

When Everything is Not Fine

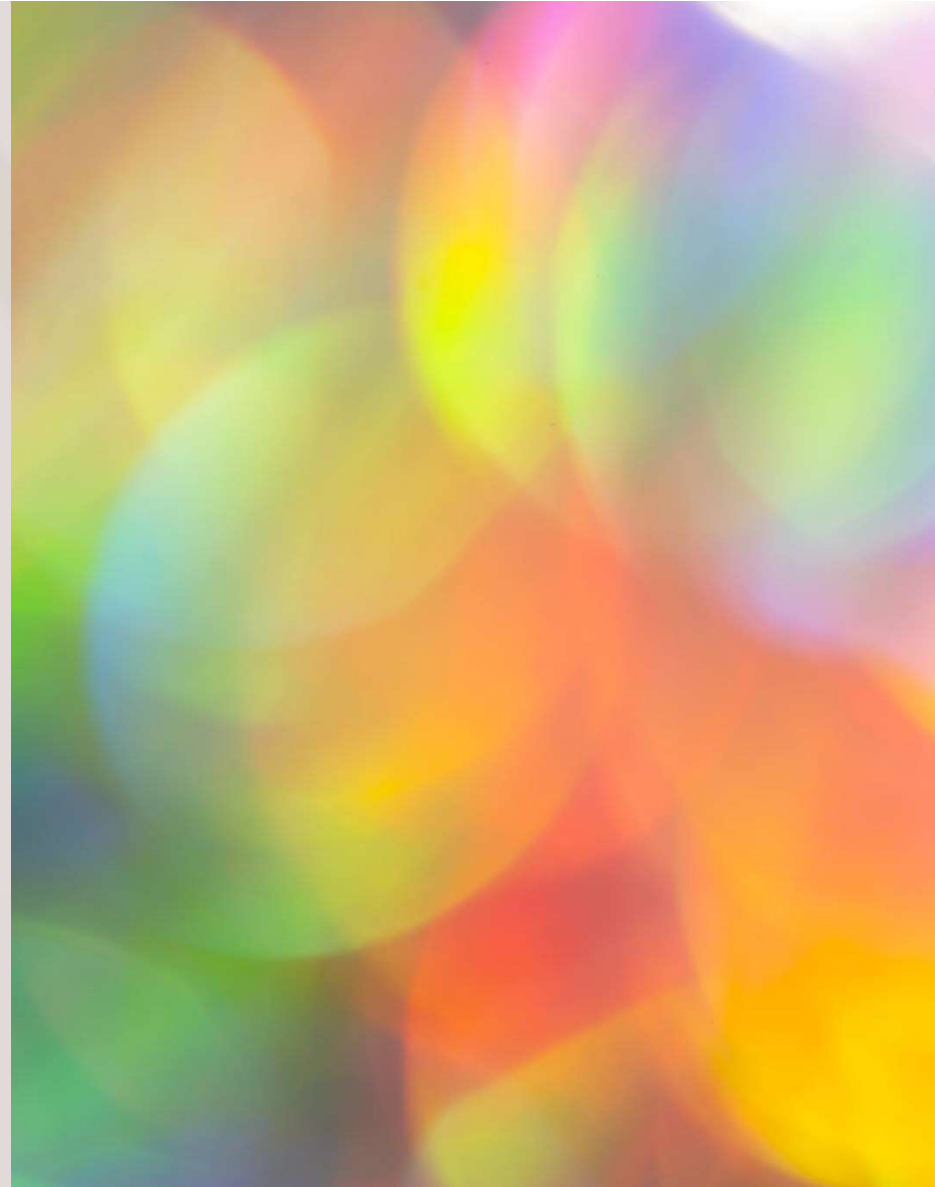
Peripartum Mood and Anxiety Disorders 101

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she/her

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2024 Maternal Mental Health Conference

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Objectives

Describe

Describe the prevalence and impact of mood and anxiety disorders presenting in pregnancy and the post-partum period

Identify

Identify risk factors and warning signs for development of peripartum mood and anxiety disorders (PMADs)

Understand

Understand the spectrum of PMADs presentations in the postpartum period

Increase

Increase comfort with resources and linkage to treatment for patients with suspected PMADs



Disclosures

I have nothing to disclose



Polleverywhere

PollEv.com/sgreenberg143

Who is in the room?

Obstetrics Nurse

0%

Community Health Worker

0%

Social Worker

0%

Home Visiting Service

0%

Behavior Health Specialist

0%

Lactation Support

0%

Doula

0%

Obstetrics provider

0%

Primary Care Provider

0%

SEE MORE 

My comfort with peripartum mood is?

I am new to this learning



I know some but want to know more



I've got this



Case 1

Nora is a 4mo female brought in by mom for routine well-child care. She is the 3rd child in her family. Mom (Kelly) is at home with her children while her partner works outside the home. She routinely brings in all her children to visits. You have never seen mom as a patient

Nora's birth was complicated by a difficult repeat c-section, a short NICU stay for respiratory distress at birth and significant newborn weight loss due to feeding difficulties which have now resolved. Nora is exclusively breastfed. While normally bright and calm, Kelly's demeanor seems tired and less engaged with her kids today



Case 1

Kelly reports she has been more irritable and easily sensory overloaded lately. Nora only wakes 1-2x at night, but her 2yo has been getting up frequently as well. Kelly does most overnight care as her partner is up early for work and operates heavy equipment which he has to be alert for

Additionally, Nora tends to be fussy in the early evenings. When thinking about her birth experience Kelly starts to have heart racing and feeling flushed. She notes also that recently she has been feeling like food is "getting stuck" when she swallows, and this causes heart racing and feeling flushed. She has started being nervous at mealtime, worrying she will choke with her children home. Sometimes she skips eating because of it





You're not alone.

One in six women in Montana experiences depression during pregnancy.



IF YOU, OR SOMEONE YOU KNOW IS SUFFERING WITH POSTPARTUM DEPRESSION, REACH OUT TO YOUR HEALTH CARE PROVIDER!

Peripartum Mood and Anxiety Disorders (PMADs)

#1 postpartum complication

~ 1 million American women self report symptoms

Affects 1:5 birthing parents and 1:10 partners

Can present anywhere in pregnancy through the first year after birth

Likely to recur in subsequent pregnancies

Only 40% of cases detected, most underdiagnosed obstetric complication

How is PMADs different?



**DEPRESSION IS THE
#1 COMPLICATION
OF CHILDBIRTH**

Untreated postpartum mood and anxiety disorders have multigenerational consequences,
These conditions are treatable!
If you, or someone you know is suffering with postpartum depression, reach out to your health care provider!

 **Healthy Mothers, Healthy Babies**
The Montana Coalition

Hormonal changes in pregnancy can alter mood

Increasing progesterone & estrogen after 36wk associated with increasing cortisol
Decrease in progesterone PP + decreased sleep
PP neurotransmitter changes include decreased serotonin activity, less reactive gaba receptors

Social-emotional contributors

Good mom vs bad mom paradigm
Adjustment to new roles/responsibilities
Limited support systems

Predisposing personal factors

Perfectionism or need for control
High worry or low self confidence
Body image dissatisfaction

Impact of PMADs

Untreated PMADs have multigenerational consequences, costing our state approximately \$42.6 million annually.



Graphic courtesy of HMHB

High cortisol levels in pregnancy may lead to

Low birth weight
Premature birth
Hypertensive d/o in pregnancy

Parental impacts in the perinatal period

Parental relationship issues
Increased risk of IPV
Suicide

Child health outcomes

Heightened neonatal startle reflex
Impaired social interactions and delays in development
Mood and behavioral issues in child
Infanticide

Impacts to parenting dyad

Impaired parental-infant attachment and bonding
Early cessation of breastfeeding
Impaired parenting skills
Increased incidence of abuse/neglect
Parental difficulty managing chronic conditions

Scope of PMADs presentations

- ***PMADs are distressing feelings during pregnancy or postpartum***

- Historically emphasis on depressive symptoms (PPD)
- Mental health changes in peripartum period more accurately include *depression AND anxiety*
 - Symptoms can also be a mixed presentation or exacerbation of underlying other mental health diagnoses
- Anxiety symptoms may be more common, higher functioning and often harder to recognize
 - Anxiety presentations can include: generalized anxiety, panic, PTSD, OCD or insomnia
- In extreme cases peripartum mood changes can manifest as suicidality or psychosis

Scope of PMADs: Depression

- Persistent sad, anxious, or “empty” mood
- Loss of interest or pleasure
- Feelings of hopelessness or pessimism

OR

- **Irritability**, frustration, or restlessness
- **Guilt**, worthlessness, or helplessness
- **Rage**
- *Persistent doubts about the ability to care for the baby*
- *Trouble bonding or forming an emotional attachment*
- Inability to make decisions or concentrate
- Difficulty sleeping (even when the baby is asleep)
- Excessive crying
- Fatigue
- Mood swings
- Appetite changes
- Physical aches or pains, headaches, cramps, or GI problems
- Thoughts of death or harming oneself or the baby

Scope of PMADs: Anxiety

- Common anxiety symptoms
 - Intolerance of uncertainty
 - Hyperalert state and/or excessive behaviors to prevent undesired outcomes
 - Poor problem orientation or low self-esteem/efficacy
 - Avoidance
 - Panic
 - Excessive checking/tracking
- Perinatal PTSD:
 - Triggered by pregnancy or birth trauma
 - Re-living traumatic event: flashbacks, nightmares, sense of doom, hypervigilance, increased arousal
- Perinatal OCD:
 - Intrusive/repetitive thoughts that are usually upsetting
 - Compulsions/repetitive behaviors
- Breastfeeding can be an anxiety trigger/focus

“If they really knew how I am feeling they will think I am a bad mom”

“Am I going crazy, why is everything so hard”

“Everyone else seems to be so much more put together”

“What if I drop the baby or the stop breathing”

“I thought this was supposed to be such a joyful time, I can't connect with my baby I am so miserable”

“I don't even want to leave my house, I don't want people to see what a failure I am”

“Sometimes I just want to scream or run away”

“Maybe my baby would be better off with a different mom”

Case 1

Kelly reports she has been more **irritable** and easily **sensory overloaded** lately. Nora only wakes 1-2x at night, but her 2yo has been getting up frequently as well. Kelly does most overnight care as her partner is up early for work and operates heavy equipment he has to be alert for

Additionally, Nora tends to be **fussy** in the early evenings. When thinking about her birth experience Kelly starts to have **heart racing** and **feeling flushed**. She notes also that recently she has been feeling like **food is "getting stuck"** when she swallows and this causes heart racing and feeling flushed. She has started being **nervous** at meal time, **worrying she will choke** with her children home. Sometimes she **skips eating** because of it



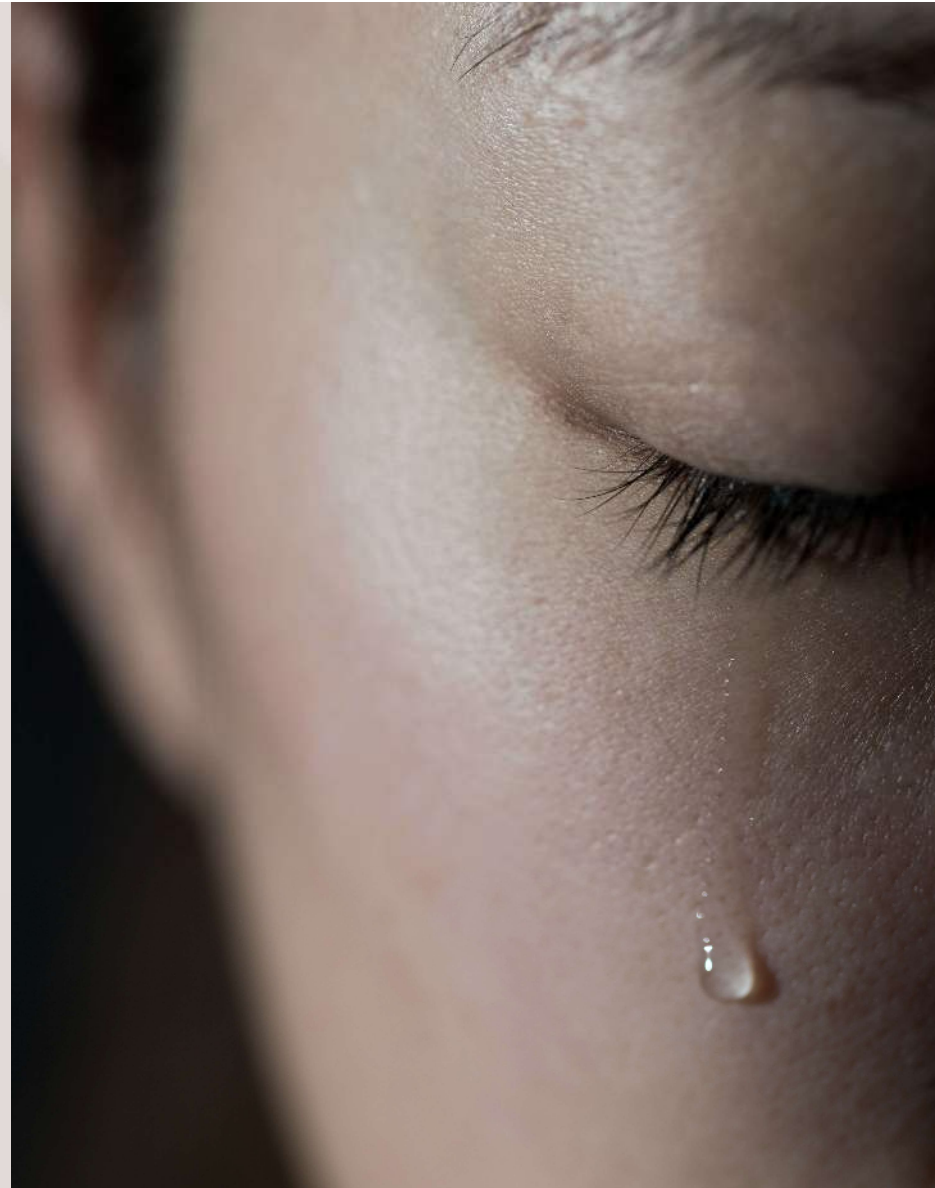
Case 2

Mira is 27yo G3P3 9mo PP presenting with several months of headaches, weight loss and fatigue

Reports she has both trouble falling asleep and is often up at least 1x nightly with one of her children aged 9mo, 3yr and 5yrs. She has trouble falling back asleep. She averages 4-5hrs/night. Headaches are worse on days she sleeps poorly and associated with neck tension. Reports that while she prepares multiple meals a day for her children, she often does not eat or prepare her own meals because she is "too busy"

She reports she doesn't have a working car and lives far out of town and rarely has visitors or spends time outside the home. Her partner is often absent for work

On her PHQ9, she circled "several days" to thoughts of being better off dead or self harm



PMADs in crisis

Suicide is the second leading cause of maternal death

- Birthing parents with a hx of depression have a 70% greater risk of suicide
- 14% of birthing parents report suicidal ideation

Psychosis is very rare but is an emergency

- Occurs in 0.1-0.2% of births
- Higher risk in patients with Bipolar d/o
- Can manifest with agitation, thought disorder, hallucinations, delusions, paranoia, dissociation
- Associated with increased risk of infanticide and suicide

Differentiating psychosis from other disorders



- True psychosis is *rare* and ***always an emergency***
 - Often auditory or visual hallucinations
 - Bizarre, non-distressing to the patient
 - Can happen as a stand-alone symptom or as depression or anxiety with severe features and psychosis
- OCD can present as intrusive or ruminating thoughts that appear similar to psychosis
 - Usually distressing to the patient, they are aware their thinking is abnormal
 - Intrusive thoughts alone can be present without a diagnosis of OCD in the peripartum period
- Lack of sleep can also result in visual or auditory hallucinations that are unrelated to a mood disorder

Who is at risk?

- **Increased risk in parents with more life stressors or limited support**
 - Lower SES, teen parents, history of trauma or adverse childhood events
 - Partnership strain and/or single parents, military families, LGBTQ+ parents, BIPOC and/or immigrant parents
 - **Up to 30% of AI/AN experience PMADs**
- **History of mood or anxiety disorder**
 - Personal or family history of mood d/o or SUD
 - Mixed feelings about parenthood, poor relationship with own parents
 - PMDD/PMS or mood changes related to contraception
- **Pregnancy complications**
 - Premature delivery, birth trauma, NICU stay, dyad separation in the first days of life, fertility issues, childhood illness

A photograph of a man in a blue baseball cap and white t-shirt holding the hands of a young girl in a blue dress. They are standing on a dirt path in a park-like setting with trees and greenery in the background. The man is looking down at the girl, and she is looking down as well. The overall scene is peaceful and intimate.

...any patient regardless of risk factors can
develop PMADs...

WHEN A MOTHER HAS A
PERINATAL MOOD DISORDER

10% of fathers

WILL ALSO EXPERIENCE A
MOOD DISORDER.

Case 3

Kayla is a 38yo G3P1021 here today for her 6 week PP visit. Her pregnancy was complicated by IVF, her delivery was uncomplicated

She reports doing well. She has started back at yoga 3x a week. Baby has been doing well, breastfeeding every 2-3 hrs during the day and every 3-4 hrs overnight. Mom admits that though after feeds her baby usually falls asleep quickly, she is often up for at least an hour longer checking his breathing, researching sleep solutions and normal development. She reports occasionally she doesn't sleep between feeds

Mom appears well groomed and cheerful, though dad expresses concern that she is often tearful at home and is sometimes consumed by tracking diapers and feeds in an app



The background is a solid teal color with a faint, dark teal pattern of leaves and branches, possibly from a tree, overlaid on the right side.

“Isn’t it just the baby blues?”

“Everything is fine. You just had a baby it is normal to feel this way”

“It is just because you aren’t sleeping”

“But you look great”

Just the baby blues?

- Many parents feel overwhelmed, depleted
- 90% of birthing parents experience scary, intrusive thoughts about themselves and their babies
- Symptoms of PMADs often overlap with “normal postpartum adjustment”
- “Baby blues” self limited in the first few weeks.
 - 15-20% will develop into PMAD
 - If a parent is beyond 2-3 wks PP and feeling sad, weepy, anxious, nervous or worried about the way they are feeling - it is no longer the baby blues

*What is
normal?*

**What is
PMADs?**

Frequency

Intensity

Duration

Distress

Interference

Case 3

Kayla is a 38yo G3P1021 here today for her 6 week PP visit. Her pregnancy was complicated by **IVF**, her delivery was uncomplicated

She reports doing well. She has started back at *yoga 3x a week*. Baby has been doing well, breastfeeding every 2-3 hrs during the day and every 3-4 hrs overnight. Mom admits that though after feeds her baby usually falls asleep quickly, she is *often up for at least an hour longer* **checking** his breathing, **researching** sleep solutions and normal development. She reports **occasionally she doesn't sleep between feeds**

Mom appears well groomed and cheerful, though dad expresses concern that she **is often tearful** at home and is sometimes **consumed by tracking** diapers and feeds in an app



Case 4

Hannah is a 19yo G2P0 at 32wk GA. She has been to L&D numerous times for a variety of issues including abdominal pain, urinary symptoms, decreased fetal movement. Her pregnancy is complicated by hyperemesis and 2 inpatient stays early in pregnancy and early marijuana use and smoking. She frequently calls after hours to her OB providers office and to L&D

Upon review into her history, she has a PMH significant for sexual trauma and distant history of an inpatient psych hospitalization



Warning signs

Parent

- Missed appointments
- Overutilization of the ER/sick visits
- Excessive worry about baby
- Reduced attunement
 - Blunted affect
 - Reduced eye contact
 - Lack of response to child needs
- Tearful, irritable appearance

Child

- Irritability/fussiness, difficult to sooth
- Poor eating or sleeping
- Poor eye contact/engagement
- Resistant behavior
- Restricted growth and development

Case 4

Hannah is a **19yo** G2P0 at 32wk GA. She has been to **L&D numerous times** for a variety of issues including abdominal pain, urinary symptoms, decreased fetal movement. Her pregnancy is complicated by **hyperemesis** and 2 inpatient stays early in pregnancy and early **marijuana use and smoking**. She **frequently calls after hours** to her OB providers office and to L&D

Upon review into her history, she has a PMH significant for **sexual trauma** and distant history of an inpatient **psych hospitalization**





**WHY IS
DIAGNOSIS AND
TREATMENT
SO IMPORTANT?**



**ONE STUDY FOUND 16% OF
WOMEN WERE DEPRESSED
2-4 MONTHS POSTPARTUM
AND 15% WERE STILL
DEPRESSED AT 30-33
MONTHS**

Help is available. If you, or someone you know is suffering with postpartum depression, reach out to your health care provider!



Healthy Mothers, Healthy Babies
The Montana Coalition

Screening & detection

During prenatal visits

- Assess for history of mood/anxiety d/o
- Assess risk factors
 - Includes screening for IPV, SUD and trauma
- Routine screening using evidence-based tools
 - 2-3 times during pregnancy

Postpartum

- Use an evidence-based screening tool
 - Before hospital discharge
 - Postpartum visits
 - Well child checks

Screening tools

- While observation or verbal questions can elicit a response, sensitivity is lower than a formal screen
- Currently < 20% patients are screened
- Screening tool options
 - **Depression:** PHQ2, PHQ9, or Edinburgh
 - **Anxiety:** no best recommended tool: Edinburgh has an anxiety subset, GAD-7
- Screenings are billable (CPT 96161)

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
- No, not very often Please complete the other questions in the same way.
- No, not at all

In the past 7 days:


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

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the <u>last 2 weeks</u> , 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

The case for screening during well-child care

- Recommended by Bright Futures and AAP Mental Health Task Force
- Many postpartum patients only have 1 PP follow up at 6 weeks
- WCC often the first and most frequent visit a new parent is having
- In primary care we are already accustomed to mood disorder screening for adult patients (and in pediatrics practices teens)
- No perfect interval
 - Suggestion every WCC 0-12mos



Maternal depression is the leading Adverse Childhood Experience (ACE) for children under 5.

Graphic courtesy of HMHB

Screening ≠ Detection ≠ Treatment



Half of women with a PMAD are not treated

Perinatal or postpartum mood and anxiety disorders (PMADs)

are distressing feelings that occur during pregnancy (perinatal) and throughout the first year after pregnancy (postpartum).

HELP IS AVAILABLE
REACH OUT TO YOUR HEALTH CARE PROVIDER



- A positive screen is not a diagnosis
 - A negative screen doesn't mean you can't have PMADs
- People with lived experience often report
 - Having ignored completion of a screener or completed untruthfully
 - Having completed a screener and not had it addressed
 - Having expressed concern or distress which was minimized
- Providers often express
 - Being unsure what to do with positive screens
 - Feeling they have limited resources to support patients
 - PMADs being outside their scope of practice

Addressing PMADs

- Close follow-up, normalization, reassurance, feeling heard
- Working with parents to promote emotional wellness: routine, self-care, exercise/movement, sleep, nutrition, reaching out to their support system
- Ensure adequate support services: visiting nurse, postpartum doula, lactation support, WIC, childcare, parent groups
- Referral to a mental health provider and/or prescriber with training in PMADs
- Assess for safety, provide crisis/support lines
- **Address barriers to engaging in care**

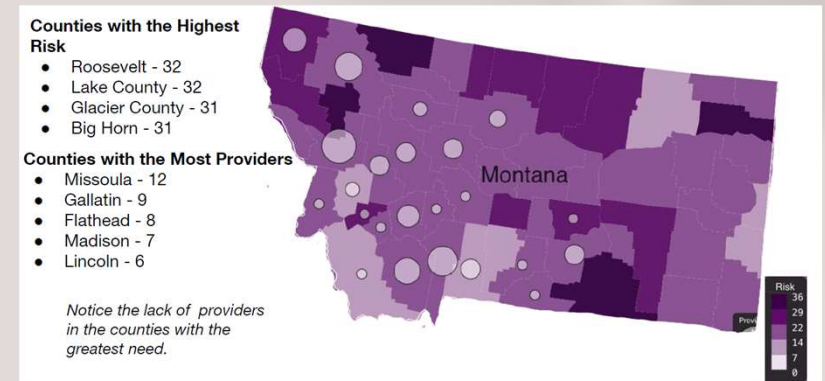
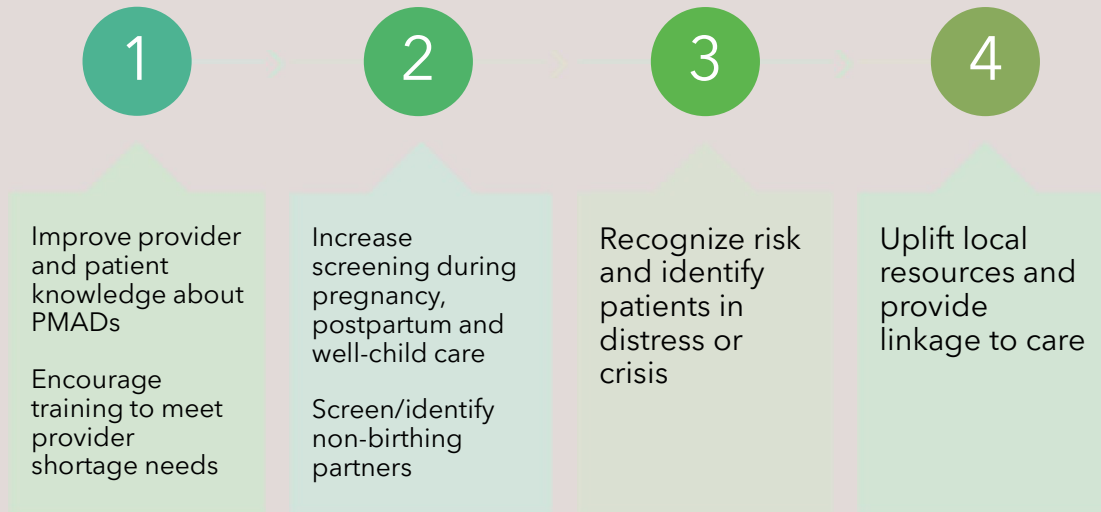




Addressing PMADs: Medication

- Medication is safe and effective
- Patients should be referred to their OB, PCP or a psychiatric provider for treatment
- Most SSRIs or other medications for depression or anxiety can be used to treat PMADs
- Caution with sedating medications and impact on overnight arousal
- **Zuranolone** a pill approved for severe PPD. Taken daily for a 14 day, with symptom resolution as soon as 3 days

Next steps: What can we do?



Graphic courtesy of Policy Center for Maternal Mental Health
<https://www.mmhmap.com/>

Promoting local resources

THIS IS MORE THAN THE BABY BLUES

PERINATAL MOOD & ANXIETY DISORDERS (PMADS)

PMADS ARE THE #1 COMPLICATION OF PREGNANCY & NEW PARENTHOOD

PMADS OCCUR DURING PREGNANCY THROUGH THE FIRST YEAR

PMADS DO NOT OFTEN RESOLVE WITHOUT SUPPORT

ANY PARENT CAN SUFFER FROM PERINATAL MOOD & ANXIETY DISORDERS

WITH HELP YOU CAN PREVENT A WORSENING OF SYMPTOMS & CAN RECOVER

IT IS ESSENTIAL TO RECOGNIZE SYMPTOMS & REACH OUT AS SOON AS POSSIBLE SO THAT YOU CAN GET THE HELP YOU NEED & DESERVE

WHEN PMADS GO UNTREATED, THE IMPACTS CAN BE PROFOUND

IMPACT ON THE CHILD

- PRETERM DELIVERY
- LOW BIRTH WEIGHT
- LESS BREASTFEEDING
- BONDING CHALLENGES
- DEVELOPMENTAL DELAYS
- BEHAVIOR PROBLEMS

SUICIDE IS A LEADING CAUSE OF DEATH FOR NEW MOMS

IF YOU OR YOUR LOVED ONE IS STRUGGLING, **SPEAK UP** IT COULD SAVE A LIFE

IF YOU FEEL...

- SAD
- GUILTY
- HOPELESS
- LONELY
- HELPLESS
- WORTHLESS
- UNABLE TO MAKE DECISIONS
- CONFUSED
- ANXIOUS/TENSE
- ISOLATED
- POOR SELF-CARE
- LOW SELF-ESTEEM
- UNABLE TO LAUGH
- LOSS OF CONFIDENCE
- FULL OF DOUBTS
- MOOD SWINGS
- APPETITE CHANGES
- OVERWHELMED
- EXCESSIVE CRYING
- TIRED/EXHAUSTED
- EXTREMELY AGITATED
- STRANGE VISIONS***
- SCARY FANTASIES***
- THOUGHTS OF HURTING YOURSELF OR YOUR CHILD***

* ITEMS IN BOLD REQUIRE IMMEDIATE ATTENTION. PLEASE SEE YOUR DOCTOR.

THESE SYMPTOMS HAVE LASTED MORE THAN 2 WEEKS, TALK TO YOUR DOCTOR, NURSE, OR MIDWIFE.

PMADS CAN AFFECT DADS TOO

YOU ARE NOT ALONE YOU ARE NOT TO BLAME YOU CAN GET BETTER

CARING FOR YOURSELF IS CARING FOR YOUR CHILD

LOCAL RESOURCES

Symbol Key

- * Postpartum Support International (PSI) certified professional
- + Specific prenatal training completed
- T-Telehealth services available
- M-Accept Medicaid
- n-Provider doesn't take insurance.
- ~ Preferred method of contact

Mental Health Support

Megan Baker Welles LCPC, LMFT, *nT
406-407-0935
~ meganb@erwelles@gmail.com

Autumn Benedetti LCSW, TCTSY-F, E-RYT M T
406-823-0853
~ autumn@alchemyintegrativehealing.com

Camille Deitz, MA, LCPC, +M T
406-300-4263
~ risingwellnessmt@gmail.com

Amy Simray, LCPC**M T
406-892-3063
~ info@parkviewtransitions.com

Christy Franklin, MS, LCPC, NCC, CCTP T
406-407-9479

Christine Hurst, LCPC, +M T
christinehurst.com/
406-219-8859

Mindy Kalee, LCPC, LMHC +T
406-306-7883
~ mindykalee@gmail.com

Emily Lucas, LCPC, *M T
~ 509-435-2404 (call/text)
emilylucas@ccounseling.org

Erin Schreiber LCPC, LMT, R-DMT**M
406-282-1858
~ erin@bodymindnurture.com

Sweetgrass Psychological Services
Gaelen Engler LCSW +M
Colleen Davis-Timms LCPC, LAC+ M
406-298-5728
~ hello@sweetgrasspsychological.com

Alexa Wells, PsyD +T n
~ 516-776-0086
dralexawells.com

Marilee Norvell, MS, LCPC +M
~ 406-607-0904 (call/text)
mnnorvell@gmail.com

Mental Health Support continued

Jena VonFeldt, LCSW +M (Telehealth only)
~ 406-212-2293 (call/text)
jena@sunflowercounseling.com

Medical Providers

Greater Valley Health Center
Samantha Greenberg, MD, MPH *M
Heather Brown, DNP, PMHNP-BC+M
406-607-4900
greatervalleyhealth.org

Heart and Hands Midwifery and Family Healthcare
Misha Russ, CNM**M
406-300-4511
heartandhandsmt.com

Kalspell Midwives
Jana Sund, CNM +M T
Leslie Moody, CNM +M T
Haley Peters, NP-BC +M T
406-858-8009
kalspellmidwives.clinic

Logan Health Behavioral Health Clinic-Whitefish
Greta Bell, PA-C, MMS, CAQ+ MT
406-862-1830
logan.org/health/locations/all-clinics/logan-health-behavioral-health-clinic-whitefish

Logan Health OB/GYN/Midwives +M
406-858-8200
https://www.logan.org/location/logan-health-ob-gyn/

Peer Supports

Baby Bistro-Postpartum Peer Group
flatheadvalleybreastfeeding.org
Locations in both Kalspell & Whitefish

Postpartum Resource Group
The Circle-Peer Support Meetings
postpartumresourcegroup.org/peer-support-meetings

WIC Breastfeeding Peer Support
Jennifer Mahlum
jmahlum@flathead.mt.gov

Support Networks

Healthy MT Families Home Visiting
406-755-8101
flathead.mt.gov/department-directory/health/community-health/healthy-montana-families

Logan Health OB Mother Baby Clinic-Kalspell
406-755-6667

The Network-Postpartum Doula and Community Support
406-282-1160
postpartumresourcegroup.org/the-network

Other Resources

Abbie Shelter
abbieshelter.org
406-752-7273 (Mon-Fri 9AM-9PM)

Nurturing Center
406-756-1414
nurturingcenter.org

Psychology Today Providers
psychologytoday.com/us/therapists/mt/kalspell?category=pregnancy-prenatal-postpartum

The link lists providers who have indicated that they feel comfortable seeing clients who are pregnant or postpartum on their Psychology Today profile. However, their level of expertise and specific training in regards to perinatal mood disorders may vary.

LIFTS Online Resource Guide
hmbb-lifts.org

hmbb-lifts.org

Maternal Mental Health

Call/Text: 1-833-852-6262
PSI Help Line
Call/Text: 1-800-944-4773
Suicide Prevention Line
Call: 988
Montana Crisis Text Line
Text: MT to 741741

NEED HELP NOW?

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Next Steps: Can we mitigate risk?

- Patient-empowered, trauma-informed, comprehensive care
 - Prenatally
 - During delivery
 - Infant care
 - Postpartum
- Education for patients
- Increase resources to support new parents
- Support the family unit

Resources

- National Suicide Hotline: 988
- Suicide Prevention Lifeline: 1-800-273-8255
- Postpartum Support International: <https://www.postpartum.net/> or PSI HelpLine: 1-800-944-4773 (call or text)
- National Maternal Mental Health Hotline: 1-833-TLC-MAMA (1-833-852-6262)
- The Crisis Text Line can be reached by texting "MT" to 406-741-741
- Montana Warm Line: 1-877-688-3377
- Montana Crisis Recovery 1-877-503-0833
- LIFTS resource guide: <https://hmhb-lifts.org/>
- Self-led online support based in CBT: <https://mycare.mmhnow.org/>
- Cuddling Cubs Playgroup: <https://www.cuddlingcubsplaygroup.org/>
- Book Suggestions:
 - Good Mom's Have Scary Thoughts by Karen Kleinman
 - This Isn't What I expected: Overcoming Postpartum Depression by Karen Kleinman
 - Dropping the Baby and Other Scary Thoughts by Karen Kleinman
 - The Postpartum Depression Workbook by Abigail Burd
 - The Pregnancy and Postpartum Anxiety Workbook by Pamela Wiegartz, Kevin Gyoerkoe and Laura Miller

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There's no way to be a perfect mother
and a million ways to be a good one

- Jill Churchill

What are you
currently doing?

What do you want to
change?

Any questions?

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