

# Dark Side of the Full Moon

THE PERINATAL DISCUSSION

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## Disclosure Statement Melissa Millinger, LCSW, PMH-C

- ▶ I do not have any significant or financial relationships to report, nor conflict of interest.
- ▶ I currently am the Board Chair of Postpartum Support International Illinois Chapter and the Team Lead of Climb Out of the Darkness Central Illinois.
- ▶ I have received an honorarium for this activity.

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## Melissa Millinger

- ▶ Licensed Clinical Social Worker
- ▶ Perinatal Mental Health Specialist
- ▶ Healing Hearts Counseling
- ▶ Postpartum Support International Illinois Board Chair
- ▶ Climb Leader for Climb Out of the Darkness- Central IL
- ▶ Local PSI Coordinator for Tazewell, Peoria and Woodford Counties



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### Dark Side of the Full Moon

- ▶ Dark Side of the Full Moon delves into the unseen world of maternal mental health. It uncovers the disconnect within the medical community to effectively screen, refer, and treat the 1.3 million U.S. mothers affected each year, giving a face and voice to the countless women who have suffered in silence.
- ▶ The film highlights inconsistencies of care, questioning the system and doctors as well as ourselves, asking who should be held accountable for the staggering number of women still suffering in silence and facing barriers to treatment.

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### The Statistics

**Perinatal Mood and Anxiety Disorders (PMADs) are the #1 complication of child bearing!**

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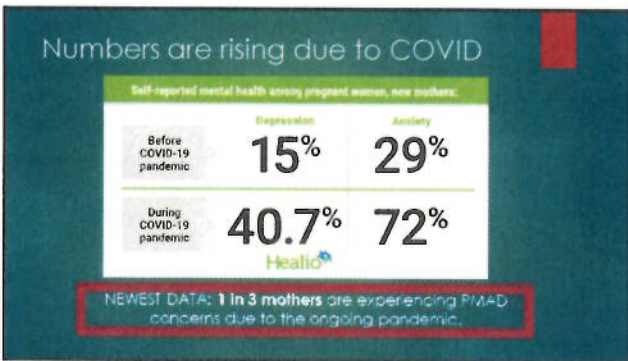
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Pause  
Reflect  
Share

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The Discussion

- ▶ Barriers to Better Outcomes
- ▶ Screenings
- ▶ Resources
- ▶ Our Call to Action

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**MIND THE GAP**  
A Strategic Roadmap to Address America's Silent Health Crisis: Untreated and Unaddressed Perinatal Mental Health Disorders

"When left untreated, perinatal mood and anxiety disorders can have profound adverse effects on women and their children, leading to an increased risk of poor adherence to medical care, exacerbation of medical conditions, poor infant development and feeding responses, bonding and attachment difficulties, and suicide. Perinatal mood and anxiety disorders are associated with increased rates of maternal and infant mortality and morbidity and are recognized as a significant patient safety issue."

Foraly, S, Kessler, R, Jordan, M, et al. "Executive Summary: Maternal Mental Health: Perinatal Depression and Anxiety." *Health Affairs*. 2017; 36(1): 113-118.

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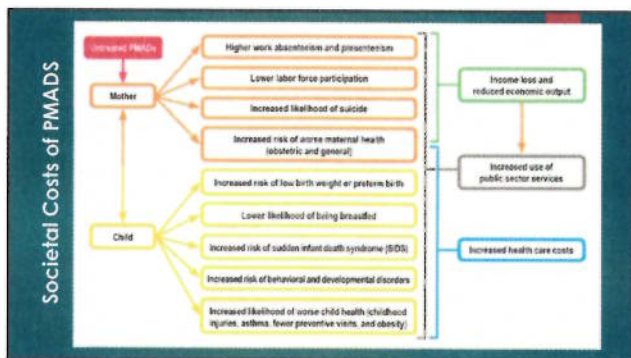
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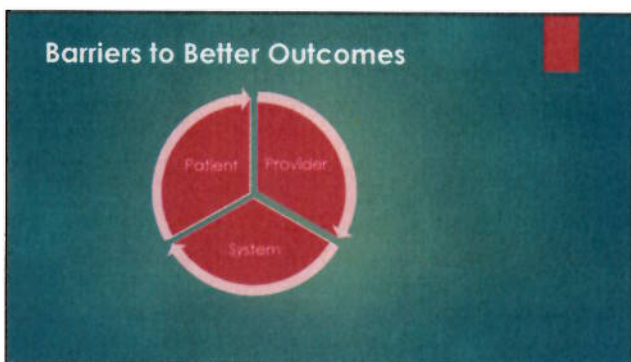
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- Patient Barriers**
- ▶ Uninformed of risks, symptoms and treatment options
  - ▶ Fear and stigma associated with mental health
  - ▶ Limited access to resources
    - ▶ Lack of timely access to credentialed providers (long wait lists)
    - ▶ Lack of perinatal trained providers (medical and mental health)
  - ▶ Lack of detection, disclosure and treatment

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### Providers Barriers

- ▶ Lack of training (med school residency, internship, practice)
  - ▶ Lack of CME
  - ▶ Lack of expertise for changes
- ▶ Discomfort in screening and treating mental health
  - ▶ Limited resources available
- ▶ Lack of resources and referral options
- ▶ Awareness of perinatal mental health in a care setting
  - ▶ OB/GYN
  - ▶ Family Practice
  - ▶ Pediatrics
  - ▶ Emergency Medicine

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### Under-treatment

- ▶ <86% of pregnant women with psychiatric diagnosis were treated
- ▶ >50% of pregnant women on anti-depressants were symptomatic due to suboptimal treatment
- ▶ 50-75% of pregnant women with a diagnosis of depression or anxiety relapse after discontinuing medications when pregnant
- ▶ Women with mental health diagnoses were 2X as likely to delay care and attended <50% prenatal visits
- ▶ 73% of moms under or untreated were still depressed at 3 years postpartum



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### Provider Support

- ▶ Provider Training Options
- ▶ Resource and Referral Options
- ▶ Create processes for your practice and train your staff
- ▶ Identify a Champion in your office

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**Trainings**

<https://www.postpartum.net/professionals/certificate-trainings/>

The screenshot displays three training options on a dark green background:

- 3-Day PMAD Components of Care:** Focuses on the clinical and research evidence for the management of perinatal mood and anxiety disorders (PMADs) and the role of the provider in the assessment and management of these conditions. Includes a link to learn more.
- MBI Online Certificate Course:** Provides a comprehensive overview of the clinical and research evidence for the management of PMADs. Includes a link to learn more.
- 2-Hour Psychopharmacology:** Focuses on the clinical and research evidence for the management of PMADs with medication. Includes a link to learn more.

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**Advanced Perinatal Mental Health: Psychopharmacology**

**Peoria, September 16, 2022**

**Peoria, Illinois**

**September 16, 2022**

**Peoria, IL**

The poster includes details about the event, such as the location (Peoria, IL), the date (September 16, 2022), and the topic (Advanced Perinatal Mental Health: Psychopharmacology). It also features a silhouette of a pregnant woman and a person's hands.

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**PERINATAL PSYCHIATRIC CONSULT LINE**

**877.499.4773**

**Psychiatric Consult Line**

The poster features a portrait of a woman in a white lab coat. Text on the poster describes the service as a confidential and secure way for professionals to get help with perinatal mood and anxiety disorders. It includes the phone number 877.499.4773 and a website URL: [www.postpartum.net](http://www.postpartum.net).

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### System Barriers

- ▶ Lack of integrated care
- ▶ Screenings are not universal or used effectively
- ▶ Isolated providers
- ▶ Lack of resources for provider support
- ▶ Lack of trained, credentialed providers
  - ▶ At a private setting, that could be done by nurses and others
  - ▶ PHQ-9
  - ▶ Primary care/obstetrics

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### System Support

- ▶ Create policy for your practice/unit for screenings and train staff to engage in effective screenings
- ▶ Create up to date resources for local area
- ▶ Identify a champion who can help manage resources and be an established resource within your practice/unit

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### Screenings

- ▶ Postpartum Support International (PSI) recommends universal screening for the presence of prenatal or postpartum mood and anxiety disorders using an evidence-based tool such as the Edinburgh Postnatal Depression Screen (EPDS) or Patient Health Questionnaire (PHQ-9)
- ▶ Ideally, the self-report screening questionnaire should be provided in a private setting
- ▶ **Screening should be introduced and interpreted by a practitioner in a caring and informal manner that normalizes postnatal mental health needs.**
- ▶ If possible, screening should be provided in the client's native language.

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### Screenings

- ▶ Helps to identify "at-risk" women
- ▶ Identify initial symptoms
- ▶ Identify severity of symptoms
- ▶ Timeframe or onset of symptoms and duration
- ▶ Identify risk to baby or mother
- ▶ Identify positive support

- ▶ Edinburgh Postpartum Depression Scale (EPDS) → MOST COMMONLY USED
- ▶ Patient Health Questionnaire PHQ
- ▶ GAD-7
- ▶ Postpartum Depression Screening Scale

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The image shows several overlapping forms and documents. The most prominent one is the Edinburgh Postnatal Depression Scale (EPDS), which is a 10-item self-rated questionnaire. Other forms include a Patient Health Questionnaire (PHQ) and a GAD-7 (Generalized Anxiety Disorder-7) form. The documents are presented in a collage style against a dark teal background.

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### ACOG Perinatal Mental Health Kit

▶ <https://www.acog.org/programs/perinatal-mental-health>

The flowchart, titled "Assessing Perinatal Mental Health," outlines a clinical pathway. It starts with "Patient Assessment" and "Risk Assessment" leading to "Screening." The screening process involves "EPDS PHQ-9 GAD-7." If a patient is "At Risk," the pathway leads to "Further Assessment" and "Treatment." The "Further Assessment" box lists: 1. Review obstetric history, 2. Review depression and anxiety symptoms, 3. Review patient's current mental health, 4. Assess for suicidal ideation, 5. Review history of psychiatric hospitalization. The "Treatment" box lists: 1. Supportive care, 2. Psychotherapy, 3. Medication, 4. Referral to perinatal mental health services. The "Follow-up" box lists: 1. Supportive care, 2. Psychotherapy, 3. Medication, 4. Referral to perinatal mental health services. The flowchart also includes a "Patient Education" box with: 1. Supportive care, 2. Psychotherapy, 3. Medication, 4. Referral to perinatal mental health services.

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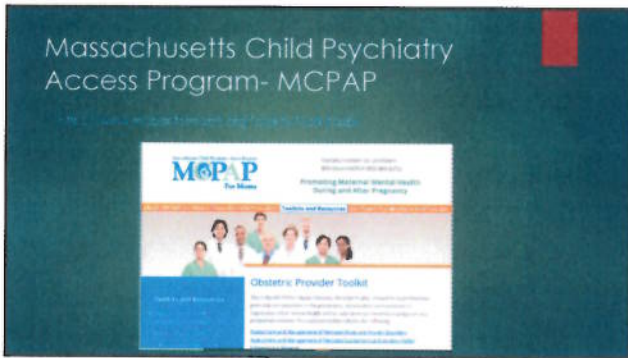
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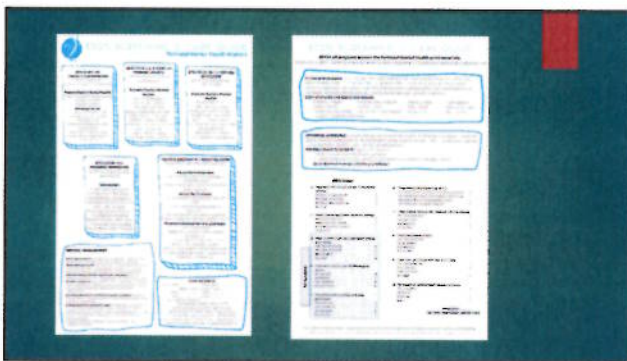
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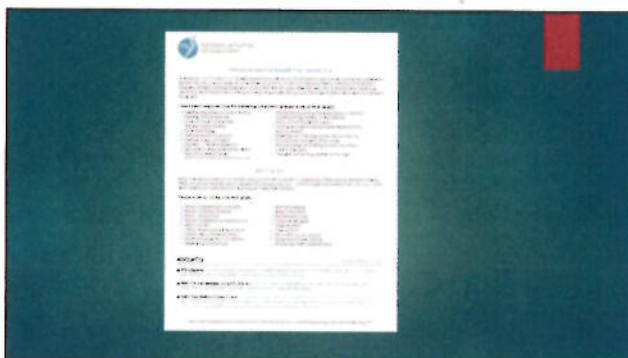
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### Treatment options

Providers and supporters that validate the experience of a mother experiencing challenges is the primary tool to help. Mothers need to be seen, heard, and validated. Please explore all options and find one comfortable for client and yourself.

- ▶ Therapy
- ▶ Medication
- ▶ Crisis Management
- ▶ Self-care
- ▶ Peer Support
- ▶ Support group
- ▶ Wellness coaches

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### Goals for PMAD informed care:

- ▶ The overall success rate for treating postpartum mood disorders is 80%, making it essential for anyone who wants to heal.
- ▶ Early recognition and treatment of postpartum mood disorders can lead to better symptom management and faster recovery rates.
- ▶ Education, awareness, screening, risk prediction, as well as early diagnosis and treatment. The sooner treatment starts, the better you can manage your health and well-being.
- ▶ Streamline process for referrals and assessments with coordination of care.
- ▶ Increased availability of **credentialed providers** without waitlist.
- ▶ Multiple levels of support (groups, individual therapy, psychiatry, PHP, follow-up).

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### Crisis Management


**Safety is the primary concern for mother and baby!**

Call 911 or go to nearest Emergency Department

Emergency Response or Mobile Crisis Team for assistance with the following:

If you are stuck and not sure what to do, call the NorthShore Moms Line at 1-866-364-6667 (MOMS)

PROVIDERS CAN GET HELP/URGENT REFERRALS



The poster features a central image of hands holding each other, with text: 'Stressed or worried during pregnancy? Heartbroken by infertility or loss? Overwhelmed by a new baby?' Below this, it says 'You are not alone.' and 'CALL 1-866-364-6667 (MOMS)'. At the bottom, it says 'NorthShore'.

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## Medication management

- ▶ Pharmaceutical interventions for appropriate and *effective* treatment
- ▶ Risk of treatment versus risk of untreated mental illness
- ▶ Psychiatric Consult Line -available to all providers
- ▶ PSYCHOPHARMACOLOGY TRAINING PEORIA SEPT 2022
- ▶ Explain all benefits and possible risks for mother and baby.

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**Counsel patient about antidepressant use:**

- No decision regarding whether to use antidepressants during pregnancy is perfect or risk free
- SSRIs are among the best studied class of medications during pregnancy
- Both medication and non-medication options should be considered
- Encourage non-medication treatments (e.g., psychotherapy) in addition to medication

<p><b>Risks of antidepressant use during pregnancy</b></p> <ul style="list-style-type: none"> <li>▶ Small, but inconsistent increased risk of birth defects when taken in first trimester, particularly with paroxetine</li> <li>▶ The preponderance of evidence does not suggest birth complications</li> <li>▶ Studies do not suggest long-term neurobehavioral effects on children</li> <li>▶ Possible transient neonatal symptoms</li> </ul>	<p><b>Risks of under treatment or no treatment of depression during pregnancy</b></p> <ul style="list-style-type: none"> <li>▶ Increases the risk of postpartum depression</li> <li>▶ Birth complications</li> <li>▶ Can make it harder for moms to take care of themselves and their babies</li> <li>▶ Can make it harder for moms to bond with their babies</li> </ul>
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• If pregnant: In your situation, the benefits of taking an antidepressant outweigh the chance of the things we just discussed.

• If not pregnant: SSRIs and some other antidepressants are considered a reasonable treatment option during breastfeeding. The benefits of breastfeeding while taking antidepressants generally outweigh the risks.

SEE ANTI-DEPRESSANT TREATMENT ALGORITHM ON BACK FOR GUIDELINES RE: PRESCRIBING MEDICATIONS

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### Considerations for Prescribing Medication

<ul style="list-style-type: none"> <li>• Mild depression based on clinical assessment</li> <li>• No suicidal ideation</li> <li>• Responds to psychotherapy or other non-medication treatment</li> <li>• Depression has improved with psychotherapy in the past</li> <li>• Able to care for self/baby</li> <li>• Strong preference and access to psychotherapy</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate/severe depression based on clinical assessment</li> <li>• Suicidal ideation</li> <li>• Difficulty functioning/caring for self/baby</li> <li>• Psychotic symptoms present</li> <li>• History of severe depression and/or suicide ideation/attempts</li> <li>• Clinically severe depression/symptoms</li> </ul>
<ul style="list-style-type: none"> <li>• Personal history of major or postpartum depression</li> <li>• Family history of postpartum depression</li> <li>• Co-occurring disorders</li> <li>• Difficulty breastfeeding</li> <li>• History of abuse</li> <li>• Lack of personal or community resources</li> <li>• Financial challenges</li> <li>• Substance use/addiction</li> </ul>	<ul style="list-style-type: none"> <li>• Complications of pregnancy, like diabetes, or infant's health</li> <li>• Teen pregnancy</li> <li>• Unplanned pregnancy</li> <li>• Major life stresses</li> <li>• Violent or abusive relationship</li> <li>• Isolation from family or friends</li> </ul>

**Additional questions to ask the patient:**

- How are you feeling about being pregnant/breastfeeding?
- What things are you most worried about?
- What advice are you most concerned about?
- Do you have anyone you can trust or rely on for help?
- How is your partner doing?
- Are you able to fully care for your baby?

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### Additional info for Medications

- ▶ Mother To Baby
  - ▶ [https://motherstobaby.org](#)
- ▶ Infant Risk
  - ▶ [www.infrisk.org](#)
- ▶ Hale – The Textbook of Human Lactation
  - ▶ [www.textbookoflactation.com](#)
- ▶ Postpartum Support International

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### How do we expand services?

- ▶ The stories depicted in the film illustrate the lack of appropriate services in many parts of the country for women experiencing a maternal mental health complication. How might we increase the services to these women?
- ▶ Which services would be the most useful and how might this be achieved?
- ▶ What is our priority?
- ▶ Should these services be in-person, virtual or both?

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YOU ARE EXPANDING SERVICES!  
YOU ARE HERE!  
YOU ARE THE HELP THAT FAMILIES NEED!

But we are only one piece of the puzzle.

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## Resources

- ▶ Postpartum Support International
- ▶ Postpartum Support Helpline

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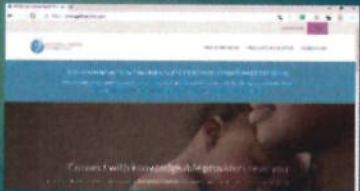
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## Find a Provider through the PSI Directory

- ▶ [All Health-Related Health Care by Location](#)

- ▶ [Counseling](#)
- ▶ [Support Groups](#)
- ▶ [Certified Providers](#)
- ▶ [Peer Support Programs](#)



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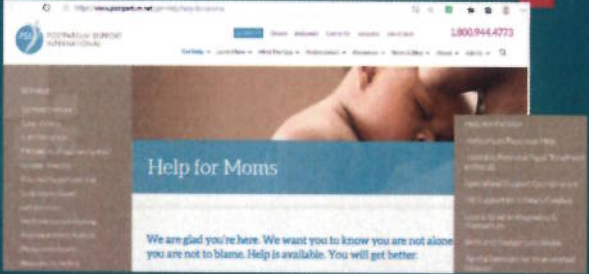
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## Help for Moms

[www.postpartum.net/get-help/help-for-moms](https://www.postpartum.net/get-help/help-for-moms)



**Help for Moms**

We are glad you're here. We want you to know you are not alone you are not to blame. Help is available. You will get better.

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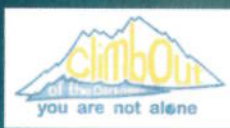
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## Climb Out of the Darkness



Community Awareness  
Support and Resources  
Fundraising



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## Virtual Support Groups



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## Encourage Social support

- ▶ What has changed from our mother's generation and how can we build a strong system of support for new mothers?
- ▶ Supporting new moms from the beginning can help avoid or at least help lessen the symptoms of a maternal mental health complication. Are you aware of community support programs?
- ▶ Our home visiting and Birth-3 programs can be crucial to offer a mother support.

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### Education Systems

- ▶ In the film, you heard about women's battles stemming from the legal system not understanding maternal mental health complications. What can and should be done to spread the word about these trainings?
- ▶ How does this apply to DCHS Police/ EMT/ OBR Clinics?
- ▶ Like we saw in Mary Rose's story, healthcare professionals in hospitals don't always know when a mother needs help, there for her safety and/or her baby's safety. In-service trainings for personnel are increasingly being provided in the best hospitals around the country in order to prevent unnecessary trauma. Whose responsibility is it to ensure that hospital personnel receive the trainings? Should the trainings be required or left up to the judgement of the management within the hospital?

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### Follow us at...

Postpartum Support Illinois



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### What can I do?

- ▶ Be a part of the solution. Empower others to be a voice and encourage healthcare workers to address maternal mental health.
- ▶ Train yourself and your staff. Have an office champion!
- ▶ Talk about it openly and honestly.
- ▶ Use screenings and other assessment tools.
- ▶ Have a protocol and know the resources.
- ▶ Display educational material.

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- ▶ ACOG: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/04/perinatal-mental-health-conditions>
- ▶ [https://www.wired.com/wired/archive/36.03/psyc\\_01\\_02\\_03\\_04\\_05\\_06\\_07\\_08\\_09\\_10\\_11\\_12\\_13\\_14\\_15\\_16\\_17\\_18\\_19\\_20\\_21\\_22\\_23\\_24\\_25\\_26\\_27\\_28\\_29\\_30\\_31\\_32\\_33\\_34\\_35\\_36\\_37\\_38\\_39\\_40\\_41\\_42\\_43\\_44\\_45\\_46\\_47\\_48\\_49\\_50\\_51\\_52\\_53\\_54\\_55\\_56\\_57\\_58\\_59\\_60\\_61\\_62\\_63\\_64\\_65\\_66\\_67\\_68\\_69\\_70\\_71\\_72\\_73\\_74\\_75\\_76\\_77\\_78\\_79\\_80\\_81\\_82\\_83\\_84\\_85\\_86\\_87\\_88\\_89\\_90\\_91\\_92\\_93\\_94\\_95\\_96\\_97\\_98\\_99\\_100\\_101\\_102\\_103\\_104\\_105\\_106\\_107\\_108\\_109\\_110\\_111\\_112\\_113\\_114\\_115\\_116\\_117\\_118\\_119\\_120\\_121\\_122\\_123\\_124\\_125\\_126\\_127\\_128\\_129\\_130\\_131\\_132\\_133\\_134\\_135\\_136\\_137\\_138\\_139\\_140\\_141\\_142\\_143\\_144\\_145\\_146\\_147\\_148\\_149\\_150\\_151\\_152\\_153\\_154\\_155\\_156\\_157\\_158\\_159\\_160\\_161\\_162\\_163\\_164\\_165\\_166\\_167\\_168\\_169\\_170\\_171\\_172\\_173\\_174\\_175\\_176\\_177\\_178\\_179\\_180\\_181\\_182\\_183\\_184\\_185\\_186\\_187\\_188\\_189\\_190\\_191\\_192\\_193\\_194\\_195\\_196\\_197\\_198\\_199\\_200\\_201\\_202\\_203\\_204\\_205\\_206\\_207\\_208\\_209\\_210\\_211\\_212\\_213\\_214\\_215\\_216\\_217\\_218\\_219\\_220\\_221\\_222\\_223\\_224\\_225\\_226\\_227\\_228\\_229\\_230\\_231\\_232\\_233\\_234\\_235\\_236\\_237\\_238\\_239\\_240\\_241\\_242\\_243\\_244\\_245\\_246\\_247\\_248\\_249\\_250\\_251\\_252\\_253\\_254\\_255\\_256\\_257\\_258\\_259\\_260\\_261\\_262\\_263\\_264\\_265\\_266\\_267\\_268\\_269\\_270\\_271\\_272\\_273\\_274\\_275\\_276\\_277\\_278\\_279\\_280\\_281\\_282\\_283\\_284\\_285\\_286\\_287\\_288\\_289\\_290\\_291\\_292\\_293\\_294\\_295\\_296\\_297\\_298\\_299\\_300\\_301\\_302\\_303\\_304\\_305\\_306\\_307\\_308\\_309\\_310\\_311\\_312\\_313\\_314\\_315\\_316\\_317\\_318\\_319\\_320\\_321\\_322\\_323\\_324\\_325\\_326\\_327\\_328\\_329\\_330\\_331\\_332\\_333\\_334\\_335\\_336\\_337\\_338\\_339\\_340\\_341\\_342\\_343\\_344\\_345\\_346\\_347\\_348\\_349\\_350\\_351\\_352\\_353\\_354\\_355\\_356\\_357\\_358\\_359\\_360\\_361\\_362\\_363\\_364\\_365\\_366\\_367\\_368\\_369\\_370\\_371\\_372\\_373\\_374\\_375\\_376\\_377\\_378\\_379\\_380\\_381\\_382\\_383\\_384\\_385\\_386\\_387\\_388\\_389\\_390\\_391\\_392\\_393\\_394\\_395\\_396\\_397\\_398\\_399\\_400\\_401\\_402\\_403\\_404\\_405\\_406\\_407\\_408\\_409\\_410\\_411\\_412\\_413\\_414\\_415\\_416\\_417\\_418\\_419\\_420\\_421\\_422\\_423\\_424\\_425\\_426\\_427\\_428\\_429\\_430\\_431\\_432\\_433\\_434\\_435\\_436\\_437\\_438\\_439\\_440\\_441\\_442\\_443\\_444\\_445\\_446\\_447\\_448\\_449\\_450\\_451\\_452\\_453\\_454\\_455\\_456\\_457\\_458\\_459\\_460\\_461\\_462\\_463\\_464\\_465\\_466\\_467\\_468\\_469\\_470\\_471\\_472\\_473\\_474\\_475\\_476\\_477\\_478\\_479\\_480\\_481\\_482\\_483\\_484\\_485\\_486\\_487\\_488\\_489\\_490\\_491\\_492\\_493\\_494\\_495\\_496\\_497\\_498\\_499\\_500\\_501\\_502\\_503\\_504\\_505\\_506\\_507\\_508\\_509\\_510\\_511\\_512\\_513\\_514\\_515\\_516\\_517\\_518\\_519\\_520\\_521\\_522\\_523\\_524\\_525\\_526\\_527\\_528\\_529\\_530\\_531\\_532\\_533\\_534\\_535\\_536\\_537\\_538\\_539\\_540\\_541\\_542\\_543\\_544\\_545\\_546\\_547\\_548\\_549\\_550\\_551\\_552\\_553\\_554\\_555\\_556\\_557\\_558\\_559\\_560\\_561\\_562\\_563\\_564\\_565\\_566\\_567\\_568\\_569\\_570\\_571\\_572\\_573\\_574\\_575\\_576\\_577\\_578\\_579\\_580\\_581\\_582\\_583\\_584\\_585\\_586\\_587\\_588\\_589\\_590\\_591\\_592\\_593\\_594\\_595\\_596\\_597\\_598\\_599\\_600\\_601\\_602\\_603\\_604\\_605\\_606\\_607\\_608\\_609\\_610\\_611\\_612\\_613\\_614\\_615\\_616\\_617\\_618\\_619\\_620\\_621\\_622\\_623\\_624\\_625\\_626\\_627\\_628\\_629\\_630\\_631\\_632\\_633\\_634\\_635\\_636\\_637\\_638\\_639\\_640\\_641\\_642\\_643\\_644\\_645\\_646\\_647\\_648\\_649\\_650\\_651\\_652\\_653\\_654\\_655\\_656\\_657\\_658\\_659\\_660\\_661\\_662\\_663\\_664\\_665\\_666\\_667\\_668\\_669\\_670\\_671\\_672\\_673\\_674\\_675\\_676\\_677\\_678\\_679\\_680\\_681\\_682\\_683\\_684\\_685\\_686\\_687\\_688\\_689\\_690\\_691\\_692\\_693\\_694\\_695\\_696\\_697\\_698\\_699\\_700\\_701\\_702\\_703\\_704\\_705\\_706\\_707\\_708\\_709\\_710\\_711\\_712\\_713\\_714\\_715\\_716\\_717\\_718\\_719\\_720\\_721\\_722\\_723\\_724\\_725\\_726\\_727\\_728\\_729\\_730\\_731\\_732\\_733\\_734\\_735\\_736\\_737\\_738\\_739\\_740\\_741\\_742\\_743\\_744\\_745\\_746\\_747\\_748\\_749\\_750\\_751\\_752\\_753\\_754\\_755\\_756\\_757\\_758\\_759\\_760\\_761\\_762\\_763\\_764\\_765\\_766\\_767\\_768\\_769\\_770\\_771\\_772\\_773\\_774\\_775\\_776\\_777\\_778\\_779\\_780\\_781\\_782\\_783\\_784\\_785\\_786\\_787\\_788\\_789\\_790\\_791\\_792\\_793\\_794\\_795\\_796\\_797\\_798\\_799\\_800\\_801\\_802\\_803\\_804\\_805\\_806\\_807\\_808\\_809\\_810\\_811\\_812\\_813\\_814\\_815\\_816\\_817\\_818\\_819\\_820\\_821\\_822\\_823\\_824\\_825\\_826\\_827\\_828\\_829\\_830\\_831\\_832\\_833\\_834\\_835\\_836\\_837\\_838\\_839\\_840\\_841\\_842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- ▶ <https://www.healthline.com/health/mental-health/depression-in-new-moms#:~:hpid=hp-new-moms-mental-health#depression>
- ▶ <https://www.healthline.com/health/mental-health/depression-in-new-moms#:~:hpid=hp-new-moms-mental-health#depression>

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- ▶ Postpartum Support International <https://www.postpartum.net/>
- ▶ Bloom Foundation <https://www.bloomfoundation.org/>
- ▶ Postpartum Progress <http://www.postpartumprogress.org/>
- ▶ 2020mom <http://www.2020mom.com/>
- ▶ Postpartum Stress Center <https://postpartumstress.com/>
  - ▶ <https://www.postpartumstress.com/postpartum-stress-center/>
- ▶ Mother to Baby <https://mother2baby.org/>
- ▶ National Suicide Prevention Lifeline <https://www.suicidepreventionlifeline.org/>
- ▶ MCPAP <http://www.mcpapalliance.org/>
- ▶ Melissa Millinger LCSW, PMH-C
- ▶ 309-264-8783
- ▶ [mmillinger@hangingheart4u.net](mailto:mmillinger@hangingheart4u.net)

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Perinatal mood disorders are not just the mother's problem; they are not just the father's problem; they are not just the family's problem. Rather, perinatal mood disorders are the community's problem. We must begin to treat these disorders with a community team approach – each supporter playing its part – if we are to truly ease the suffering of our postpartum families. This process begins with each of us today. " Christina Hibbert, PsyD Arizona Postpartum Wellness Coalition

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