



# Orange County Perinatal Mental Health Toolkit





This work has been made possible by the Pritzker Children's Initiative, funder of the National Collaborative for Infants and Toddlers. Through their generous support, this toolkit was compiled by First 5 Orange County's Pritzker Fellow, Hoda Shawky, MSN, PCNP, PHN, PMHS, IBCLC, in collaboration with members of the Orange County Perinatal Mood and Anxiety Disorder Collaborative Steering Committee.



# Table of Contents

Background .....	4
When to Use This Toolkit.....	5
Prevention.....	7
Identification .....	9
Mental Health Screening Tools .....	10
Substance Use Screening and Resources.....	15
Referrals.....	19
Maternal Screening and Care Pathway (algorithm) .....	19
Prevention Classes, Peer Mentorship, and Support Groups.....	21
Referral Guide for Programs Serving At Risk Pregnant and Postpartum Clients (virtual/home visiting programs) .....	22
Training on Perinatal Mental Health.....	23
Treatment and Decision-Making Support.....	24
Billing and Reimbursement Information .....	25
Useful Numbers .....	28
Education.....	29
References .....	46

## Background

Nearly one in five women living in Orange County are affected by a form of depression or anxiety either during pregnancy, up to 12 months after birth, or both. Nationally, one in ten men are impacted as well. Referred to as Perinatal Mood and Anxiety Disorders (PMADs), the rate of these conditions increases among mothers experiencing multiple stressors, such as racism, poverty, and adverse childhood events during their own childhood. Left untreated, depression in mothers and other caregivers can put a strain on relationships at home, in addition to negatively impacting all aspects of the young child's development.

Recognizing the long-term impact of perinatal mood and anxiety disorders on families and children, and after the 2018 passage of a Maternal Mental Health Bill Package in California, the need for local systems building around perinatal mental health became evident.

While several programs to treat PMADs already existed in Orange County, access to those services was limited due to a lack of knowledge on the topic and of the resources available. Building on the substantive work by the Orange County Health Care Agency (OCHCA) and the Orange County Perinatal Council, community partners, First 5 Orange County, OCHCA, the Orange County Medical Association, CalOptima, Hoag and St. Joseph Hospitals, MOMs Orange County, Children and Family Futures, the Hospital Association of Southern California, and the Regional Perinatal Network, formed the Orange County Perinatal Mood and Anxiety Disorders Collaborative in 2019.

The Orange County Perinatal Mental Health Toolkit was developed by the OC PMAD Collaborative in order to build the foundation for a perinatal mental health system of support. The toolkit contains local resources, evidence-based tools, and recommendations to assist healthcare and service providers in offering education, preventive interventions, screening, referral, and treatment for new and expecting parents. Updates to this toolkit will be made yearly. Questions and feedback directed to [First5OC@cfcoc.ocgov.com](mailto:First5OC@cfcoc.ocgov.com) are welcome.

For specific inquiries regarding mental health services and treatment programs for non-perinatal adults and children, contact **1-855-OC-LINKS (1-855-625-4657)**.



Nearly one in five women living in Orange County are affected by a form of depression or anxiety either during pregnancy, up to 12 months after birth, or both.

## When to Use this Toolkit



In accordance with best practice recommendations by the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, Bright Futures, as well as in compliance with California Assembly Bill 2193 requiring prenatal and postpartum mental health screenings, this toolkit seeks to equip health care and other providers with tools for identifying and connecting families to resources that address their emotional and mental well-being.

It is recommended that all perinatal clients receive an evidence-based screening during their primary care visit, whether in the obstetric, family practice, or pediatric setting. Recommendations include but are not limited to:

- Obstetric visit: At minimum once prenatally and once postpartum
- Pediatric visit: At minimum during the first, second, fourth, and sixth month well child visits.
- Whenever index for suspicion is high

## Key Risk Factors

---

Regardless of ethnicity, level of education, socio-economic status, or other factors, perinatal mood and anxiety disorders can affect any parent. Furthermore, additional factors known to increase the risk for perinatal mood and anxiety disorders include:

- Personal or family history of depression
- History of physical or sexual abuse, intimate partner violence
- Unplanned or unwanted pregnancy
- Stressful life events
- Pregestational or gestational diabetes
- Complications during pregnancy (e.g. preterm delivery or pregnancy loss)
- Low socioeconomic status
- Lack of social or financial support
- Adolescent parenthood

*The imminent short and long term impacts of the current COVID-19 pandemic on the emotional and mental well-being of parents and their children are proof points for the importance of screening for risk and signs of distress in order to mitigate additional family hardships.*

For that reason, the Perinatal Mental Health Toolkit begins first with preventive interventions and ends with educational resources to underscore the importance and effectiveness of education and prevention to reduce the risk of perinatal anxiety and depression on mothers, fathers, or other caregivers and their infants.

# Prevention

## Preventive Interventions to Integrate Into Practice

Based on strong evidence to support the effectiveness of counseling in reducing the risk of postpartum depression, a 2019 U.S. Preventive Services Task Force publication recommended implementation of preventive interventions for women at risk of developing perinatal depression, such as those with a history of depression, current depressive symptoms, or certain socioeconomic risk factors (e.g., low income or young or single parenthood). See the page above for a more complete list of risk factors.

Below are two evidence-based programs proven to reduce the risk of perinatal depression by up to 50% among at risk clients.

---

### Mothers and Babies Program

This 6-12 week individual or group-based program uses psychoeducation, attachment theory, and cognitive behavioral therapy approaches to provide new mothers with tools to help reduce the onset of depressive symptoms. Designed to be delivered prenatally, this curriculum empowers mothers to by encouraging them to engage in enjoyable activities, build their social support network, and develop healthier ways of thinking. It can be offered in clinic or community based settings (such as home visiting programs, WIC, or community centers) by either paraprofessionals or professionals with mental health training. Training information and curriculum are available online at <https://www.mothersandbabiesprogram.org/>.

---

### ROSE (Reach Out, Stay Strong, Essentials for mothers of newborns)

This preventive intervention consists of four to five individual or group sessions using an interpersonal therapy approach to provide psycho-education, stress management, role transitions, and interpersonal conflicts. Intended to prevent postpartum depression among low-income women, the ROSE program may be offered by paraprofessionals or mental health professionals in either clinic or community based settings. Information on free training and technical assistance as part of the ROSE Sustainment Study, visit <https://www.publichealth.msu.edu/flint-research/the-rose-sustainment-study>.



### **Counseling to Prevent Perinatal Depression is Now Reimbursable**

Effective for dates of service on or after February 12, 2019, and consistent with the U.S. Preventive Services Task Force recommendation, Medi-Cal will now reimburse individual and/or group counseling sessions for pregnant or postpartum women with certain depressive, socioeconomic and mental health related risk factors. These risk factors include perinatal depression, a history of depression, current depressive symptoms (that do not reach a diagnostic threshold), low income, adolescent or single parenthood, recent intimate partner violence, elevated anxiety symptoms and a history of significant negative life events.

Up to a combined total of 20 individual counseling (CPT codes 90832 and 90837) and/or group counseling (CPT code 90853) sessions are reimbursable when delivered during the prenatal period and/or during the 12 months following childbirth. Modifier 33 must be submitted on claims for counseling given to prevent perinatal depression.



# Identification



While many providers may rely on conversations with expecting or new parents to detect perinatal depression or anxiety, studies have shown that cases can be missed without the use of a standardized screening tool. Furthermore, routine practice of asking standardized questions will help normalize discussion about mental health and can eliminate the stigma associated with this issue.

## Mental Health Screening Tools

Below are some commonly used, evidence-based tools to screen for depression, anxiety, or both, some of which may already be included in your practice's electronic medical record (EMR). Otherwise, patients may be able to complete surveys on a printed form or tablet, after which the score can be entered into the chart. Some practices may choose to screen all patients with an initial Patient Health Questionnaire (PHQ)-2 or PHQ-4 as part of routine intake and follow up a positive score with the PHQ-9 or Edinburgh.

For Edinburgh and PH-Q 9 surveys in additional languages, go to <https://www.ochealthinfo.com/phs/about/family/mcah/pmad>

### Patient Health Questionnaire- 4 (PHQ-4)

PHQ-4				
Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Little interest or pleasure in doing things	0	1	2	3
4. Feeling down, depressed, or hopeless	0	1	2	3

**(For office coding: Total Score T\_\_\_\_\_ = \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ )**

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

## Edinburgh Postnatal Depression Scale (EPDS)

### EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
WEEKS OF PREGNANCY: \_\_\_\_\_ (or) AGE OF BABY: \_\_\_\_\_

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please mark “X” (☒) on the box by the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**—*not just how you feel today*. Complete all 10 items and find your score by adding each number that appears to the left of your checked answer. This is a screening test; not a medical diagnosis. If something doesn't seem right, *talk to your health care provider regardless of your score.*

Below is an example, already completed.

I have felt happy:

- 0  Yes, all of the time  
1  Yes, most of the time  
2  No, not very often  
3  No, not at all

This would mean: “I have felt happy most of the time” in the past week.  
Please complete the other questions in the same way.

**In the past 7 days:**

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

Total Score:

## Edinburgh Postnatal Depression Scale (EPDS)

---

The EPDS was developed for screening postpartum women in outpatient, home visiting settings, or at the 6–8 week postpartum examination. It has been utilized among numerous populations including U.S. women and Spanish speaking women in other countries. The EPDS consists of 10 questions. The test can usually be completed in less than 5 minutes. Responses are scored 0, 1, 2, or 3 according to increased severity of the symptom. Items marked with an asterisk (\*) are reverse scored (i.e., 3, 2, 1, and 0). The total score is determined by adding together the scores for each of the 10 items.

Validation studies have utilized various threshold scores in determining which women were positive and in need of referral. Cut-off scores ranged from 9 to 13 points. **Therefore, to err on safety's side, a woman scoring 9 or more points or indicating any suicidal ideation – that is she scores 1 or higher on question #10 – should be referred immediately for follow-up.** Even if a woman scores less than 9, if the clinician feels the client is suffering from depression, an appropriate referral should be made. The EPDS is only a screening tool. It does not diagnose depression – that is done by appropriately licensed health care personnel. Users may reproduce the scale without permission providing the copyright is respected by quoting the names of the authors, title and the source of the paper in all reproduced copies.

### Instructions for Users

1. The mother is asked to underline 1 of 4 possible responses that comes the closest to how she has been feeling the previous 7 days.
2. All 10 items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others.
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

## Patient Health Questionnaire- 9 (PHQ- 9)

# PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(Use “✓” to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING   0   +        +        +         
=Total Score:       

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Generalized Anxiety Disorder (GAD-7)

### GAD-7

Over the **last 2 weeks**, how often have you been bothered by the following problems?

Not at all

Several days

More than half the days

Nearly every day

*(Use "✓" to indicate your answer)*

1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

***(For office coding: Total Score T \_\_\_ = \_\_\_ + \_\_\_ + \_\_\_ )***

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

## Substance Use Screening and Resources

Pregnancy is an opportune time to screen and connect women to resources because of an increased motivation to change habits for the future well-being of their child. Estimates of perinatal psychiatric and substance use co-morbidity range from 57 to 91%, with the most common diagnoses being depression, anxiety, and post-traumatic stress disorder. For this reason it is crucial to screen, at minimum, those with positive perinatal mood and anxiety disorder scores for substance use risk. Referral and follow up are warranted for any positive scores on any of the screens below.

*It is important to encourage a woman who may be reluctant to admit to substance use or to accept help. Reassure her that by enrolling in supportive services earlier, she increases the likelihood of delivering a healthy baby that can remain safely in the home.*

### Recovery Referral Sources

**Beneficiary Access Line at (800) 723-8641**, available 24/7 for Medi-Cal eligible clients  
**(855) OC-LINKS** or **(855) 625-4657** Behavioral Health Navigators available from 8 am – 6 pm to link clients with recovery services.

**Perinatal Substance Abuse Services Assessment and Coordination Team (PSAS/ACT)** home visiting program which increases access and adherence to treatment **(714) 834-7747**.

For more resources on substance and opiate use, visit [NAStoolkit.org](http://NAStoolkit.org) for the **Mother & Baby Substance Exposure Toolkit**.

### Orange County Behavioral Health Services SBIRT Integrated Behavioral Health Screen for Non-Enrolled Participants

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?		Not at all	Several days	Over Half the days	Nearly Every day	SCORE	TOTAL	POSITIVE	
GAD-2	1	Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		≥3	
	2	Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
PHQ-2	3	Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		≥3	
	4	Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
<b>Now I am going to ask you some questions about your use of alcoholic beverages during this past month</b>									
AUDIT-C(B)	5	How often do you have a drink containing alcohol?	<input type="checkbox"/> 0 <small>Never (if checked, skip to Q8)</small>	<input type="checkbox"/> 1 <small>Monthly or less</small>	<input type="checkbox"/> 2 <small>2-4 times per month</small>	<input type="checkbox"/> 3 <small>2-3 times per week</small>	<input type="checkbox"/> 4 <small>4 or more times per week</small>	≥3 ≥4 † ‡	
	6	How many drinks containing alcohol do you have on a typical day when you are drinking?	<input type="checkbox"/> 0 <small>1-2</small>	<input type="checkbox"/> 1 <small>3-4</small>	<input type="checkbox"/> 2 <small>5-6</small>	<input type="checkbox"/> 3 <small>7-9</small>	<input type="checkbox"/> 4 <small>10+</small>		
	7	How often do you have five or more drinks on one occasion?	<input type="checkbox"/> 0 <small>Never</small>	<input type="checkbox"/> 1 <small>Less than Monthly</small>	<input type="checkbox"/> 2 <small>Monthly</small>	<input type="checkbox"/> 3 <small>Weekly</small>	<input type="checkbox"/> 4 <small>Daily or almost daily</small>		
SSQ-Other Drugs	8	How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?				<input type="checkbox"/> 0 <small>Zero times</small>	<input type="checkbox"/> 1-2 <small>One or two times</small>	<input type="checkbox"/> 3+ <small>Three or more times</small>	≥1
PVS-1	9	In the past year, have you been hit, kicked, punched, or otherwise hurt by someone? (If so, by whom?)				Whom?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>In the past month, how much have you been bothered by:</b>									
PCL-C2 Item	10	Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	≥4	
	11	Feeling very upset when something reminded you of a stressful experience from the past?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		
†When all the points are from #5 alone (#6 and #7 are zero), it can be assumed that the patient is drinking below recommended limits and intake can be monitored									
‡ A score of ≥ 1 from item 6 or 7 is considered positive									
If any question is positive, please refer to Behavioral Health Care Manager/Behavioral Health Specialist									
Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish									

## NIDA Quick Screen

### NIDA Quick Screen V1.0<sup>1</sup>

Name: ..... Sex ( ) F ( ) M Age.....

Interviewer..... Date ...../...../.....

**Introduction (Please read to patient)**

*Hi, I'm \_\_\_\_\_, nice to meet you. If it's okay with you, I'd like to ask you a few questions that will help me give you better medical care. The questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed. I'll also ask you about illicit or illegal drug use—but only to better diagnose and treat you.*

**Instructions:** For each substance, mark in the appropriate column. For example, if the patient has used cocaine monthly in the past year, put a mark in the “Monthly” column in the “illegal drug” row.

NIDA Quick Screen Question:	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
<b><u>In the past year</u></b> , how often have you used the following?					
<b>Alcohol</b>					
<ul style="list-style-type: none"> <li>• For men, 5 or more drinks a day</li> <li>• For women, 4 or more drinks a day</li> </ul>					
<b>Tobacco Products</b>					
<b>Prescription Drugs for Non-Medical Reasons</b>					
<b>Illegal Drugs</b>					

- If the patient says “**NO**” for all drugs in the Quick Screen, reinforce abstinence. **Screening is complete.**
- If the patient says “**Yes**” to **one or more days of heavy drinking**, *patient is an at-risk drinker*. Please see NIAAA website “How to Help Patients Who Drink Too Much: A Clinical Approach” [http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians\\_guide.htm](http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm), for information to **Assess, Advise, Assist, and Arrange** help for at risk drinkers or patients with alcohol use disorders
- If patient says “**Yes**” to **use of tobacco**: *Any current tobacco use places a patient at risk. Advise all tobacco users to quit.* For more information on smoking cessation, please see “Helping Smokers Quit: A Guide for Clinicians” <http://www.ahrq.gov/clinic/tobacco/clinhlpsmksqt.htm>
- If the patient says “**Yes**” to **use of illegal drugs or prescription drugs for non-medical reasons**, proceed to **Question 1** of the NIDA-Modified ASSIST.

<sup>1</sup> This guide is designed to assist clinicians serving adult patients in screening for drug use. The NIDA Quick Screen was adapted from the single-question screen for drug use in primary care by Saitz et al. (available at <http://archinte.ama-assn.org/cgi/reprint/170/13/1155>) and the National Institute on Alcohol Abuse and Alcoholism’s screening question on heavy drinking days (available at [http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians\\_guide.htm](http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm)). The NIDA-modified ASSIST was adapted from the World Health Organization (WHO) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), Version 3.0, developed and published by WHO (available at [http://www.who.int/substance\\_abuse/activities/assist\\_v3\\_english.pdf](http://www.who.int/substance_abuse/activities/assist_v3_english.pdf)).



# The CRAFFT Interview (version 2.1)

To be orally administered by the clinician

**Begin:** “I’m going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential.”

## Part A

During the PAST 12 MONTHS, on how many days did you:

- |  |  |
|--|--|
| 1. Drink more than a few sips of beer, wine, or any drink containing <b>alcohol</b> ? Say “0” if none.   | <input style="width: 100%; height: 20px;" type="text"/><br># of days |
| 2. Use any <b>marijuana</b> (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or “ <b>synthetic marijuana</b> ” (like “K2,” “Spice”)? Say “0” if none.  | <input style="width: 100%; height: 20px;" type="text"/><br># of days |
| 3. Use <b>anything else to get high</b> (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say “0” if none. | <input style="width: 100%; height: 20px;" type="text"/><br># of days |

Did the patient answer “0” for all questions in Part A?

Yes



Ask CAR question only, then stop

No



Ask all six CRAFFT\* questions below

## Part B

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| <b>C</b> Have you ever ridden in a <b>CAR</b> driven by someone (including yourself) who was “high” or had been using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>R</b> Do you ever use alcohol or drugs to <b>RELAX</b> , feel better about yourself, or fit in?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>A</b> Do you ever use alcohol or drugs while you are by yourself, or <b>ALONE</b> ?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>F</b> Do you ever <b>FORGET</b> things you did while using alcohol or drugs?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>F</b> Do your <b>FAMILY</b> or <b>FRIENDS</b> ever tell you that you should cut down on your drinking or drug use?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>T</b> Have you ever gotten into <b>TROUBLE</b> while you were using alcohol or drugs?  | <input type="checkbox"/> | <input type="checkbox"/> |

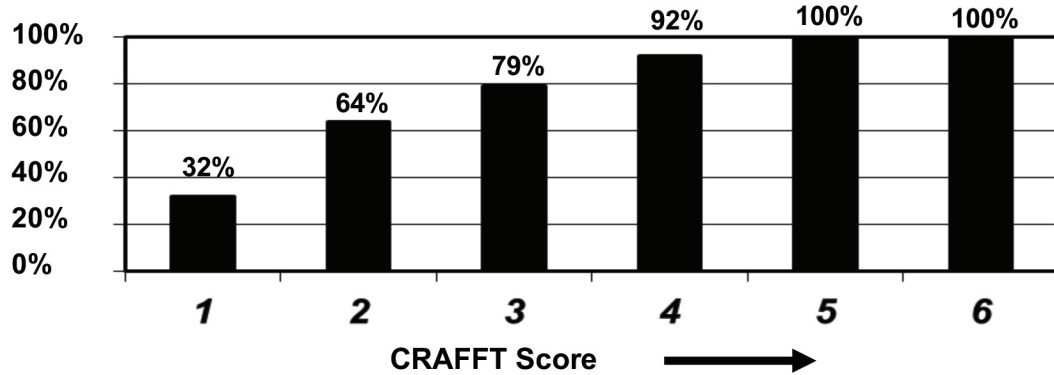
**\*Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions →**

**NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:**

The information on this page is protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent.

## CRAFFT Score Interpretation

### Probability of a DSM-5 Substance Use Disorder by CRAFFT score\*



\*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*, 35(4), 376–80.

---

### Use the 5 R's talking points for brief counseling.



1. **REVIEW** screening results

For each “yes” response: *“Can you tell me more about that?”*



2. **RECOMMEND** not to use

*“As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations.”*



3. **RIDING/DRIVING** risk counseling

*“Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home.”*



4. **RESPONSE** elicit self-motivational statements

Non-users: *“If someone asked you why you don't drink or use drugs, what would you say?”* Users: *“What would be some of the benefits of not using?”*



5. **REINFORCE** self-efficacy

*“I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals.”*

**Give patient Contract for Life.** Available at [www.crafft.org/contract](http://www.crafft.org/contract)

---

© John R. Knight, MD, Boston Children's Hospital, 2020.

Reproduced with permission from the Center for Adolescent Substance Use and Addiction Research (CeASAR), Boston Children's Hospital.

[crafft@childrens.harvard.edu](mailto:crafft@childrens.harvard.edu) [www.crafft.org](http://www.crafft.org)

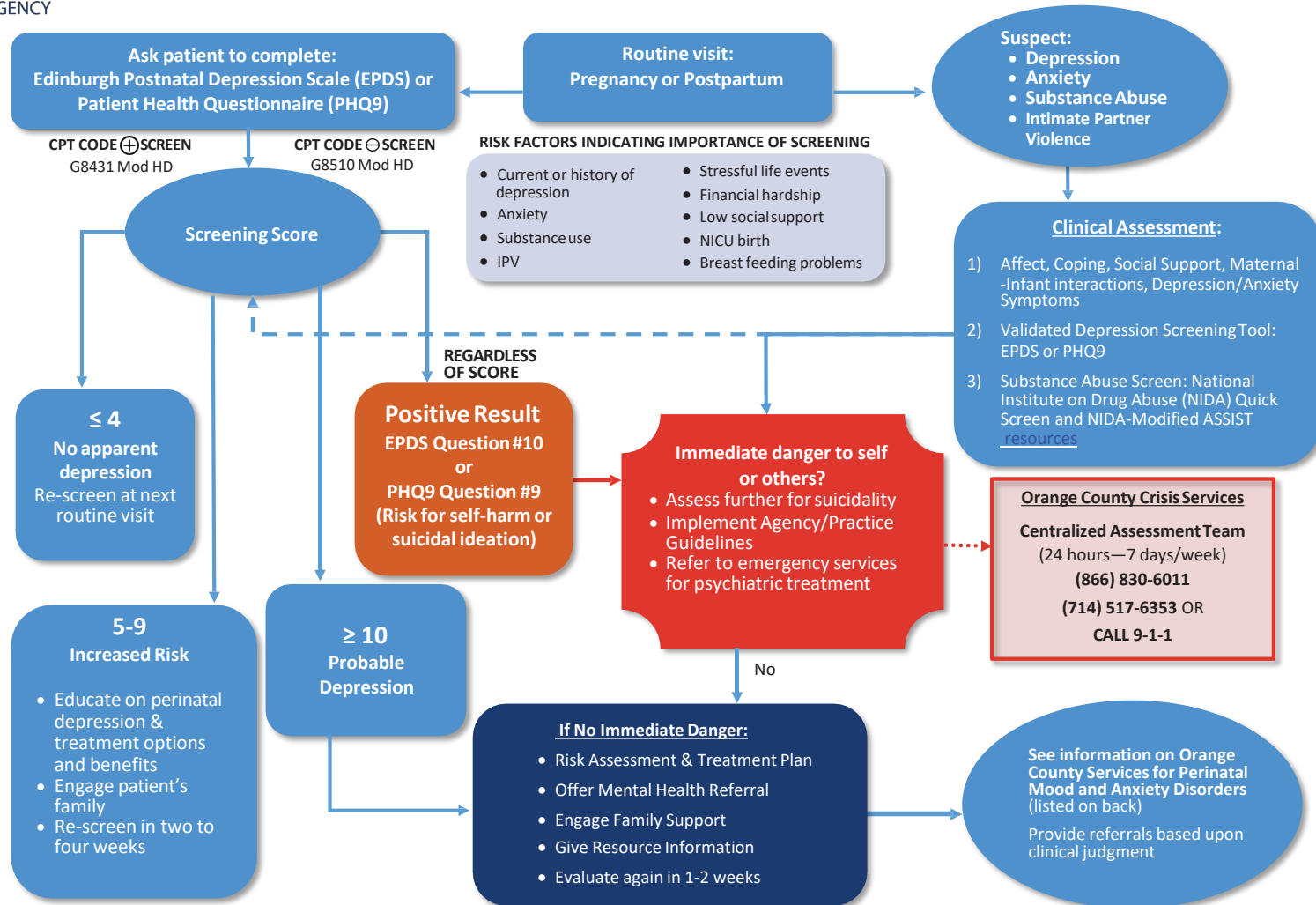
For more information and versions in other languages, see [www.crafft.org](http://www.crafft.org).

## Maternal Screening and Care Pathway for Perinatal Mood and Anxiety Disorders

The following algorithm and referral guide will help direct practitioners to local resources available for at risk clients as well as those with scores suggesting mild to severe symptoms. Updated versions can be found at <https://www.ochealthinfo.com/civicax/filebank/blobload.aspx?BlobID=47188>



### Perinatal Mood and Anxiety Disorders: Maternal Screening and Care Pathway



The American College of Obstetricians and Gynecologists recommends that obstetrician-gynecologists and other obstetric care providers screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. It is recommended that all obstetrician-gynecologists and other obstetric care providers complete a full assessment of mood and emotional well-being during the comprehensive postpartum visit for each patient. If a patient is screened for depression and anxiety during pregnancy, additional screening should then occur during the comprehensive postpartum visit. This care pathway was designed to assist the clinician and is not intended to replace the clinician's judgment or establish a protocol for all patients with a particular condition. Diagnosis and treatment should be under the close supervision of a qualified health provider.  
 Rev.12.11.19



# Orange County Services for Perinatal Mood and Anxiety Disorders – Health Care Provider Resource

Program/Contact Info	Symptoms		Services			Patient Cost/ Insurance Type	Additional Information
	Mild-Moderate	Moderate-Severe	Group Support & Education	Prenatal	Postpartum		
<b>Child Guidance Center</b> Santa Ana: (714) 953-4455 Fullerton/Buena Park: (714) 871-9264 San Clemente: (949) 272-4444	✓	✓	✓	✓	✓	Medi-Cal Only	<ul style="list-style-type: none"> <li>Provides services to clients up to age 20</li> <li>No sliding scale, no co-pays</li> <li>Fee for service for uninsured (\$150 per session)</li> </ul>
<b>Hoag Mental Health Center</b> Newport Beach: (949) 764-6542	✓		Family Therapy	✓	✓	Sliding Scale	<ul style="list-style-type: none"> <li>Low cost/sliding scale fee for uninsured/underinsured or low income.</li> <li>Will not turn anyone away based on ability to pay</li> <li>Does <u>not</u> accept medical insurance at this time</li> <li>Short-term, individual support, up to 12 sessions</li> </ul>
<b>Hoag Maternal Mental Health Clinic</b> Newport Beach: (949) 764-5333	✓	✓	✓	✓	✓	Major insurance plans accepted	<ul style="list-style-type: none"> <li>Comprehensive psychiatric evaluation, medication management and psychotherapy up to one year postpartum. Wide range of diagnoses.</li> <li>Pre-conception evaluation for women with mental health history who wish to become pregnant or undergoing fertility treatment</li> <li>Support groups and prenatal mental health workshops</li> <li>Education/outreach for PMAD awareness</li> <li>Group therapy and individual treatment up to one year after delivery</li> <li>Weekly family groups</li> </ul>
<b>Mission Hospital's Maternal Mental Health and Wellness Intensive Outpatient Program</b> Mission Viejo: (949) 499-7504	✓	✓	✓	✓	✓	Major insurance plans accepted	<ul style="list-style-type: none"> <li>Ongoing psychiatric evaluation, follow up, and medication management throughout the course of treatment by a reproductive psychiatrist &amp; psychiatry team</li> <li>Fee for service for uninsured (\$500/half day session, \$1000/full day)</li> </ul>
<b>OC Parent Wellness Program (OCPWP)</b> Orange: (714) 480-5160	✓		✓	✓	✓	No cost	<ul style="list-style-type: none"> <li>Enrolls prenatally and postpartum until child is 1-year-old; provides services for 12 months after enrollment</li> <li>In home individual counseling</li> </ul>
<b>St. Joseph Hospital (Mother Baby Assessment)</b> Orange: (714) 744-8764 or (714) 771-8101	✓	✓	Breastfeeding Support Services	✓	✓	Medi-Cal & Insurance	<ul style="list-style-type: none"> <li>Cost can be waived based on income</li> </ul>
<b>Western Youth Services</b> Santa Ana: (714) 704-5900	✓	✓	✓	✓	✓	Medi-Cal only No cost	<ul style="list-style-type: none"> <li>Provides services to clients up to age 21</li> </ul>

This document is available at: <http://www.ohealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=47188>. Orange County also has a network of private medical providers offering treatment. Consult your local provider network directory. The ACOG Postpartum Toolkit includes resources on the key components of postpartum care, including postpartum depression and substance use: <https://www.acog.org/About-ACOG/ACOG-Departments/Toolkits-for-Health-Care-Providers/Postpartum-Toolkit>.

## Additional Information on Accessing Services for Perinatal Mood and Anxiety Disorders Including Depression in Orange County

Program Name	To enroll or obtain more information	Notes
<b>OC Links</b>	1-855-OC-LINKS (1-855-625-4657)	Call between 8 a.m. and 6 p.m. to be connected to a Behavioral Health Navigator
<b>211 Orange County</b>	211	To find local services and get help
<b>CalOptima Behavioral Health</b>	1-855-877-3885	CalOptima members may call to obtain a referral to appropriate services
<b>Orange County Health Care Agency- Beneficiary Access Line</b>	(800) 723-8641	24/7 access line for Medi-Cal beneficiaries accessing SUD services
<b>Postpartum Support International- Perinatal Psychiatric Consult Line</b>	(800) 944-4773, ext. 4	No-cost consultation line for medical professionals
<b>EveryWomanOC.org</b>	<a href="https://everywomanoc.org">https://everywomanoc.org</a> <a href="https://sp.everywomanoc.org/">https://sp.everywomanoc.org/</a> (Spanish)	A resource for anyone who is thinking of becoming pregnant, is pregnant or has a new baby

## Prevention Classes, Peer Mentorship, and Support Groups



Dads Matter offers virtual and in person group classes to help dads adjust to fatherhood. Call (714)785-3244 or visit <https://www.all4kids.org/dads-matter/>.



National Alliance Mental Illness of Orange County (NAMI OC) offers a 12 -week peer to peer phone based mentorship program for affected individuals or their loved ones, as well as online support groups. Contact (714) 544-8488 for more information.



MOMS Orange County currently offers virtual mothers groups as well as fathers groups. Refer clients by contacting (714) 972-2610.



Healthy Care Agency's Orange County Parent Wellness Program offers parent support groups using the Mothers and Babies Program. Refer clients by contacting (714) 480-5160.

See the **Referral Guide for Serving At Risk Pregnant and Postpartum Clients** on the following page for a list of home visiting programs currently providing virtual support to families.

# Referral Guide for Serving At Risk Pregnant and Postpartum Clients

## Referral Guide for Public and Community Programs Serving At-Risk Pregnant and Postpartum Clients in Orange County

PROGRAM	SERVICE POPULATION	ELIGIBILITY			ALL PROGRAMS PROVIDE CASE MANAGEMENT, HEALTH EDUCATION, AND HOME VISITATION SERVICES TO INCOME-ELIGIBLE OC RESIDENTS	TO MAKE A REFERRAL OR FOR MORE INFORMATION	
		Age Limit	Pregnant	Post-partum	KEY SERVICE ELEMENTS	Telephone ☎	Website 🌐
<b>Community Programs</b>							
<b>Child Abuse Prevention Center</b> <i>S, V</i>	<ul style="list-style-type: none"> <li>Infant Home Visitation: Parents of infants 0-17 months</li> <li>Toddler Home Visitation: Parents of toddlers 18 months-5 years</li> </ul>	0-5 years		✓	<ul style="list-style-type: none"> <li><b>Infant Home Visitation:</b> Biweekly visits for 6 months focusing on bonding, development, health, and baby care.</li> <li><b>Toddler Home Visitation:</b> Biweekly visits for 3-6 months focusing on development, health, and managing toddler misbehavior using Positive Parenting Program (Triple P) curriculum.</li> </ul>	(714) 955-6516	<a href="http://www.brightfutures4kids.org">http://www.brightfutures4kids.org</a>
<b>Children's Bureau</b> <sup>S</sup>	<ul style="list-style-type: none"> <li>Infant Home Visitation: Parents of infants 0-17 months</li> <li>Toddler Home Visitation: Parents of toddlers 18 months-5 years</li> </ul>	0-5 years		✓	<ul style="list-style-type: none"> <li><b>Infant Home Visitation:</b> Biweekly visits for 6 months focusing on bonding, development, health, and baby care.</li> <li><b>Toddler Home Visitation:</b> Biweekly visits for 3-6 months focusing on development, health, and managing toddler misbehavior using Positive Parenting Program (Triple P) curriculum.</li> </ul>	(714) 399-2621	<a href="http://www.all4kids.org">http://www.all4kids.org</a>
<b>MOMS Orange County</b> <i>S, V</i>	Pregnant and postpartum, until baby is 18 months	None	✓	✓	Maternal and infant health promotion, education, risk screenings, and support during pregnancy and postpartum for self-care, infant development and milestones, breastfeeding, nutrition, GDM, maternal depression. Home visits until the baby is 1 and group classes until the baby is 18 months.	(714) 972-2610	<a href="http://www.momsorangecounty.org">http://www.momsorangecounty.org</a>
<b>Orange County Health Care Agency - Behavioral Health Services</b>							
<b>Orange County Parent Wellness Program (OCPWP)</b> <i>S, V, I, ASL</i>	Expectant and new parents (youth, women, and men) during pregnancy or within 12 months after birth	None	✓	✓	Early intervention services to expectant and new parents experiencing mild to moderate symptoms of anxiety and/or depression attributable to the pregnancy or recent birth of their child. Services include behavioral health screening and assessment, individual therapy, educational/support groups, case management, referral and linkage, and outreach presentations.	(714) 480-5160	<a href="http://www.ochealthinfo.com/bhs/about/piearly/pwp">www.ochealthinfo.com/bhs/about/piearly/pwp</a>
<b>Orange County Health Care Agency – Public Health Services</b>							
<b>Adolescent Family Life Program (AFLP)</b> <i>S, V, I</i>	Pregnant/expectant and parenting teens, both male and female	<19 years	✓	✓	Bi-monthly home visits to increase access to and utilization of needed services, increase social support and build resiliency, increase education attainment and employability & improve pregnancy planning and spacing.	(714) 567-6229 (714) 834-8051 (fax)	<a href="http://www.ochealthinfo.com/phs/about/family/mcah/tp">http://www.ochealthinfo.com/phs/about/family/mcah/tp</a>
<b>Maternal Infant Unit</b> <i>S, V, I</i>	Pregnant and postpartum women, children, adolescents, and adults with health concerns	None	✓	✓	Home visiting Public Health Nurses provide comprehensive assessment, education and linkage to needed services.	(714) 834-7747 (714) 834-7780 (fax)	<a href="http://ochealthinfo.com/phs/about/phn/cn">http://ochealthinfo.com/phs/about/phn/cn</a>
<b>Nurse-Family Partnership</b> <sup>®</sup> <i>S, I</i>	First-time pregnant mothers <28 weeks gestation	None	✓	✓	Evidenced-based, nurse home visiting program that improves the health, well-being and self-sufficiency of low-income, first-time parents and their children.	(714) 834-7747 (714) 834-7780 (fax)	<a href="http://ochealthinfo.com/phs/about/phn/cn/nfp">http://ochealthinfo.com/phs/about/phn/cn/nfp</a>
<b>Perinatal Substance Abuse Services - Assessment &amp; Coordination Team (PSAS/ACT)</b> <i>S, V, I</i>	Pregnant and postpartum women (infant must be < 12 months) who have current or history of substance use or living with HIV	None	✓	✓	<ul style="list-style-type: none"> <li>Monthly home visits to promote adherence to prenatal care and substance use disorder treatment programs and to ensure access to health care coverage.</li> <li>Education regarding immunizations, family planning, infant development and maternal/infant bonding.</li> <li>Care coordination for people living with HIV including adherence to medication regimen and testing.</li> </ul>	(714) 834-7747 (714) 834-7780 (fax)	<a href="http://ochealthinfo.com/phs/about/phn/specialized/psasi">http://ochealthinfo.com/phs/about/phn/specialized/psasi</a>

Services offered in: S – Spanish/ V – Vietnamese/ ASL – Am. Sign Lang./ I – Interpretation



This guide was developed in collaboration with the Orange County Perinatal Council (OCPC). For more information, visit: <http://ochealthinfo.com/phs/about/family/mcah/ocpc>



For access to a 24-hour, information and referral helpline, dial 2-1-1.



Orange County | Behavioral Health Information & Referrals  
**855-OC-Links**  
(625-4657)



**Health Referral Line:**  
1-800-564-8448  
Monday to Friday, 8 am to 5 pm

# Training on Perinatal Mental Health

Below are several online resources in which primary care providers and staff may receive education on perinatal mood and anxiety disorders, including how to screen and support affected patients and their families.



<https://www.maternalmentalhealthnow.org/advanced-courses>

Obtain CME credits for taking these brief 1-2 hour courses on screening and counseling patients struggling with mental health.

---



<https://www.postpartum.net/professionals/trainings-events/frontline-provider-trainings/>

This in-depth Perinatal Mental Health Certification Training worth 16 continuing education credits discusses assessment, evidence-based psychotherapy and pharmacology, PSI cultural considerations, the impact on fathers, and resources for families and communities.

---

## 2019 Orange County Maternal Mental Health Symposium

<https://www.youtube.com/watch?v=E-GEf8R6s2U&feature=youtu.be>

This is a free recording of the symposium to hear first-hand experiences from 2 mothers with perinatal anxiety and psychosis, an overview of PMADs and treatment by a reproductive psychiatrist, and information on local Orange County resources.

# Treatment and Decision-Making Support

Below are free phone and app based support to provide healthcare and mental health clinicians with access to evidence-based information to guide decision making and medication prescription for cases.

---

## Free App

Free downloadable app containing PMAD assessment and decision support tool for obstetric providers.



iOS (<https://apps.apple.com/us/app/lifeline4moms/id1365668000?ls=1>) and

Android ([https://play.google.com/store/apps/details?id=com.ionicframework.testapp414533&hl=en\\_US](https://play.google.com/store/apps/details?id=com.ionicframework.testapp414533&hl=en_US))

---

## Free Psychiatric Consultation

Free real-time psychiatric consultation lines for provider support with diagnosis, treatment planning and medication management of pregnant and postpartum women with depression and anxiety.



1-833-205-7141

Monday-Friday 1-5pm

Calls are returned within 30 minutes



1-800-944-4773 extension 4

<https://www.postpartum.net/professionals/perinatal-psychiatric-consult-line/>

Call the number or complete the form online to schedule an appointment within 24 hours for consultation with a reproductive psychiatrist regarding a perinatal patient.



# Billing and Reimbursement Information



## Medi-Cal Update Psychological Services | July 2019 | Bulletin 526

### Depression Screenings for Select Recipients Are Now Reimbursable

Effective for dates of service on or after December 1, 2018, depression screening is reimbursable under Medi-Cal as an outpatient service. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment options including referral to mental health specialists and appropriate follow-up.

#### Billing Codes

The following chart lists procedure codes that must be used when billing for depression screening:

Recipient Category	Positive Depression Screen	Negative Depression Screen
Age 12 or older, whether or not pregnant or postpartum	G8431	G8510

### Pregnant or Postpartum Recipients

Providers of prenatal care and postpartum care may submit claims twice per year per pregnant or postpartum recipient: once when the recipient is pregnant and once when she is postpartum. Screens that are positive for depression must be billed using HCPCS code G8431 (screening for depression is documented as being positive and a follow-up plan is documented). Screens that are negative for depression must be billed using HCPCS code G8510 (screening for depression is documented as negative, a follow-up plan is not required).

### Postpartum Depression Screening at Infant Visits

Providers of well-child and episodic care for infants may submit claims for a maternal depression screening up to four times during the infant's first year of life. Bright Futures recommends screening for maternal depression at the infant's one-month, two-month, four-month and six-month visits, with referral to the appropriate provider for further care if indicated. Screens that are positive for depression must be billed using HCPCS code. Screens that are negative for depression must be billed using HCPCS code. When a postpartum depression screening is provided at the infant's medical visit, the screening must be billed using the infant's Medi-Cal ID. The only

exception to this policy is that the mother's Medi-Cal ID may be used during the first two months of life if the infant's Medi-Cal eligibility has not yet been established.

Records for maternal depression screenings must be maintained in a separate medical record to document the mother's screening results and any recommendations/referrals that were given. The American Academy of Pediatrics and the Centers for Medicare & Medicaid Services (CMS) recommend that treatment of postpartum depression include a parenting component.

## Screening Tools

Medi-Cal requires the use of a validated depression screening tool such as PHQ-9, Edinburgh, or the Beck Depression Inventory.

## Billing Medi-Cal for Telehealth

Modifier 95 must be used for Medi-Cal covered benefits or services delivered via synchronous telecommunications systems. Only the portion(s) of the telehealth service rendered at the distant site are billed with modifier 95. The use of modifier 95 does not alter reimbursement for the CPT or HCPCS code.



### Coding for Perinatal Depression

#### Screening for Depression

If a physician is providing the global obstetrical service (and reporting a global code), the payer may consider screening for depression as part of the global service and not reimburse additionally for the service. This is particularly true if the physician screens every patient for depression as routine. However, some payers may reimburse for this service. Physicians should check with their specific payers.

#### Treatment for Patients with Signs and Symptoms

If the patient has signs and/or symptoms of depression (reported with an appropriate diagnosis code), then those services are reported separately from the global service and may potentially be reimbursed.

#### Diagnosis Coding

Mental, behavioral and neurodevelopmental disorder codes are found in Chapter 5, *Mental, Behavioral, and Neurodevelopmental Disorders*, code block, (F01-F99), of ICD-10-CM. Note that many payers will only reimburse a psychiatrist or psychologist for services linked to a diagnosis in the mental disorders chapter.

The possible ICD-10-CM diagnosis codes are as follows:

- F05 Delirium due to known physiological condition
- F30.-- Manic episode
- F34.1 Dysthymic disorder
- F32.9 Major depressive disorder, single episode, unspecified

Other diagnoses that may be reported may be found in the signs and symptoms and nervous system chapters. *Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified*, code block, (R00-R99), are found in Chapter 18 of ICD-10-CM. Sleep disorders are found in Chapter 6, *Diseases of the Nervous System*, code block, (G00-G99), sub code section, G40-G47: *Episodic and paroxysmal disorders*.

Additional possible ICD-10-CM codes are as follows:

- G47.9 Sleep disorder, unspecified
- R53.81 Other malaise
- R53.83 Other fatigue
- R45.- Symptoms and signs involving emotional state

**Procedure Coding**

The correct Evaluation and Management (E/M) code will depend on whether the encounter was for screening or treatment of depression.

If the encounter was for screening for a patient without symptoms, report a preventive medicine code. These codes are selected according to the time spent in face-to-face counseling with the patient. Whether or not these codes will be reimbursed by the payer will vary. Possible procedure codes are:

- 99401-99404 Preventive medicine, individual counseling
- 99411-99412 Preventive medicine, group counseling

If the encounter was for treatment for a patient with a diagnosis of depression or documented symptoms of depression, report an office or other outpatient E/M code. These codes list a "typical time" in the code descriptions. Time spent face to face counseling the patient must be documented in the medical record. The record must document that either all of the encounter or more than 50% of the total time was spent counseling the patient. Possible procedure codes are:

- 99201-99205 New patient, office or other outpatient visit
- 99211-99215 Established patient, office or other outpatient visit

**Coding for Perinatal Depression (Revised February 6, 2017)**

# Useful Numbers

During times of crisis, parents need access to immediate resources. Sharing resources that can help meet their immediate needs can help reduce and prevent the impact of depression or anxiety on themselves and their children.

## Immediate Links to Services

Consider sharing 2-1-1 and Help Me Grow with all clients as immediate ways to connect families to essential resources as well as those unique to the needs of the growing baby or other siblings in the home.

**2-1-1** For immediate assistance with social determinants of health: domestic violence, food, housing, finances, post-incarceration, veteran services, legal assistance, and more. **Call 211 or text their zip code to 898211**

**Help Me Grow** To address the developmental and behavioral needs of children 0-8 years: [HelpMeGrowOC.org](http://HelpMeGrowOC.org) or 866-476-9025.

**OC Links** To assist clients with accessing mental health care: 855-OC-LINKS or 855-625-4657.

## Warmlines for Emotional Support, Information & Resources

**OC Warmline** (714) 991-6412  
Mondays-Saturdays from 9am-3am, Sundays from 10am-3am.

**Postpartum Support International** 800-944-4773

**National Suicide Prevention Hotline** 800-273-TALK (8255)



# Education

## Educational Links, Self-Help Apps

Providers play a key role in normalizing discussions on mental health. We recommend offering information on perinatal mental health to all clients in the same way that other health practices such as healthy diet and exercise are discussed. Here are a few frequently used resources that can serve both providers and parents.

The end of this document contains printable handouts on perinatal mental health and local resources for new parents and families to keep at hand. Make it part of your practice to normalize discussion about mental health with all caregivers, not just mothers. We encourage you to print and hand out the multi-lingual written materials to all expecting and new parents.

## Medication and Drugs During Pregnancy and Lactation

---

### Infant Risk Center

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

### LactMed Drugs and Lactation Database

<https://www.ncbi.nlm.nih.gov/books/NBK501922/>

## Client Information on Perinatal Mental Health

---

For information on perinatal mental health:

### Maternal Mental Health Now

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

### Postpartum Support International

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

### Women's Mental Health

<https://womensmentalhealth.org/>

## Self-Help Apps

**Maternal Mental Health Now's Emotional Wellness Self-Help Tool** is a free web-based app that helps expecting or new mothers and their support systems get informed about perinatal depression and anxiety, and get prepared to successfully manage these conditions if needed.

<https://mycare.mmhnow.org/>

**COVID Coach** can be used as a stand-alone education and self-care tool, or as a supplement to professional mental health care. You can mark your favorite coping tools and track your mental health over time. Set reminders to visit the app each day and work toward your goals. The app can also help you create your own personal support network.

[https://www.ptsd.va.gov/appvid/mobile/COVID\\_coach\\_app.asp](https://www.ptsd.va.gov/appvid/mobile/COVID_coach_app.asp)

## Printable Educational Materials in Multiple Languages

To access the Speak Up When You're Down brochure in additional languages, visit: <https://www.maternalmentalhealthnow.org/training/materials>. Note: Only the brochures found below contain information on local programs.

# SPEAK UP WHEN YOU'RE DOWN

## 1 | MATERNAL DEPRESSION AND ANXIETY IS COMMON.

It is the number one complication of pregnancy. In the US, 15% to 20% of new moms, or about 1 million women, each year experience perinatal mood and anxiety disorders. Some studies suggest that number may be even higher.

### YOU ARE NOT ALONE.

Maternal depression can affect any woman regardless of age, income, culture, or education.

## 2 | YOU MIGHT EXPERIENCE SOME OF THESE SYMPTOMS.

- Feelings of sadness or anger.
- Mood swings: highs and lows, feeling overwhelmed.
- Difficulty concentrating.
- Lack of interest in things you used to enjoy.
- Changes in sleeping and eating habits.
- Panic attacks, nervousness, and anxiety.
- Excessive worry about your baby.
- Thoughts of harming yourself or your baby.
- Fearing that you can't take care of your baby.
- Feelings of guilt and inadequacy.
- Difficulty accepting motherhood.
- Irrational thinking; seeing or hearing things that are not there.

Some of the ways women describe their feelings include:

- I want to cry all the time.*
- I feel like I'm on an emotional roller coaster.*
- I will never feel like myself again.*
- I don't think my baby likes me.*
- Everything feels like a huge effort.*

## 3 | SYMPTOMS CAN APPEAR ANY TIME DURING PREGNANCY, AND UP TO THE CHILD'S FIRST YEAR.

Baby blues, a normal adjustment period after birth, usually lasts from 2 to 3 weeks. If you have any of the listed symptoms that have stayed the same or gotten worse, and lasted more than 5 weeks, then you may be experiencing maternal depression or anxiety.

## 4 | YOU DID NOTHING TO CAUSE THIS.

You are not a weak or bad person. You have a common, treatable illness. Research shows that there are a variety of risk factors that may impact how you are feeling, including your medical history, how your body processes certain hormones, the level of stress you are experiencing, and how much help you have with your baby. What we do know is, **THIS IS NOT YOUR FAULT.**

## 5 | THE SOONER YOU GET HELP, THE BETTER.

You deserve to be healthy, and your baby needs a healthy mom in order to thrive. Don't wait to reach out. Talk to someone you trust. **HELP** is available.



can help connect you find the support you need.

If you are having thoughts of harming yourself or baby, call 911 immediately.

## 6 | THERE IS HELP FOR YOU.

**Postpartum Support International**  
to talk to someone right away.  
1.800.944.4773  
www.postpartum.net

**Hoag Mental Health Center**  
Newport Beach: (949) 764-6542  
Low cost/sliding scale fee

**Hoag Maternal Mental Health Clinic**  
Newport Beach: (949) 764- 5333  
Accepts private insurance

**Mission Maternal Mental Health Intensive Outpatient Program**  
Mission Viejo: (949) 499-7504  
Accepts private insurance

**OC Parent Wellness program**  
Orange: (714) 480-5160  
For moms and dads/No cost

**St. Joseph Mother and Baby Assessment Center**  
Orange: (714) 744-8764 or (714) 771-8101  
Accepts Medi-Cal & private insurance



Adapted from Postpartum Progress, www.postpartumprogress.com, where you can find out more on childbirth-related mental illness. This brochure is also available in Spanish, Chinese and Vietnamese.

[www.maternalmentalhealthnow.org](http://www.maternalmentalhealthnow.org)

## 6 THINGS

Every New Mom & Mom-To-Be Should Know About Maternal Depression



# HABLA CUANDO ESTES DEPRIMIDA

## 1 | LA DEPRESIÓN MATERNA Y LA ANSIEDAD SON COMUNES.

Es la complicación número uno del embarazo. En los EE.UU., entre el 15% y el 20% de las nuevas mamás, o aproximadamente 1 millón de mujeres, experimentan cada año trastornos perinatales del estado de ánimo y ansiedad. Algunos estudios sugieren que el número puede ser aún mayor.

### NO ESTÁS SOLA.

La depresión materna puede afectar a cualquier mujer, independientemente de su edad, ingresos, cultura o educación.

## 2 | PODRÍAS EXPERIMENTAR ALGUNOS DE ESTOS SÍNTOMAS.

- Sentimientos de tristeza o enojo.
- Cambios de humor: altibajos, sentirte abrumada.
- Dificultad para concentrarte.
- Falta de interés en las cosas que solías disfrutar.
- Cambios en los hábitos de sueño y alimentación.
- Ataques de pánico, nerviosismo y ansiedad.
- Excesiva preocupación por tu bebé.
- Pensamientos de hacerte daño a ti misma o a tu bebé.
- Temor de que no puedas cuidar a tu bebé.
- Sentimientos de culpa e insuficiencia.
- Dificultad para aceptar la maternidad.
- Pensamiento irracional; ver o escuchar cosas que no están allí.

Algunas de las formas en que las mujeres describen sus sentimientos incluyen:

*Quiero llorar todo el tiempo.  
Siento que estoy en una montaña rusa emocional.  
Nunca me sentiré como yo misma otra vez.  
No creo que le guste a mi bebé.  
Todo se siente como un gran esfuerzo.*

## 3 | LOS SÍNTOMAS PUEDEN APARECER EN CUALQUIER MOMENTO DURANTE EL EMBARAZO, Y HASTA EL PRIMER AÑO DEL NIÑO.

La tristeza del bebé, un período de ajuste normal después del nacimiento, generalmente dura de 2 a 3 semanas. Si tienes alguno de los síntomas enumerados que se mantuvo igual o empeoró y duró más de 5 semanas, puedes estar experimentando depresión o ansiedad materna.

## 4 | NO HICISTE NADA PARA QUE ESTO PASARA.

No eres una persona débil o mala. Tienes una enfermedad común y tratable. La investigación muestra que hay una variedad de factores de riesgo que pueden afectar cómo te sientes, incluido tu historial médico, cómo tu cuerpo procesa ciertas hormonas, el nivel de estrés que estás experimentando y cuánta ayuda tienes con tu bebé. Lo que sí sabemos es que **NO ES CULPA TUYA.**

## 5 | CUANTO ANTES RECIBAS AYUDA, MEJOR.

Mereces estar sana y tu bebé necesita una madre sana para prosperar. No esperes para buscar ayuda. Habla con alguien de confianza. **LA AYUDA** está disponible.



can help connect you find the support you need.

Si estás pensando en hacerte daño a ti misma o al bebé, llama al 911 de inmediato.

## 6 | EXISTE AYUDA PARA TI.

**Postpartum Support International**  
to talk to someone right away.  
1.800.944.4773  
www.postpartum.net

**Hoag Mental Health Center**  
Newport Beach: (949) 764-6542  
Low cost/sliding scale fee

**Hoag Maternal Mental Health Clinic**  
Newport Beach: (949) 764- 5333  
Accepts private insurance

**Mission Maternal Mental Health Intensive**  
Outpatient Program  
Mission Viejo: (949) 499-7504  
Accepts private insurance

**OC Parent Wellness program**  
Orange: (714) 480-5160  
For moms and dads/No cost

**St. Joseph Mother and Baby Assessment Center**  
Orange: (714) 744-8764 or (714) 771-8101  
Accepts Medi-Cal & private insurance

# 6 COSAS

Cada Nueva Mamá Y Futura Mamá Deben Saber Acerca De La Depresión Materna



Adaptado de Postpartum Progress, www.postpartumprogress.com, donde puedes obtener más información sobre las enfermedades mentales relacionadas con el parto. Este folleto también está disponible en inglés, chino y vietnamita.

[www.maternalmentalhealthnow.org](http://www.maternalmentalhealthnow.org)



# 当您失落时大声说出来吧



## 1 | 产妇抑郁和焦虑是常见的。

它是孕期的头号并发症。在美国，每年有15%至20%的新手妈妈，即约100万名女性，会经历围产期情绪和焦虑症。有研究表明，这个数字可能更高。

您并不孤独。

产妇抑郁症可以影响到任何女性，无论年龄、收入、文化或教育程度如何。

## 2 | 您可能会出现以下一些症状。

- 悲伤或愤怒的感觉。
- 情绪波动：情绪高低起伏，感觉不知所措。
- 难以集中注意力。
- 对您过去喜欢的事情缺乏兴趣。
- 睡眠和饮食习惯的改变。
- 恐慌症发作、紧张和焦虑。
- 过度担心您的宝宝。
- 有伤害自己或宝宝的想法。
- 担心自己不能照顾宝宝。
- 感到内疚和不足。
- 难以接受母亲的身份。
- 不理智的思考；看到或听到不存在的东西。

女性描述自己感受的一些方式包括：

我一直想哭。  
我觉得自己的情绪变化就像坐过山车一样。  
我再也感觉不到我自己了。  
我觉得我的宝宝不喜欢我。  
每件事都感觉要付出巨大努力。

## 3 | 孕期的任何时候都有可能出现症状，并一直会持续到孩子一周岁之前。

产后忧郁症，是指宝宝出生后的正常适应期，通常会持续2-3周。如果您一直有以上所列举的任何一种症状或症状加重，并且持续5周以上，那么您可能正在经历产妇抑郁症或焦虑症。

## 4 | 您没有做任何导致这种情况的事情。

您不是一个弱者或坏人。您患有一种常见的、可以治疗的疾病。研究表明，有各种危险因素可能会影响您的感受，包括您的病史，您的身体处理某些激素的过程，您正在承受的压力程度，以及您对宝宝的帮助程度。据我们所知，这并不是您的错。

## 5 | 您越早得到帮助，就越好。

您值得健健康康的，而您的宝宝也需要一个健康的妈妈，他才能茁壮成长。不要等着他人。主动和您信任的人谈谈吧。您可以随时寻求帮助。

## 6 | 您可寻求的帮助。

**Postpartum Support International**  
to talk to someone right away.  
1.800.944.4773  
www.postpartum.net

**Hoag Mental Health Center**  
Newport Beach: (949) 764-6542  
Low cost/sliding scale fee

**Hoag Maternal Mental Health Clinic**  
Newport Beach: (949) 764- 5333  
Accepts private insurance

**Mission Maternal Mental Health Intensive Outpatient Program**  
Mission Viejo: (949) 499-7504  
Accepts private insurance

**OC Parent Wellness program**  
Orange: (714) 480-5160  
For moms and dads/No cost

**St. Joseph Mother and Baby Assessment Center**  
Orange: (714) 744-8764 or (714) 771-8101  
Accepts Medi-Cal & private insurance



can help connect you find the support you need.

如果您有伤害自己或宝宝的想法，请立即拨打911。



## 6 件

每位新手妈妈 & 准妈妈都应了解的有关产妇抑郁症的事情

改编自《产后进展》(Postpartum Progress)，您可访问www.postpartumprogress.com了解更多关于分娩相关的精神疾病信息。本手册也可提供英文、西班牙语及越南语版本。

www.maternalmentalhealthnow.org

(Chinese)





## LÊN TIẾNG KHI BẠN GẶP KHÓ KHĂN

### 1 | TRẦM CẢM HOẶC LO LẮNG KHI MANG THAI VÀ SAU SINH RẤT PHỔ BIẾN.

Đó là biến chứng số một của thai kỳ. Ở Mỹ, 15% đến 20% bà mẹ mới sinh, tức khoảng 1 triệu phụ nữ mỗi năm, bị rối loạn tâm trạng và lo âu khi mang thai hoặc sau sinh. Một số nghiên cứu cho thấy con số có thể còn cao hơn.

#### BẠN KHÔNG CÔ ĐƠN.

Trầm cảm khi mang thai và sau sinh có thể ảnh hưởng đến bất kỳ phụ nữ nào, bất kể tuổi tác, thu nhập, văn hóa hay giáo dục.

### 2 | BẠN CÓ THỂ GẶP MỘT SỐ TRIỆU CHỨNG SAU.

- Cảm thấy buồn hoặc tức giận.
- Tâm trạng thất thường: lên và xuống, cảm thấy ngột.
- Khó tập trung.
- Thiếu hứng thú với những thứ bạn từng thích.
- Thay đổi thói quen ngủ và ăn uống.
- Các cơn hoảng loạn và lo lắng.
- Lo lắng quá mức về em bé.
- Có suy nghĩ tự làm hại bản thân hoặc em bé.
- Sợ rằng bạn không thể chăm sóc em bé.
- Cảm giác tội lỗi và không xứng đáng.
- Khó chấp nhận chuyện làm mẹ.
- Tư duy vô lý; nhìn thấy hoặc nghe thấy những thứ không có thực.

Một số phụ nữ có thể mô tả cảm xúc của họ như sau:

*Tôi lúc nào muốn khóc.  
Tôi cảm thấy như mới đi tàu lượn siêu tốc.  
Tôi sẽ không bao giờ cảm thấy là chính mình nữa.  
Tôi không nghĩ là con tôi thích tôi.  
Tất cả mọi thứ cảm thấy như đều cần cố gắng nhiều.*

### 3 | TRIỆU CHỨNG CÓ THỂ XUẤT HIỆN BẤT CỨ LÚC NÀO KHI MANG THAI VÀ CHO ĐẾN KHI TRẺ ĐƯỢC MỘT TUỔI.

Hội chứng baby blues, một giai đoạn điều chỉnh bình thường sau khi sinh, thường kéo dài từ 2 đến 3 tuần. Nếu bạn có bất kỳ triệu chứng nào ở trên vẫn không hết hoặc trở nên tồi tệ hơn và kéo dài hơn 5 tuần, thì bạn có thể bị trầm cảm khi mang thai hoặc sau sinh.

### 4 | CHUYỆN NÀY KHÔNG PHẢI DO BẠN.

Bạn không phải là người yếu đuối hay xấu tính. Bạn bị một căn bệnh thông thường, có thể điều trị. Nghiên cứu cho thấy có nhiều yếu tố nguy cơ có thể ảnh hưởng đến cảm giác của bạn, như lịch sử y tế, cách cơ thể bạn xử lý một số hormone, mức độ căng thẳng mà bạn đang gặp phải và bạn chăm sóc em bé như thế nào. Những gì chúng tôi biết là, CHUYỆN NÀY KHÔNG PHẢI DO BẠN.

### 5 | BẠN CẦN GIÚP ĐỠ CÀNG SỚM CÀNG TỐT.

Bạn xứng đáng được khỏe mạnh và em bé cần một người mẹ khỏe mạnh để phát triển tốt. Đừng chỉ chờ ai đó giúp bạn. Hãy nói chuyện với một người mà bạn tin tưởng. Luôn có sự giúp đỡ.



can help connect you find the support you need.

Nếu bạn đang có ý nghĩ tự làm hại bản thân hoặc em bé, hãy gọi 911 ngay lập tức.

### 6 | CÓ SỰ GIÚP ĐỠ CHO BẠN.

**Postpartum Support International**  
to talk to someone right away.  
1.800.944.4773  
www.postpartum.net

**Hoag Mental Health Center**  
Newport Beach: (949) 764-6542  
Low cost/sliding scale fee

**Hoag Maternal Mental Health Clinic**  
Newport Beach: (949) 764- 5333  
Accepts private insurance

**Mission Maternal Mental Health Intensive  
Outpatient Program**  
Mission Viejo: (949) 499-7504  
Accepts private insurance

**OC Parent Wellness program**  
Orange: (714) 480-5160  
For moms and dads/No cost

**St. Joseph Mother and Baby Assessment Center**  
Orange: (714) 744-8764 or (714) 771-8101  
Accepts Medi-Cal & private insurance

## 6 ĐIỀU

Mỗi bà mẹ mới sinh và sắp sinh nên làm  
Tìm hiểu về bệnh trầm cảm khi mang thai  
và sau sinh



Theo Postpartum Progress, [www.postpartumprogress.com](http://www.postpartumprogress.com), ở đây bạn có thể tìm hiểu thêm về các bệnh tâm lý liên quan đến sinh nở. Tài liệu này cũng có sẵn bằng tiếng Anh, tiếng Tây Ban Nha và tiếng Trung.

[www.maternalmentalhealthnow.org](http://www.maternalmentalhealthnow.org) (Vietnamese)



# Feeling anxious or depressed?

Many women experience depression and anxiety during pregnancy and after having a baby.

What every new mom and mom-to-be need to know



## One in five California women

has symptoms of depression during or after pregnancy.



## Symptoms

Feelings of depression after pregnancy, also known as baby blues, are common, last about two weeks and are considered normal. Symptoms can also occur during pregnancy or any time during your baby's first year. But if your symptoms last longer than two weeks, are severe or get worse, please talk with someone you trust and see your health care provider.

- ▶ Anxiety and/or nervousness
- ▶ Sadness
- ▶ Excessive crying
- ▶ Mood swings
- ▶ Difficulty concentrating
- ▶ Lack of interest in things you typically enjoy
- ▶ Changes in sleeping or eating habits
- ▶ Excessive worry about your baby
- ▶ Feelings of guilt or inadequacy
- ▶ Difficulty accepting motherhood

## See your doctor right away if you have:

- ▶ Thoughts of harming yourself or your baby
- ▶ Panic attacks
- ▶ Fear that you can't take care of your baby
- ▶ Baby blues lasting longer than two weeks
- ▶ Irrational thinking, such as seeing or hearing things that are not there

### NEED HELP RIGHT NOW?

Call 1-800-944-4773 or text 503-894-9453  
Postpartum Support International to find local resources



### WATCH OUR VIDEO:

[www.cdph.ca.gov/MaternalMentalHealth](http://www.cdph.ca.gov/MaternalMentalHealth)

## You are not alone



One in five California women has symptoms of depression during or after pregnancy. More Black and Latina women are affected, as well as women who don't have support from family and friends. It's important to know this can happen to any woman regardless of age, income, culture or education.

---

## Treatment is good for mom, baby and the entire family

Depression during pregnancy can cause problems, like premature birth. Depression after baby is born can result in breastfeeding problems and the ability for mothers to bond with their infants. Depression at any time during pregnancy or baby's first year can cause marital issues and can also affect mom-baby-family bonding, which can increase the risk of long-term mental and emotional problems in children.



---

## Most women experience full recovery if they get treatment



More and more health care providers are screening for depression as part of your prenatal and postpartum care. However, do not wait for screening if you are experiencing symptoms beyond normal baby blues. The sooner you get treatment, the better.

---

## Help is available

Asking for help is a sign of strength. If you're having any symptoms, now is the time to reach out to a trusted professional who can guide you through treatment. Talk to your family and friends for support. Remember, you did nothing to cause this, and there is no shame in asking for help—for your well-being and the health of your baby. For more information and maternal mental health resources, visit: [www.cdph.ca.gov/MaternalMentalHealth](http://www.cdph.ca.gov/MaternalMentalHealth)



### **NEED HELP RIGHT NOW?**

Call 1-800-944-4773 or text 503-894-9453  
Postpartum Support International to find local resources

## | SALUD MENTAL PARA MATERNIDAD

# ¿Se siente ansiosa o deprimida?

Muchas mujeres expresan depresión y ansiedad durante el embarazo y después de tener a su bebé.

Lo que todas las nuevas mamás y mamás necesitan saber



## Una de cada cinco mujeres de California

tiene síntomas de depresión durante o después del embarazo.



### Síntomas

Los sentimientos de depresión después del embarazo, también conocidos como “baby blues”, son comunes, duran unas dos semanas y se consideran normales. Los síntomas también pueden ocurrir durante el embarazo o en cualquier momento durante el primer año de su bebé. Pero si los síntomas duran más de dos semanas, son severos o empeoran, por favor hable con alguien en quien confíe y vea a su proveedor de atención médica.

- ▶ Ansiedad y/o nerviosismo
- ▶ Tristeza
- ▶ Llanto excesivo
- ▶ Cambios de humor
- ▶ Dificultad para concentrarse
- ▶ Falta de interés en las cosas que típicamente disfruta
- ▶ Cambios en los hábitos alimenticios o de dormir
- ▶ La preocupación excesiva sobre su bebé
- ▶ Sentimientos de culpabilidad o inadecuación
- ▶ Dificultad para aceptar la maternidad

### Consulte a su médico de inmediato si tiene:

- ▶ Pensamientos de lastimarse a usted misma o a su bebé
- ▶ Ataques de pánico
- ▶ Teme que no pueda cuidar a su bebé
- ▶ “Baby blues” que duran más de dos semanas
- ▶ Pensamientos irracionales, como ver u oír cosas que no existen

### ¿NECESITA AYUDA AHORA MISMO?

Llame al 1-800-944-4773 o mande un texto al 503-894-9453  
 Posparto Apoyo Internacional para encontrar recursos locales



### MIRE NUESTRO VIDEO:

[www.cdph.ca.gov/MaternalMentalHealth](http://www.cdph.ca.gov/MaternalMentalHealth)

## No está sola



Una de cada cinco mujeres de California tiene síntomas de depresión durante o después del embarazo. Mujeres Afro-Americanas y Latinas se ven afectadas más, así como mujeres que no tienen el apoyo de familiares y amigos. Es importante saber que esto le puede suceder a cualquier mujer sin importar la edad, los ingresos, la cultura o la educación.

## El tratamiento es bueno para la mamá, el bebé y toda la familia

La depresión durante el embarazo puede causar problemas, como el parto prematuro. La depresión después del nacimiento del bebé puede dar lugar a problemas de lactancia materna y a la capacidad de las madres de vincularse con sus bebés. La depresión en cualquier momento durante el embarazo o el primer año del bebé puede causar problemas matrimoniales y también puede afectar el vínculo entre la madre y el bebé-familia, lo que puede aumentar el riesgo de problemas mentales y emocionales a largo plazo en los niños.



## La mayoría de las mujeres que reciben tratamiento se recuperan completamente



Más y más proveedores de atención médica están examinando para depresión como parte de la atención prenatal y posparto. Sin embargo, no espere a que se realice el examen si muestra síntomas más allá de los “baby blues” normales. Cuanto antes reciba tratamiento, mejor.

## La ayuda está disponible

Pedir ayuda es un signo de fuerza. Si tienes algún síntoma, ahora es el momento de ir con un profesional de confianza que pueda guiarte a través del tratamiento. Hable con su familia y amigos para obtener apoyo. Recuerde, no hizo nada para causar esto, y no hay vergüenza en pedir ayuda, para su bienestar y la salud de su bebé. Para obtener más información y recursos de salud mental materna, visite: [www.cdph.ca.gov/MaternalMentalHealth](http://www.cdph.ca.gov/MaternalMentalHealth)



### ¿NECESITA AYUDA AHORA MISMO?

Llame al 1-800-944-4773 o mande un texto al 503-894-9453  
Posparto Apoyo Internacional para encontrar recursos locales

# SUPPORTING FATHERS' MENTAL HEALTH

## Did you know?

- **One in 10** fathers get Paternal Postpartum Depression (PPPD);
- Up to **16 percent** of fathers suffer from an anxiety disorder during the perinatal period.



Helping dads be at their best—physically and mentally—during early childhood has a big impact on children's health.

## Studies show that FATHER INVOLVEMENT LEADS TO CHILDREN WHO:

are more ready for school



have a better vocabulary

have better social skills



are better able to regulate their emotions

## FATHER INVOLVEMENT HELPS MOMS TOO

- It increases both parents' confidence
- It helps both parents be more responsive to their baby
- It decreases mothers and fathers' potential for mental health issues



## How Can Health Professionals Help Fathers?

1. Screen for paternal depression during well-child visits
2. Connect dads with resources and interventions

### REFERENCES

<https://www.ncbi.nlm.nih.gov/pubmed/26590515>  
<https://jamanetwork.com/journals/jama/article-abstract/185905>  
<https://pediatrics.aappublications.org/content/138/1/e20161128>

# About Us

Every Woman OC is a resource for anyone who is thinking of becoming pregnant, is pregnant, or has a new baby. Our goal is to provide you with information and resources necessary to experience pregnancy and parenting in a safe and healthy way.

[www.everywomanoc.org](http://www.everywomanoc.org)



The Orange County Perinatal Council (OCPC) is dedicated to supporting optimal perinatal health and wellness for Orange County's women and babies – before, during and after birth.



For additional information, visit

[www.everywomanoc.org](http://www.everywomanoc.org)

or contact the Health Referral Line at (800) 564-8448.



## Every Woman OC



Women in the preconception, prenatal, and postpartum periods can find information regarding:

- Medical Services
- Healthy Eating and Exercise
- Healthy Mind and Relationships
- Substance Use
- Home and Work Environment
- Infant Care

For additional information, visit [www.everywomanoc.org](http://www.everywomanoc.org) or contact the Health Referral Line at (800) 564-8448.



## Thinking About Getting Pregnant

Taking good care of your body and mind will prepare you for pregnancy and give your baby a healthy start.

Even if you decide not to become pregnant now or in the future, this information will help you to live a healthy lifestyle.



## Pregnant

If you are pregnant, it's important to start planning and making healthy choices for your growing family.

The decisions you make now will help your baby have a happy, healthy life.



## After Giving Birth & Baby's 1<sup>st</sup> Year

The postpartum period refers to the first six weeks after childbirth. It is a period of healing and adjustment.

During these weeks, you'll bond with your baby and have a post-delivery checkup with your doctor. Take care of your baby and yourself by making good choices and staying healthy.



## Acerca de nosotros

**Cada Mujer OC** es un recurso para cualquier persona que está pensando en embarazarse, o está embarazada o tiene un nuevo bebé. Nuestro objetivo es proporcionarle información y los recursos necesarios para una experiencia segura y saludable de embarazo y de la crianza de los hijos.

[www.sp.everywomanoc.org](http://www.sp.everywomanoc.org)



El consejo Perinatal Council del Condado de Orange, (OCPC por sus siglas en inglés) tiene el compromiso de apoyar a las mujeres y los bebés del Condado de Orange para que gocen de bienestar y de óptima salud perinatal.



Para obtener información adicional, visite [www.sp.everywomanoc.org](http://www.sp.everywomanoc.org) o comuníquese con la Línea de Referencia de Salud llamando al (800) 564-8448.



**Cada Mujer OC**



Las mujeres en las etapas de preconcepción, prenatal y posparto pueden encontrar información sobre:

- Servicios médicos
- Alimentación saludable y ejercicios
- Mente sana y relaciones
- Consumo de sustancias
- Entorno laboral y del hogar
- Cuidado del bebé

Para obtener información adicional, visite [www.sp.everywomanoc.org](http://www.sp.everywomanoc.org) o comuníquese con la Línea de Referencia de Salud (Health Referral Line) llamando al (800) 564-8448.



## Pensando en quedar embarazada

Cuidar bien de su cuerpo y mente la preparará para el embarazo y le dará a su bebé un comienzo saludable.

Incluso si decide no quedar embarazada ahora ni en el futuro, esta información la ayudará a vivir un estilo de vida saludable.



## Embarazada

Si está embarazada, es importante comenzar a planear y tomar decisiones saludables para su familia.

Las decisiones que tome ahora contribuirán a que su bebé tenga una vida feliz y saludable.



## Después de dar a luz y el primer año del bebé

El período de posparto se refiere a las primeras seis semanas después del parto. Es un período de recuperación y adaptación.

Durante estas semanas, usted formará un vínculo emocional con su bebé y se hará un chequeo después del parto con su médico. Cuide a su bebé y de sí misma al tomar buenas decisiones y mantenerse saludable.



# Depression and anxiety are hard on families. Stress from COVID-19 can make these worse.

1 in 5 moms and 1 in 10 dads in OC are affected during their baby's first year.



## Hope

Let them know they are not alone  
and they WILL get better.



## Action

Help them rest.  
Bring food. Clean up.  
Help with the baby.

## The best gift you can offer is the help to H.E.A.L



## Empathy

Listen and don't judge.  
Understand his/her feelings  
— it's not wrong to feel.



## Local Help

Tell them the sooner they get help,  
the better for themselves  
and their baby.

If things get worse, call a doctor or 9-1-1



To learn how to help the baby during  
this time, visit [HelpMeGrowOC.org](https://www.HelpMeGrowOC.org)  
or call 1-866-476-9025



To help a parent or family  
member, visit [NAMIOC.org](https://www.NAMIOC.org) or call  
the OC Warmline at 714-991-6412.



To learn more visit [postpartum.net](https://www.postpartum.net)

Special thanks to the following members of the Orange County Perinatal Mood and Anxiety Disorders Collaborative Steering Committee without which this toolkit could not have been possible:

Pauline Bui, MPH, RN, PHN	OC Health Care Agency Public Health
Skarlet Bui, LMFT	OC Health Care Agency Behavioral Health
Miriam Bustamante, LCSW	Melinda Hoag Smith Center for Healthy Living Mental Health Program
Dianna Daly	First 5 Orange County
Patricia De Marco- Centeno, MD	Hoag Maternal Mental Health Program
Sid Gardner	Children and Family Futures
Pshyra Jones, MPH, CHES	Cal Optima
David Lagrew, MD	Providence St. Joseph Hospital
Christina Luarca	Hospital Association of Southern California
Angela Mains, LCSW	Hoag Maternal Mental Health Program
Ann Mino, MPH	Cal Optima
Katie Monarch, MSW, LCSW	Providence St. Joseph Hospital
David Núñez, MD, MPH, FAAP	OC Health Care Agency Public Health
Jim Peterson	Orange County Medical Association
Pamela Pimentel, RN	UCI School of Nursing and Institute for Clinical Translational Science
Andrea Pronk- Dunn	MOMS Orange County
Diana Ramos, MD, MPH	American College of Obstetricians and Gynecologists, Chapter IX California Department of Public Health
Ilia Rolon, MPH	First 5 Orange County (formerly)
Katie Ryan, MPAff	Children and Family Futures
Salpi Salibian, MS, PA-C	Hoag Maternal Mental Health Program
Jenna Sarin, MSN, RN, PHN	OC Health Care Agency Public Health
Raquel Tellez, LCSW	OC Health Care Agency Behavioral Health
Lucy VanOtterloo, RN, PhD	Community Perinatal Network

Additional thanks goes to the National Collaborative for Infants and Toddlers for their support and technical assistance throughout the Pritzker Fellowship.

Eric Conrad	GMMB
Ngozi Lawal	Center for the Study of Social Policy
Maggie McGlynn	McGlynn Leadership
Erin Robinson	Center for the Study of Social Policy
Kathy Stohr	J.B. and M.K. Pritzker Family Foundation
Elizabeth VanSant-Webb	Sorenson Impact Center / University of Utah David Eccles School of Business



### **Pritzker Children's Initiative (PCI)**

The Pritzker Children's Initiative (PCI), a project of the J.B. and M. K. Pritzker Family Foundation, is committed to building a promising future for our country by investing in and supporting solutions in early childhood development for children prenatal to age three, with the goal of every child reaching kindergarten ready to learn.

### **The National Collaborative for Infants and Toddlers (NCIT)**

Funded through the Pritzker Children's Initiative, NCIT brings together national partners, early childhood leaders, philanthropy, policymakers and practitioners inside and outside state and local government to create and strengthen promising policies and programs, and share what works, so that more states and communities can support the healthy development of our youngest children. I would suggest using the positioning statement from the NCIT framework, here's how it reads: The National Collaborative for Infants and Toddlers is committed to advancing policies and programs to ensure all families have the support they need to give their infants and toddlers a strong foundation for success in school and life. To learn more, visit [NCIT.org](http://NCIT.org).

## References

American Academy of Pediatrics. "Clinical Report- Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice." *Pediatrics*. Volume 126, Number 5, November 2010. Available at [www.pediatrics.org/cgi/doi/10.1542/peds.2010-2348](http://www.pediatrics.org/cgi/doi/10.1542/peds.2010-2348) doi:10.1542/peds.2010-2348. Accessed May 26, 2020.

American College of Obstetricians and Gynecologists. "Screening for Perinatal Depression." Committee Opinion Number 757, November 2018. Available at <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/11/screening-for-perinatal-depression>. Accessed April 24, 2020.

Assembly Bill 2193. Maternal Mental Health. California Legislative Information. September 27, 2018. Available at: [https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=201720180AB2193](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB2193). Accessed May 2, 2020.

Bright Futures Tools & Resources Kit, Second Edition. "instruments for Recommended Universal Screening at Specific Bright Futures Visits." American Academy of Pediatrics; Bright Futures. March 2020. Available at [https://toolkits.solutions.aap.org/DocumentLibrary/BFTK2e\\_Links\\_Screening\\_Tools.pdf](https://toolkits.solutions.aap.org/DocumentLibrary/BFTK2e_Links_Screening_Tools.pdf). Accessed May 1, 2020.

California Department of Public Health. "Data Brief: Symptoms of Depression During and After Pregnancy". Summer 2018. Available at <https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/Data-Brief-MIHA-2018-01.pdf>. Accessed May 26, 2020.

California Health Care Foundation. "Improving Maternal Mental Health Care." March 2, 2020. Project resources available at <https://www.chcf.org/project/improving-maternal-mental-health/>. Accessed March 24, 2020.

Council on Patient Safety in Women's Health Care. "Maternal Mental Health: Perinatal Depression and Anxiety." American College of Obstetricians and Gynecologists. February 2016. Available at <https://safehealthcareforeverywoman.org/wp-content/uploads/2017/11/Maternal-Mental-Health-Bundle.pdf>. Accessed February, 2020.

Garcia-Guix, Alexandra, et al. "Psychiatric co-morbidity among women with substance use disorders." *Advances in Dual Diagnosis* (2018).

Luca, D.L, Garlow, N, Staatz, C, Margiotta, C, and Zivin, K. "Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in California." *Mathematica Policy Research*, April 2019. Available at <https://www.mathematica.org/our-publications-and-findings/publications/societal-costs-of-untreated-perinatal-mood-and-anxiety-disorders-in-the-united-states>. Accessed April 30, 2019.

Medi-Cal Obstetrics Provider Manual: Evaluation and Management. Department of Health Care Services. June 2020. Available at <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/Part2/eval.pdf>. Accessed June 16, 2020.

A Report from the California Task Force on the Status of Maternal Mental Health Care, April 2017. Available at <https://www.calhospital.org/sites/main/files/file-attachments/report-catastask-force-proofv7.pdf>. Accessed March 2020.

U.S. Preventive Services Task Force. "Interventions to Prevent Perinatal Depression: US Preventive Services Task Force Recommendation Statement." *JAMA*, Volume 321, Number 6, 2019 pp. 580–587. doi:10.1001/jama.2019.0007