



Meet Them Where They Are... Primary Care!

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Introductions

Natalie Mohan here as:

...Clinical Psychologist

Board Member

... Postpartum Support International Colorado Chapter

...Behavioral Health Clinician

... Mom

What brings you “here”? What are you hoping to get from this breakout?





Why Primary care? Why Screen?

"Postpartum depression is the most under-diagnosed obstetric complication in the U.S. (Earls, 2010) Because the burden of depression and other mental health distress is so high for mothers and their children, and because it is often overlooked, PSI believes that there is a tremendous need for universal screening of all pregnant and postpartum women. Emotional stress and perinatal mental health disorders, such as prenatal and postpartum depression and anxiety, are clinically defined, treatable, and amenable to support, education and intervention. Although there is increasing awareness of the rates of perinatal mental health disorders and the potential negative impact on mothers, babies, and families, perinatal mental health is far too often undiagnosed, unde

- PSI website



Perinatal Mental Health Disorders

Depression During Pregnancy and Postpartum

Approximately 15% of women experience significant depression following childbirth.

Anxiety During Pregnancy and Postpartum

Approximately 6% of pregnant women and 10% of postpartum women develop anxiety.

Pregnancy or Postpartum OCD

Approximately 3-5% of new mothers and some new fathers will experience these symptoms

Bipolar Mood Disorders

Approximately 9% of birthing people experience postpartum PTSD following childbirth

Postpartum Psychosis

Approximately .1-.2% - **treat this as a medical emergency**

<https://www.postpartum.net/learn-more/>

[\(click here for helpful summary page from ACOC website\)](#)

Baby Blues

Experts estimate about 80% — experience mood swings and weepiness during the first 2-3 weeks after giving birth. Sometimes called “the baby blues”, this is a normal adjustment period and resolves without any medical assistance.

Who, When and Which One(s)?

Who? EVERYONE in the Perinatal period

When? PSI recommends the following schedule:

- First prenatal visit
- At least once in second trimester
- At least once in third trimester
- Six-week postpartum obstetrical visit (or at first postpartum visit)
- Repeated screening at 6 and/or 12 months in OB and primary care settings
- 3, 9, and 12 month pediatric visits

Which screenings?

- 1) [Edinburgh Postnatal Depression Scale 1 \(EPDS\)](#)
- 2) [PHQ - 9](#)

HOW?

Set the stage

Give the screening

Score it

Next steps

It is unethical to screen without the appropriate infrastructure in place

Attune, normalize, validate, offer hope, provide support, create a plan

Set the stage

- Provide rationale
- Universal
- What to expect, be transparent
- Limits of confidentiality and what will happen after...

Give the Screening

- Accessibility (verbal or written)
- Privacy
- Comfort (physical and emotional)

Score it!

Refer back to specific screenings

[EPDS](#)

[PHQ](#)

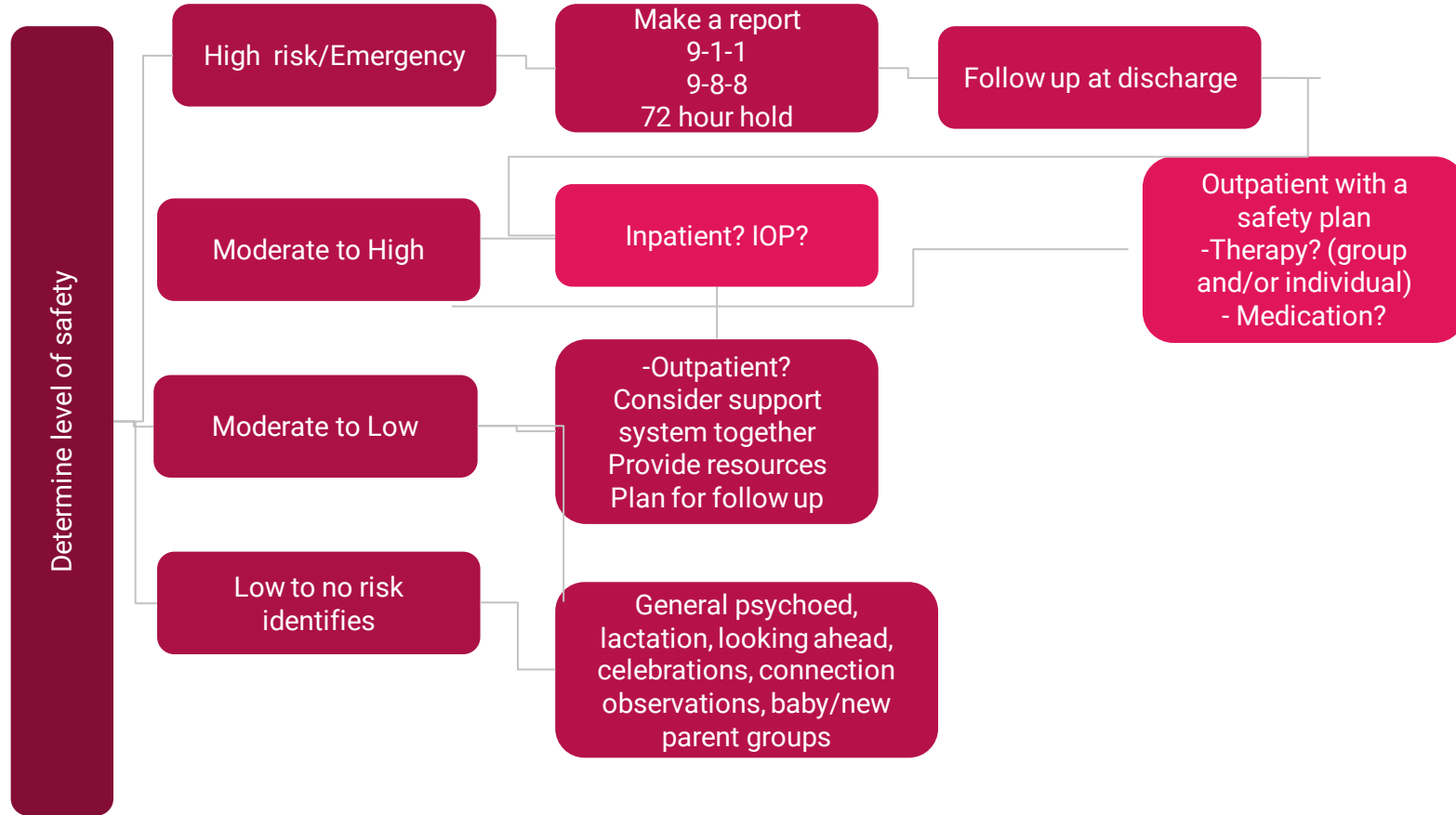
Next Steps

- Who will review/score?
- How is it documented?
- What is the plan? Safety plan?
- Who will do the follow up?

Important clinical considerations

- Cultural considerations
 - Language, country of origin, race, religion, immigration status, legal status, SES, insurance, spirituality, etc.
- Risk Factors and Protective Factors
 - Mental health history, ACES, SES, race
 - Sources of support
 - Connection with baby
 - Feelings about pregnancy, childbearing/rearing, plans/expectations, fears, excitement

Be curious, non-judgmental, never assume, don't be afraid to ask



Resources

9-1-1; 9-8-8

<https://www.postpartum.net/get-help/>

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

<https://maternalmentalhealthnow.talentlms.com/index>