratamiento de la ansiedad
- Infórmate y aprende lo que más puedas acerca de los fenómenos anímicos que acompañan al embarazo y el parto, como la ansiedad y la depresión.
- Busca apoyo de tu círculo cercano, como tu familia y amigos. Pide ayuda si sientes que la necesitas.
- Únete a un grupo de apoyo para madres o padres en tu área u online.
- Mantente activa. Sal a caminar, elonga, o practica cualquier ejercicio que te haga sentir mejor.
- Asegúrate de dormir las horas suficientes y de darte espacio y tiempo para tí misma.
- Consume alimentos sanos.
- No te rindas! Puede que no encuentres la ayuda que necesitas a la primera.
- Llámamos o escríbenos un correo electrónico, te ayudaremos.

 @postpartumhelp
www.postpartum.net

Apoyo a las familias durante la etapa de Postparto



POSTPARTUM SUPPORT
INTERNATIONAL

Postpartum Support International
Office: (503) 894-9453
Fax: (503) 894-9452
www.postpartum.net
psioffice@postpartum.net
1-800-944-APPD (4773)

Recuerde

no está sola
no tiene la culpa
con ayuda, usted se pondrá bien



Llame a nuestra línea de ayuda al

1-800-944-4PPD

Visítenos en la Web

www.postpartum.net

Postpartum Support International (PSI)

es la organización no lucrativa más grande del mundo dedicada a ayudar a las mujeres que sufren trastornos del estado de ánimo y ansiedad, incluyendo la depresión posparto, (complicación perinatal más frecuente). PSI se fundó en 1987 con el fin de hacer conciente al público en general y a la comunidad de profesionales sobre las dificultades que puede experimentar la mujer durante y después del embarazo. La organización ofrece apoyo, información fiable, entrenamiento en las mejores prácticas y presencia de coordinadoras voluntarias en 50 estados de la Unión Americana y en otros 26 países. PSI está comprometida con eliminar el estigma y asegurar que las familias reciban cuidados de calidad y humanos, trabajando en conjunto con sus coordinadoras, profesionales interesados, legisladores y otros grupos. Para mayor información, llamar a PSI al: 800-944-4PPD o www.postpartum.net.

Podemos ayudarle Ofrecemos

AYUDA POR TELEFONO

- 1-800-944-4PPD. #1 para el español. PSI Warmline ofrece apoyo, información y medios de ayuda en la comunidad, en inglés o español; Puede dejar un mensaje en cualquier momento del día.
- Chat with an Expert ("Hable con un experto") en sesiones telefónicas todos los miércoles; hable anónimamente y sin cargo alguno con otras mujeres o con una persona de PSI. Detalles en www.postpartum.net.

PÁGINA WEB (WEBSITE)

- Información sobre trastornos del estado de ánimo (depresión) durante el embarazo y el posparto.
- Extensa lista de grupos de ayuda.
- Comuníquense con nuestros coordinadores locales especializados, quienes le ayudarán con apoyo e información.
- Ayuda por correo electrónico (e-mail) de voluntarias.
- Guía de ayuda en Internet
- Calendario de eventos en la comunidad de personas con depresión en el periodo perinatal.
- Últimas noticias e investigaciones.
- Sección para ingreso de nuevos miembros y para consultar nuestra página de Internet

PSI NOTICIAS

- Boletín de noticias cada trimestre, con información sobre las actividades del PSI
- Intervenciones efectivas, casos sobre historias de mujeres y temas legislativos.
- Eventos de carácter global y noticias.

ENTRENAMIENTO

- Congreso anual para discutir las últimas investigaciones científicas sobre tratamientos y sistemas de apoyo social.
- Entrenamiento estandarizado, manuales y cursos certificados para profesionales, voluntarias y grupos de apoyo

Cualquier padre o madre, independiente de su cultura, raza o nivel económico, puede experimentar trastornos perinatales del ánimo. Los síntomas pueden aparecer durante el embarazo y/o el primer año de vida del bebé. Existen tratamientos efectivos y estudiados que pueden ayudarte a recuperar un buen estado anímico. A pesar de que el término "depresión posparto" es usado frecuentemente, existen muchas trastornos que a veces se confunden entre sí.

- La Depresión Postparto o en el Embarazo puede incluir sentimientos de rabia, irritabilidad, culpa, desinterés en el bebé, cambios en los hábitos alimenticios y del dormir, dificultad para concentrarse, sentimientos de desesperanza, y algunas veces, pensamientos de dañar al bebé o a sí misma.

- La Ansiedad en el Postparto o en el Embarazo puede presentar preocupaciones y temores extremos, que incluyen la salud y seguridad del bebé. Algunas mujeres experimentan ataques de pánico, y pueden sentir dificultad al respirar, opresión en el pecho, mareos, sentimientos de descontrol, atontamiento y hormigueo.

- En el Trastorno Obsesivo Compulsivo en el Postparto o el Embarazo pueden presentarse pensamientos o imágenes mentales indeseadas, repetitivos y desagradables. A veces, éstos llevan a la necesidad de hacer ciertas cosas una y otra vez para reducir la ansiedad. Estas madres experimentan estos pensamientos como inusuales y aterradores, pero es poco probable que pasen a la acción.

- El Trastorno de Estrés Posttraumático en el Postparto se asocia frecuentemente con una experiencia de parto traumática. Los síntomas incluyen recuerdos recurrentes del nacimiento, acompañados de ansiedad y de la necesidad de evitar cosas que estén relacionadas al evento traumático.

- La Psicosis en el Postparto puede incluir alucinaciones, como ver imágenes o escuchar voces que otros no ven. Las madres también pueden sentirse muy energéticas y encontrar dificultad para dormir, desconfiando de la gente que las rodea. Esta enfermedad es poco frecuente, pero puede ser muy peligrosa, por lo que hay que buscar ayuda inmediata.

Patient Education – Anticipatory Guidance Handouts

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 individuals and new parents. You should...
<ul style="list-style-type: none"> 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 	<p>Take special care of yourself. Get your partner to watch the baby, get a babysitter, or team up with another person to share childcare so that you can rest and exercise.</p> <p>Continue to watch for the signs of emotional mood changes in the yellow and red sections below.</p> <p>Find someone to talk to if things get worse. Talk to a health care provider if you feel unsure.</p>

If you...	You may be experiencing emotional changes during or after your pregnancy for which you should get help. You should...
<ul style="list-style-type: none"> 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 schoolwork, 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 	<p>Contact us. Your mental health is important to us. We are here to help.</p> <p>Talk to your partner, family, and friends about these feelings so they can help you.</p> <p>Contact your insurance company to find mental health providers.</p> <p>Visit the Anxiety and Depression Association of America's telehealth providers: https://adaa.org/finding-help/telemental-health/provider_listing</p> <p>Call Postpartum Support International (PSI) 1-800-944-4773 (voice in English or Spanish), 800-944-4773 (text in English), 971-203-7773 (text in Spanish), to contact a volunteer who can provide support and resources in your area, or search online for a mental health provider at https://psidirectory.com/</p> <p>Search the National Center for Posttraumatic Stress Disorder (PTSD) at https://www.ptsd.va.gov/</p> <p>Read or complete workbook materials: <i>Pregnancy & Postpartum Anxiety Workbook</i> by Pamela S. Wiegartz and Kevin Gyoerkoe</p>

If you...	Get help now!
<ul style="list-style-type: none"> 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 	<p>Go to the local emergency room or call 9-1-1 for immediate help.</p> <p>Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free and confidential emotional support</p> <p>Text the Crisis Line at 741741 (US) or 686868 (Canada)</p> <p>Still not sure what to do? Call us and we'll figure it out together</p>

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.



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

Action Plan for Depression and Anxiety Around Pregnancy

Having a baby brings a mix of emotions, including feeling sad and feeling overwhelmed. Many women experience deeper signs of depression and anxiety before and after birth. Be prepared. **Watch for the signs.**

If you...

- Feel like you just aren't yourself
- Have trouble managing your emotions
- Feel overwhelmed but are still able to care for yourself and your baby

These feelings typically go away after a couple of weeks.

- Take special care of yourself. Get your partner to watch the baby, get a babysitter, or team up with another mom to share child care so that you can rest and exercise.
- Continue to watch for the signs of depression and anxiety in the yellow and red sections below. If things get worse, find someone to talk to. Talk to a health care provider if you feel unsure.

If you...

- Have feelings of intense anxiety that hit with no warning
- Feel foggy and have difficulty completing tasks
- Feel "robotic," like you are just going through the motions
- Have little interest in things that you used to enjoy
- Feel very anxious around the baby and your other children
- Have scary, upsetting thoughts that don't go away
- Feel guilty and feel like you are failing at motherhood

You may be experiencing postpartum depression and anxiety.

These feelings will not go away on their own.

- Get help. Contact your health care provider or visit a clinic.
- Call Postpartum Support International at **1-800-944-4PPD (4773)** to speak to a volunteer who can provide support and resources in your area.
- Talk to your partner, family, and friends about these feelings so they can help you.

If you...

- Feel hopeless and 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

Get help now!

- 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—they talk about more than suicide.
- Call the Substance Abuse and Mental Health Services Administration's National Helpline at **1-800-662-HELP (4357)** for 24-hour free and confidential mental health information, treatment, and recovery services referral in English and Spanish.

Depression and Anxiety Happen. Getting Help Matters.

To learn more, visit nichd.nih.gov/MaternalMentalHealth.

To find a mental health provider in your area, call **1-800-662-HELP (4357)**.



Eunice Kennedy Shriver National Institute
of Child Health and Human Development



Plan de acción para combatir la depresión y la ansiedad relacionadas con el embarazo

Tener un bebé viene con muchas emociones, entre ellas, sentirse triste y agobiada. Muchas mujeres tienen señales más profundas de depresión y ansiedad antes y después del parto. **Esté preparada y esté atenta a las señales.**

Si usted...

- No se siente como antes
- Tiene dificultad para controlar sus emociones
- Se siente agobiada, pero a pesar de eso puede cuidarse a sí misma y a su bebé

Puede estar pasando por cambios en el estado de ánimo parecidos a los que sienten muchas mujeres embarazadas y nuevas mamás.

Estos sentimientos por lo general desaparecen en un par de semanas.

- Cúidese bien. Pídale a su pareja que cuide al bebé, contrate a una niñera, o júntese con otra mamá para compartir el cuidado de los niños para que usted pueda descansar y hacer ejercicio.
- Siga estando atenta a las señales de depresión y ansiedad que se indican en las secciones amarillas y rojas a continuación. Si las cosas empeoran, busque a alguien con quien hablar. Hable con un proveedor de servicios de salud si no se siente segura de su salud mental.

Si usted...

- Tiene sentimientos de ansiedad intensa que vienen sin ningún motivo
- Se siente aturdida y le cuesta trabajo terminar las cosas que tiene que hacer
- Se siente como un "robot", como si estuviera haciendo las cosas mecánicamente
- Tiene poco interés en las cosas que antes disfrutaba
- Se siente muy ansiosa cuando está con su bebé o con sus otros hijos
- Tiene pensamientos que le dan miedo o angustia y que no desaparecen
- Se siente culpable y que no es una buena madre

Puede estar teniendo depresión y ansiedad posparto.

Estos sentimientos no se van solos.

- Busque ayuda. Comuníquese con su proveedor de servicios de salud o vaya a una clínica.
- Llame al Apoyo Internacional de Postparto (Postpartum Support International) al **1-800-944-4773** para hablar con un voluntario que le indicará dónde puede obtener apoyo y los recursos que hay cerca de usted.
- Hable con su pareja, familiares y amigos sobre lo que está sintiendo para que le puedan ayudar.

Si usted...

- Se siente inútil y totalmente desesperada
- Se siente fuera de contacto con la realidad (es posible que vea u oiga cosas que otros no ven u oyen)
- Siente que puede hacerse daño a sí misma o a su bebé

¡Obtenga ayuda ahora!

- Llame enseguida al **9-1-1** para obtener ayuda.
- Llame a la Red Nacional de Prevención del Suicidio al **1-888-628-9454** para apoyo emocional gratis y confidencial. (No es sólo para tratar el suicidio).
- Llame a la línea telefónica de ayuda de la Administración de Servicios de Abuso de Sustancias y Salud Mental (SAMHSA), por sus siglas en inglés) al **1-800-662-4357 (1-800-662-HELP)** para obtener información gratis y confidencial de salud mental, así como referencias a servicios de tratamiento y de recuperación. El servicio está disponible las 24 horas del día, en español e inglés.

La depresión y la ansiedad son comunes después de un embarazo. Obtenga ayuda.

Para aprender más, visite nichd.nih.gov/MaternalMentalHealth.

Para encontrar un proveedor de servicios de salud mental cerca de usted, llame al **1-800-662-4357 (1-800-662-HELP)**.



Eunice Kennedy Shriver National Institute
of Child Health and Human Development



NATIONAL
CHILD &
MATERNAL HEALTH
EDUCATION PROGRAM



The infographic is divided into three horizontal sections. The top section has a yellow background and features a pink speech bubble containing the text 'SPEAK UP WHEN YOU'RE DOWN'. The middle section has a yellow background and shows a pink silhouette of a pregnant woman holding a baby, with a blue silhouette of a toddler standing next to her. The bottom section has a green background and contains the text: 'UP TO 20% OF PREGNANT & NEW MOMS WILL EXPERIENCE SOME FORM OF MATERNAL MENTAL HEALTH DISORDER.'

SPEAK
UP WHEN YOU'RE
DOWN

UP TO 20% OF
PREGNANT & NEW MOMS
WILL EXPERIENCE
SOME FORM OF
MATERNAL MENTAL
HEALTH DISORDER.

**MATERNAL MENTAL
HEALTH DISORDERS
ARE TREATABLE.**

SIGNS CAN INCLUDE:

**SLEEP DISTURBANCE &
CHANGES IN APPETITE**

FEELINGS OF **HOPELESSNESS,
HELPLESSNESS, GUILT & DESPAIR**

FEELING **INADEQUATE** AS A MOTHER

ANXIOUS OR **IRRITABLE** FEELINGS

FEELING **EMOTIONALLY
DISCONNECTED** FROM YOUR BABY

LACK OF INTEREST
IN FAMILY AND FRIENDS

OBSESSING OVER BABY'S SAFETY

CALL POSTPARTUM SUPPORT INTERNATIONAL

1.800.944.4773

postpartum.net

2020mom

2020Mom.org

TheBlueDot
p.r.o.j.e.c.t

thebluedotproject.org



UP TO 20%
OF **PREGNANT &**
NEW **MOMS**
WILL **EXPERIENCE**
SOME FORM OF **ANXIETY**
OR **MOOD DISORDER.**

ANXIETY & MOOD
DISORDERS
ARE TREATABLE.

SIGNS CAN INCLUDE:

**SLEEP DISTURBANCE &
CHANGES IN APPETITE**

FEELINGS OF **HOPELESSNESS,
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2020  *mom*
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thebluedotproject.org

Having a baby is always challenging and every woman deserves support



How to Talk to your Health Care Provider

Emotional complications are very common during pregnancy and/or after birth

- 1 in 7 women experience depression, anxiety or frightening thoughts during this time
- Depression often happens for the first time during pregnancy or after birth
- It can impact your health and your baby's health
- Getting help is the best thing you can do for yourself and your baby
- It is important to let your healthcare provider know how you are feeling
- Many effective support options are available

Your mental health is an important aspect of your overall health during and after pregnancy. You can talk to your provider just as you would talk about any other health related experience.

Talk to a health care provider about mental health...

- If you are planning on becoming pregnant, are currently pregnant or just had a baby and you have a history of depression, anxiety or other mental health concerns.
- If you have experienced any of the following for 2 weeks or more: feeling restless, moody, sad, overwhelmed, or hopeless, having no energy or motivation, crying a lot, eating too little or too much, feeling that you are sleeping too little or too much, feeling like you cannot care for your baby, having no interest in your baby or worrying about your baby too much.
- If you have experienced strong feelings such as thoughts about hurting yourself or your baby, seeing or hearing things that aren't there or worrying that people may be out to get you or want to hurt you. If you are experiencing these kinds of feelings, it is important that you call your health care provider right away or go to the emergency room to seek help.

How do I prepare to talk with my health care provider?

- Start a list of specific things that are concerning you. Include any questions and details about any previous mental health concerns.
- Consider asking someone to attend your appointment with you like a family member or friend. You may hear a lot of new information and it can help to have someone with you so you do not miss anything.
- If you feel at any point that your provider is not hearing your concerns, let them know that you feel as if they are not hearing you.

What will happen when I talk to my health care provider?

- They may talk with you, suggest that you meet with a therapist, refer you to a support group or discuss medication as a treatment option. If you took medication prior to your pregnancy, talk with your provider about your medication treatment during pregnancy.

Happy and Healthy During Pregnancy



Here are practices that research studies have proven will increase your chances of having a happy, healthy pregnancy and easier recovery from delivery.

- **Exercise**, which may include pregnancy yoga, swimming, stationary cycling, walking, even running (if approved by your doctor).
- Exposure to **Sunlight** for vitamin D. Use no sunscreen for 2-3 hours a week in winter, a few minutes a day in summer. No sun? Consider using a bright light therapy box.

continued

- Establish **good sleep** conditions and patterns for at least 7 hours of sleep each night.
- Eat a diet high in **vegetables, fruit, proteins**, and coconut and/or olive **oils**.
- Ensure adequate **Omega-3** fatty acid intake.
- Take a **prenatal vitamin** and **DHA** supplement.
- **Engage with other** expecting **moms**.
- Consider preparing for childbirth through a new **mom group** to review the following:
 - Baby Care
 - Soothing Babies
 - Breast Feeding Support
- **Be intentionally positive:**
 - Focusing on **positive feelings** toward others and being a mom
 - Performing acts of **kindness**
 - Expressing **gratitude**
- **Try meditation.**
- Consider **acupuncture**.



If you have medical or emotional health concerns, seek help.
 Ask your doctor for a referral to a specialist
 in pregnancy-related depression and anxiety or call
 Postpartum Support International at **1.800.944.4773**

If you are experiencing emotional health concerns, follow the recommendations noted above. Consider an overall medical evaluation to rule out conditions such as thyroid disorders. Seek professional treatment, which would include talking with a therapist and possibly drug treatment. Explore alternative therapies:

- Brain stimulation therapy:
 - Cranial Electrotherapy Stimulation (performed at home)
 - Transcranial Magnetic Stimulation or TMS (performed in a psychiatrist's office)
 - Electroconvulsive Therapy or ECT (performed in a hospital setting)
- Bright Light Therapy, using a light box
- Seek help for sleep challenges. Find a clinician specializing in circadian rhythms at: <http://sleepdisordersguide.com>

TAKING CARE OF YOURSELF DURING COVID-19

Resources for Pregnant and Postpartum Women

FEELING WORRIED, DOWN OR OVERWHELMED?

These feelings are common after giving birth and can be made worse by the current health crisis. You may notice:

- Feeling scared, angry, overwhelmed or sad.
- Changes in your sleep, energy, appetite or mood.

Share how you are feeling with your family and friends. If you feel overwhelmed, talk with your health care provider about support options.

HOW TO SEEK SUPPORT

It is important to remember that we all feel anxious sometimes. If you are struggling to care for yourself or your baby, please reach out.

Talk to your health care provider to be connected with mental health and well-being resources.

<https://www.postpartum.net/>

If you need help with:

- Financial assistance
- Housing
- Childcare
- Food

SOME TIPS



MINDFUL BREATHING

Try mindful breathing every day. Breathe in for 4 seconds, hold for 7 seconds, and breathe out for 8 seconds (4-7-8).



MAINTAIN A ROUTINE

Keeping to a routine can help to create a sense of normalcy and break up long days at home.



MOVE EVERY DAY

Activity helps with stress reduction. After discussing with your doctor, try to get outside every day. Remember to keep a six-foot distance from others and follow CDC/local guidelines for wearing a mask.



GET INVOLVED

Helping others can make you feel connected. Checking on a neighbor, sewing masks or donating canned goods to a food pantry can help give the feeling of control.



LIMIT NEWS INTAKE

Pick one time in the day to read/listen to the news, limit to 30 minutes or less.



STAY CONNECTED

Isolation can make you feel lonely and overwhelmed. Reach out to family and friends via video or phone calls.

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 activities 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 you can ask for help—for example your 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 virtually spend time with people who can support you. Explain to friends and loved ones how you feel. If you can't talk about it, that is okay too.

People I find supportive include _____

During the week, I will contact _____ (name/s) and try to talk to them _____ times.

Sleep is a very important part of self-care.



- **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.
- **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 and limit your exposure to electronics and light.
- **Keep the bedroom mellow.** Only use your bed for sleep and sexual activity. Keep your bedroom dark and cool and move your clock to prevent constantly checking it through the night.

Belly breathing triggers your body's natural calming response.



1. Begin by slowly bringing your breath to a steady, even pace.
2. Focus on breathing in from the very bottom of your belly, almost as if from your hips/pelvis.
3. See if you can breathe in a way that makes your belly stick out on the in-breath and deflate totally on the outbreath. 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.

Simple goals and small steps.

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



Patient Education – Anticipatory Guidance Posters

Up to one in seven women
will experience depression
during pregnancy or after birth.



- ✓ Learn whether you are at risk
- ✓ Understand the triggers
- ✓ Know it is treatable

Talk to your health care professional
and contact:

Postpartum Support International
1-800-944-4773
www.postpartum.net

Enter your text here
and insert your logo
below OR delete these
text boxes



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



Si cree que usted o algún miembro de su familia sufre de una depresión postparto, le podemos ayudar gratuitamente.
Llame al 1 800 944 4773 de Postpartum Support International.

Depression and Anxiety

are the **most common** complications in pregnancy and postpartum.



They affect 1 in 7 women.

Call the
Postpartum Support
International Warmline
for help and
local referrals:

1-800-944-4PPD



La depresión y la ansiedad son la causa #1 entre las complicaciones durante el embarazo y el posparto.



**Afecta 1 de
cada 7 mujeres.**

Comuníquese para ayuda
y referidos locales con
“The Postpartum Support
International Warmline”
(la Línea Internacional de
Apoyo en el Posparto)
1-800-944-4PPD



Depression and Anxiety are the **most common** complications in pregnancy and postpartum.

They affect 1 in 7 women.

If you feel any
of the following:

- ✓ Totally overwhelmed
- ✓ Weepy
- ✓ Anxious or nervous
- ✓ Angry
- ✓ Scared by your thoughts
- ✓ Like you're not yourself
- ✓ Guilt
- ✓ Regret
- ✓ Shame



Call the
Postpartum Support International Warmline
for help and local referrals:

1-800-944-4PPD



La depresión y la ansiedad son la causa #1 entre las complicaciones durante el embarazo y el posparto.

Afecta 1 de cada 7 mujeres.

Si usted presenta cualquiera de los siguientes síntomas:

- ✓ agobio
- ✓ deseos de llorar todo el tiempo
- ✓ ansiedad
- ✓ irritabilidad
- ✓ asustada de sus propios pensamientos
- ✓ fuera de si
- ✓ sentimientos de culpabilidad
- ✓ arrepentimiento
- ✓ remordimiento

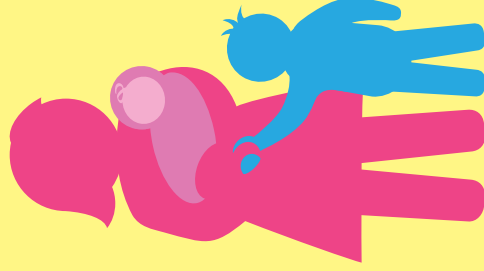


Comuníquese para ayuda y referidos locales con
 “The Postpartum Support International Warmline”
 (la Línea Internacional de Apoyo en el Posparto)

1-800-944-4PPD



Moms get Distressed – Sometimes it's Serious



**MATERNAL MENTAL
HEALTH DISORDERS
ARE TREATABLE.**

SIGNS CAN INCLUDE:

**SLEEP DISTURBANCE &
CHANGES IN APPETITE**

**FEELINGS OF HOPELESSNESS,
HELPLESSNESS, GUILT & DESPAIR**

FEELING INADEQUATE AS A MOTHER

ANXIOUS OR IRRITABLE FEELINGS

**FEELING EMOTIONALLY
DISCONNECTED FROM YOUR BABY**

**LACK OF INTEREST
IN FAMILY AND FRIENDS**

OBSESSING OVER BABY'S SAFETY

**UP TO 20% OF
PREGNANT & NEW MOMS
WILL EXPERIENCE SOME FORM OF
MATERNAL MENTAL
HEALTH DISORDER.**

CALL POSTPARTUM SUPPORT INTERNATIONAL

1.800.944.4773



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p.r.o.j.e.c.t

thebluedotproject.org

Up to 1 in 7 women will experience depression during pregnancy or after birth



confusion

loss of appetite

20%

sadness

20% of women will suffer from depression during pregnancy or after the birth of a child, that's 800,000 moms a year. When a woman suffers from depression her family suffers. It's critical that new and expecting families be informed.

difficulty in focusing **mental fog**

excessive worry

Trouble falling or staying asleep or sleeping too much

Easily Irritated or Angry

Talk to your health care professional
Understand the triggers - Know it is treatable

Postpartum Support International 1-800-944-4773 www.postpartum.net



The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Customize this area with your logo and contact information, or delete text box before printing.

Design by LBGdesign.com

#MomsMatter

**MATERNAL
MENTAL HEALTH
FOR ALL**

TheBlueDot

p • r • o • j • e • c • t

TheBlueDotProject.org

DEPRESSION
AND ANXIETY
IMPACT 1 IN 5
PREGNANT AND
POSTPARTUM WOMEN

#MomsMatter

TheBlueDot

p · r · o · j · e · c · t

TheBlueDotProject.org



Did you know?

Fathers can get depressed ^{and} anxious
after the birth of a child, too

*sadness, irritability and anger; low motivation,
distancing, sleep or appetite disturbances*

Call your healthcare provider ^{and}
Contact us for support and resources
1-800-944-4PPD
www.postpartum.net





¿Sabía usted?

Sí, los papás también pueden estar deprimidos y ansiosos después del nacimiento de un bebé

Tristeza, irritabilidad y enojo, baja motivación, distanciamiento, cambios en el apetito y el sueño

Llama a tu médico o a un profesional de salud y
Llámenos para recibir apoyo y referencias a
varios recursos que te pueden ayudar

1-800-944-4PPD

www.postpartum.net



You are
not alone.

1 in 7 Mothers
experience depression or anxiety
during pregnancy or postpartum


exhaustion, appetite or sleep disturbances, mood swings, anxiety, feeling overwhelmed

Call your healthcare provider ^{and}
Contact us for support and resources

1-800-944-4PPD

www.postpartum.net





“Cómo me
hubiera
gustado
saber que.”

Una de cada siete madres experimenta depresión o ansiedad durante el embarazo o posparto

*Cansancio, cambios en el apetito y el sueño, cambios
en el estado de ánimo, ansiedad, sentirse abrumada*

Llama a tu médico o a un profesional de salud y
Llámenos para recibir apoyo y referencias a
varios recursos que te pueden ayudar

1-800-944-4PPD

www.postpartum.net



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



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

Contact a health care provider if you experience:



Intense anger, worry, or unhappiness



Extreme mood swings



Difficulty caring for yourself or your baby



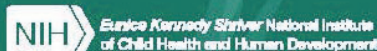
Less interest in things you used to enjoy



Changes in your eating or sleeping habits

Reach out if you don't feel right.

To learn more, visit nichd.nih.gov/MaternalMentalHealth.
To find a mental health provider in your area, call 1-800-662-HELP (4357).



¿Qué tal si en el “momento más feliz de su vida” no se siente tan feliz?



Parece que en todas partes hay mamás felices. Pero la verdad es que el embarazo y el parto pueden traer muchas emociones, como sentirse triste y agobiada. Muchas mujeres pueden tener estas emociones antes y después del parto, lo que podría ser una señal de depresión y ansiedad.

Comuníquese con un proveedor de servicios de salud si usted siente:



Sentimientos intensos de enojo, preocupación o infelicidad



Cambios extremos en el estado de ánimo



Dificultad para cuidarse a sí misma o a su bebé



Menos interés en las cosas que antes disfrutaba



Cambios en sus hábitos de alimentación o de sueño

Obtenga ayuda si no se siente bien.

Para aprender más, visite nichd.nih.gov/MaternalMentalHealth (en inglés).

Para encontrar un proveedor de servicios de salud mental cerca de usted, llame al 1-800-662-4357 (1-800-662-HELP).



Erica Kennedy Siriver National Institute of Child Health and Human Development



You're prepared for ALMOST anything...



Hundreds of dirty diapers



Dozens of loads of laundry



Middle-of-the-night feedings

But are you prepared for the possibility of depression and anxiety?

If you're like many pregnant women, nothing could be further from your mind. But depression and anxiety can happen before or after birth. Learn these signs.



Intense anger, worry, or unhappiness



Extreme mood swings



Difficulty caring for yourself or your baby



Less interest in things you used to enjoy



Changes in your eating or sleeping habits

Reach Out. Get Help. You Matter.

To learn more, visit nichd.nih.gov/MaternalMentalHealth.
To find a mental health provider in your area, call 1-800-662-HELP (4357).



Eunice Kennedy Shriver National Institute of Child Health and Human Development



Usted está preparada para CASI cualquier cosa...



Cantidades de pañales sucios



Docenas de canastas de ropa sucia



Alimentar a su bebé a media noche

Pero, ¿está preparada para la posibilidad de tener depresión y ansiedad?

Si usted es como la mayoría de las mujeres embarazadas, seguramente piensa en lo feliz que se sentirá cuando tenga a su bebé. Pero se puede tener depresión o ansiedad antes y después del parto. Conozca estas señales:



Sentimientos intensos de enojo, preocupación o infelicidad



Cambios extremos en el estado de ánimo



Dificultad para cuidarse a sí misma o su bebé



Menos interés en las cosas que antes disfrutaba



Cambios en sus hábitos de alimentación o de sueño

¡Obtenga ayuda! ¡Usted es importante!

Para aprender más, visite nichd.nih.gov/MaternalMentalHealth (en inglés)

Para encontrar un proveedor de servicios de salud mental cerca de usted, llame al 1-800-662-4357 (1-800-662-HELP).



Eunice Kennedy Shriver National Institute of Child Health and Human Development



Patient Education – Diagnosis and Treatment Handouts

Having a baby is challenging. Every woman deserves support



Antidepressants

Emotional complications are very common during pregnancy and/or after birth. One in seven women experience depression, anxiety, or frightening thoughts during this time. It can impact your health and your baby's health. Getting help is the best thing you can do for you and your baby. Many effective support options are available and medication treatment is one of those options. Please contact your provider to discuss any questions you may have about the effect of medication treatment on you and your baby. Information about medication use during pregnancy and breastfeeding is also available at the following websites:

mothertobaby.org and **womensmentalhealth.org**.

How do antidepressants work?

When brain chemicals are out of balance it can cause changes in mood or behavior which may result in depression or anxiety. Antidepressants help to restore the balance of these chemicals.

When do antidepressants begin to work?

What can I expect?

It may take a few weeks to start feeling better. It is important to keep taking your medicine as your provider has instructed. When you start to feel better, don't skip or stop taking your medicine without talking to your provider.



Adapted from Antidepressants by Harvard Pilgrim Healthcare
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Funding provided by CDC grant number U01DP006093

What else can I do to feel better?

Stay connected. Talk to people you trust, or join a support group

Get counseling. Combining counseling with medicine works better than medicine on its own. Talk to your provider.

Take care of yourself and be active. Eat a healthy diet. Any form of physical activity can help depression. Aim for at least 30 minutes of activity most days of the week.

Get enough sleep. Ask for/accept help from others during nighttime feedings.

Set realistic goals. Create small and manageable tasks for yourself.

Get involved. Participate in activities that interest you and make you feel better.

Fathers and partners may also suffer from depression or anxiety. Encourage your partner to ask for help.

Go to www.mcpapformoms.org and visit the “For Mothers and Families” tab for information on resources for emotional support.

continued ➡

Do antidepressants cause side effects?

Antidepressants may cause side effects, but they will often get better or go away in a few weeks. If you have side effects that continue to bother you, talk to your medical provider. You might be able to try a different dose (amount) of medicine or a different medicine.

What can I do if I have side effects?

The following chart has tips on what you can do if you have common side effects

Agitation, restlessness or anxiety	<ul style="list-style-type: none"> • Try deep breathing exercises, meditation, mindfulness or yoga. Visit http://www.umassmed.edu/cfm for more information. • Try to get or stay active.
Constipation	<ul style="list-style-type: none"> • Try adding bran or whole-grains to your diet. Add high fiber fruits and vegetables like apples, beans and broccoli. • Drink plenty of fluids. • Get regular exercise. • Talk to your doctor or pharmacist about a stool softener or fiber supplement.
Diarrhea	<ul style="list-style-type: none"> • Try bananas, applesauce, rice, toast, plain noodles, boiled potatoes or yogurt. • Avoid spicy, high-fiber foods and high-fat foods.
Dizziness	<ul style="list-style-type: none"> • Talk to your doctor or pharmacist about taking your medicine at bedtime.
Dry mouth	<ul style="list-style-type: none"> • Try sugarless gum or candy to keep your mouth moist. • Sip water regularly. • Suck on ice chips. • Talk to your medical provider or pharmacist about using a moisturizing spray.
Nausea or loss of appetite	<ul style="list-style-type: none"> • Eat small, more frequent meals. • Ask your medical provider or pharmacist if you can take your medicine with food. • Drink plenty of fluids like cool water, unsweetened fruit juice or ginger-ale that lost its carbonation.
Trouble falling asleep	<ul style="list-style-type: none"> • Avoid caffeine especially after noon. • Ask your medical provider or pharmacist about taking your medicine in the morning. • If possible, avoid napping during the day • Use your bed only for rest and sleeping • Talk to your doctor if falling asleep remains a problem

What questions should I ask my provider?

- How does this medicine work?
- How may depression and anxiety impact my baby's birth and my baby?
- How may antidepressant medication impact my baby's birth and my baby?
- What are the possible side effects?
- How long after I begin taking this medicine will I start to feel better?
- How can I get connected to counseling or a support group?



Talking Points for Providers

Talk About Depression and Anxiety During Pregnancy and After Birth

Ways You Can Help

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



LISTEN

Open the line of communication.

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



OFFER SUPPORT

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

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



OFFER TO HELP

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

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

During Pregnancy and After Birth: Learn the Signs of Depression and Anxiety

You may be the first to see signs of depression and anxiety in your loved one while she is pregnant and after she has had the baby. Learn to recognize the signs and, if you do see them, urge her to talk with her health care provider.

DOES SHE:

Seem to get extremely anxious, sad, or angry without warning?

Seem foggy and have trouble completing tasks?

Show little interest in things she used to enjoy?

Seem "robotic," like she is just going through the motions?

DO YOU:

Notice she has trouble sleeping?

Notice she checks things and performs tasks repeatedly?

Get concerned she cannot care for herself or the baby?

Think she might hurt herself or the baby?

Depression and Anxiety Happen. **Getting Help Matters.**

To learn more, visit nichd.nih.gov/MaternalMentalHealth.
To find a mental health provider in your area, call **1-800-662-HELP (4357)**.



Eunice Kennedy Shriver National Institute
of Child Health and Human Development



Hable sobre la depresión y la ansiedad durante el embarazo y después del parto

Cómo usted puede ayudar

El embarazo y un bebé recién nacido pueden traer muchas emociones. Pueden traer alegría, pero también la futura o nueva mamá se puede sentir triste y agobiada. Cuando estos sentimientos no permiten que esa persona se cuide a sí misma o a su bebé, podría ser una señal de que tenga depresión o ansiedad, sentimientos que tienen muchas mujeres embarazadas y nuevas mamás.



ESCUCHE.....

Comience una conversación.

- ◆ “Sé que todos están enfocados en el bebé, pero yo quiero escucharte a ti”.
- ◆ “He notado que tienes problemas para dormir aun cuando el bebé está dormido. ¿Te preocupa algo?”
- ◆ “Sé que tener un bebé recién nacido puede ser estresante. Me preocupo por ti. No pareces ser la misma de antes. Cuéntame cómo te sientes”.
- ◆ “Realmente quisiera saber cómo te sientes, quiero escucharte”.



OFREZCA APOYO.....

Dígale que no está sola, que usted está allí para ayudarla.

- ◆ “¿Puedo ayudarte a cuidar al bebé mientras descansas o sales con tus amigas?”
- ◆ “¿Cómo puedo ayudar? Podría hacer más tareas de la casa, como preparar las comidas o ayudar con la limpieza o las compras”.
- ◆ “Estoy siempre a tu lado. Vamos a organizar un tiempo juntos, solo tú y yo”.



OFREZCA AYUDA.....

Pídale que le deje buscar ayuda.

- ◆ “¿Podemos buscar información sobre esto en Internet?” Para aprender más, visite [nichd.nih.gov/MaternalMentalHealth](https://www.nichd.nih.gov/MaternalMentalHealth) (en inglés).
- ◆ “¿Hacemos una cita para que puedas hablar con alguien?” Llame a su proveedor de servicios de salud o a la línea telefónica de ayuda de la Administración de Servicios de Abuso de Sustancias y Salud Mental (SAMHSA, por sus siglas en inglés) al **1-800-662-4357 (1-800-662-HELP)** para obtener información gratis y confidencial de salud mental, así como referencias a servicios de tratamiento y de recuperación. El servicio está disponible las 24 horas del día, en español e inglés.
- ◆ “Estoy muy preocupado por ti”. Llame a la Red Nacional de Prevención del Suicidio al **1-888-628-9454** para apoyo emocional gratis y confidencial. (No es sólo para tratar el suicidio).

Durante el embarazo y después del parto: Conozca las señales de depresión y ansiedad

Quizás usted sea la primera persona en darse cuenta que alguien cerca de usted tiene señales de depresión y ansiedad, ya sea si esa persona está embarazada o después de dar a luz. Aprenda a reconocer las señales y si las nota, insista en que ella hable con su proveedor de servicios de salud.

ELLA:

¿Parece que de repente se pone demasiado ansiosa, triste o enojada?

¿Parece estar aturdida o le cuesta trabajo terminar las cosas que tiene que hacer?

¿Muestra poco interés en las cosas que antes disfrutaba?

¿Actúa como un "robot", como si estuviera haciendo las cosas mecánicamente?

USTED:

¿Ha notado que ella tiene dificultad para dormir?

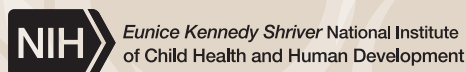
¿Ha visto que ella revisa las cosas a cada rato y realiza los quehaceres repetitivamente?

¿Se preocupa de que ella no pueda cuidarse a sí misma o a su bebé?

¿Piensa que tal vez ella se pueda hacer daño o le pueda hacer daño al bebé?

La depresión y la ansiedad son comunes después de un embarazo. **Obtenga ayuda.**

Para aprender más, visite nichd.nih.gov/MaternalMentalHealth (en inglés).
Para encontrar un proveedor de servicios de salud mental cerca de usted, llame al
1-800-662-4357 (1-800-662-HELP).





Perinatal Mental Health Discussion Tool

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

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

- | | |
|---|---|
| <input type="radio"/> Feeling depressed or void of feeling | <input type="radio"/> Flashbacks regarding the pregnancy or delivery |
| <input type="radio"/> Feelings of hopelessness | <input type="radio"/> Avoiding things related to the delivery |
| <input type="radio"/> Lack of interest in the baby | <input type="radio"/> Scary and unwanted thoughts |
| <input type="radio"/> Trouble concentrating | <input type="radio"/> Feeling an urge to repeat certain behaviors to reduce anxiety |
| <input type="radio"/> Brain feels foggy | <input type="radio"/> Needing very little sleep while still functioning |
| <input type="radio"/> Feeling anxious or panicky | <input type="radio"/> Feeling more energetic than usual |
| <input type="radio"/> Feeling angry or irritable | <input type="radio"/> Seeing images or hearing sounds that others cannot see/hear |
| <input type="radio"/> Dizziness or heart palpitations | <input type="radio"/> Thoughts of harming yourself or the baby |
| <input type="radio"/> Not able to sleep when baby sleeps | |
| <input type="radio"/> Extreme worries or fears
(including the health and safety of the baby) | |

Risk Factors

Below are several proven risk factors associated with postpartum depression (PPD) and postpartum anxiety (PPA). Knowing these risk factors ahead of time can help you communicate more effectively with your family and medical provider and put a strong self-care plan in place.

Please mark all risk factors that apply:

- | | |
|---|---|
| <input type="radio"/> History of depression or anxiety | <input type="radio"/> Birth of multiples |
| <input type="radio"/> History of bipolar disorder | <input type="radio"/> Baby in the NICU |
| <input type="radio"/> History of psychosis | <input type="radio"/> Relationship issues |
| <input type="radio"/> History of diabetes or thyroid issues | <input type="radio"/> Financial struggles |
| <input type="radio"/> History of PMS | <input type="radio"/> Single mother |
| <input type="radio"/> History of sexual trauma or abuse | <input type="radio"/> Teen mother |
| <input type="radio"/> Family history of mental illness | <input type="radio"/> No or little social support |
| <input type="radio"/> Traumatic pregnancy or delivery | <input type="radio"/> Away from home country |
| <input type="radio"/> Pregnancy or infant loss | <input type="radio"/> Challenges with breastfeeding |

RESOURCES

www.postpartum.net

- **PSI Helpline:** For local resources please call 800-944-4773 or text us at 503-894-9453. We can provide information, encouragement, and names of resources near you.
- **FREE Online Weekly Support Groups:** Led by a trained facilitator. For days and times please visit: <http://www.postpartum.net/get-help/psi-online-support-meetings/>
- **FREE Psychiatric Consult Line:** Your medical provider can call 800.944.4773 x 4 and speak with a reproductive psychiatrist to learn about medications that are safe for you to take while pregnant and breastfeeding. <http://www.postpartum.net/professionals/perinatal-psychiatric-consult-line/>

Promoting Optimal Mental Health for Pregnant and Postpartum Women during COVID-19

Challenge:

Usual screening for mental health symptoms is more challenging now.

There are fewer in person prenatal visits, restricted exchange of screening tools especially via paper and pencil, and variable access to screening tools via patient portals.

What Providers Can Do:

- Be aware of signs of increased depression, anxiety, and substance use.
- Use [MCPAP for Moms OB Provider Toolkit](#) for brief screening measures that can be administered verbally during telemedicine visits.
- **Contact your local psychiatry access program, if available.**

<https://www.umassmed.edu/lifeline4moms/Access-Programs/network-members-us/>

Signs of Depression

- low mood
- sleep disruption
- changes in appetite
- increased guilt
- thoughts of low self-worth
- low energy
- decreased focus/ concentration
- hopelessness/helplessness
- thoughts of self-harm or suicide

Challenge:

During the COVID-19 pandemic, there is an increased risk for a woman to experience her birth process as traumatic.

Many women are fearful about the impact of the pandemic on their birth experience including participation of a birth support person in the labor room, or not having usual supports around to help postpartum.

Risk factors include:

- anxiety prior to labor
- absence of a birth partner and/or perceived lack of support during labor and delivery
- feelings of disconnection, helplessness, and isolation during labor and delivery

What Providers Can Do:

- Remember that our usual ways of providing non-verbal reassurance are impeded by telehealth, masks, and physical distancing.
- Make direct eye contact, use clear, supportive verbal communication and attentive, focused listening.
- Consider wearing a photo ID or adding a smile to your mask to offset loss of nonverbal feedback .
- Describe in detail the process for telemedicine visits and for arriving at the hospital.
- Help patients to identify back up plans if their support person is COVID+ or becomes symptomatic.
- Encourage creative means of support like including a doula or birth partner via video-chat.
- Reassure women that visitation policies have evolved to include increased birth support.
- Discuss that hospitals and accredited birth centers remain the safest settings for delivery. Carefully weigh risks and benefits of home births if a woman is considering this option.



Promoting Optimal Mental Health for Pregnant and Postpartum Women during COVID-19 (Cont'd)

Challenge:

During this time, there is concern that all perinatal women are at increased risk for mental health conditions. Women with pre-existing mental health conditions are at risk of exacerbation of their conditions during and after pregnancy.

Visits with therapists and psychiatric prescribers may be disrupted, and mental health symptoms may be harder to identify during the course of pregnancy care. Increased stressors and changes in social connection may precipitate new or worsening symptoms.

What Providers Can Do

For All Women:

- Discuss concerns about labor, birth, and the postpartum period.
- Identify sources of support.
- Refer to mental health providers for individual, group therapy, and/or medication treatment as indicated.
- Therapy, peer support, and medication treatment is still available via telemedicine visits.



For Women with Mood Disorders:

- Suggest daytime structure to ensure sleep, rest, and early morning light exposure—disrupted sleep and day/night schedules can worsen mood disorders.
- Mitigate the risks associated with isolation by emphasizing physical distance but social connectedness via video-conference or telephone with supports.
- Connect patients with parenting (and lactation, when applicable) virtual group support.
- Consider treatment with medication or psychotherapy, when indicated.

For Women with Anxiety Disorders:

- Encourage information only from reputable sources, and limit exposure to media.
- Suggest patients explore resources to learn anxiety management skills or meditation. Apps like Headspace, Ten Percent Happier and COVID Coach are free right now.
- Recommend cognitive behavioral therapy (CBT) self-help options like the Pregnancy & Postpartum Anxiety Workbook.
- Involve women in decisions whenever possible to foster a sense of control and empowerment.
- Consider treatment with medications in the short-term, when indicated.

Promoting Optimal Mental Health for Pregnant and Postpartum Women during COVID-19 (Cont'd)

For Women with Trauma-Related Disorders:

- Be aware of signs of prior trauma.
- Screen for safety and privacy prior to and during virtual visits because women experiencing intimate partner violence (IPV) may be at further risk while self-quarantining or isolating with someone with whom they have experienced violence.
- Optimize trauma-responsive approaches by promoting autonomy and choice when able.
- Ask for permission prior to physical contact, and narrate the steps to procedures in advance, including what physical sensations might be experienced.
- Maximize privacy whenever possible.
- Involve the woman in decisions regarding her obstetric care and offer choices whenever feasible.
- Explain before labor what emergency interventions may be necessary.
- Minimize loud directives or commands.
- Be aware of nonverbal communication, and sit when speaking rather than standing over patient, whenever possible.

Signs of Prior Trauma

- avoidance of prenatal care
- unusual fear of needles, IVs, or medical procedures
- extreme sensitivity about bodily exposure
- recoiling when touched during an exam

For Women with Substance Use Disorders:

Current practices of self-quarantine and social distancing mimic the isolation which many people find themselves in when experiencing substance use disorders (SUDs). People with SUDs are at risk of increasing their use of substances to help manage stress especially during this time. This can result in obtaining substances from unfamiliar sources or using potentially riskier substances.

- Ask women with SUD how they are coping, if they have had any relapse, and reassure them that there are treatment options.
- Know that for women with opioid use disorders, methadone, buprenorphine (first line agents in pregnancy) and naltrexone are still available treatment options
- Suggest participation in virtual support groups, like AA, NA and Smart Recovery—for more information check www.boston.gov/departments/recovery-services.
- Refer to The Journey Recovery Project for resources specific to pregnant and postpartum women <https://journeyrecoveryproject.com/>.
- Call the MA Helpline at 800-327-5050 or view resources at www.helplinema.org to help with finding all levels of treatment including telehealth.
- Obtain drug tests when clinically indicated or to confirm adherence to treatment. Can use other clinical signs to assess for risk of substance use such as attendance at appointments, appearance/signs of intoxication (either in-person or via telehealth). To limit exposure, would not ask patients to come in solely for drug testing, but would be reasonable to pair with an already scheduled in-person visit.

Call your local psychiatry access program, if available

<https://www.umassmed.edu/lifeline4moms/Access-Programs/network-members-us/www.postpartum.net>

MENTAL HEALTH CARE PACKAGE

FOR PREGNANT AND POSTPARTUM WOMEN
AND FAMILIES



Prepared by:
MCPAP forMoms

2020

<https://www.mcpapformoms.org/>

HELPFUL LINKS

National Suicide Prevention Hotline

1-800-273-8255

<https://suicidepreventionlifeline.org/>

Crisis Text Line

Text HOME to 741741

<https://www.crisistextline.org/>

MBHP ESP Directory

<https://www.masspartnership.com/pdf/MBHPESPDirectory.pdf>

Postpartum Support International

PSI Hotline: 1-800-944-4773

<https://www.postpartum.net/>

Massachusetts Substance Use Helpline

1-800-327-5050

<https://helplinema.org/>

National Domestic Violence Hotline

1-800-799-7233

<https://www.thehotline.org/>

Parental Stress Line

1-800-632-8188

Free & Confidential 24/7

The Women, Infants, & Children (WIC) Nutrition Program

1-800-942-1007)

<https://www.mass.gov/wic-information-for-participants>

One Tough Job Resource Finder

<https://onetoughjob.org/resource-finder?sectionId=10&entry=6&ages=73>

Safety Planning in COVID-19

<https://interface.williamjames.edu/sites/default/files/Safety%20planni%20ng%20during%20COVID%2019.pdf>

Mass 211

Dial 211 for health and human service resources

<https://mass211.org/>

The Journey Recovery Project Resources

<https://journeyrecoveryproject.com/resources/>

FOR MOTHERS AND FAMILIES

Relaxation and Mindfulness

Diaphragmatic Breathing:

“This is an exercise that uses cues your body to interrupt the fight or flight mode and instead switch on our rest and digest mode.”

Mindful Breathing:

“Sometimes, just bringing awareness to our natural cycle of breathing can help get us out of our minds and into our bodies.”

Progressive Muscle Relaxation:

“This special way of flexing and relaxing our muscles helps release pent up stress and tension.”

Smallest Enjoyable Activity:

Identify small, simple enjoyable activity to fully experience mindfully (shower, painting nails, doing art, brushing hair, etc.)

Mother and Infant Support Groups

MA Support Groups

<https://interface.williamjames.edu/ppd-support-groups>

Online Postpartum Support

https://doc.google.com/document/d/1zMlIK0Z-LjLe-%20k4CYbw5fzRMT2_IS0iZCKBGxzH13_0/edit

APPS

Covid Coach

https://www.ptsd.va.gov/appvid/mobile/covid_coacg_app.asp

Meditation Apps

headspace

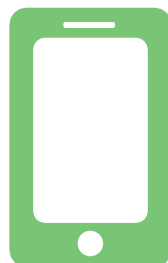
<https://www.headspace.com/>

Calm

<https://www.calm.com>

Insight Timer

<https://insighttimer.com>



FOR MOTHERS AND FAMILIES

CONTINUED

Family Resources

Child Mind Institute: Supporting Families during COVID-19

<https://childmind.org/coping-during-covid-19-resources-for-parents/>

MCPAP for Moms Resources for Families

<https://www.mcpapformoms.org/Resources/ParentAndFamilySupports.aspx>

Virtual Play Group

<https://onetoughjob.org/blog/2020/03/massachusetts-virtual-parenting-support-groups-and-playgroups-during-covid-19>

MCPAP Mental Health Care Package (COVID-19)

<https://www.mcpap.com/pdf/MentalHealthCarePackageFinal.pdf>

COVID-19 Daily Schedule for Children

COVID-19 DAILY SCHEDULE

© Jessica McHale Photography

Before 9:00am	Wake up	Eat breakfast, make your bed, get dressed, put PJ's in laundry
9:00-10:00	Morning walk	Family walk with the dog Yoga if it's raining
10:00-11:00	Academic time	NO ELECTRONICS Sudoku books, flash cards, study guide, Journal
11:00-12:00	Creative time	Legos, magnetiles, drawing, crafting, play music, cook or bake, etc
12:00	Lunch	
12:30PM	Chore time	A - wipe all kitchen table and chairs. B - wipe all door handles, light switches, and desk tops. C - Wipe both bathrooms - sinks and toilets
1:00-2:30	Quiet time	Reading, puzzles, nap
2:30-4:00	Academic time	ELECTRONICS OK Ipad games, Prodigy, Educational show
4:00-5:00	Afternoon fresh air	Bikes, Walk the dog, play outside
5:00-6:00	Dinner	
6:00-8:00	Free TV time	Kid showers x3
8:00	Bedtime	All kids
9:00PM	Bedtime	All kids who follow the daily schedule & don't fight

FOR PROVIDERS

CDC:COVID-19 Pregnancy and Breastfeeding

https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fpregnancy-breastfeeding.html

ACOG Clinical Guidance: Novel Coronavirus 2019 (COVID-19)

<https://www.acog.org/clinical/clinical-guidance/practice-%20advisory/articles/2020/03/novel-coronavirus-2019>

WHO: Q&A on COVID-19, Pregnancy, Childbirth and Breastfeeding

<https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-pregnancy-%20childbirth-and-breastfeeding>

Patient-Centered Care for Pregnant Patients during the COVID-19 Pandemic

<https://s3.amazonaws.com/cdn.smfm.org/media/2279/homebirth.pdf>

Society for Maternal Fetal Medicine COVID-19 Clinical Guidance

<https://www.smfm.org/covidclinical>

PROGRAMS & RESOURCES

FAMILY RESOURCES (NO COST)

- **PSI Website:** Support, education, and local resources (www.postpartum.net).
- **HelpLine:** In English, call or text 'HELP' to **800.944.4773**, In Spanish, call **800.944.4773** or text **971.203.7773**.
- **Support Coordinators:** Provide support and referrals for families in all 50 U.S. states and in more than 65 countries. Plus, Specialized Support Coordinators for specific needs such as postpartum psychosis, grandparents, dads, deaf and hard of hearing, Spanish/Arabic speaking families, LGBTQIA+ parents, military families, and more.
- **Online Support Groups:** Specialized groups including pregnancy mood, perinatal (pregnancy & postpartum) mood, birth moms, dads, Spanish language, Black moms, South Asian moms, queer and trans parents, pregnancy and infant loss, military moms, NICU parents, termination for medical reasons, and postpartum psychosis.
- **Peer Mentor Program:** Parents in need of support are paired with a trained volunteer who is fully recovered from a Perinatal Mood and Anxiety Disorder (PMADs).
- **Chat with an Expert:** Connect with other parents, and talk with a PSI expert about resources, symptoms, and treatment options. (First Mondays for Dads, and every Wednesday for Moms)
- **PSI on Smart Patients Forum:** For women affected by PMADs to share, interact, and learn from peers in a safe, supportive environment: www.smartpatients.com/partners/ppd
- **Perinatal Mental Health Discussion Tool:** For parents to track symptoms to discuss with their healthcare provider.

PROVIDER TRAININGS, TECHNICAL ASSISTANCE, AND SERVICES

- **Perinatal Psychiatric Consult Line:** Consultation for medical professionals who have questions about mental health care related to pregnant and postpartum patients and pre-conception planning. (**800.499.4773**)
- **Perinatal Mental Health Provider Directory:** PSI's *free* directory of perinatal mental health specialists.
- **Perinatal Mental Health Trainings and Conference:** For medical and mental health providers, childbirth professionals, volunteer advocates, hospitals, health care organizations, and state, county, and city agencies.
- **Certification in Perinatal Mental Health (PMH-C):** The PMH-C creates a structure for professional education and evaluation and a standardization of training and experience.
- **Frontline Provider Training:** Training (via webinar or onsite locations) that equips frontline providers with the necessary skills to assess and support patients with perinatal mental health complications. (**CMEs and CEs**)
- **Technical Assistance:** Expert consultation on capacity and consult lines.
- **Perinatal Mental Health Alliance for People of Color (PMHA-POC):** A program within PSI, the PMHA-POC was created to fill a gap in support services for professionals and communities of color around PMADs.
- **Membership:** PSI members around the world receive benefits including online learning/networking groups, discounts on trainings, and more.
- **PSI State Chapters:** Collaboration, education, support, and advocacy. PSI State Chapters further the mission of PSI on a statewide level. Check our website for more information and to connect with your state chapter.

AWARENESS

- **MIND the GAP:** A collective initiative to improve the mental health and well-being of pregnant and postpartum parents by increasing awareness and access to education, screening, diagnosis, treatment, and support services.
- **Climb Out of the Darkness (COTD):** World's largest event raising funds and awareness for the mental health of new families.
- **PSI Yates Children Memorial Fund Justice and Advocacy Program:** Support and information for families and professionals involved with cases concerning perinatal mental illness in the criminal justice or legal system.



Psychopathology of pregnancy and postpartum during the Covid-19 pandemic: a small guide

by

A. Bramante, V. Brenna, M. Mauri, M. Spinelli



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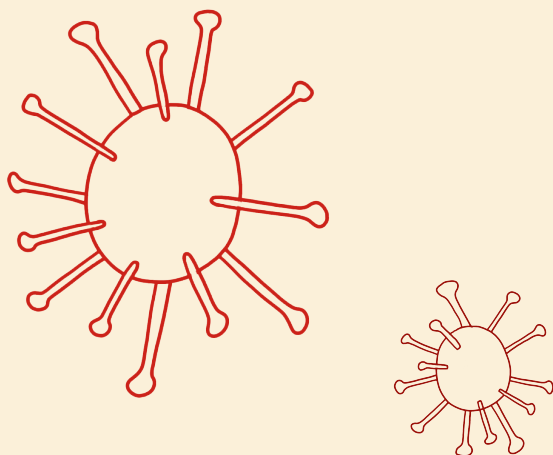
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Who we are:

As perinatal professionals we treat pregnant and postpartum women who suffer from perinatal mental disorders. We teach, promote research, training and awareness on this issue that is very close to our hearts. In the shadow of most mothers for whom this phase represents a period of joy and fulfillment, there are women who suffer with mental illness that necessitates medication. They often cannot bond well with their babies.

We work with these mothers every day. Through the Italian Marcé Society <https://www.marcesociety.it/> we collaborate with psychiatrists, psychologists, psychotherapists, midwives, nurses and pediatricians. Our commitment is to share knowledge about the difficulties mothers face during pregnancy and after childbirth.

At this time, we address women in need because they have a mood or anxiety disorder or they may develop it during the next months: Our aim is to focus on you, to understand your experiences and needs and provide resources to help you during this stressful time.



COVID-19

In early December 2019 in Whuan, China, the first cases of Covid-19 emerged. This label describes the disorder resulting from infection by a new coronavirus (called SARS-CoV-2). Coronaviruses are a family of viruses, very common in animal species. In some cases, they can mutate, become capable of infecting humans and then disseminate among the population. You can find updated information by consulting the website:

<http://www.salute.gov.it/portale/nuovocoronavirus/dettaglioFaqNuovoCoronavirus.jsp?lingua=italiano&id=228#6>

The high number of cases in some regions, has resulted in significant restrictions in our daily lives. The rigorous respect for guidelines prevents the virus from having "human stores" through which it replicates, composes itself and subsequently spreads. By limiting social contact, we control the spread of the virus and prevent an excessive number of people from requiring intensive care in a short period of time.

Our goal is to encourage questions, provide education and encourage your ability to ask for help so that you can understand these circumstances and obtain adequate support.

In the midst of this pandemic the health care system is overburdened, but you should know that the maternity and mental health services are available to you.

Perinatal Mental Health

The perinatal period or the time from pregnancy to one year after childbirth, represents a time of psychological vulnerability for one in five women: As the woman is adopting a new identity as a mother, psychological symptoms may emerge and even worsen with the additional anxiety of Coronavirus.

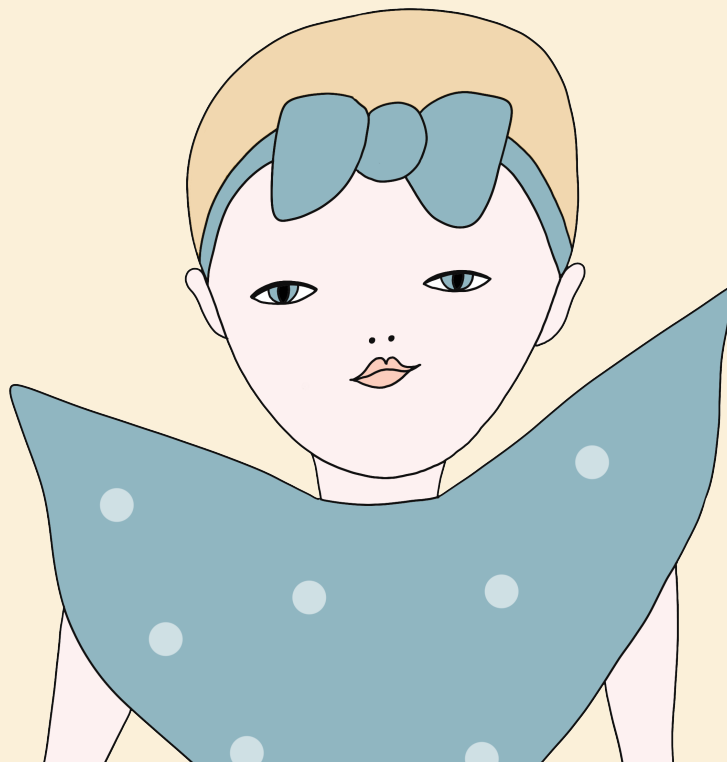
Here are some percentages of the psychopathologies that occur in the perinatal period: In pregnancy depression affects between 7 to 20% of women, anxiety between 10 to 15%. In the postpartum period depression afflicts between 13 to 20% of mothers; postpartum psychosis 0.01%. The variability of the percentages depends on the different clinical studies we have consulted, the diagnostic tools used, the populations studied and the countries in which they were conducted.

It is important to be informed, aware and able to seek help, if necessary.

In an epidemic it is common to feel stressed, worried and anxious about our own health, and that of the unborn or newborn infant. We may avoid access to facilities for the fear of contagion. We may experience the consequences of a forced quarantine; of managing children, addressing the relationship with our partner and tolerating separations or loss of loved ones. We may experience helplessness, loneliness, boredom and isolation.

These factors have encouraged us to write this guide to inform you and encourage you to ask for support, if you feel it is necessary. We present the difficulties and the nuances that may arise in this pandemic period.

This guide is the result of consultation of institutional sites, review of research and available scientific publications and consultation with esteemed national and international colleagues who have provided their support, advice and recommendations. Let's begin!

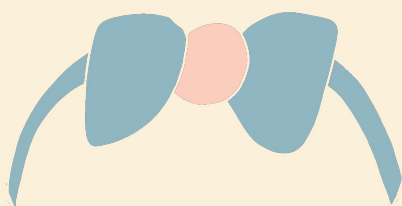


1. Pregnancy and breastfeeding

The scientific knowledge of the interaction Covid-19 with pregnancy and postpartum is limited and therefore insufficient to provide reliable data: There are no studies showing an increased risk of spontaneous abortion in the presence of Covid-19. At this time the literature does not document vertical transmission of the virus to the developing fetus or abnormalities in the newborn.

Routine prenatal visits, ultrasounds, maternal and fetal evaluations must continue regardless of the pandemic. Hospitals remain the safest places to give birth to your baby. You have access to highly qualified personnel and emergency facilities. You can ask for help if you feel that something is wrong.

Women who wish to breastfeed their babies should be encouraged as long as their pediatricians or health care providers agree. So far there is no evidence that the virus passes through breast milk. If you have or suspect you have a Covid-19 infection you should take directions from your health care team about being separated from your baby. If you are not separated, you should take the best precautions and respect general hygiene insurances as: wash your hands before and after touching your baby, use a mask when you are close to him and during breastfeeding and disinfect all surfaces. If, on the other hand, you choose not to breastfeed, you can pump the milk and feed or give it to dad with the bottle. If you do not breastfeed do not feel guilty. Communicate it clearly and resort to infant formula. Good nutrition for your baby is also provided by the joy and emotional stability of his mother.



2. Covid-19 infection in children

Current knowledge (Center for Disease Control and Prevention) shows that children are not more at risk of infection than adults, however premature, those with chronic diseases or with a compromised immune system are considered more at risk. Children are at increased risk of complications caused by the infection, a multi system inflammatory syndrome in children (MIS-C) that is related to COVID-19. It characterized by a systemic hyperinflammation with fever and multi-system organ dysfunction.

It is essential that all family members observe the precautions indicated by the CDC and WHO, to avoid infecting children, particularly those considered at risk.

3. Sleep is essential: some tips to avoid insomnia in pregnancy: (European Insomnia Network and Italian Marcé Society)

Insomnia and sleep problems may affect approximately 80% of women during pregnancy, particularly during the third trimester. It is important to get sufficient sleep during this period because it may have positive effects on the health and the immune system of mothers and children even in the long term. Getting a sufficient amount of good-quality sleep supports the immune system, which reduces the risk of infection and improves outcomes for people fighting a virus. Conversely, sleep deprivation weakens the body's defense system and makes one more vulnerable to contracting a virus. Optimal sleep helps regulate mood and increases energy and overall productivity during the day. Sleep is crucial during pregnancy, but during the COVID-19 pandemic the loss of control and uncertainty is common. The stress may elevate the body's arousal system response, triggering insomnia. In addition, lifestyle is

completely changed during this period because of the social distancing restrictions. This situation may contribute to a change in your sleep habits triggering insomnia.

What can help you sleep better?

Try to structure your routine. If you were working and you are now at home for social distancing restrictions try to create a new routine. Make sure you have a regular schedule and stick to the same waking time each morning to help stabilize your circadian rhythm. Do not avoid taking a nap during the day if you need it. It is important to sleep if you are tired but keep the nap short to no longer than 40 minutes.

Try to exercise regularly. Gentle/aerobic morning or afternoon exercise is beneficial for sleep. Find a place in the house that is not the bedroom to do your exercise. This way, you can keep your bedroom as a sleep sanctuary.

Regulate your meals. Keep a meal structure that typically works for you. If you're hungry, have a light snack prior to bedtime. A small portion of crackers can help sleep.

Make sure your bedroom environment is conducive to sleep. Keep the room temperature cool (around F 61°), try an eye mask or blackout shades if there is no other way to keep the room dark enough. Try to use the bedroom only for sleeping so that the association between good-quality sleep and bed will be reinforced

Schedule in wind-down time. Allocate at least half an hour to an hour before bedtime as wind-down time. That means relaxing in a room with dim lighting and engaging in a non-stimulating activity, like watching re-runs of your favorite old shows, doing crossword puzzles, or reading a good, old-fashioned paper book.

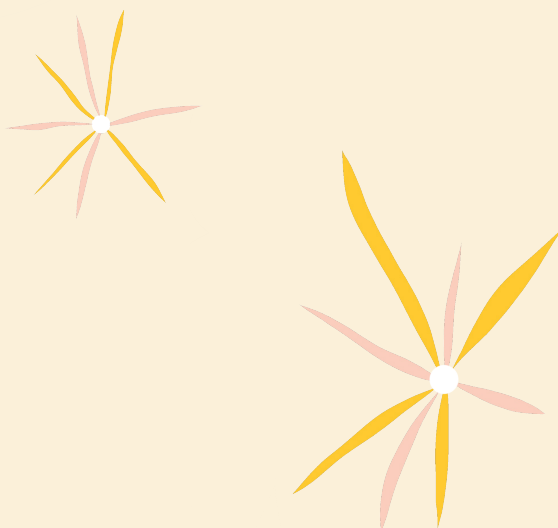
Try to practice progressive muscle relaxation or other relaxing programs such as mindful breathing and imagery techniques etc.

during your wind-down time. It is helpful to reduce mental activity before sleeping

Try to avoid electronic devices in the wind-down time. There's evidence that blue light from electronics can impact your circadian rhythms and can cause mental stimulation. If you don't have other activities, put your phone, e-reader or tablet at the lowest light settings (e.g, with a black background).

Try to do something calming in another room if you wake in the middle of the night and feel anxious. Sit in a comfortable chair until you are sleepy before returning to bed. Don't worry too much about sleep being broken up; see this as an opportunity to clear your mind and to relieve any pain or discomfort before getting back to sleep.

Try to restrict beverages to the daytime and don't drink large amounts of water or tea within an hour of your typical bedtime, to avoid excessive toilet visits during the night.



4. Anxiety and stress related to Covid-19 in pregnancy and postpartum (Chandra P., 2020)

Pregnant women may have several worries related to COVID 19 and may ask themselves many questions such as:

- How can I prevent myself from getting the infection?
- What will the impact of the virus be on my unborn baby?
- Will my partner (or any family member) be allowed to stay with me during delivery?
- Will transportation be available if I go into labor?
- Is it safe to go to the hospital for antenatal checkups or scans?
- Is excessive use of hand sanitizer safe during pregnancy?
- Should I get tested for COVID 19?

In the first and second trimester, the worries may be related to effects on the fetus, miscarriage and the ability to get blood tests and scans.

In the third trimester, worries may be about chances of infection, health care during labor, presence of relatives and effect of breastfeeding the baby.

Please remember that some amount of anxiety is natural and understandable. But sometimes anxiety may become excessive, an obstacle to wellness. These are the times when it is important to talk to a professional.

The postpartum period is a vulnerable time and nearly 10-15 % of women may have depression and mood changes. This may be heightened during this pandemic when there is so much uncertainty, lack of visitors, social isolation and lack of normal rituals after childbirth due to poor transport and social distancing. Women may worry excessively about their infants' health and not feel satisfied with hand washing or other sanitizing procedures.

If the woman or the infant develops a cough or fever, there may be excessive anxiety regarding the same. In this case we recommend that you ask for help from your internist, your gynecologist or your mental health services.

These are some symptoms that will help you to recognize whether you have excessive anxiety or psychological distress:

- excessive worry about getting the infection even when all precautions are being taken and reassurance has been provided;
- lack of sleep because of anxiety;
- focus excessively on social media news about COVID 19;
- extremely anxious about infection control procedures in family members;
- worry too much about missing work even though there are no actual risks;
- feel sad and angry because of isolation and the impossibility of visiting with family and friends;
- feel nervous, anxious or on edge;
- cannot control anxiety;
- cannot relax;
- feel so restless that it's hard to sit still;
- become easily annoyed or irritable;
- fear and anticipation that something awful might happen;

How can pregnant women or women with newborn babies prevent getting excessive anxiety?

Keep in regular touch with your gynecologist, obstetrician or primary doctor. Ask them how you can be in touch or who you can call if you feel too anxious or worried.

Divide your day into four parts: Rest, Hobbies, Work and Exercise. Create a timetable for yourself using these four headings equally.

Limit isolation and find ways of interacting with relatives and friends through phone and video calls.

Do not engage in disturbing social media and TV programs. Request that your friends and family not send you negative messages. If necessary, opt out of groups where there are too many distressing messages.

Preparation and Planning: one good way of managing anxiety is to be prepared for eventualities. While some things are difficult to anticipate, you can have a plan ready in case of an urgent need to visit the hospital.

Keep phone numbers of ambulance services, two or three of your friends, your immediate family members and inform them that you may need their help at some time.

Send your health insurance card and your healthcare papers scanned to a person you trust. Share phone numbers of the hospital and doctor with your immediate friends or family in case you need them to be with you in the hospital. If there is a curfew or lockdown, they may need it for proof if asked by the police.

Once the baby is born, have the telephone number of the pediatrician handy. Discuss how to obtain mandatory vaccines.

Name the core worry: This stops it from getting tangled up with too many different issues. Is it about the delivery, is it about the baby's health, is it about how your husband will reach home after he went out to get groceries during the lockdown? Sometimes naming the worry will itself point out that the worry is needless.

Try to avoid 'fueling the worry' or "adding 'petrol to the existing fire'" by staying away from social media posts, blogs or chatrooms that discuss stressful topics.

Ask yourself "have I done everything I could do in that situation?": Our decisions and actions are never perfect. All situations have constraints. Our actions may simply be what could reasonably be done in that situation, given the constraints.

If there is something more that can be done go ahead and do it now.

If not, remind yourself, 'there was nothing I could have done' or 'there is nothing more I can do now'.

Talk to someone, not necessarily about the worry. Just chat.

Find a task you enjoy and get immersed in: read, listen to music, play with a puzzle, walk, play with kids around you, try a new recipe, clean a cupboard, try some craft, make posters out of inspirational quotes or write a diary/blog.

Find ways to seek comfort – an inspirational talk, soothing music, chanting, a book of wise words.

Try a gratitude journal, list all the things that you are thankful for.

Find ways to relax: yoga, meditation, deep breathing, mindfulness. You don't need fancy equipment or a perfect, undisturbed time/space. Disturbances are common in modern life, and you need only a few minutes. Squeeze it in whenever you can.

Remember that providing yourself with some relaxation and wellness lets your body communicate to your brain that there is no danger and the brain will reward you with positive sensations.

5. Perinatal Obsessive-Compulsive Disorder (OCD) in the Covid-19 era

We are experiencing a disturbing moment and we are trying to adapt. A high level of anxiety and high stress is foreseeable. We all need to be aware of and accept our reactions day by day. Many of them may be considered normal reactions, i.e. normal in an abnormal situation.

Even more, this period can be difficult for pregnant and postpartum women with an obsessive-compulsive disorder whose symptoms may worsen OCD. However, it occurs, it is a disorder based on doubt, fear and uncertainty.

However, it is fundamental in this particular moment to distinguish what worries are excessive. For example, emerging evidence seems to indicate that pregnant women are not at greater risk than others. Pregnant women and those with young children must take the same precautions as anyone else.

Some suggestions for women with perinatal OCD:

Do not do anything more than what the Government recommends in terms of safety rules. Do not listen to that "bully" of the OCD which tends to create new rules in your brain.

Observe what you are doing and changes over time. For example, if the need to wash your hands increases, try to stick to the 20 second rule and delay rituals by resisting the temptation to give in.

Check updates on Covid-19 less frequently and remove news notifications: you will give your mind the opportunity to calm down a little.

Pay attention to the reason why you are washing or disinfecting your home: Is washing performed according to ministerial guidelines to reduce the risk of spreading the virus or is it fed by OCD to make you feel "right"?

Concentrate on concrete things to do: For example, bathing children, preparing meals, doing household chores.

Give yourself permission to feel frustrated: This time will be difficult but not impossible and will represent your new normal for some time, but not forever.

If you notice that ruminations are increasing, first identify the negative thoughts that characterize them then do not listen to it and postpone it to another moment of your day. In this way you interrupt it.

Try to look for something that you can do now and that you have always put off for lack of time. We don't want to be naive optimists but try to focus on the good times and think about what made you feel good before this all began.

Do things you enjoy like cooking, cultivating your hobby, things that keep your hands and head busy.

Find time for yourself: Try not to judge yourself. No matter what happens, you don't have to be perfect. Whenever OCD starts knocking, fill that time with *positive distraction*, which could be anything that makes you feel good.

Eat well, exercise every day and stay hydrated.

Keep a diary to identify what makes you feel better. Make notes about activities and ideas throughout your day.

If you are assailed by the thought that you could do something bad to your child, repeat to yourself that it is your anxiety and that thinking about something does not mean wanting it. Don't feel guilty or like you are a bad mom. Remember that these kinds of thoughts occur in 70-100% of new mothers (Collardeau et al., 2019). If necessary, delegate the care of your baby for a while, until you feel more peaceful.

Don't stop psychotherapy.

If you are taking psychiatric drugs for OCD, do not stop therapy without consulting your psychiatrist even if you feel well. Some obsessive symptoms, such as doubts about the integrity of the child or the ability to prove that you are a good mother, are frequent in pregnancy and in postpartum period. However, if you have thoughts that make you mull over things continuously, it is appropriate to ask if it is necessary to get some professional help.



6. Panic disorder in pregnancy and postpartum during Covid-19 pandemic

Panic disorder is a very common disease and is thought to affect between 4 and 6 % of general population. Studies report controversial data regarding panic disorder and pregnancy. Some of them, and many women confirm it, claim that pregnancy represents a "golden" period for the disappearance of the attacks and permits a feeling of well-being. Others seem to observe a significant worsening, often in association with more pronounced nausea and vomiting in the first trimester and feeling short of breath in the last trimester. Other studies show no improvement or worsening associated with pregnancy. In the postpartum period however, a possible relapse of the disorder is more frequent. However, it should be remembered that a pre-existing panic disorder or a first-time panic attack during pregnancy can represent a risk factor for postpartum depression.

Some advice can be helpful dealing with this non-serious, but very annoying disorder.

If you have never had panic attacks, they are unlikely to occur during pregnancy. If it happens, don't worry, it's not a serious or dangerous disease.

Contact your physician and follow his/ her advice. If the attacks continue, contact a specialist (psychologist or psychiatrist).

If you have had a panic disorder in the past and are afraid that it may happen again in pregnancy, consult professionals to determine your options.

If you are in psychotherapy or pharmacotherapy do not stop. Follow the advice of those who care for you.

Try to reduce stimulants such as coffee, coke and respect times of rest and sleep (sleep deprivation can act as a stimulant).

If you feel like you don't have" enough air," you can use the open balcony or window to practice breathing and relaxation exercises.

In this period the fear of "becoming infected with the virus" is common for everyone, but those who have had panic are particularly attentive to symptoms of any kind and tend to observe and monitor themselves continuously. Try not to become a slave to the thermometer or the small instrument that measures oxygen in your blood.

Avoid do-it-yourself therapies, such as benzodiazepines (anxiolytics). They are not indicated in pregnancy, except for occasional use and under strict medical supervision. This also applies to the postpartum period if you decide to breastfeed.



7. Depression in pregnancy and postpartum in the Covid-19 era

Universally recognized both within scientific community and general population, postpartum depression occupies the role of protagonist in perinatal psychopathology. This is not the place for a long scientific discussion. But, if you feel depressed, discouraged, guilty, lose interest in daily activities, have thoughts of death or compromised sleep or appetite for at least two weeks, it is important to ask for a psychiatric evaluation specific for the perinatal period.

Some recommendations

Strive to maintain a normal lifestyle and continue your usual activities.

Keep a daily routine: when you wake up wash, comb and dress as if you are going out, even if you don't feel like it.

Don't isolate stay in touch with your family, friends, co-workers through video calls or Skype.

Be careful about what you eat: try to take in a quantity of calories that is neither too low nor too high.

Try to exercise, even moderate but steadily.

Light is important: keep the curtains open. If you have a balcony stay on it for at least one hour a day.

Avoid situations that create anxiety or put you in a bad mood. Try to think about positive images and memories. Put aside shame and guilt.

Dedicate yourself to interesting activities to interrupt brooding (continuous thoughts about the future) or rumination (continuous thoughts about the past) because they do not lead to a solution. On the contrary they can aggravate the symptoms.

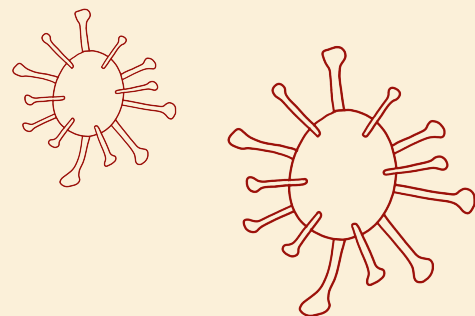
Do not neglect your sleep: The connection between sleep and mood is well known. If your child does not allow you to sleep, try to rest during the day or exchange doing night shifts with your partner. If you can't sleep even when your baby is resting, ask a specialist for help.

Do not stop psychotherapy: Many therapists hold sessions using phone call, video call or Skype.

Do not stop pharmacological therapy without talking to your psychiatrist even if you are well. Stopping a therapy increases the risk of relapse up to five times.

There are drugs that can be used with caution in pregnancy and in the postpartum period. Specialist centers give exhaustive information both by phone and by email.

If you have bad thoughts, if you realize that you are experiencing a particularly depressing moment, do not hesitate to ask for help immediately. You can turn to perinatal psychologists or psychiatrists to evaluate the situation.



8. Some information for women who are at risk of developing postpartum psychosis or women who are recovering from an episode of postpartum psychosis (APP - Action on Postpartum Psychosis).

We know that pregnant women and new mothers have many doubts about how their treatment will proceed and how to access services during the coronavirus epidemic.

A. Pregnant women

(i.e. those who have had previous postpartum psychosis (PP) or have a bipolar disorder diagnosis):

- *What will happen to my prenatal psychiatric appointments?*
Appointments will be kept but they will be done by phone or video conferencing.
- *How do I get medication during this crisis?*
Mental health department and obstetrics-maternity departments will work collaboratively to ensure the safest possible antenatal care remains uninterrupted. Women who are on Lithium throughout pregnancy will continue to need the same degree of medical vigilance. You can call the psychiatric service where you are treated: they can prescribe for you by email. Remember to follow the prescribed therapy carefully because this is a period of particular stress and there is no need to increase the risk of relapse.

B. Postpartum women who develop symptoms

Postpartum Psychosis (PP) is a rare but severe form of mental illness that occurs unexpectedly and quickly. Usually this occurs between 48 hours and up to 2 weeks after childbirth but can occur up to 12 weeks after childbirth as well.

There are women, such as those suffering from bipolar disorder, who are at higher

risk for postpartum psychosis. It is a disorder that has a rapid onset. It must be treated as a medical emergency with drugs and hospitalization. With the right treatment, a full recovery is achieved. Recovery takes time but women do return to regain the mothering role they expected. Those who have had an episode of PP during a previous pregnancy are more likely to have a recurrence. Rest, sleep and family support must be planned for and guaranteed.

Which are the main symptoms of postpartum psychosis?

Confusion
Excited, euphoria
Insomnia
Irritability
Agitation
Disorientation and confused thinking
Disorganized behaviour
Delusions and hallucinations often centred on the newborn
Rapid mood fluctuations (sadness-euphoria)

If I develop symptoms of PP, how will assessment happen?

If you believe you are developing symptoms of postpartum psychosis you should act immediately. It is best to call to the emergency department and request an urgent psychiatric visit. If you believe that you or someone in your household is in imminent danger, call 911. Initial contact may be made via video call (particularly if the person also has a cough or high temperature). Do not go to the hospital emergency for any reason.

Often women do not realize the symptom onset because they occur so rapidly, therefore family members and partner must be informed and keep careful watch in the first weeks after giving birth. They must be able to intervene rapidly, if necessary.

C. Women during recovery

How will I get medication? How will I be monitored and supported during recovery?

Most appointments will occur via phone or video call.

How can I manage anxiety, depression and isolation during recovery if outpatient visits do not happen and we are meant to be socially distancing?

With the therapist's help and suggestions, phone calls and video calls will be offered.

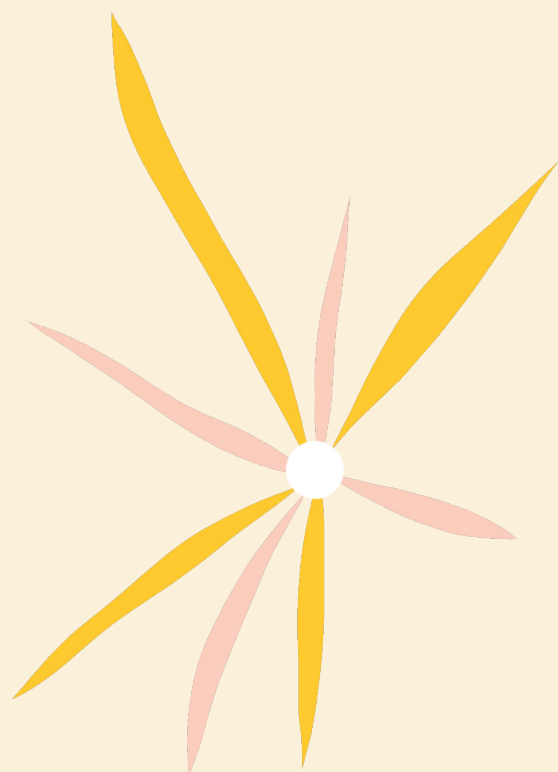
If you have bipolar disorder and have just been discharged after delivery, try to keep an eye on your mood with your partner and monitor the amount and quality of sleep.

For concerns related to mood swings or lack of sleep, contact your psychiatrist immediately.

D. Women with other types of psychosis

There are women who have more serious psychiatric conditions, often have unwanted pregnancies or pregnancies they are not aware of.

These situations are very often managed by the family members or partners: these women are often not aware of their disease. They neglect any caution or precaution, even in the current risk environment. It's very important to engage psychiatric services to utilize all the available supports, including hospitalization if required.



9. Mother-infant bonding disorders

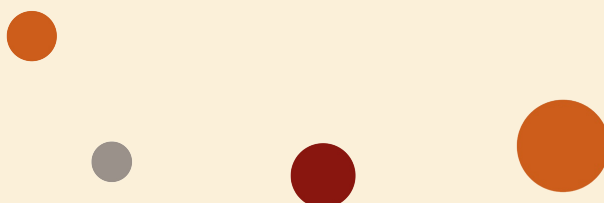
There are women who immediately feel like mothers, for whom maternal emotion arrives without delay. For others the relationship with their child develops slowly during the first weeks / months after giving birth. There are some mothers who feel alienated from their child and are afflicted by a lack of expected positive emotions. For others, their child is experienced as a burden, they feel imprisoned. They want some other trusted adult to take care of their infant.

Some thoughts that we would like to share with you

If you have these feelings, lack a bond with your baby and feel guilty, you don't have to think you're a bad mom. You don't become a mother only by giving birth to a baby. sometimes it takes time and patience before this relationship is established.

If in this moment of great difficulty, in which we are forced to live 24 hours a day within our home, with children at home because they are too young or because the nursery is closed, you may feel overwhelmed by the responsibilities of managing your child. Ask for help from your partner, your mother or those who live with you to relieve the stress that you are feeling if the baby cries and is inconsolable. Do not force yourself to be with the child if being with him makes you feel bad or angry. Never be alone with him. Try to do things for yourself that made you feel good before motherhood to alleviate your tension. Do it without feeling guilty and without judging yourself as a mother.

If you find it hard to sleep, if you feel overwhelmed by guilt, your mood is low or very irritable, consider talking to a psychotherapist experienced in perinatal psychopathology. Even if the clinics are closed, you will be offered advice by phone or video call. The expert will give you advice on how to deal with the situation and "fortify" the relationship with your child. Together you can also evaluate the possibility of requesting drug therapy, which is necessary especially if you are having trouble sleeping, feeling sad or irritable.



10. What can family members of pregnant and postpartum women do to prevent anxiety and depression?
(Chandra P., 2020)

Be aware of the signs of excessive anxiety or psychological distress.

Try not to minimize symptoms when she tells you about her worries. Tell her it's quite natural for her to feel this way.

Try to address some of the concerns and encourage her to talk to health care providers about it rather than worrying.

Ensure that she follows a routine.

Engage her in interesting conversations

Find some activity that you can do together like playing a game, doing a craft or telling stories.

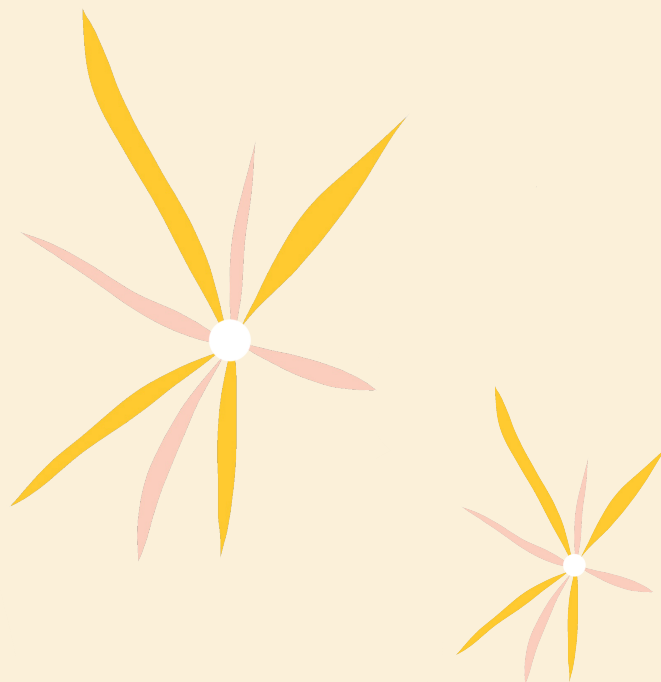
Ensure that you have a copy of her reports and hospital card and tell her that you have them readily available.

Teach her simple methods of relaxation and do them with her.

If you feel anxious try to talk to someone about it and not add to her anxieties.

For mothers with newborn babies, encourage her to sing to the baby, play with the baby and ensure that she gets adequate sleep and help with baby care.

Some of the routine childbirth related rituals may not be possible because of the Lockdown or Social Isolation. So, *try to find other simple ways of celebrating at home* – Create a memory book of the baby's first month and write down messages from friends, grandparents and relatives. Get them to record music or lullabies or messages and send them to the mother and baby. These small activities will help the mother to feel connected even if her parents or partner cannot be nearby.



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