

## PMAD Trainer's Guide

What trainees should know by the end of training:

1. Good nutrition can benefit those with mental health issues (such as PMADs)
2. Breastfeeding can reduce the symptoms of depression
3. WIC Risk 361 justification and assignment
  - a. Identify situations when it would be appropriate to assign Code 361.
  - b. Give an example of how to seek more information if you are unable to determine whether assigning Code 361 or a referral is appropriate.
4. Baby Blues and Depression
5. Prevalence and symptoms of postpartum depression
6. Subcategories of PMADs
  - a. Perinatal anxiety and Panic disorder
  - b. Perinatal-obsessive-compulsive disorder (OCD)
  - c. Post-traumatic stress disorder (PTSD)
  - d. Postpartum psychosis
7. Review of 2 mandatory PMAD assessment questions
  - a. "How often do you feel down, depressed, or hopeless?"
  - b. "How often do you have little interest or pleasure in doing things?"
8. Resources for those assigned code 361 and or indicated risk factors upon answering the mandatory PMAD assessment questions
  - a. National hotline
9. How to offer support for participants with PMADs
  - a. Reassure participants that it is healthy to talk about struggles and that other participants have found it helpful to express themselves and seek support when needed
  - b. Encourage them to reach out for help
  - c. Actively listen
  - d. Listen without judgment
  - e. Provide resources and referrals
10. Writing TGIF notes for clients with PMADs, including referrals provided
11. Recommendations regarding self-care
12. Breastfeeding support
13. Identify appropriate resources and referrals in your Local Agency related to PMADs, including emergency and non-emergency situations
14. Discuss steps you can take to offer Local Agency referrals to participants.
15. Give an example of how you might collaborate with referral services or assist a participant seeking support for a PMAD.

## Live Training Needed

- Prior to the trainee beginning the PMAD course, the trainer should provide a content warning and discuss the potentially triggering information found within the module. Please allow trainees to practice self-care and take breaks as needed.
- Discuss that the two screening questions in HANDS only cover depression and not all PMADs. Review other probing questions that may be used to gain a full picture of how a participant is feeling and what support they have. Example questions:
  - “Have you spoken with your doctor or someone on your healthcare team about how you’ve been feeling?”
  - “How are you coping with how you’ve been feeling lately?”
  - “What kind of support do you think you need most right now?”
  - “How does motherhood compare to what you thought it would be like?”
  - “What are the hardest feelings to deal with at the moment?”
  - “How is your support system showing up for you right now?”
  - “What concerns do you have regarding recent feelings of anxiety, irritability or other uncomfortable feelings?”
- Review local agency resources (emergency and non-emergency) and referrals for mental health conditions including local support groups or treatment centers. Remind staff that Exit Counseling handouts (with postpartum support resources) may be provided at any point postpartum.
- Review local agency procedures for situations where a participant is in crisis. This may include mandatory reporting policy and procedure or protocol for contacting emergency services.
- Discuss recommendations to encourage participants to practice self-care and support emotional wellbeing as needed. For ideas and information on how to practice self-care, please visit [PSI SNOWBALL](#) and review the [Taking Care of You](#) handouts.
- Discuss why breastfeeding parents with PMADs or symptoms of PMADs may need additional support and/or referrals to the BFPC program.
  - Suggested talking points:
    - Breastfeeding/offering human milk can be stressful. Individuals experiencing feelings of anxiety, depression, overwhelm, or disconnection from their infant may need additional support.
    - BFPC have personal experience with breastfeeding and can support them from a “mom to mom” approach, check in more frequently and provide more immediate support and camaraderie.

## Suggested Exercises to Prepare for Observations

The following are recommended exercises to help trainees prepare for stage 3 Observations. They can be completed in any order, and may be repeated as often as needed for the trainee to grasp the concepts presented. Additional practice exercises can be found in the Stage 3 training resources.

## HANDS Practice

Have trainee complete the following exercises in HANDS:

- Assign code 361 to a practice participant
- Document a positive PMAD screen and referrals offered in a note

## Verbal Practice

Have trainee explain the following to the trainer:

- How are nutrition and mental health connected?
- Why do we screen for PMADs at WIC?

## Observe

Have trainee observe you or another staff member conducting nutrition assessments focused on the postpartum period and offering tailored nutrition education, support and appropriate referrals.

## Role Play

Have trainee practice the following actions on you or another staff member.

- Introducing and asking PMAD screening questions. This should include:
  - Setting up the screening questions. This may sound like “We ask the next two questions to all postpartum participants.....”
  - Ensure the two mandatory screening questions are asked exactly as written.
- Practice probing for additional information, when limited information has been shared
  - The two mandatory questions only screen for depression. Review examples of additional probing questions to assess for symptoms of other PMADs. See examples above.
- Identifying when to assign code 361 based on assessment information gathered
- Offering referrals for mental health concerns
- Offering mental-health-focused nutrition education

## Role Play Ideas

### Diagnosed Postpartum Depression

A PG participant shares that she had been feeling nervous and on edge lately so she visited her doctor, who told her she has anxiety and prescribed her some medication. She feels like the medication is helping and is excited for her baby to be born.

Things to look for in trainee’s responses:

- Affirming participant
- Referrals to support group or other community resources
- Additional assessment of nutrition needs
- Nutrition education on topics identified during assessment

## PMAD Symptoms

An exclusively breastfeeding participant shares that she has been feeling down, depressed, and hopeless and has lost interest in activities she used to enjoy. She enjoys breastfeeding her baby, but also finds it difficult to wake up for night feedings. She wonders if she could have some formula to feed her baby at night.

Things to look for in trainee's responses:

- Affirming participant
- Additional assessment of what support she has available and her overall breastfeeding goals.
- A referral to a healthcare provider, warmline, hotline, or other organization that can determine if she has a PMAD.
- Nutrition education on topics like self-care, benefits of omega-3's, or balancing benefits of breastfeeding with participant's needs.

## Diagnosed Preexisting Condition

A postpartum participant shares that she was diagnosed with OCD as a teenager. She takes medication and sees a therapist regularly, and overall she feels that the transition to motherhood is going as well as she can expect. One thing she has been struggling with is eating often enough and making nutritious food choices.

Things to look for in trainee's response:

- Affirming participant
- Assessment of what support participant has available
- A referral to parenting group or other support, if desired by participant
- Nutrition education and brainstorming ways participant can improve eating habits

## Emergency Situation

You are speaking with a participant who is 2 weeks postpartum. She looks very tired and doesn't seem to be fully engaged in the conversation. During your assessment, she stops and says, "Why won't that lady stop screaming? I can't concentrate." You haven't heard anyone screaming and the clinic is quiet.

Thing to look for in trainee's response:

- Following local agency policy on what to do in an emergency situation

## Guidebook Answers

Estimated seat time for course/guidebook: 1 hour

### Module 1

1. Good nutrition supports mental health. Choosing foods rich in Omega 3 Fatty Acids has been shown to reduce inflammation and depression. List three sources of this nutrient below:

Possible answers include:

1. Salmon
2. Albacore Tuna
3. Mackerel
4. Soybean and Canola Oil
5. Walnuts
6. Flaxseed

2. Breastfeeding may help to reduce symptoms of depression and improve emotional wellbeing.
3. Oxytocin known as the “love hormone” helps to improve relaxation and blood pressure.
4. What code should be applied in HANDS when a participant shares they have been diagnosed by a provider with a PMAD?

Risk code 361, Mental Illnesses

	Baby Blues	Postpartum Depression
<b>When does it occur?</b>	Occurs directly after baby is born and up to 2 weeks after delivery.	Symptoms lasting longer than 2 weeks may be postpartum depression.
<b>Symptoms/Signs</b>	May be described as an emotional rollercoaster or mild depression. Sudden crying spells, feeling overwhelmed, exhausted or nervous are common.	Similar symptoms as baby blues plus additional signs. These signs may include anger, guilt, little to no interest in their baby, feeling disconnected, difficulty focusing, and changes in sleep patterns or appetite.

5. One out of 7 women is diagnosed with a PMAD in their lifetime.

PMAD	Common Symptoms/Notes
<b>Perinatal Anxiety</b>	May cause panic attacks with shortness of breath or chest pain. Parents may feel extremely nervous or experience overwhelming worry regarding their child.
<b>Perinatal Obsessive-Compulsive Disorder</b>	Causes obsessive and intrusive thoughts. Thoughts are often about harm coming to the baby or family. May have repetitive and compulsive behaviors such as constantly checking to see if their baby is breathing.
<b>Post-Traumatic Stress Disorder</b>	PTSD may be triggered by past traumas or a traumatic event which occurred during labor and delivery.
<b>Postpartum Psychosis</b>	Less frequent than other PMADS and occurs in every 1-2 out of 1000 births. May have delusions, hallucinations, and significant changes in mood and behavior. Increases the risk of the mother hurting themselves or their infant. Immediate treatment is critical in these cases.

6. Women suffering from PMADs are at increased risk for a variety of problems. Please list three:

1. Less likely to get prenatal care
2. Increased risk for drinking, smoking or drug use.
3. Increase risk for birth complications such as preeclampsia, preterm delivery and low birth weight

7. What are the two mandatory PMAD screening questions asked to all postpartum participants?

1. How often do you feel down, depressed or hopeless?
2. How often do you have little interest or pleasure in doing things?

**Note: Please discuss with the trainee that these screening questions do not screen for all PMADs and ONLY screen for depression. Refer to the live training section of this course for additional information.**

8. In your own words, what are several phrases you could use after a participant shares they have been struggling with PMAD:

Possible answers:

Thank you for being vulnerable and sharing with me.

Many women experience similar symptoms, and find that talking with others helps.

Being a parent is incredibly hard, sometimes extra support can help.

Provider/Resource	Description/How they help
<b>Healthcare Provider</b>	Screen, diagnose and treat PMAD. May also refer to other providers for additional support.
<b>Warmline</b>	Parents can leave a message and receive a call back from a trained volunteer who provides encouragement and support.
<b>Home Visiting</b>	Trained staff visit at-risk families in their homes. They provide screening and support for birthing people with PMADs.
<b>Local Support Groups</b>	Foster connection with other parents navigating postpartum challenges and other situations.

9. Where would you document referrals provided during your appointment?

All important information discussed during your appointment should be documented in a TGIF note type. If the client sets a goal related to PMADs such as attending a local support group or reaching out to their provider, this would be documented in the "G" section. The "I" section of the TGIF is where you would record risk code 361 (if applicable) and why you assigned it. Any additional information shared with you regarding PMADs or PMAD symptoms should also be documented so the next staff member understands the client's current situation and concerns. When you provide referrals, these should be documented in the "F" section.

## Practice Activities

1. At Certification, participant answers “no” to screening questions about depression, but shares she feels more anxious and overwhelmed than before she had her baby. Her infant is now 3 months old. Would you assign risk code 361? What local agency resources or referrals would you give to her?

No, you would not assign code 361 because the client has not been diagnosed with a PMAD. However, she may be experiencing symptoms of a PMAD. Thank the client for sharing with you and offer support and referrals. A referral to their healthcare provider for further screening and diagnosing as well as PSI AZ, local support groups, and the Maternal Mental Health Hotline may be appropriate.

2. During an assessment the caregiver shares they are struggling with feeling overwhelmed, getting easily triggered by their partner, and scared to allow anyone to watch their baby. What are some probing questions you might ask?

- “It sounds like you are starting to feel very overwhelmed, who have you talked to about this?”
- “Many parents struggle with these thoughts. It can be so difficult. What information have you shared with your doctor about this?”
- “Many mothers find it difficult to manage their household while caring for a newborn. What support do you feel would be most helpful to you right now?”