ADHS WIC:
Perinatal Mood and Anxiety Disorders Training

Companion Manual

Disclaimer: Please note the image shown on each page of this manual offer a navigation point for you while going thru the course. It displays all the graphics on the page in one thumbnail, this is not in error.

1. Module 1: Addressing PMAD at WIC

1.1 Welcome

Transcript:

1.2 Introduction to PMAD

Transcript:

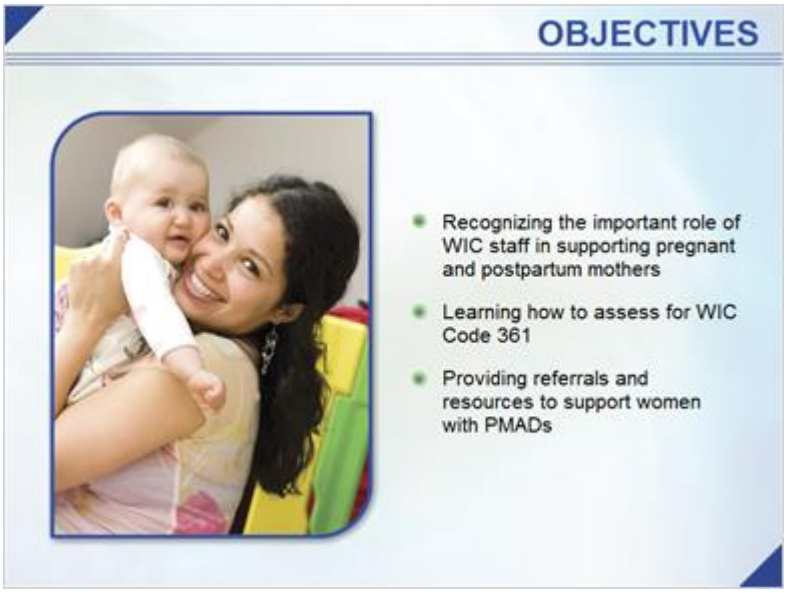
Hi! I'm Shannon. Today we're talking about an important topic that you may encounter in the WIC clinic.

Imagine if something was wrong with you, but it was invisible to everyone around you. What if you felt like no one could see anything wrong, so no one cared? What if you weren't even sure what was wrong yourself?

Imagine you're in that situation-and then imagine someone asks you about it. That person just opened the door to you getting the help you need.

At WIC, screening for a Perinatal Mood and Anxiety Disorder or PMAD can be like that. Moms with a PMAD may feel like something is wrong but don't know what it is or what to do. You could very well be the first person to ask them about this problem. You could be the support they need to get help.

1.3 Objectives



Transcript:

This course will help you recognize what an important role you have in supporting pregnant and postpartum mothers who may be suffering from a PMAD. You'll learn how to assess for WIC code 361, as well as how to provide referrals and resources to support women with PMADs.

1.4 Nutrition Benefits

Transcript:

You may be wondering why we assess for mental health issues like PMADs at WIC. Many people don't realize the connection between WIC's services and improved mental health.

For example, PMADs may affect appetite and, therefore, proper nutrition. Women who are diagnosed with depression can benefit from our nutrition services and food benefits. We can encourage moms to make food choices that promote better health.

For example, a healthful diet that includes good sources of Omega-3 fatty acids may reduce inflammation and symptoms of depression. The main sources of Omega-3s are cold water fish, like albacore tuna, mackerel, and salmon. Soybean and canola oils, flaxseed, and walnuts are also high in Omega-3s.

1.5 Breastfeeding Benefits

Transcript:

Breastfeeding can also reduce symptoms of depression by decreasing stress. During breastfeeding, the release of oxytocin, also known as the "love hormone," helps to improve relaxation and blood pressure.

One of our critical roles at WIC is supporting breastfeeding. All of the things you're already doing to provide breastfeeding education, assessment, and support to women may improve PMAD symptoms too. Your support of breastfeeding both before and after moms give birth can improve their emotional well-being.

1.7 WIC Code 361

Transcript:

Here at WIC, we use WIC code 361 to document clients diagnosed with depression or other PMADs or Perinatal Mood and Anxiety Disorders. Although we can do a quick screening for depression, we don't diagnose it ourselves. We are able to make the referral for our clients to other services and health professionals and document the referral in our TGIF note. The referral we make may offer a diagnoses and provide the additional support based on the mother's needs.

Clients can also self-report a diagnosis. That doesn't mean they decided on their own they have a PMAD. It means they tell you that a qualified professional has diagnosed them. For example, a client might say, "My doctor says I have depression." During your assessment, document that diagnosis in your TGIF notes and assign WIC code 361. As a counselor, you'll also determine what referrals you are able to offer.

1.8 Baby Blues and Depression

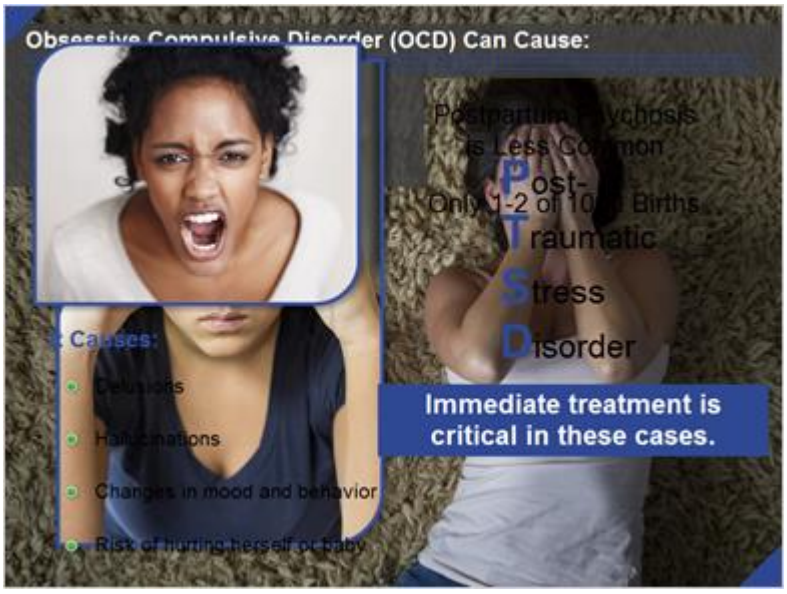
Transcript:

Let's talk about some of the differences between the "Baby Blues" and depression.

Most new moms experience some form of “baby blues” right after their baby is born. It’s typical for new moms to have sudden crying spells or feel like they’re on an emotional roller coaster. Feeling overwhelmed, exhausted, or nervous is also part of the baby blues. This can look like a mild depression, but it isn’t depression. Baby blues should not last more than about two weeks.

If the baby blues last longer than two weeks or become severe, then it may be postpartum depression. Postpartum depression is one type of PMAD. Around 10 to 20 percent of women experience depression following childbirth. Moms with postpartum depression may have similar symptoms as baby blues, but they usually have additional signs. They may feel anger and guilt. They may not show interest in their baby or feel disconnected. Some women have a hard time focusing. Changes in appetite and sleep are also possible.

1.9 More Than Depression



Transcript:

Although we've been talking about postpartum depression, PMADs cover more than just depression. That's why we've been saying "mood and anxiety disorders." As a WIC counselor, you don't need to be able to tell the difference between the various diagnoses. However, you should be aware that PMADs can cause a range of symptoms. 1 in 7 new moms are affected by a PMAD.

Perinatal anxiety, including panic disorder, can cause panic attacks with shortness of breath and chest pain. It can make women extremely nervous or give them overwhelming worries about their babies.

Perinatal obsessive-compulsive disorder or OCD causes obsessive, intrusive thoughts. These are often scary thoughts about harm coming to the baby or the family. OCD also causes, compulsive, repetitive behaviors like checking if the baby is breathing or avoiding triggering situations.

Post-traumatic stress disorder or PTSD can be triggered by past traumas or a traumatic event during labor and delivery.

Postpartum psychosis is much less common than other PMADs, only happening in 1 or 2 out of every 1000 births. It causes delusions, hallucinations, and significant changes in mood and behavior. Postpartum psychosis increases the risk a mom will hurt herself or her baby. Immediate treatment is critical in these cases.

1.10 Not Just Postpartum

Transcript:

A PMAD isn't just a problem after giving birth. We say "perinatal" to mean both during pregnancy and a year postpartum, sometimes even longer. There's an increased risk of depression during pregnancy, especially in the last trimester. In fact, between 14 and 23 percent of pregnant women have symptoms of depression.

Pregnant women who suffer from a PMAD are at higher risk for a number of problems. They're less likely to seek prenatal care. They're at higher risk for drinking, smoking, and using drugs. PMADs also increase the risk for birth complications like preeclampsia, preterm delivery, and low birth weight.

1.13 Summary of WIC's Role

Transcript:

Let's review what we've covered so far.

PMADs or Perinatal Mood and Anxiety Disorders affect 1 in 7 women during pregnancy and postpartum. A PMAD is more than just baby blues; it can be serious depression that significantly affects women's lives. In addition to depression, PMADs can include anxiety, OCD, PTSD, and psychosis.

Here at WIC, we use WIC Code 361 if mom is diagnosed with a PMAD by a qualified provider. We can help moms with PMADs by providing referrals for additional services, offering nutritional guidance, and giving breastfeeding support.

1.14 Two Questions

Transcript:

Now that you know the basics of PMADs, let's talk about how we screen for one during an assessment. In Arizona WIC, we follow a modified version of the PHQ-2, or the Patient Health Questionnaire 2. It consists of two questions, which are listed on the ABCDE guide.

How often do you feel down, depressed or hopeless?

How often do you have little interest or pleasure in doing things?

You can ask these two questions as part of the C or Clinical part of your ABCDE assessment. You can also use this screening any other time you feel it's appropriate based on something a client tells you. If a client answers "yes" to either or both questions, refer her for additional support and resources.

You can also offer referrals even if she answers no to both screening questions. If a mom talks about symptoms of PMADs like feeling very nervous or having trouble sleeping, encourage her to talk to her doctor.

1.19 After Screening

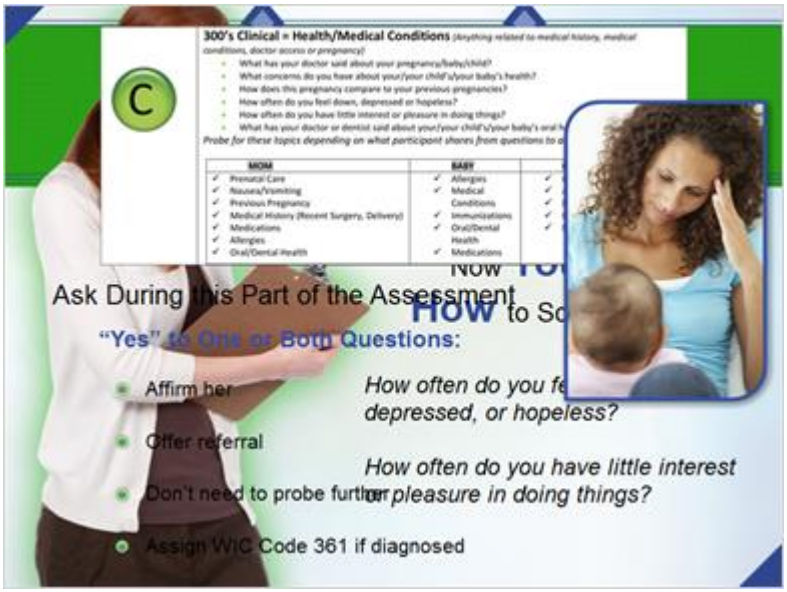
Transcript:

After you ask the screening questions, what do you do next? You might be worried about how to ask questions and find out more.

As a WIC counselor, your responsibility is to conduct the screening and refer clients for additional services. You don't need to probe any deeper. A PMAD is a serious condition, and you can leave that conversation to people with more specialized training in mental health.

It's helpful to provide clients with affirmation after they tell you about their PMAD. For example, you might say, "Thank you for sharing that with me," or "I appreciate you being open with me about how you're feeling." Be sensitive to their concerns and compassionate towards them. Don't dismiss what they're telling you. Your PCS skills are always relevant, including when addressing PMADs.

1.21 Summary of Assessment



Transcript:

Now you know how to screen for a PMAD in WIC. Ask clients if they're feeling down, depressed, or hopeless, then ask if they have little interest or pleasure in doing things.

These questions can be asked as part of the C section of your ABCDE assessment. If a client answers "yes" to one or both questions, affirm her for sharing with you and offer a referral to additional services. You can also offer referrals to moms who answer no to both questions but describe other symptoms of PMADs like anxiety. You don't need to probe further; providing a referral is one of the best ways you can help women with a PMAD. Assign code 361 if she has been diagnosed by a qualified professional.

1.22 Referral and Support

Transcript:

Once you decide a client needs a referral, you have several options. Some services may not be available in all areas, so check with your supervisor about your local resources. Multiple resources are available to conduct screenings, diagnose PMADs, provide treatment, and offer support.

One place to refer moms for support is a healthcare practitioner. Their primary care doctors or other healthcare workers may be able to provide more thorough screenings and specialty care.

You can also refer moms to local support groups. These are sometimes affiliated with hospitals or medical centers. Ask your supervisor for a list of support groups in your local area, and check the Resources menu for a list of some options.

1.23 Warmline and Home Visiting

Transcript:

National and state “warmlines” are available for support. When women call these numbers, they can leave a message and get a call back from a trained volunteer who provides encouragement and support. Check the Resources page for phone numbers or check your local agency referral list.

Home visiting programs are great resources for referrals. These programs send trained staff to visit at-risk families in their homes. They provide screening and support for moms with PMADs. After you finish this module, you’ll be able to learn more about the home visiting program and how they help women with PMADs.

1.24 How to Refer

Transcript:

When referring clients to additional services, keep using your PCS and OARS skills. These are sensitive issues, so keeping the participant at the center of what you do and say is critical. For example, asking permission before offering a referral helps her maintain personal control.

You can make referrals collaborative. For example, you could say, “Many moms find support groups helpful. Here’s a list of these groups in our area. If you’d like, I can make the first call for you.”

Active listening and open body language show clients that you care about them and the problems they’re facing. Reflective listening demonstrates that you heard what they said. For example, you could say, “It sounds like you’re feeling overwhelmed, and you wish you had some help with the baby.” Affirming clients for talking about difficult topics and asking for help is also beneficial. Be careful not to dismiss clients’ concerns.

1.26 Reinforcement

Transcript:

As a WIC counselor, you can also help reinforce treatments and encourage follow-up. For example, let's say you have a client, Angie, who has been diagnosed with a PMAD by her doctor. Angie's doctor prescribed an antidepressant, but she says she's not taking it consistently. She's worried the medicine might affect her breastfeeding son.

You can use your motivational interviewing skills to explore why clients aren't following recommendations. For example, you might use a reflection, followed by an open-ended question. "It sounds like you're not taking your prescription all the time because you're worried it will hurt your baby when he nurses. Tell me more about that."

If you can explore why they're not following up, you may be able to find what's preventing your clients from making healthy behavior changes. Many moms mistakenly believe they must avoid all medication while breastfeeding. You can help educate moms on safe medications while breastfeeding by looking up the medication for her and offering her the information to discuss with her provider.

1.27 TGIF Notes

Transcript:

After you complete your assessment, use the TGIF format for your notes. As a refresher, TGIF stands for Tool, Goals, Information, and Follow-up.

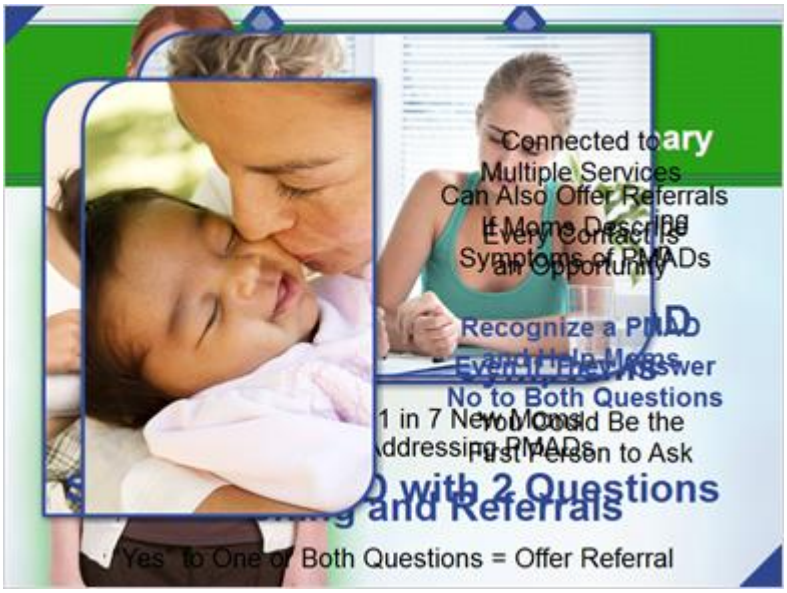
If your client sets a goal related to her PMAD, such as attending a meeting with a local support group, record that in your notes.

Your notes related to a PMAD in the information section are critical. This is where you record WIC code 361 if diagnosed and why you assigned it. Your notes will help the next counselor understand this client's situation and your concerns.

When you provide referrals, note that in the follow-up section.

Using the TGIF format helps you ensure you record all the important information about your conversation with your clients.

1.29 Module Summary



Transcript:

Let's review what we covered in this module. We talked about WIC's role in addressing PMADs. Here at WIC, we help moms with PMADs by providing screening and referrals. We support moms with breastfeeding and making better nutritional choices, both of which can help reduce PMAD symptoms.

PMADs affect 1 in 7 new moms. You can quickly screen for a PMAD during assessment with just two questions. If a client answers "yes" to one or both questions, offer a referral to other services. You can also offer referrals if moms describe symptoms of PMADs even if they answer no to both questions.

Many mothers with PMADs who live in poverty are already connected to multiple services like WIC, SNAP, TANF, and healthcare services such as AHCCCS or other plans. Every contact is an opportunity to recognize a possible PMAD and help moms seek treatment. You could be the first person to ask about their struggles and get them on the road to help.

1.30 Home Visiting

Transcript:

Now that you've completed this introductory module, you can review the PMAD course for the home visiting program. Most of the information in this longer course is relevant to you at WIC, although some of the examples and situations are specific to the staff of the home visiting program. You'll see some differences in how they address PMADs. For example, instead of the two-question screening, home visiting staff use a longer, more thorough screening tool. At WIC, you'll use the two-question screening you've already learned about instead of this longer tool.

If you have any questions or concerns about whether the content of the next course applies to your situation at WIC, please ask your supervisor.

2. Module 2: The Significance of PMADs in Our Work

2.1 Home Visiting Welcome

Transcript:

2.2 Introduction

Transcript:

Typically, becoming a mother is a difficult, but joyous time.

However, for some women it is painful and overwhelming. Let's hear from Ashley, who started to feel like something was wrong during her second pregnancy.

"Some women love pregnancy, but when I got pregnant again, I hated every minute of it. I felt disgusting, and I was worried all of the time. Then I felt guilty, like I wasn't a good mother because I was supposed to be happy. When the baby came, she cried all the time. I was so tired; I just wanted her to stop. It got so bad that I didn't even want to hold her anymore. I pretended everything was okay, but it wasn't. I felt like a good mother would know what to do, would know how to soothe her baby. A good mother would not have a baby that cried all of the time. I felt so worthless, so overwhelmed. I felt so alone."

With encouragement from her spouse, Ashley got help and discovered that she was suffering from a Perinatal Mood and Anxiety Disorder (PMAD). With treatment and support, she felt better and was able to bond with her baby.

2.3 Course Objectives

Transcript:

Hi, my name is Christine.

I'm a family service provider, and like you, my goal is to help women and their families. Over the next few modules, I will review signs, symptoms, and screening for PMADs using the Edinburgh Postnatal Depression Scale (EPDS), the Patient Health Questionnaire 2 (PHQ-2), or the Patient Health Questionnaire 9 (PHQ-9) screening tools. We will also discuss the best practices for supporting our clients.

But first, we will cover the basics of PMADs and the importance of our role as service providers in addressing women's mental and emotional health needs. Our efforts in early screening, prevention, and treatment can increase maternal functioning, reduce child abuse and/or neglect, and decrease psychological distress.

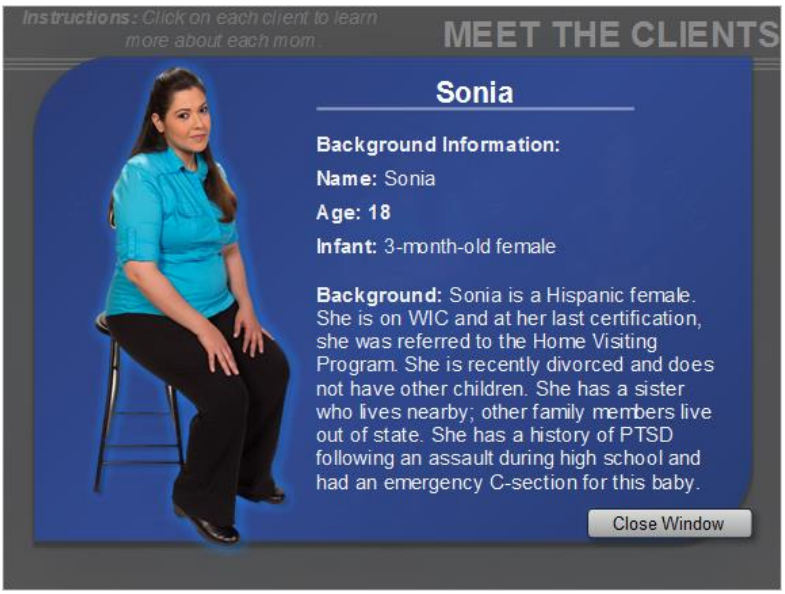
2.4 Meet the Clients

Transcript:

You will be working with three clients throughout the course, Winona, Sonia, and Jessica. Click on each woman to learn more about her.

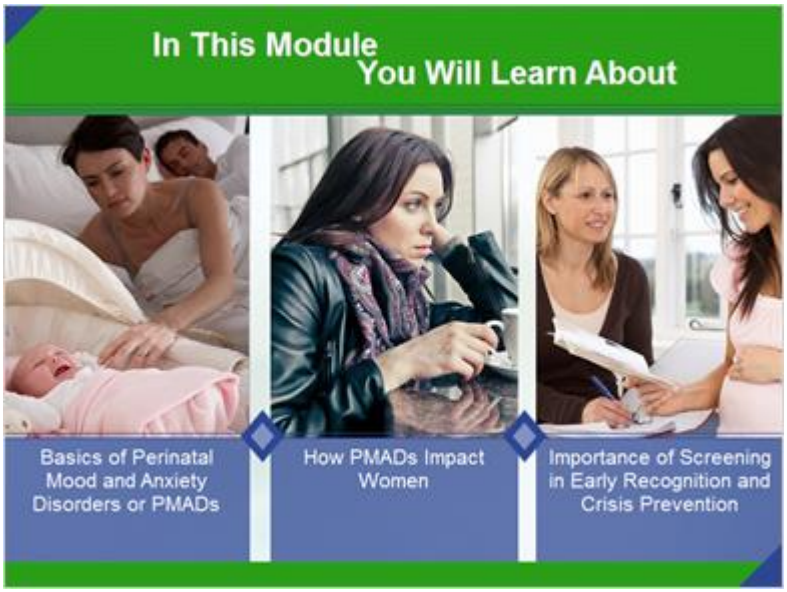
Mom 1 (Slide Layer)

Mom 2 (Slide Layer)



Mom 3 (Slide Layer)

2.5 The Significance of PMAD in Our Work

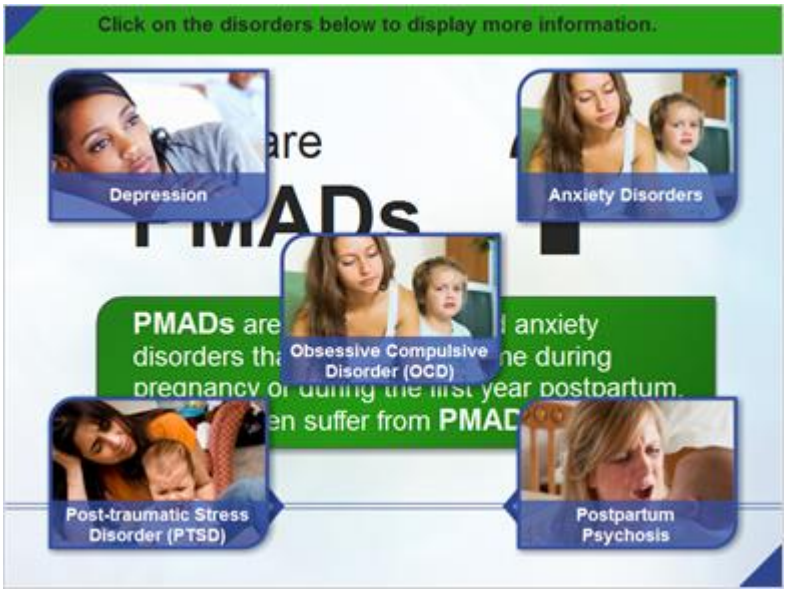


Transcript:

In this module, you will learn about:

- The basics of Perinatal Mood and Anxiety Disorders or PMADs
- How PMADs impact women
- The importance of screening in early recognition and crisis prevention

2.6 What Are PMADs?



Transcript:

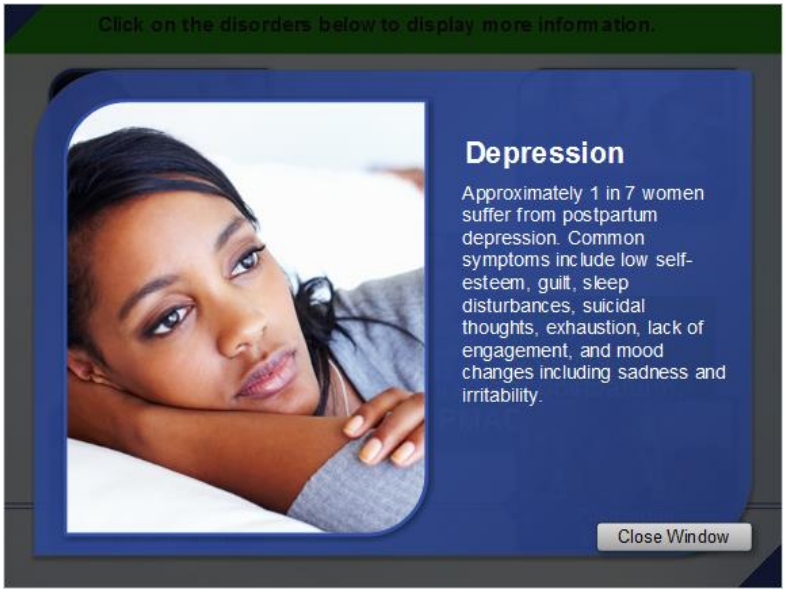
Perinatal Mood and Anxiety Disorders (PMADs) are a set of mood and anxiety disorders that can begin anytime during pregnancy or during the first year postpartum. Over 800,000 cases are reported in the U.S. each year, making PMADs the most common maternal health complication. On average, 10-20% of women will experience a PMAD. This rate increases to 30-48% among low income women.

Perinatal Mood and Anxiety Disorders include:

- Depression
- Post-traumatic Stress Disorder or PTSD
- Postpartum Psychosis
- Anxiety or Panic Disorder
- Obsessive Compulsive Disorder or OCD

Click on each PMAD to learn more.

Depression (Slide Layer)



Anxiety (Slide Layer)

OCD (Slide Layer)

PTST (Slide Layer)

Postpartum (Slide Layer)

2.7 How do PMADs Impact Women?

Transcript:

Many women with PMADs go undiagnosed and do not receive the help they need. These women are affected on many levels, including their health during pregnancy and postpartum, their baby's birth and developmental outcomes, their postpartum adjustment, and their ability to bond with their babies.

Women with PMADs may not take care of themselves and may engage in unhealthy behaviors, such as:

- Poor nutrition
- Poor or no prenatal care
- Smoking
- Drinking
- Drug use

They may have trouble interacting and engaging with their child. Women who are not treated also have an increased risk of suicide and infanticide.

These women and their babies are at risk for pregnancy and birth complications, including:

- Pre-eclampsia
- Placental abruption
- Gestational Diabetes
- Prenatal stress
- Developmental delay
- Preterm birth
- Low birth weight
- Impaired fetal growth
- Stillbirth

Click on each complication to learn more.

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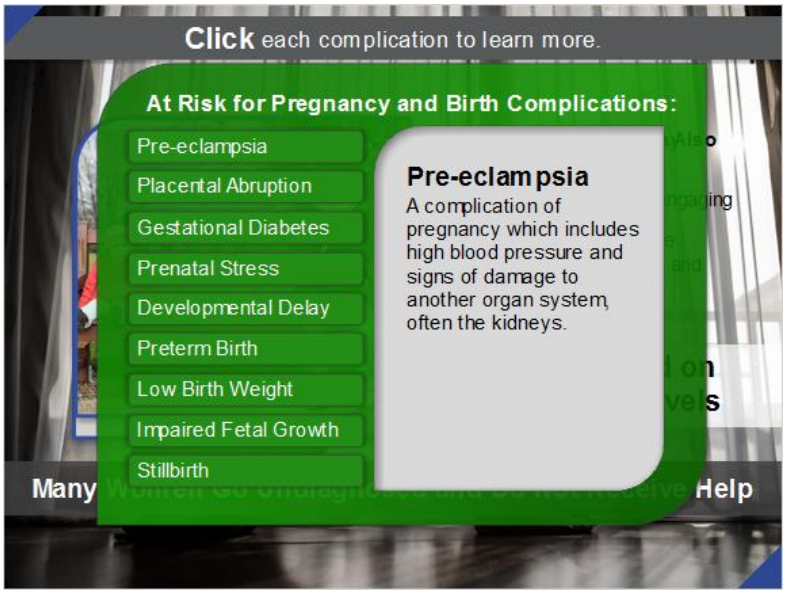

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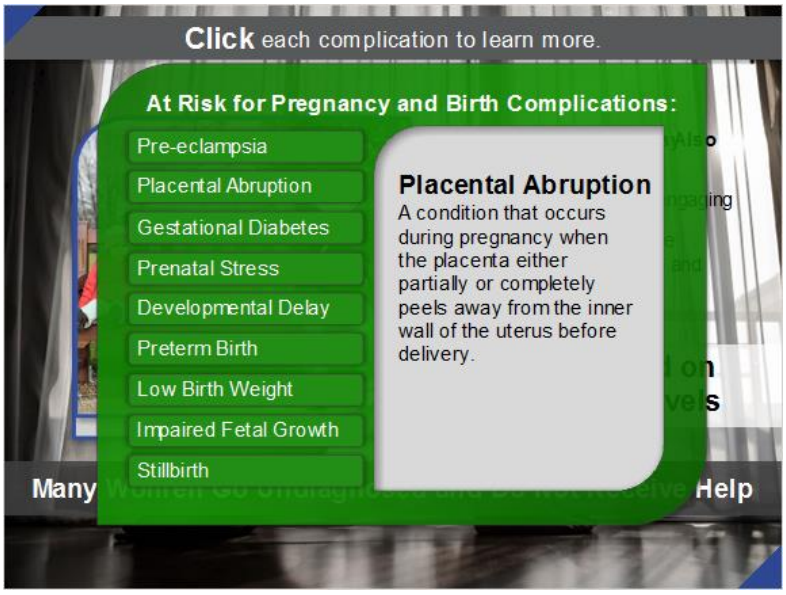

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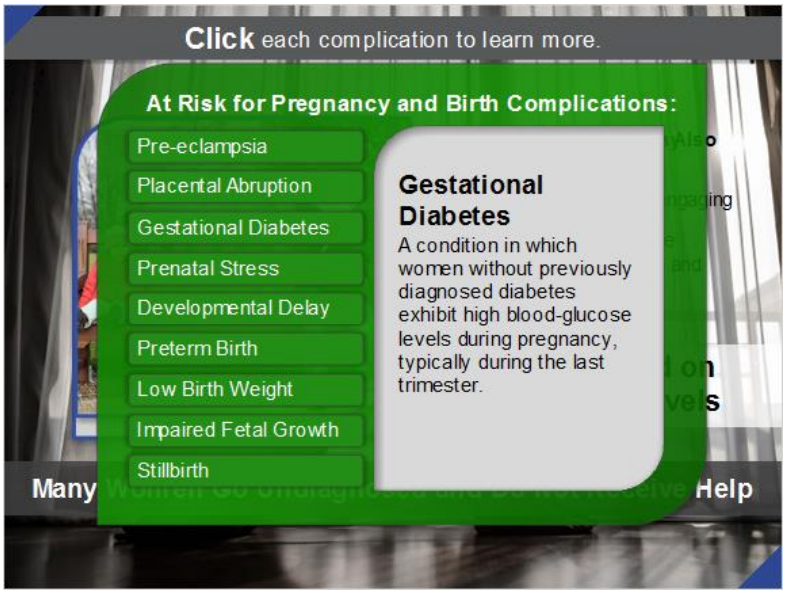

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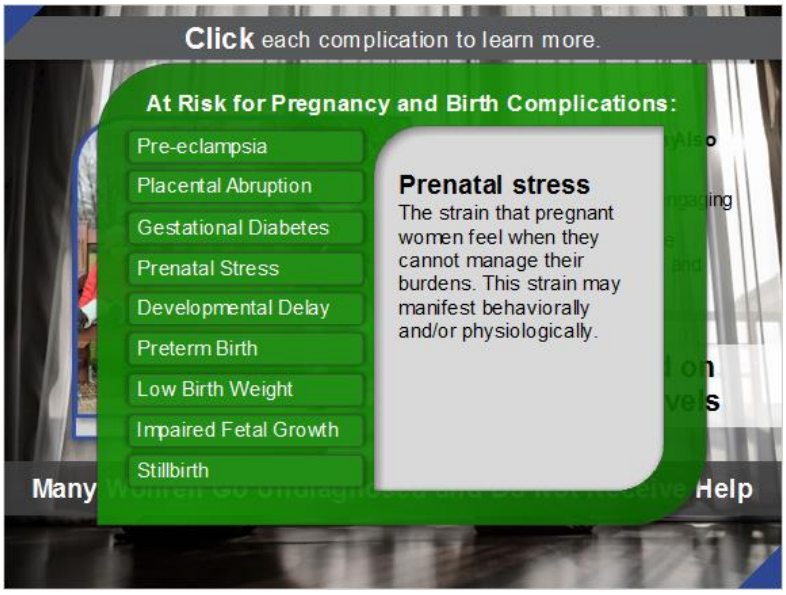

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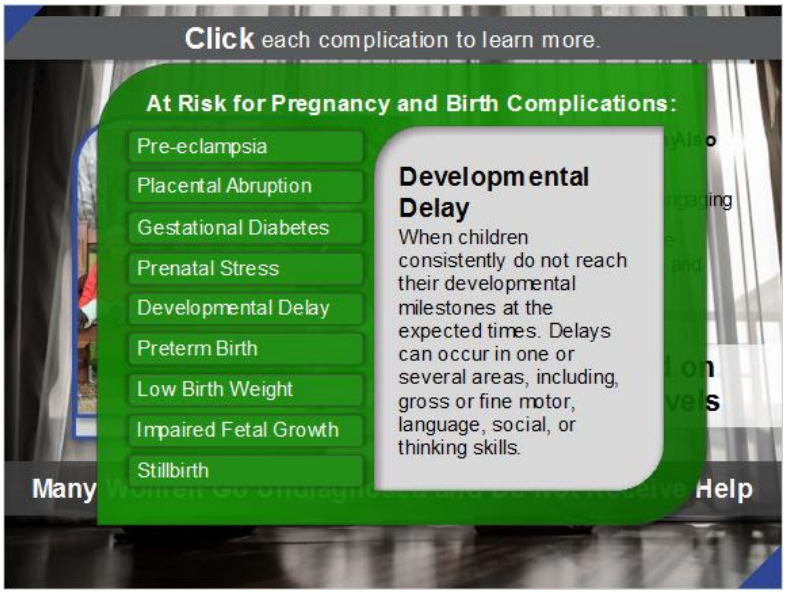

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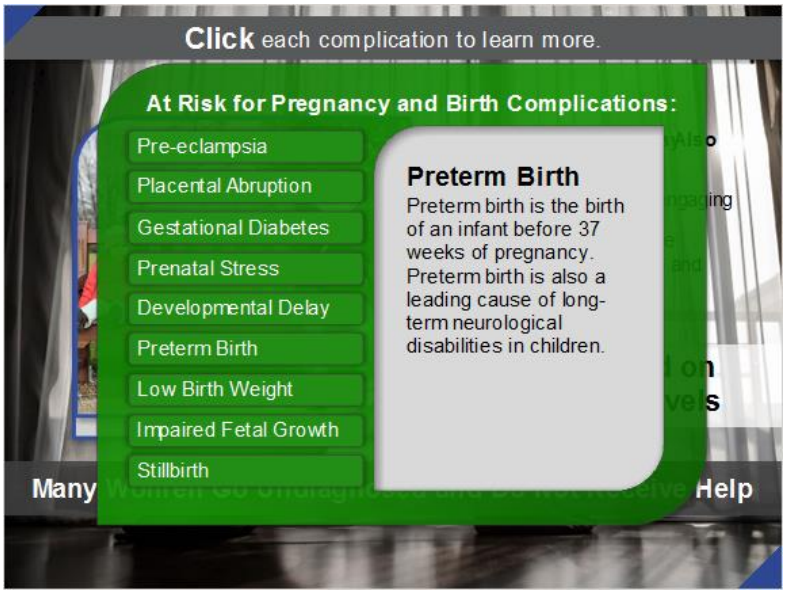

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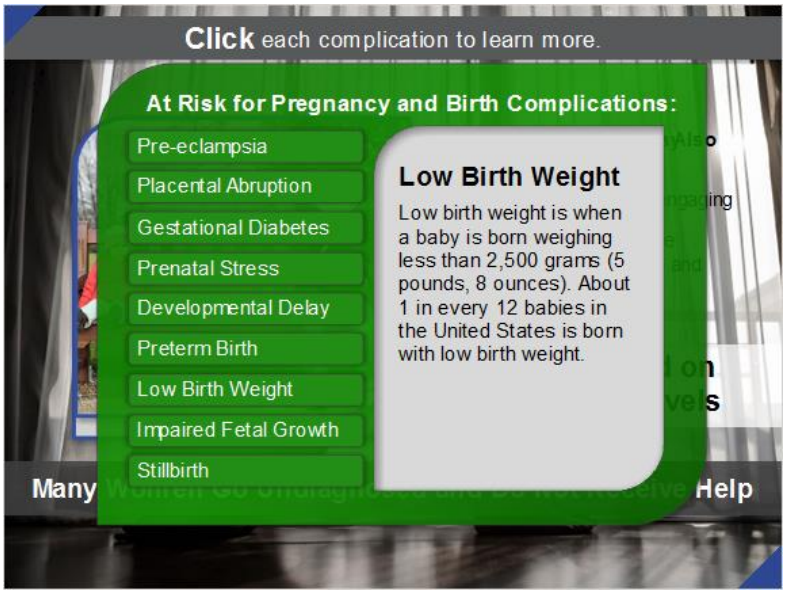

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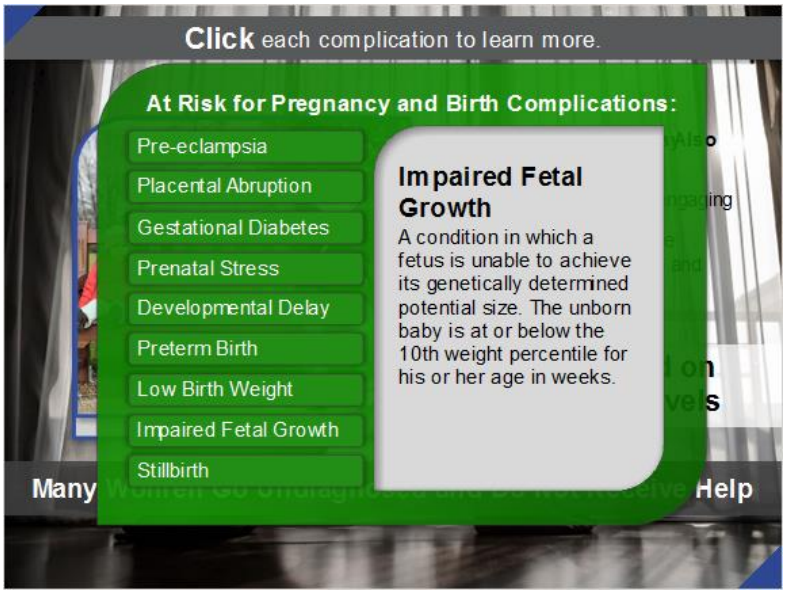

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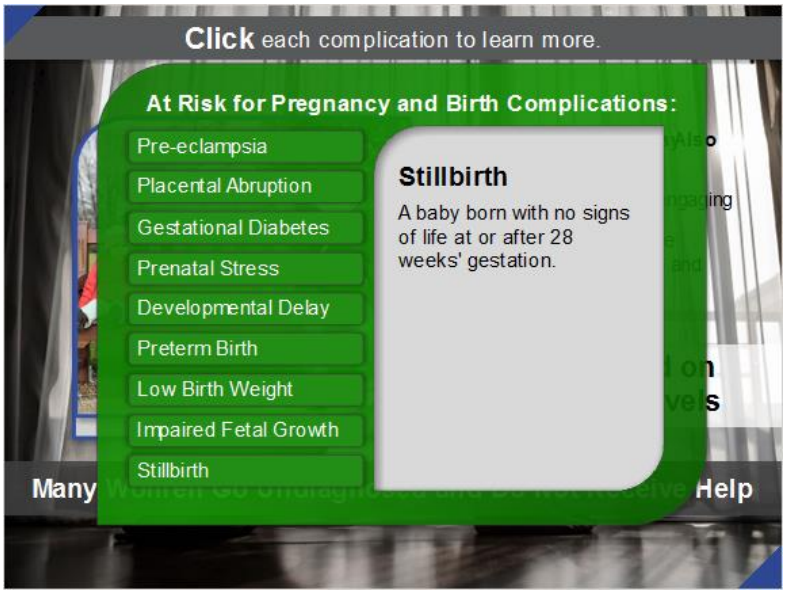


2.8 The Importance of Screening

Transcript:

PMADs are both detectable and treatable. Early screening by family service providers like you and me can make all the difference in the world.

By screening the women you see, you can help identify when your client may have a PMAD and match her with the resources, support, and treatment options she needs. Early screening and treatment can reduce the duration and severity of your client's distress. You may even prevent a crisis from occurring.

Jane Honikman, the founder of Postpartum Support International, urges us to remember, "It takes a whole village to raise a child, but we need to remember that it was the mother who had the baby, and she needs our help, too."

2.12 Summary

Transcript:

Thank you for learning about PMADs!

In this module, you got to meet the clients we'll be working with throughout the course.

You learned that PMADs are a set of mood and anxiety disorders that can begin anytime during pregnancy and/or during the first year postpartum. You know that 800,000 women suffer from PMADs each year. You also learned that untreated PMADs have a negative impact on women and their babies.

We also found out about our important role as family service providers. PMADs are both detectable and treatable. Early screening by family service providers, like you and me, can make all the difference in the world.

In the next module, we'll cover the role of family service providers when working with pregnant and postpartum women, helping them feel understood and comfortable with their feelings.

3. Module 3: We are the Frontline of Maternal Support

3.1 Module Objectives

Transcript:

Now that you know the basics of PMADs, we can learn more about our important role in helping pregnant and postpartum women with these disorders. In this module, we will cover:

- The important role of family service providers
- The myths of motherhood
- Goals of working with pregnant women and new mothers
- What staff can offer
- Understand how working with expectant and new mothers may affect you
- The value of self-care
- The importance of seeking out supervisory support and guidance
- How to recognize boundaries
- How to maintain client confidentiality

3.2 The Myths of Motherhood

Transcript:

Every mother has a set of expectations, or beliefs, about motherhood. Some expect motherhood to be perfect and measure themselves against unrealistic ads, books, and celebrities with unlimited resources. Whether these expectations are met or not can have a big impact on a woman's sense of self-worth and feelings of adequacy as a mother.

I would like to share these video clips with you, so you can hear about how the myths of motherhood affect real moms.

3.3 Myths of Motherhood, Continued

Transcript:

As you can see, the reality can be very painful for some mothers. There are many myths out there, including:

- Getting pregnant is easy
- All pregnancies are wanted
- Pregnancy always ends in a live, healthy baby
- You will instantly bond with your baby
- Breastfeeding is easy because it's natural
- You'll return to normal life quickly
- Supermoms are the ideal
- Good moms can do it without help
- Parenting comes naturally
- You'll sleep when the baby sleeps
- You will love being a mother all of the time
- You will find fulfillment in your child
- It's your fault if you are not happy
- Baby will bring you closer to your partner

These myths create an environment in which it is not okay to struggle, ask for, or accept help. Where it's not okay to be imperfect and if moms are not perfect, they're not trying hard enough. This makes women feel like it's bad, or somehow their fault if they suffer from PMADs.

3.4 Goals When Working with Pregnant Women and New Mothers

Transcript:

Now that you understand the pressures that new and expectant mothers face, let's learn about our goals when working with pregnant and postpartum women.

When we work with our clients, it's important to create a safe, comfortable environment so that they feel free to discuss their issues, thoughts, beliefs, fears, hopes, or symptoms.

It is also essential to:

- Reduce shame and stigma
- Overcome fear of disclosure
- Reassure new mothers that needing support is normal
- Encourage clients to ask for help
- Help clients come up with a plan based on their needs

3.5 What Staff Can Offer

Transcript:

So, how can you help? As a family service provider, you can offer three components that lead to effective treatment: empathy, information, and practical help.

You're the first line of support in helping moms feel understood and comfortable with their feelings. You may be the only person with whom the client has shared her emotional state. Your listening skills and empathy can make a difference in whether or not she seeks help.

Part of your role is listening to the client in order to understand the big picture. This will help you provide the client with the information they want and need.

The practical help you can offer includes:

- Reassuring moms that it is healthy to talk about struggles and that other moms have found it helpful to express themselves and seek support when needed
- Encouraging them to reach out for help
- Active listening
- Listening without judgment
- Providing resources and referrals

Make sure the client knows that it is not your role to diagnose or make treatment recommendations, but that you are able to provide information and help clients find assistance.

To learn more, click on the 'Resources' link above.

3.8 The Value of Self-care

Transcript:

As a family service provider, you can end up taking things that happen at work to heart and feeling overwhelmed and burned out. In order to help your clients, you need to make sure to take care of yourself.

There are several things you can do to replenish yourself and maintain your own mental health, including:

- Eating nutritious foods
- Spending time with loved ones
- Exercising
- Meditating
- Doing activities you enjoy
- Ensuring you get enough rest
- Getting help when you need it

Self-care means something different to everyone. Find what works for you and work it into your routine. Make taking time for yourself a mandatory activity to help prevent exhaustion and alleviate stress. For additional ideas, check the Resources link.

3.9 Supervisory Support and Guidance

Transcript:

A mother who is depressed may not talk much to others. As her family service provider, you may be the only trusted person to whom she reaches out in order to share her feelings. The information she shares may concern you. If you do not feel comfortable or know what the most appropriate response should be, you can seek the help of your supervisor.

It is important to get assistance from your supervisor if you are unsure of any situation that you encounter. By discussing the situation with your supervisor, you will be able to gain more insight into how to provide professional support that meets the needs of your client and her family.

3.10 Recognizing Boundaries

Transcript:

It is important for you to develop a professional relationship with your clients. Working with mothers that may have a PMAD can bring up strong feelings. Building a trusting relationship with a client can feel similar to a friendship. Knowing your job duties and role and clearly communicating your boundaries with the mother and her family at the beginning of your relationship will prevent any confusion. Boundaries are a set of rules, policies and/or skills that define the limits of professional behavior.

One boundary that is important to maintain is recognizing when a mother may benefit from support and treatment that you are not trained to provide. For example, if you are not a trained behavioral health treatment provider and the mother needs counseling, you will need to ensure that your client receives a referral to the appropriate services. You may also need to reassure her that treatment with someone else can be helpful for her, her children and family. If you are not sure about the boundaries of your job, make sure you talk with your supervisor.

3.11 Client Confidentiality

Transcript:

All information regarding your client interactions need to be kept in a confidential client file and maintained in a safe, secure location. If you have your client's consent, you can share information with other professional support staff, your client's primary care physician, and other treatment providers as appropriate.

3.14 Summary

Transcript:

Thank you for learning about your role!

In this module, you got to learn about your role as a family service provider when working with pregnant and postpartum women.

You learned about the significance of self-care in preventing stress and burnout. You also learned to seek supervisory support when unsure about boundaries or what to do in a situation, and recognizing when clients need help that you are not trained to provide. We now know how to keep client information confidential.

In the next module, we'll cover risk factors for PMADs and the goals of prevention. You will also learn about screening for, and signs and symptoms of PMADs.

4. Module 4: Knowing What to Look for

4.1 Module Objectives

Transcript:

Now that you've learned the basics of PMAD and your role in helping clients, it's time to delve a bit deeper into things. In this module, you will learn about the risk factors for PMADs, including medical, social stressors, high-stress parenting situations, and other aggravating factors. You will also learn about PMAD prevention, including prevention goals and strategies. We will also review the signs and symptoms of PMAD, as well as the screening tools we use to look for PMAD.

4.2 Risk Factors - Medical

Transcript:

Identification of risk factors is an important way to increase rates of early detection, which can lead to effective prevention or referring women for treatment planning with their health care provider. Talking with your client can provide insight into what, if any, factors may be negatively affecting their mental well-being. There are many different things that can affect a woman's risk for PMADs. Let's start by looking at the different medical risk factors for PMADs. These can include a previous personal or family history of PMADs or mental illness, significant mood reactions related to reproductive hormones such as severe premenstrual syndrome (PMS) or Premenstrual Dysphoric Disorder, and endocrine system dysfunction, such as thyroid problems or diabetes.

4.3 Risk Factors - Social

Transcript:

Some social factors also increase the risk for PMADs. When talking with mothers, be aware of the following issues: Lack of social support, financial stress or insecurity, interpersonal violence, recent loss or trauma, and stressful life events.

4.4 Risk Factors - High-stress Parenting Situations

Transcript:

What situations can you think of that might be high stress for a pregnant woman or new mother? Women in certain high-stress situations are considered at greater risk than average for experiencing PMADs. These types of high-stress situations include families with babies in the hospital Neonatal Intensive Care Unit (NICU), and families that have experienced infertility, as well as neonatal loss. Adoption, parenting multiples, and being a part of a military family can also be very stressful and increase a mother's risk. Likewise, teen and single mothers are at higher risk for PMADs because of the pressures they face, such as lack of social support, discrimination, and shame.

There are also families with that have special concerns, such as caring for children with special or high health care needs, or an elderly parent. Women in abusive relationships and women who are physically or socially isolated are considered to be at higher risk as well.

There are a lot of factors involved in these scenarios. For more information, see the High-stress Parenting Situations job aid in the Resources section.

4.5 Risk Factors - Aggravating Factors for PMADs

Transcript:

What else increases a mother's PMAD risk? Both physical and emotional health factors can contribute to risk, like complications during pregnancy, birth, or breastfeeding, and history of trauma or abuse. Some other issues that increase the risk of PMADs are being in physical pain, unresolved grief, a history of pregnancy loss or termination, and lack of sleep. In addition, drinking alcohol and/or using tobacco and other drugs may be related to increased risk of PMADs. Worrying about things like childcare, her marriage, returning to work, and being a perfect mother can also contribute to your client's risk.

4.8 Prevention - Goals

Transcript:

So how can you help? As a family service provider, part of your role is helping to prevent, identify, and refer women with signs of PMAD. However, prevention is especially important if your client is at risk. The overall goal of prevention is to prevent a crisis situation, symptom escalation, or a relapse of symptoms. Family service providers can help to prevent PMADs by providing clients and healthcare providers with information about PMADs; by providing emotional support and helping clients locate resources when necessary; by facilitating communication between clients and healthcare providers; and by promoting appropriate self-care and wellness planning with clients.

4.9 Prevention - Wellness

Transcript:

Prevention focuses on your client's well-being. Each client needs a plan that is personalized to her specific needs. Wellness plans can include education, emotional and practical support. Self-care is an important aspect of a woman's wellness plan. Self-care activities include adequate sleep, nutrition, and exercise. Alone time, meditation, reading, getting outside, and anything that helps the mother relax can also be vital components in a self-care routine. Self-care does not include drinking alcohol, using tobacco or other drugs. In addition, mothers should be allowed to share their thoughts and feelings without judgment and be referred to a mental health professional when needed.

4.10 Prevention - Breastfeeding

Transcript:

Wellness can also include breastfeeding support. Breastfeeding can be used to enhance bonding and release the additional 'love' hormone oxytocin. Even if a mother chooses not to breastfeed, skin-to-skin contact can have a similar effect. Breastfeeding can enhance a mother's mood and reduce the symptoms of depression.

If a mom is struggling with breastfeeding, it can make her feel like she is failing as a mother. If she wants help with breastfeeding, it is important to encourage her and assist her in finding the help she needs. Likewise, you need to support and help her if she feels that she cannot breastfeed anymore, or if she feels that breastfeeding is contributing to her unhappiness. If the mother chooses to discontinue breastfeeding, ensure she receives help to wean appropriately, as suddenly quitting or rapid weaning from breastfeeding can increase a mother's risk for PMADs.

4.13 Screening for PMADs

Transcript:

One of the most important things we can do for our clients is to screen them for PMADs. Why is this important? Studies show that screening makes a difference. Universal screening helps with early recognition and crisis prevention, and it can reduce the duration and severity of PMAD symptoms. Routine screening can also reduce stigma and provide us with an opportunity to increase awareness about PMADs and risk factors.

4.14 Screening for PMADs - Baby Blues

Transcript:

When working with new moms, you will see women with symptoms that often look like PMADs, but are actually something quite different, called Baby Blues. Eighty percent of new mothers experience Baby Blues after childbirth. Baby Blues is a mild condition that lasts from two days to two weeks. It includes feeling overwhelmed and uncertain. It can also include crying spells or low spirits that fade quickly. The symptoms are usually associated with lack of sleep and fatigue. Women with Baby Blues are generally happy and their symptoms are gone by two weeks postpartum. Baby Blues are a normal occurrence that most postpartum women experience, and are not a cause for concern unless symptoms continue for longer than two weeks.

4.15 Screening for PMADs - Signs and Symptoms

Transcript:

Now that we've discussed what PMADs aren't, let's discuss what they are. We've covered that PMADs are a set of mood and anxiety disorders that can begin anytime during pregnancy or during the first year postpartum. The symptoms are persistent and can vary, depending on the disorder. Some of these symptoms include sadness, frequent crying, often over small things, feeling overwhelmed, irritability, and mood swings. Other symptoms may include changes in behavior, such as sleep patterns, appetite, daily activities, and engagement with others. The mothers you talk to may feel hopeless, helpless, guilty, or shameful. They may also talk about hurting themselves or their babies.

4.16 Screening for PMADs - Parenting Approaches

Transcript:

Mothers who have a PMAD may have a difficult time parenting. A mother may have a hard time reading her baby's cues. She may be over-anxious, or withdrawn and have a difficult time bonding with her child. She may express negative perceptions of her baby, or herself as a mother. The stress of parenting a child can lead to frustration and may increase the incidence of child abuse and /or neglect. These are all things you as a family service provider can watch for when talking with your clients.

4.17 Screening for PMADs - Effects on the Family

Transcript:

Coping with a PMAD is difficult and may affect more than just the mother. Significant others, coparents, other children in the household, and any other people that play a significant role in the family unit are also vulnerable to mood disorders, distress, and isolation. When a mother is unable to care for herself or her baby, other members of the household may be left with overwhelming responsibilities and may feel scared, frustrated, or angry.

4.18 Screening for PMADs - Signs and Symptoms, Continued

Transcript:

Depression may affect approximately 15% of mothers and sometimes it can be difficult to tell the difference between typical pregnancy behavior and depression due to pregnancy hormones and the amount of changes a woman's body goes through during pregnancy. So let's make it a bit easier by learning about the differences.

During pregnancy, a woman's mood may fluctuate and she may be tearful at times, but generally, she is able to feel happy or content. Her self-esteem is normal, as are her sleep patterns, although she may have some physical discomfort due to the pregnancy that keeps her awake at night. She can get tired. However, she feels better after resting. She doesn't think about harming herself.

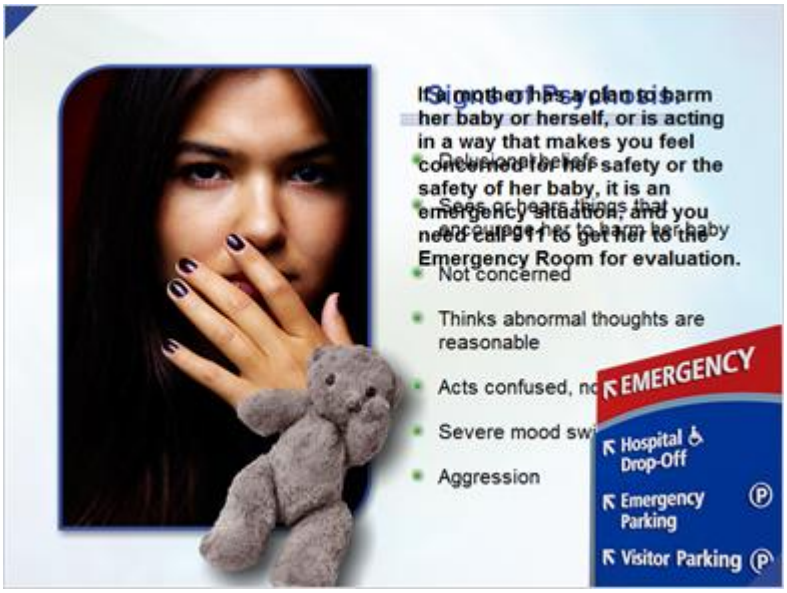
A pregnant woman with depression is a different story. She has difficulty showing pleasure and her mood is consistently sad and listless. Her self-esteem is low, and she may have irregular sleep patterns such as an increase or decrease in her usual amount of sleep. She often has no energy, even when she rests. She may also have suicidal thoughts and plans.

4.19 Screening for PMADs - Anxiety and Depression vs. Psychosis

Transcript:

It can also be difficult to differentiate between other PMADs and Psychosis. While most PMADs pose a low risk for harm to mother and baby, Psychosis poses a high risk for harm or violence, and it is important to know the difference. When a mother is suffering from anxiety or depression, especially postpartum OCD, she can become very anxious and worried about hurting her baby. She may tell you about this and may have taken steps to protect the baby such as hiding knives, not leaving the house, or not bathing the baby by herself. When mothers have these thoughts, they might feel ashamed or horrified by them and may be afraid to tell someone for fear of having her baby taken away. If a woman with these symptoms does open up to you, remember that she is at low risk for harming her baby and should not be treated like she is dangerous. However, she does need your support to get help for her symptoms and will need a referral to a primary care or mental health provider.

4.20 Screening for PMADs - Anxiety and Depression vs. Psychosis, Continued



Transcript:

How can you tell the difference between Psychosis and other PMADs? A mother suffering from Psychosis acts differently than a mother suffering from other PMADs. She has delusional beliefs about her baby or hears or sees things that encourage her to harm her baby. When the mother is not concerned about the baby or thinks her harmful or abnormal thoughts are reasonable, these are signs of Psychosis. Postpartum psychosis is not common and occurs in approximately 1-2 out of every 1,000 mothers. Other signs and symptoms of Psychosis include confusion, severe mood swings, and aggression. Sometimes a mother may not make any sense when she speaks, or may talk about harming herself or others. If your client has a plan to harm her baby or herself, or is acting in a way that makes you feel concerned for her safety or the safety of her baby, it is an emergency situation, and you need call 911 to get her to the Emergency Room for evaluation.

4.21 Screening for PMADs - Screening Tools by Home Visitors

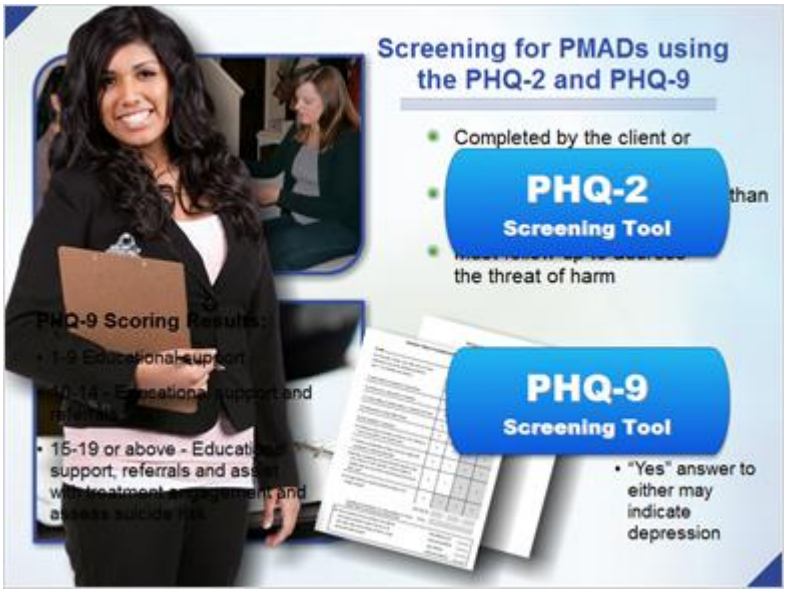
Transcript:

One of the services we provide for our clients is screening for PMADs using the Edinburgh Postnatal Depression Scale (EPDS), the Patient Health Questionnaire 2 (PHQ-2), or the Patient Health Questionnaire 9 (PHQ-9). It is important to remember that screening is not diagnostic and that positive screens should be referred to trained professionals for assessment, clinical evaluation, and formal diagnosis.

Here are a few things to know about the EPDS. It is best if it is completed by the client, but it can be completed interview-style if the client needs assistance understanding the questions. If the client scores 1-9, you may want to provide education and support based on their needs. A score of ten or more indicates the presence of symptoms and the client is in need of education, support, and referrals to a primary care or mental health provider. Item 10 is important as it assesses for thoughts of self-harm. If a mom responds with anything more than a zero on Item 10, you must follow-up to address the threat of harm. More information will be provided on this in the next module.

Click on the button to view the EPDS screening tool.

4.22 Screening for PMADs - Screening Tools, Continued



Transcript:

How would you use the PHQ-2 and PHQ-9 tools?

Like the EPDS, It is best if the PHQs are completed by the client, but they can be completed interview-style if the client needs assistance understanding the questions. The PHQ-2 is a practical and easy to use tool. The tool asks two simple questions, each answered by either “Yes” or “No.” A “Yes” answer to either one may indicate a mother is depressed.

The longer version of the PHQ, called the PHQ-9, has nine questions that are assigned points ranging from zero to three. The questions are based on how your client has been feeling over the past two weeks. If they score from one to nine, provide education and support. If they score 10-14 they will also need referrals to their primary care provider or mental health care services. A score of more than 14 means that the mother is likely depressed and will need immediate assistance with referrals and treatment. If a client answers anything other than "not at all" to question nine, then you will need to follow-up and ask questions to assess her current thoughts about hurting herself.

Click on the buttons to view PHQ-2 and PHQ-9.

4.23 Screening for PMADs - Screening Tips

Transcript:

When screening women, keep the following tips in mind: Provide a brief explanation about why you are screening, explain that you screen all pregnant and postpartum moms, give the mom clear instructions on how to fill out the questionnaire, and provide privacy during the screening process. Here are a couple examples of things you could say:

"As you have recently had a new baby, we would like to know how you are feeling. We ask all the moms we work with to complete this questionnaire."

"When you fill out the questionnaire, please mark the answer which comes closest to how you have felt during the past 7 days, not just how you are feeling today."

"Please be as open and honest as possible when answering these questions."

4.24 Video Scenario - Signs and Symptoms

Transcript:

Watch the video of our client, Winona talk with her family service provider Lorena about how she has been feeling, and then answer the question on the next screen.

Lorena: Winona, as part of our home visiting program, Health Start, I will continue to visit you at home and at the clinic. I'm here to support you and your new baby. Now, we've talked some about taking care of your little guy. But I just wanna make sure you're also taking care of yourself. So how are you feeling?

Winona: I'm feeling great, except I'm tired; really tired. I didn't know it'd be so much work, taking care of my newborn baby and my 18-month-old. But you should see how my 18-month-old looks at her new little brother; so cute.

Lorena: Is there someone helping you out? Family? Friends?

Winona: My mom and my three sisters come over all the time. They all take turns holding Charlie, my new little man. But he cries a lot more than my daughter did. My sister says her three-year-old son cried a lot when he was a newborn, so trying not to worry.

Lorena: It sounds like Charlie is crying a lot more than you're 18 month old. Remember, each baby is different. It's great to hear your family's there for you. Are they helping you with housework or babysitting so you can get some rest?

Winona: They've mostly been coming all at once. They all take turns holding Charlie, laughing, talking about their kids. They all seem to be havin' a good time. I don't-- I don't wanna tell them that I'm really tired and just wanna lie down.

Lorena: It's okay to tell your family you're tired. You need to take care of yourself, too. They probably just don't know how tired you are.

Winona: I know, but they do help me out with some housework and cooking. And like I said, they all love holding Charlie. I guess I could take a nap while they're here. It's just that they're having so much fun, I wanna be a part of it.

Lorena: I know it can be difficult taking care of two little ones, especially when you're doing it on your own. One of the things we do during the first visit after the baby is born, is to talk about the possible mood changes. Did your doctor talk to you about your possible mood changes?

Winona: I do feel sad sometimes and cry.

Lorena: How much are you crying?

Winona: It was a lot worse the first few days, right when I got home with the baby. I was just so overwhelmed and there was so much to do. My 18-month-old wanted to play and then my newborn was crying. And I don't know, I just sat down and cried. Same thing happened the next day, too.

Lorena: And how do you feel now?

Winona: A lot better. Haven't cried in a couple days, and I'm not sad anymore, just really tired.

Lorena: I see here on your enrollment form, and in the notes in your chart, you have diabetes and you take insulin for that. Have you been taking your medicine regularly?

Winona: Yeah, I have. I know that it can actually make you even more tired, so I've been really good about that. I just wanna be a good mom.

Lorena: Winona you're doing everything right as a mom. What you're going through right now, being a little sad and tired, is completely normal for a new mom. If it's okay with you, I'd like you to fill out a short questionnaire. It will help me understand a little bit more about how you're feeling and the best way to help you. Would you be okay with that?

Winona: Okay. I just wanna do all the right things to take care of my babies.

4.26 Video Scenario - Signs and Symptoms 2

Transcript:

Watch the video of our client, Sonia, talk with her family service provider, Lorena, about how she has been feeling, and then answer the question on the next screen.

Sonia: I'm sorry we haven't connected since the baby's been born. I went to go see my parents for a while. Can you tell me more about the program again?

Lorena: I'm your family service provider with the Home Visiting Program, Health Start. You were referred by W.I.C. when you went in last time to get certified. You enrolled in the program right before the baby was born. I tried to call you several times but the calls weren't going through. Thanks for answering my text.

Sonia: Right. You did say that. Sorry. I didn't sleep last night.

Lorena: It can be difficult to get enough sleep with a new baby. How are you feeling?

Sonia: I get a lotta sleep. I sleep all the time. Last night, Maria was crying a lot so I had to get up twice. I just-- (SIGH) I just ache all over.

Lorena: So you feel like you're sleeping a lot. Are you eating? I know it can be difficult to fit in meals sometimes.

Sonia: I'm sorry. What did you just ask me?

Lorena: Are you getting enough to eat?

Sonia: No, (LAUGH) I'm not hungry. Nothing sounds good anymore. Even my favorite food, pizza, doesn't sound good.

Lorena: Is there anybody helping you out with the new baby?

Sonia: It's been three months and my ex-husband still hasn't come over to see Maria. My sister lives in the complex and she does help me. She took the baby to the park about an hour ago with her kids.

Lorena: It's a beautiful day today. Didn't you wanna go with them?

Sonia: No. I don't really feel like it. My sister's mad at me because, before the baby came, I used to go to the park with her all the time. I just don't feel like it today. And I know I should be doing more, and my house is a mess.
(CRYING) I just-- I just wanna sleep all the time. I'm just so tired of everything.

Lorena: It sounds like you feel you don't have enough energy to go to the park and you're upset about the messy house. Sonia are you crying a lot?"

Sonia: I cry all the time. And I know I should be happy because I have a new baby. But I just feel sad.

Lorena: Have you talked to your doctor about how you're feeling?

Sonia: I went to go-- I went in to see him last week and he called in some medicine to the pharmacy for me. But I haven't gone to pick it up yet. Maybe I'll go get it tomorrow.

Lorena: I can take you to the pharmacy today to pick it up, how does that sound? Do you know the symptoms of postpartum depression?

Sonia: I don't remember exactly what he said. I talked to my sister about this and she just thinks I'm being lazy, but that's not it. She just doesn't understand. My life is just really-- really hard right now.

Lorena: I'm so sorry things are so hard for you right now. I wanna find a way to help you. Sonia, if it's okay with you, I'd like to have you fill out this short screening questionnaire, and I can help you with it. It'll help me understand a little bit more about how you're feeling, and the best way that I can help you. Would that be okay?

Sonia: I guess.

4.28 Module Summary

Transcript:

In this module, you learned about risk factors and situations that increase PMAD risk for pregnant women and new mothers up to the 12 months after delivery. You also learned about prevention, including wellness, self-care, and breastfeeding support.

You know how to recognize Baby Blues and the signs and symptoms of PMADs, as well as the importance of screening women for PMADs.

In the next module, we'll cover approaches and resources for assisting women with PMADs, including referrals and emergency versus non-emergency situations.

5. Module 5: Best Practices for Effective Support

5.1 Module 4: Best Practices for Effective Support

Transcript:

Now that you know more about PMADs, how do we as family service providers decide how to provide the best support for our clients? In this module, you will learn culturally sensitive strategies for talking with pregnant and postpartum women about implications of maternal mood and anxiety disorders. You will also learn about determining what types of referrals and support your client needs.

5.2 Support, Education, and Referrals - Cultural Sensitivity

Transcript:

Does your background and culture affect how you see the world? Does it influence how you interact with health professionals? Our client's culture influences how she perceives herself and affects how she communicates her feelings and symptoms. You'll need to consider certain factors when screening, educating, and referring your clients. Factors like socio-economic differences, immigrant or refugee status, and multigenerational households all affect our decisions. Some families may have members with special health care needs, intellectual, or developmental disabilities, or members that have survived trauma or abuse. You'll encounter families with many dynamics. These families may have different customs and parenting practices than you have. It is vital that you, as a family service provider, keep an open mind and offer support without judgement.

How can you do that? By being sensitive and receptive to the woman's experience and understanding what she needs. Be open to hearing her story, and try to understand her experiences from her point of view. Understand that there are many ways of doing things and that each person's culture is an integral part of who they are and needs to be respected.

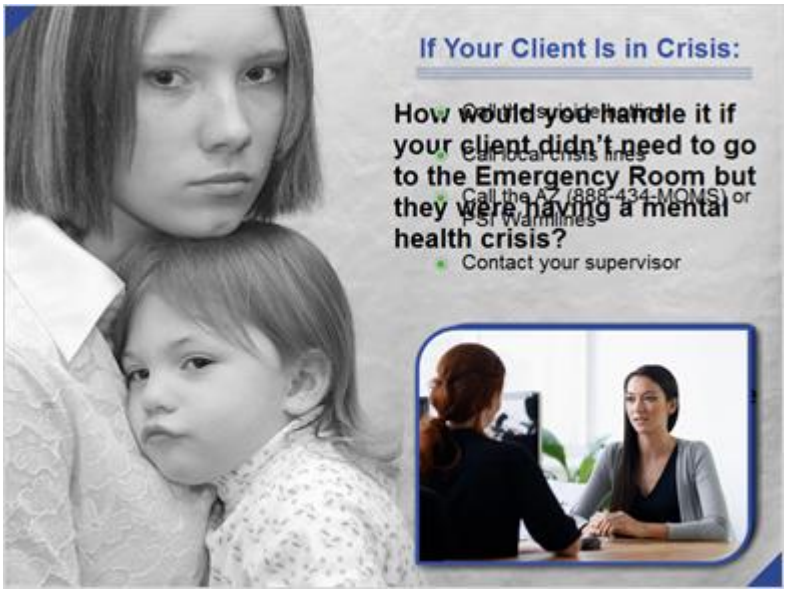
5.3 Support, Education, and Referrals - Emergency

Transcript:

What can you do when you realize that your client is showing signs of a PMAD? First, you will need to determine if you are in an emergency situation. It is an emergency if your client tells you that she has active thoughts of harming herself, someone else, or her baby. It is also an emergency if a mother has these thoughts and she has a plan or if she has a history of a prior attempt of any of these actions. Call 911 if your client is in immediate danger to herself or others, or have her go to the nearest emergency room.

If a client answers anything other than a 0 to question 10 on the EPDS, you need to follow up and ask questions to assess the client's current thoughts of harm to herself and others. If you screen a client using the PHQ-9 and a client answers anything other than "not at all" to question nine, then you will need to follow-up and ask questions to assess the client's current thoughts about hurting herself.

5.4 Support, Education, and Referrals - Crisis



Transcript:

How would you handle it if your client didn't need to go to the Emergency Room but they were having a mental health crisis? You have several resources available to you in this type of situation. You can call your County's suicide hotline or the local crisis line for immediate help. If you do not need immediate help, you can call the Arizona Postpartum Wellness Coalition's or PSI's Warmlines to leave a message, and a volunteer will call back with support and resources. Unlike Hotlines, Warmlines do not have a live person answering the phone, and you will have to wait for someone to return your call. If needed, the staff you talk to when you call these numbers can help you determine whether the situation is a true emergency and whether or not you need to get your client to the emergency room. You can also contact your supervisor if you are unsure about a situation and need immediate support.

5.5 Support, Education, and Referrals - Non-Emergency

Transcript:

What can you do to help your client in a non-emergency situation? Women need reassurance that it's healthy to talk about their difficulties and it is okay reach out for help. It is essential that they know it's not their fault if they are suffering from a PMAD. You can provide this reassurance. Listen with relaxed, open posture, and use empathy.

When providing education and support, work with her to create a wellness plan based on her needs. Find out what your client already knows about postpartum mental health and wellness, and what areas in which she would like more information. Ensure that she's taking care of herself. The wellness topics you learned about in Module 3 for prevention are also applicable for increasing resilience and decreasing symptoms.

5.6 Support, Education, and Referrals - Non-Emergency, Continued

Transcript:

What else can you do to help your client in a non-emergency situation? Social and practical support from friends or community resources can be beneficial. This might include getting partners, family, and friends more involved in daily routines, including housework and child care. Based on her needs, you may refer your client to community resources such as parenting classes, AHCCCS (Arizona Medicaid), WIC, the 24 hour Breastfeeding Hotline, and food assistance programs. Her wellness plan may also include referrals to other types of treatment including medical evaluation and management, support groups, and counseling.

5.7 Support, Education, and Referrals - Referrals

Transcript:

What if the mother you're seeing needs mental health services? First, it is good to know the services and providers to which you refer your clients and the type of insurance your clients are using. That way, you know what referrals are appropriate, you can describe the providers to the mother, and can explain what the visit may be like. It is also helpful if you have established a trusting relationship with the client. A woman is more likely to accept a referral to her primary care provider, behavioral health provider, or local support group if she knows and trusts her family service provider.

Knowing the client also enables you to provide what's called a 'Warm Hand-off." When you do a Warm Hand-off, you help your client make the phone call to her primary care or behavioral health care provider while you are with her, or you call on her behalf. With your client's permission, you can explain to her provider what your client has communicated to you, including information on her screening tools.

5.8 Support, Education, and Referrals - Referrals, Continued

Transcript:

You may face some challenges when making referrals. If your client is new to you, it may be harder to talk about the results of her PMAD screening with her and suggest referrals. It is still important to do so if her screening indicates a referral is needed.

Not every mother will be ready for a referral to a provider or support group. She may not want something structured, or she may have hesitation due to lack of insurance coverage or local stigma about seeking help.

If your client refuses a referral, you can help her identify some engaging and pleasant activities that she used to or thinks she would enjoy. You can also get permission to communicate with others in her support system to make sure she gets the help and support she needs.

If you have challenges finding referrals, the Warmlines may be able to assist you with locating support and accurate information for your client. You can always contact your supervisor if you are having difficulty finding the referrals you need and if you are unsure about how to handle the situation.

5.9 Support, Education, and Referrals - Follow-up

Transcript:

What are some ways you can follow-up with your client? When you visit with your client, ask how she is doing. See if she is able to follow the wellness plan you helped her create. If her plan isn't working for her, help her adjust it so it will work. Talk to her about the need to be there for her children and how it is healthy to ask for help. Reassure her that most women feel better after they have had treatment.

If you think things have changed in her mental state, you can screen her again. Ask her if she has used any of the referrals you provided. Ensure that you make notes in the client chart and document when referrals are needed and made to a provider or service. You can also see if she has questions or if she needs any other referrals. If she has signed a release form, you can call the PCP or mental health provider to check on your client's progress and needs.

5.10 Support, Education, and Referrals - Follow-up, Continued

Transcript:

What else can you do to follow-up? You can continue to suggest self-care activities and do them with your client, if needed. You can even bring resources to her. Continue to reassure her, encourage her, and listen, as your listening skills and empathy will help her immensely on her road to recovery.

5.13 Video Scenario - Signs and Symptoms

Transcript:

Watch the video as our client Jessica and her husband Shaun talk with their family service provider Lorena about how Jessica has been feeling, and then answer the question on the next screen.

Shaun: Thank you so much for comin' over today. Like I said on the phone, I'm really worried about my wife. She's in the other room now. Hey-- Jess, Lorena's here. You remember Lorena, from the Home Visiting Program, Health Start? She's here to talk to you about how you've been feeling.

Lorena: Hi, Jessica. I need to know before we get started if it's okay if Shaun stays in the room. If you don't want him here, I can ask him to leave.

Jessica: I don't care. He can stay.

Lorena: Okay. So, Jessica, at our last visit, you seemed to be really happy and you were excited that the baby was coming. Have things changed? How are you feeling? Is everything okay?

Jessica: Everything's great. I'm fine.

Shaun: Sweetheart, no, you're not. Look? Come on, look at you. You haven't sh-- taken a shower in days. You barely get up off the couch. You refuse to eat. I've had to start workin' from home because you won't take care of the baby anymore.

Lorena: Is that right Jessica?

Jessica: Most of it. I think it's time for me to go to sleep. It's really late.

Shaun: Jess, it's not late. It-- it's not even noon yet.

Lorena: Jessica, are you feeling all right? How is little Bella?

Jessica: No, I'm not all right. I am so tired because I can't get any sleep, 'cause that baby, Bella, never stops crying.

Shaun: Honey, Bella's asleep. She's not crying. There's no one crying.

Jessica: You're lying. She's screamin' her head off right now. Can't you hear it? I'm sick and tired of people tellin' me that I'm crazy. Aunt Helen was saying it yesterday. She was yelling at me that I'm a bad mother.

Lorena: Shaun, her aunt was here yesterday?

Shaun: No. Aunt Helen wasn't here. She just made it up. I don't know if she remembers actually seeing her somewhere or she remembers her comin' to the hospital to visit. She may have just made it up so she didn't have (?) to take care of the baby.

Jessica: I would take care of the baby if it would let me. But I tried taking care of her. She hates me. All she does is cry all the time. Make it stop.

Lorena: Jessica.

Shaun: She won't answer till she takes her hands off her ears. She's been doin' that the last couple days.

Lorena: I made notes in her chart at our last visit. I wrote she was prescribed medication for her mental health disorder. Shaun, is she still taking it?

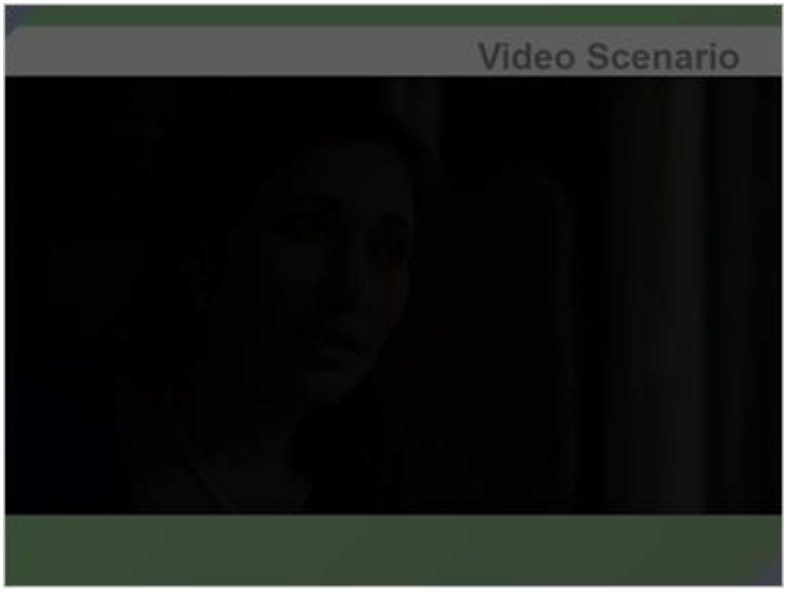
Shaun: No. I think she stopped when she got pregnant but I'm not sure. She was doin' fine up until recently. And then-- then she startin' hearin' things like the baby crying all the time.

Lorena: Shaun, has she gone to see the doctor?

Shaun: No, she won't go. That's why I called, to get you over here right away. I just-- I just don't know what to do anymore.

Jessica: I can hear the two of you talking. I don't need to go to the doctor. I just need someone to make that baby stop crying. Make her stop crying.
Shaun: What should I do? I love her and I just-- I'm really worried about her.

5.15 Video Scenario - Signs and Symptoms Part 2



Transcript:

Lorena: Shaun, will Jessica let you take her to the emergency room?

Shaun: No, she won't go. I've tried to get her out but she just fights and screams and--

Lorena: Shaun, we need to call 911. The paramedics will be able to calm her down and take her in.

Shaun: You really think she needs to go to the hospital?

Lorena: Yes, Shaun, she needs to go to the hospital emergency room for evaluation. In her condition, there is a possibility she could harm herself or harm the baby. Is there somebody who can watch Bella?

Shaun: Yeah-- our next-door neighbor has watched her before. She's retired and she likes to babysit, so.

Lorena: Okay, Shaun, here's what we're going to do. We're gonna call 911, and then we're gonna call your neighbor. I will help you get everything ready to go. I'll follow you to the hospital. Jessica needs to see a doctor so she can feel better. Do you agree and understand why she needs to go to the emergency room?

Shaun: Yeah, I do. I just kinda hoped she would get better on her own. Yeah-- my wife is havin' a mental health crisis. I'm worried that she may wind up hurtin' the baby or hurtin' herself. I need a ambulance, if you can send one, please, right away.

5.16 Summary

Transcript:

In this module, you got to learn about effective support, education, and referrals.

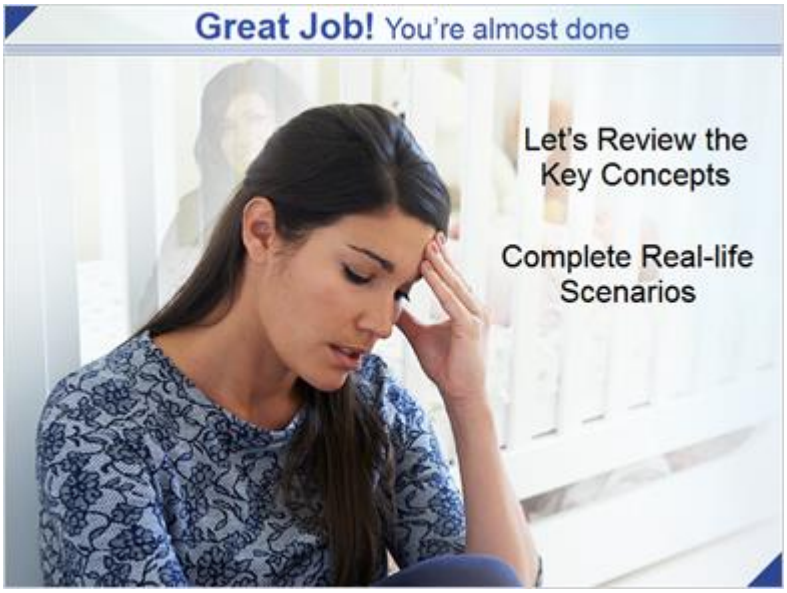
You learned about being sensitive to your client's culture and background and how to tell the difference between emergency and non-emergency situations.

You now know how to provide support, education, and referrals based on your client's needs.

In the next module, you will review the key topics of the course and practice what you've learned.

6. Module 6: Conclusion

6.1 Conclusion - Key Concepts



Transcript:

Great job! You're almost done with your course on Perinatal Mood and Anxiety Disorders, or PMADs. Let's review some of the key concepts of the training and then finish the course by completing a couple of real-life scenarios to test your knowledge.

6.2 Conclusion - Key Concepts, Continued

Transcript:

First, you learned the basics.

You learned that PMADs are a set of mood and anxiety disorders that can begin anytime during pregnancy or during the first year postpartum.

You learned that women with PMADs may not take care of themselves and may engage in unhealthy behaviors and that these women and their babies are at risk for pregnancy and birth complications.

You know that early screening and treatment can reduce the duration and severity of your client's distress. You may even prevent a crisis from occurring.

You also learned about how your role affects your well-being and how to take care of yourself.

6.3 Conclusion - Key Concepts, Continued

Transcript:

Then, you gained more in-depth knowledge about PMADs.

You now know about the risk factors for PMADs, including medical risks, social stressors, high-stress parenting situations, and other aggravating factors.

We explored prevention, including wellness and methods of self-care.

You also know about the various signs and symptoms of PMADs.

You can tell the difference between Baby Blues and PMADs. You can also tell the difference between Emergency and Non-Emergency situations.

You learned about screening tools including the EPDS, and the PHQ-2 and PHQ-9.

You learned about helping your clients through support, education, and referrals.

6.8 Credits


Thank you
Sponsors:
Arizona Department of Health Services Bureau of Women's and Children's Health and Bureau of Nutrition and Physical Activity
Health Start and Pregnancy Wellness
Arizona WIC Program
Postpartum Support International
Arizona Postpartum Wellness Coalition
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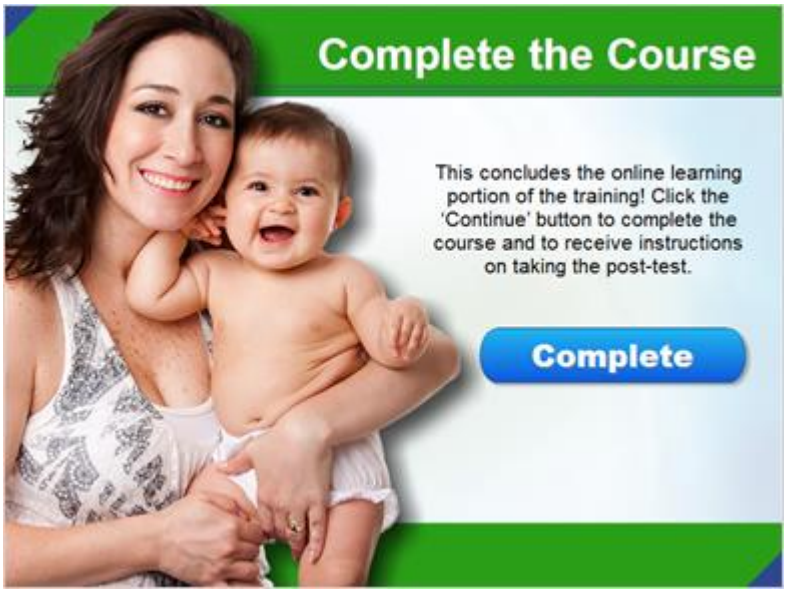
6.9 Complete the Course



Transcript:

This concludes the online learning portion of the training! Click the 'Complete' button to complete the course and to receive instructions on taking the post-test.

6.10 Congratulations!