Perinatal Mood Disorders

Nancy Roberts, RN, CCE, CBC
Community of Practice Webinar 2019
Lecture Objectives

1. Differentiate between the **Symptoms** of the 6 Perinatal Mood Disorders
2. Describe at least 6 **Risk Factors** for Perinatal Mood Disorders
3. Identify recommended **Screening Measures** for Perinatal Mood Disorders
4. State at least 3 different **Treatment Options** for Perinatal Mood Disorders
5. Describe **Resources** available for Perinatal Mood Disorders
Many names for the same condition

- Puerperal Psychosis – 1800’s
- Maturity Blues – 1970s
- Baby Blues – 1980-90’s
- PPD - Postpartum Depression
- PMD - Perinatal Mood Disorders
- PMAD- Perinatal Mood And Anxiety Disorders (PSI)
- MMH – Maternal Mental Health Disorders (2020 Moms)
- Perinatal Mental Health (Society of North America 2017)

Who does this affect?
PMD knows NO boundaries: it affects all races, all ages, all professions, all economic status levels.

Strong, intelligent women have PMD.
Introduction

• PMD occurs in 10-20% of all new mothers who give birth
• One out of every 5-10 postpartum mothers
• 400,000 per year reported nationally, making this the most under diagnosed obstetric complication in America  
  Pediatrics 2010

• 22,018 in Michigan  
  (110,093 births in 2018  x 20%)
  
  Michigan Pregnancy Risk Assessment Monitoring System (PRAMS) Study  
  www.michigan.gov/PRAMS

• When screening is based on clinical observation only, 50% are missed
  Only 3 of 4 women with depressive symptoms seek professional help

What are the true PMD Stats?

- 1 in 7 (referring to the [Wisner study](#)) The published paper doesn't say 1 in 7, but Dr. Wisner has helped the field translate the numbers into the 1 in 7 reference.
- 1 in 5 (referring to an earlier [study from Meltzer-Brody](#)) and this [Australian study](#)/survey.
- 1 in 9 (recently changed from 1 in 10) from the [CDC](#). This rate comes from self-reported Pregnancy Risk Assessment Monitoring System (PRAMS) data. Most states use this standardized survey.
- Research like [this study](#) suggests, women living in poverty face rates of nearly 50%.

[www.2020mom.org/blog/whats-the-stat?eType=EmailBlastContent&eld=88858c61-976a-4eeb-8c34-fcd975be3c14](www.2020mom.org/blog/whats-the-stat?eType=EmailBlastContent&eld=88858c61-976a-4eeb-8c34-fcd975be3c14)
The Myth
The Reality
Maternal Effects of **Untreated** Depression

- Poor prenatal behaviors - nutrition, prenatal care, substance abuse
- Poor parenting behaviors
- Longer persistence of symptoms
- Increased risk of PMD with subsequent children
- Increased risk of relapse
- Poor pregnancy outcomes: insufficient weight gain, decreased compliance with prenatal care, premature labor, SGA
- Guilt and anxiety about parenting
- Loss of love for baby and difficulty enjoying baby, less active interactions, inability or lack of attempt to soothe baby, refusal to look at or hold baby
Effects of Untreated PMD on Children

- Poor mother-infant attachment
  - Irritability, lethargic, poor sleep
- Language delays
- Behavioral difficulties
- Lower cognitive performance
- Mental health disorders
- Attention problems
- Withdrawn/fussy/crying/temper
- Sleep/feeding/eating disruptions

During Pregnancy

- Pregnancy is not protective  
  Prevalence: 9%-15%
- Stress hormones, such as cortisol pass through the placenta
- If untreated 60% of these women will go on to experience Postpartum MDs
- Existing psychological disorders either stay the same or worsen during pregnancy (especially Anxiety Disorders and OCD)
- PMD is twice the rate of gestational diabetes (6-8%) and gestational hypertension (6-8%) of which universal screening for both of these illnesses occurs routinely at each prenatal office visit
- Increased risk for Pre-term delivery, Cesarean section, Low birth weight, SGA, NICU infants, Inadequate weight gain, Preeclampsia, Elevated maternal cortisol and neonatal cortisol

Baby Blues and Matrescence

Onset: First 1-2 weeks Peaks 3-5 days. Subsides in time with support.

Prevalence: 50 – 85%
  • Hormone changes
  • Adjustment period
  • Lack of sleep

If every day and all day, it may be a risk factor for PMD

Intermittent Symptoms:
  • Crying, tearfulness
  • Fatigue
  • Mood swings
  • Anxiety / Overwhelmed

**Matrescence: “Normal” Transition from Adulthood to Motherhood
www.ted.com/talks/alexandra_sacks_a_new_way_to_think_about_the_transition_to_motherhood
Postpartum Depression

Onset: **Anytime** in the first year

Peaks: 3-6 months

Prevalence: 10 %– 21.9%

Etiology: A biologic and life stressors illness

Prognosis: Favorable with appropriate treatment

Treatment: Meds, psychotherapy, support, self help
PMD Symptoms

Depressive mood/sadness/crying
Anxiety
Sleep disturbances
Appetite changes
Poor concentration
Confusion
Irritability
Unable to take care of self /family

Numerous Losses, ie: self, spontaneity, body image, sexual, etc.
Isolation
Worthlessness
Shame
Guilt
Anger
What PMD Feels like

https://www.youtube.com/watch?v=U8ZSUzJ0KqU&t=6s

National Coalition for Maternal Mental Health 2:05 min
## Postpartum Panic/Anxiety Disorder

<table>
<thead>
<tr>
<th>Onset: first month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence:</td>
</tr>
<tr>
<td>Postpartum: 8-20%</td>
</tr>
<tr>
<td>Panic disorder: 2%</td>
</tr>
<tr>
<td>Etiology: unknown</td>
</tr>
<tr>
<td>Treatment: meds, therapy, support</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Symptoms include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panic attacks</td>
</tr>
<tr>
<td>Anxiety</td>
</tr>
<tr>
<td>Agitation</td>
</tr>
<tr>
<td>Insomnia</td>
</tr>
<tr>
<td>Self doubts</td>
</tr>
<tr>
<td>Extreme constant worry</td>
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</tbody>
</table>

## Symptoms of Anxiety/Panic Attacks

<table>
<thead>
<tr>
<th>Symptoms</th>
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<tbody>
<tr>
<td>Chest pain</td>
</tr>
<tr>
<td>Hot and cold flashes</td>
</tr>
<tr>
<td>Muscle tension</td>
</tr>
<tr>
<td>Shortness of breath</td>
</tr>
<tr>
<td>Tingling hands and feet</td>
</tr>
<tr>
<td>Extreme worries and fears</td>
</tr>
<tr>
<td>Fear of dying</td>
</tr>
<tr>
<td>Fear of going crazy</td>
</tr>
<tr>
<td>Fear of being alone</td>
</tr>
<tr>
<td>Fear of losing control</td>
</tr>
<tr>
<td>Hot and cold flashes</td>
</tr>
<tr>
<td>Faintness</td>
</tr>
<tr>
<td>Irritability- anger and rage</td>
</tr>
<tr>
<td>Feeling trapped</td>
</tr>
<tr>
<td>Racing heartbeat</td>
</tr>
<tr>
<td>Hyperventilating/ Difficulty breathing</td>
</tr>
<tr>
<td>Nausea /Vomiting</td>
</tr>
<tr>
<td>Dizziness/Trembling</td>
</tr>
<tr>
<td>Feeling of choking/smothering</td>
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</tbody>
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*Indman, Bennett. Beyond the Blues: Understanding and Treating Prenatal and Postpartum Depression and Anxiety 2016*
Postpartum Obsessive Compulsive Disorder

Onset: first month    Prevalence: 3-4% postpartum and 2 % prenatally

Intrusive thoughts: These are recurring, persistent, disturbing thoughts and ideas (scary images of accidents, abuse, harm to self or baby)

**The woman understands that to act on these thoughts would be wrong and are horrified by these thoughts, causing tremendous guilt and shame. Women rarely will not share these thoughts, so we must ask about scary thoughts. We must educate Moms that thought does not equal action.**

Hyper vigilant (i.e. can’t sleep for fear that something awful will happen to baby, constantly checking on baby)

Ritual behaviors done to avoid harming baby ( put away knives) or to create protection for baby ( will not leave the home)

Often misdiagnosed as psychosis

Treatment: meds, therapy, thought stopping techniques, support

Post Traumatic Stress Disorder (PTSD) Due to Childbirth

Onset: soon after birth
Prevalence:
9% postpartum met PTSD criteria
18% report increased stress
34% report a traumatic birth - some with amazing resilience
Etiology: birth trauma or recent or past trauma
Treatment: meds, counseling-debriefing, support

Re-experiencing over and over in one’s mind (sensations of “being in the trauma” now)
Nightmares/Flashbacks
Increased arousal/anxiety/anger
Emotional numbing/detachment/isolation
Examples of Perinatal Trauma

- Emergency Cesarean Delivery
- Postpartum Hemorrhage
- Premature birth
- Infant in the NICU
- Forceps/vacuum Extraction
- Severe Pre eclampsia
- 3rd or 4th degree laceration
- Hyperemesis Gravidarum
- High risk Pregnancy
- Traumatic Vaginal Birth
- More…
## Postpartum Psychosis – rare and severe

<table>
<thead>
<tr>
<th>Onset: first 1 – 3 weeks (months)</th>
<th>Symptoms:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence: 1 – 2 per 1000 births or 4,000 per year nationally</td>
<td>• Delusions</td>
</tr>
<tr>
<td>Etiology: unknown – 70% have significant history of mental illness</td>
<td>• Hallucinations</td>
</tr>
<tr>
<td>If untreated: 5% commit suicide</td>
<td>• Paranoia</td>
</tr>
<tr>
<td>4% infanticide</td>
<td>• Loss of reality</td>
</tr>
<tr>
<td>Treatment: Inpatient hospitalization for close observation - a true psychiatric emergency</td>
<td>• Agitation</td>
</tr>
<tr>
<td>If concerned, call the supervisor to discuss</td>
<td>• Irrational statements</td>
</tr>
<tr>
<td>911 may be recommended</td>
<td>• Mania</td>
</tr>
<tr>
<td></td>
<td>• Insomnia</td>
</tr>
</tbody>
</table>

Jones *Ann Med.* 2001
## Biological Risk Factors

<table>
<thead>
<tr>
<th>Biological Risk Factors</th>
<th>Clinical Manifestations</th>
</tr>
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<tbody>
<tr>
<td>All normal physical changes of pregnancy and childbirth</td>
<td>Hx PMS- PMDD (premenstrual dysphoric disorder)</td>
</tr>
<tr>
<td>Sensitivities to Hormone changes</td>
<td>Personal history of mental illness (3-4 times the risk)</td>
</tr>
<tr>
<td>Brain chemical changes</td>
<td>Hx prenatal depression (33%)</td>
</tr>
<tr>
<td>Thyroid imbalance (5-10% during first postpartum year)</td>
<td>Hx PMD (50-70%)</td>
</tr>
<tr>
<td>Multiple Births (25%)</td>
<td>Complicated pregnancy or delivery including PTSD</td>
</tr>
<tr>
<td>Infertility Hx</td>
<td></td>
</tr>
<tr>
<td>Family Hx of Mental Illness</td>
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Psychological Risk Factors

Normal psychological changes that always occur with childbirth

Unplanned pregnancy: ambivalence

Expectations of motherhood

Personality characteristics: “the perfectionist”

Significant Lifestyle changes first time mothers

Adoptive mothers not excluded

Unresolved losses: especially reproductive in nature: miscarriage, abortion, infertility, PP sterilization.

Recent stresses: illness, divorce, move, job change, death, finances

Negative childhood experiences: Hx abuse, neglect, PTSD
Relationship Risk Factors

Relationship with the significant other/partner/husband
  The “Quality “of the partnership

Mothers social support system
  Single mothers at higher risk

Quality of relationship with BABY
  High Need infant: ill, colic, NNICU

Mothers relationship with OTHER children
Dads get Postpartum Depression too!

Virginia Medical School Study 5/10 - 28,000 New Dads screened
10.4% Scored positive using standardized depression tools
Tx: Similar as for Mom. Couples therapy. Meds. Self Help

www.postpartum.net PSI chat with Dads
www.postpartumdads.org Closed Facebook Group
www.postpartumdadsproject.org
www.postpartummen.com
www.bootcampfornewdads.org

JAMA, Prenatal and Postpartum Depression in Fathers and its Association with Maternal Depression. 2010
## Fathers/Partners

<table>
<thead>
<tr>
<th>Peaks 6-9 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger/Frustration/Irritability</td>
</tr>
<tr>
<td>Workaholic/Financial worries</td>
</tr>
<tr>
<td>Withdraws from social events/friends</td>
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<tr>
<td>Alcohol/substance abuse</td>
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<tr>
<td>Wants to FIX it-NOW</td>
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<tr>
<td>Questioning himself-his new role</td>
</tr>
<tr>
<td>Feeling overwhelmed, exhausted and insecure</td>
</tr>
<tr>
<td>Sadness</td>
</tr>
<tr>
<td>Hopelessness</td>
</tr>
<tr>
<td>Repetitive fears/worries</td>
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</tbody>
</table>
## Predictors

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Predictor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse with PMD</td>
<td>Couples relationship conflict</td>
</tr>
<tr>
<td>Hx of Depression/Mental health</td>
<td>Lower education level</td>
</tr>
<tr>
<td>Unintended pregnancy</td>
<td>Financial stress</td>
</tr>
<tr>
<td>Unreasonable expectations</td>
<td></td>
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<tr>
<td>Poor social support/social isolation</td>
<td></td>
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<tr>
<td>Infant issues (NICU, medially fragile, colic, poor sleep, multiples)</td>
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</tbody>
</table>
Fathers Respond

Dads Personal Postpartum Experience

http://postpartum.org/videos/video/allens-journey/ 6:04 min
Screening Recommendations

US Preventive Services Task Force 2016 - “Recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.”

Use validated screening tools (such as the PHQ-2 or EPDS, etc)

1. “During the past month have you been bothered by feeling down, depressed or hopeless?”

2. “During the past month, have you often been bothered by having little interest or pleasure in doing things that you previously enjoyed?”

American College of Obstetricians and Gynecologists 2015 - Once perinatal

American Academy of Pediatrics 2017 - 1,2,4,6 month well child visits

Barriers: Lack of time, inadequate knowledge of tools and how to document, insufficient reimbursement, fears of legal implications, etc.

*Gjerdingen, Yawn J Am Board Family Med 2007
PMD Assessment Tools

- Edinburgh Postnatal Questionnaire (EPDS) by Cox
- Postpartum Depression Screening Tool (PDSS) by Cheryl Beck
  Western Psychological Services 310-478-2061 www.wpspublish.com
- Patient Health Questionnaire (PHQ-9) by Spitzer
  Linked to DSM- www.pfizer.com/phq-9
- Postpartum Depression Checklist (PDC) by C. Beck – Identifies 11 symptoms
- Beck Depression Inventory (BDI) by A. Beck - 21 items, self report, 3 versions
- Others for clinical depression:
  CES-D Center for Epidemiologic Studies/Depression
  MHI-5 Mental Health Inventory
Edinburgh Postnatal Depression Scale - EPDS

Brief - 10 questions
Easily read and understandable - 6th grade reading level
Self administered: 2-4 minutes to complete
Published in many languages and used internationally

https://www.mcpapformoms.org with 36 languages

No cost - unless for electronic documentation
Can be used both prenatal or postpartum
Validated by research – Reliable

Sensitivity: 78% Specificity 99%

In use since 1987

Explores mood symptoms in PP period and less physical and somatic symptoms
EDINBURGH POSTNATAL DEPRESSION SCALE

Today's Date: __/__/________ Name: ___________________________ Baby's Age: ______

As you have recently had a baby, we want to know how you are feeling now. Please underline the answers which come closest to how you have felt in the past seven days, not just how you feel today.

IN THE PAST SEVEN DAYS:

A. I have been able to laugh and see the funny side of things . . .
   0 As much as I always could
   1 Not quite so much now
   2 Definitely not quite so much now
   3 Not at all

B. I have looked forward with enjoyment to things . . .
   0 As much as I ever did
   1 Rather less than I used to
   2 Definitely less than I used to
   3 Hardly at all

C. I have blamed myself unnecessarily when things went wrong . . .
   0 Yes, most of the time
   1 Yes, some of the time
   2 Not very often
   3 No, never

D. I have been anxious or worried for no good reason . . .
   0 No, not at all
   1 Hardly ever
   2 Yes, sometimes
   3 Yes, very often

E. I have felt scared or panicky for no very good reason . . .
   0 Yes, quite a lot
   1 Yes, sometimes
   2 No, not much
   3 No, not at all

F. Things have been getting on top of me . . .
   0 Yes, most of the time I haven't been able to cope at all
   1 No, most of the time I have coped quite well
   2 Yes, sometimes I haven't been coping as well as usual
   3 No, I have been coping as well as ever

G. I have been so unhappy that I have had difficulty sleeping . . .
   0 Not very often
   1 Not at all

H. I have felt sad or miserable . . .
   0 No, not at all
   1 Never
   2 Not very often
   3 Yes, most of the time

I. I have been so unhappy that I have been crying . . .
   0 No, never
   1 Only occasionally
   2 Yes, quite often
   3 Yes, most of the time

J. The thought of harming myself has occurred to me . . .
   0 No, Never
   1 Hardly ever
   2 Sometimes
   3 Yes, quite often

SCORE:________
Interpretation of the EPDS score

- Follow the MIHP algorithm and protocol
- A score of 10-12 or more **MAY** indicate “major depression” and suggests further assessment for intervention to take place. 20 or more requires immediate action.

- **Confirmation** of a “major depression” requires 2 consecutive scores of 12 or more separated by 2 weeks plus a professional interview.

- Always intervene with #10 question if marked positive

To Normalize Screening, say…

“PMD are very common and we want to make sure you are healthy and well!”
(Offers an opportunity for discussion)

“We screen everyone for PMD” (Universal screening decreases stigma)
Red Flags: Mothers may reply…

“I have not slept at all in 48 hours or more”

“I have lost a lot of weight without trying to “

“I do not feel loving towards my baby and can’t even go through the motions to take care of him/her”

“I feel like such a bad mother”

“I am afraid I might harm myself in order to escape this pain”

“I am afraid I might actually do something to hurt the baby”

“I hear sounds or voices when no one is around”

“I feel that my thoughts are not my own or that they are totally out of my control’

“Maybe I should have never become a mother, I think I may have made a mistake”
Tips for Professional and Family Support:

- Do not assume that if she looks good, she is fine.
- Do not assume this will get better on its own.
- Do encourage her to get a comprehensive evaluation if you are concerned.
- Do take her concerns seriously.
- Do let her know you are available if she needs you and inform her of support resources for PMD.

Normalize, Validate, and Provide Hope

Universal Message from PSI

“You are not alone, You are not to blame, and with help you will be well”
Why aren’t mothers always honest?

The Bottom Line is….

“I never let others know how bad I felt. I was so afraid people would think I was crazy and take my baby away.”
PMD and Treatment: The Path to Wellness

PMD Education
Family support
Social support / Support Groups
Self Care
Counseling / Therapy
Medications
Complementary Alternative Medicine (CAM) Treatments
Medication and Breastfeeding Resources

- www.emorywomensprogram.org - Women's Mental Health Program, Emory Univ
- www.womensmentalhealth.org - Center for Women’s Health, Mass General
- www.iberastfeeding.com  www.neonatal.ttuhsce.edu/lact - Thomas Hale
- www.motherrisk.org
- www.infantrisk.com
- www.mothertobaby.org - OTIS: Organization of Teratology Information Specialists
- www.Breastfeedingmadesimple.com - Kathleen Kendall Tackett
Treatment Barriers

- Concerns about perceptions of others - Stigma
- Cost or lack of insurance
- Need for childcare during mental health visits
- Lack of access to a trained provider
- Lack of knowledge about PMD
- Unrealistic beliefs about coping with being a mother
- Feelings of failure
- Fears about using mental health services
- Low energy and motivation

Cultural Perspectives

One Universal denominator:

Social Support is **THE** most significant factor across all cultures

Use of alternative words in lieu of “Depression and Anxiety”

May use “stress” and “sadness” instead

All cultures: African American, Hispanic, Asian, and Caucasians, etc. have customs and traditions for families and women who give birth.

Barriers, such as distant family units, can lend to isolation difficulties for new mothers.
PMD Resources
Recommended Websites

- www.postpartum.net - PSI
- www.mededppd.org - National Institute of Mental Health
- http://postpartum.org/ - Canada
Recommended Books

Good Moms Have Scary Thoughts – Kleiman 2019
This Isn’t What I Expected – Kleiman, Raskin 1994
Postpartum Depression for Dummies-Bennett 2006

Beyond the Blues – A Guide to Understanding and Treating Prenatal and Postpartum Depression – Bennett, Indman 2015 Also Spanish

Postpartum Husband: Practical Solutions for Living with Postpartum Depression - Kleiman 2003
What am I thinking? Having a Baby After Postpartum Depression – Kleiman 2005
Therapy and the Postpartum Woman-Kleiman 2009
Moods in Motion-Kleiman 2016
Brochures

Published by MSU College of Human Medicine
Multi Language Resources

Spanish
www.postpartum.net  PSI video “Healthy Mom, Happy Family” and pamphlets

Medline Plus PPD Resources
15 languages

British Columbia Partners for Mental Health and Addictions
http://www.heretohelp.bc.ca/other-languages
PSI Video: Healthy Mom Happy Family

https://www.youtube.com/watch?v=qKOHiPsu6To  2:17 min
Postpartum Support International’s (PSI) Memory Quilts

http://www.postpartum.net/about-psi/psi-memory-quilt/
# Michigan PSI Coordinators

<table>
<thead>
<tr>
<th>Region</th>
<th>Coordinator</th>
<th>Phone Numbers</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Michigan</td>
<td>Nancy Roberts - Spectrum Health</td>
<td>616-391-1771 or 616-391-5000</td>
<td><a href="mailto:nancy.roberts@spectrum-health.org">nancy.roberts@spectrum-health.org</a></td>
</tr>
<tr>
<td>Greater Detroit</td>
<td>Kelly Ryan - Beaumont Hospital</td>
<td>248-898-3234</td>
<td><a href="mailto:kelly.ryan@beaumont.org">kelly.ryan@beaumont.org</a></td>
</tr>
<tr>
<td>North Detroit and Thumb</td>
<td>Danielle Gordon</td>
<td>248-955-3021</td>
<td><a href="mailto:dsgordon0528@gmail.com">dsgordon0528@gmail.com</a></td>
</tr>
<tr>
<td>South Central Michigan</td>
<td>Amy Lawson</td>
<td>734-358-3376</td>
<td><a href="mailto:amypsi01@gmail.com">amypsi01@gmail.com</a></td>
</tr>
<tr>
<td>Northern Michigan</td>
<td>Kim Foster - Munson Healthcare Cadillac</td>
<td>231-876-7820</td>
<td><a href="mailto:kfoster@mhc.net">kfoster@mhc.net</a></td>
</tr>
<tr>
<td>Greater Flint</td>
<td>Catherine Mansueti</td>
<td>810-354-5828</td>
<td><a href="mailto:rmansueti@gmail.com">rmansueti@gmail.com</a></td>
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</table>
Michigan PMD Support Groups

Battle Creek  (269) 964-5868 Phone support
Bay City Medical Center- (989) 894-6980 Phone support
Cadillac Munson Healthcare  (231) 876-7277 Facebook Baby Steps
Detroit Area  6 Locations -Sterling Heights/Clinton Twp/Rochester/Troy/St Clair Shores /Ferndale/Walled Lake Beaumont Health Parenting Program (248) 898-3230
Tree of Hope Foundation (586) 372-6120
Natures Playhouse (248) 955 3219
Flint (810) 964-4224 Phone support
Fremont/Newaygo (231) 924-7155
Grand Rapids Spectrum Health Hospital (616) 391-1771, (616) 391-5000
Grand Rapids Women’s Health / Renew Mama (616) 717-0134, (616) 588-1200
Grandville (616) 299-3345
Grand Haven North Ottawa (616) 847-5145
Holland supportmom.org
Kalamazoo Bronson (269) 341-7175
Lansing (517) 333-3741
Marquette (906) 286-3254
Muskegon Hackley (231) 773-6624
Zeeland Spectrum Health (616) 748-8722
Michigan Statewide PMD Coalition

Founded 2013

www.mipmdcoalition.org

PMD Providers listing

Recruiting members- Currently 475 members

Quarterly call meetings

Funding PMD projects

Goals: Advocacy, Education, Awareness, and Support for Families

To join https://mipmdcoalition.org/professionals/join/

Soon to become a PSI State Chapter in 2020
WELCOME

February 26, 2015

Pregnancy and postpartum Mood Disorders (PPMD) affect 10 to 20% of all mothers and about 10% of fathers. You are not alone. Help is available. You can get well.

MI Statewide PMD Coalition aspires to bring together families, communities, and professionals working to support families during pregnancy, pregnancy loss, and the postpartum period.

You may be worried that you or someone you care about is suffering from a perinatal mood or anxiety disorder such as postpartum depression. It can be very confusing, challenging and even painful to watch your spouse, family member or friend react to becoming a parent in ways that you didn’t expect. Please know that you have come to the right place for help.

- UPCOMING EVENTS -

September 27th: Board Meeting
3-4pm

October 13th: Fall Conference Call
12-1

October 20-21st 2016: PSI 2-day PMD Conference, Grand Rapids

May 7th-9th 2017
Michigan Association for Infant Mental Health Biennial Conference
Annual Michigan Capitol Steps Event-May 20, 2020 3pm
Michigan Regional PMD Coalitions

Healthy Kent PMD Coalition – Kent Co.
  Barbara Hawkins Palmer barb.hawkins-palmer@kentcountymi.gov
  Nancy Roberts nancy.roberts@spectrumhealth.org

Lakeshore PMD Coalition – Ottawa / Muskegon Co.
  Laura Bronold lbronold@noch.org  616.847.5512

Kalamazoo Co. PMD Coalition
  Kristina Ledlow ledlokr@bronsonhg.org  269-341-7175

Detroit Area PMD Coalition
  Aimee Cisler detroitpwc@gmail.com  248.219.7713
  www.detroitpwc.wix.com/detroitpwc
  https://www.facebook.com/groups/849576845176046/

Lansing Capitol Area PMD Coalition
  Kersten Kimmerly kerstenkimmerly1@gmail.com  517. 333.3741
Pine Rest Mother and Baby Day Program

Partial Hospitalization Program- 9 am to 3 pm M-F Opened 2012

Serves families throughout Michigan

Pine Rest Main Campus Grand Rapids

Pregnant and Postpartum up to 3 years

Voluntary Admission, Self Referral, Provider Referral, Agency Referral

Private Insurance and Medicaid accepted with CMH approval

Nursery and Nursery Attendant on site

Group and Individual PMD Therapy and Education Classes

Psychiatrist Evaluation on Day 1

Usual program length averages 7 days

https://www.pinerest.org/services/mother-baby-program-postpartum-depression-treatment/
TED Talk on Matrescence

https://www.ted.com/talks/alexandra_sacks_a_new_way_to_think_about_the_transition_to_motherhood
Contact Information

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*References for this presentation are available upon request
YOU can make a difference! Accept the Challenge!