



PMH 101




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Retired (2018) Coordinator, Perinatal Mood Disorders Program



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1

PSI's Vision

It is the vision of PSI that every woman and family worldwide will have access to information, social support, and informed professional care to deal with mental health issues related to childbearing. PSI promotes this vision through advocacy and collaboration, and by educating and training the professional community and the public.

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2

Risks of Untreated PMADs

ACOG Consensus Bundle on Maternal Mental Health 2017

<ul style="list-style-type: none"> • Relationship problems • Poor adherence to medical care • Exacerbation of medical conditions • IPV/separation/divorce • Loss of interpersonal and financial resources 	<ul style="list-style-type: none"> • Disability/Unemployment • Child neglect and abuse • Developmental delays/behavioral problems • Tobacco, alcohol and drug use • Infanticide, Homicide, Suicide
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(Kendig et al., 2017)

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3

Perinatal Mood and Anxiety Disorders

- Depression and Anxiety Disorders can occur anytime in pregnancy or the first year postpartum
- PMAD is new term replacing the narrow definition of PPD
- Perinatal Mental Health (Disorders) PMH/PMHD

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4

Prevalence

- Research says - about 80% of new mothers experience normal “baby blues” in the first few weeks after the baby arrives.
- At least 1 in 5-7 mothers experience serious depression or anxiety during pregnancy or postpartum.
- 1-2 of 1,000 have postpartum psychosis.
- 1 in 10 fathers experience PPD



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5

Myths about POSTPARTUM DEPRESSION

- It's only postpartum and it's only depression
- It means I don't love my baby/want to kill my baby
- It's all about crying
- Andrea Yates drowned her 5 kids
- It'll go away on it's own
- Anxiety and depression don't happen during pregnancy
- Physical/Mental Illness
- “Postpartum”--new label

Birdie Gunyon Meyer, RN, MA, PMH-C

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6

In our lives...
“We have seasons of giving and seasons of receiving.... As a new parent, you are in the season of receiving.”

Birdie Gunyon Meyer, RN, MA, PMH-C
PSI Past-President
PSI International Trainer
PSI Certification Director

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7

Postpartum Psychological/Physiological Changes (Cont'd)

Feelings of Loss:

- Loss of freedom/ Feeling tied down
- Loss of an old identity
- Loss of control
- Loss of a body image
- Loss of self-esteem
- Loss of financial means
- Loss of image of career/career potential

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8

The Many Faces of Perinatal Mood and Anxiety Disorders

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9

A Variety of Perinatal Mood Disorders

- Depression
- Anxiety or Panic Disorder
- Obsessive-Compulsive Disorder
- Post-Traumatic Stress Disorder
- Psychosis
- Bipolar

These disorders can affect people at any time during their lives. However, there is a marked increase in prevalence of these disorders during pregnancy & the postpartum period.

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10

STUDY OF 10,000

21% had postpartum depression

- 26.5% of the episodes began before pregnancy with more chronic pattern
- 33.4% of the episodes had their onset during pregnancy
- 40.1% of the episodes began during the postpartum period

Wisner KL, Sit DKY, McShea MC, et al. *JAMA Psychiatry* March 2013

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11

STUDY OF 10,000

- 68.5% primary diagnosis was unipolar depression
- 66% with MDD had comorbid anxiety disorders, most commonly generalized anxiety disorder
- 22.6% of the women were diagnosed with bipolar disorder
- 19.3% of the women endorsed thoughts of harming themselves

Wisner KL, Sit DKY, McShea MC, et al. *JAMA Psychiatry* March 2013

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12

Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019

- Among the 1,018 pregnancy-related deaths, an underlying cause of death was identified for 987 deaths — accounted for over 75% of pregnancy-related deaths
- The 6 most frequent underlying causes of pregnancy-related death — mental health conditions (22.7%), hemorrhage (13.7%), cardiac and coronary conditions (12.8%), infection (9.2%), thrombotic embolism (8.7%), and cardiomyopathy (8.5%)

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13

Leading underlying cause of death varied by race and ethnicity

- Cardiac and coronary conditions were the leading underlying cause of pregnancy-related deaths among non-Hispanic Black persons
- Mental health conditions were the leading underlying cause of death among Hispanic and non-Hispanic White persons
- Hemorrhage was the leading underlying cause of death among non-Hispanic Asian persons

Over 80% of pregnancy-related deaths were determined to be preventable.

Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019 (c) 2025 Postpartum.net

14

**Postpartum “blues”:
Not a mild form of depression**

- Features: tearfulness, lability, reactivity
- **Predominant mood: happiness**
- Peaks 3-5 days after delivery
- Present in 50-80% of women, in diverse cultures
- Unrelated to stress or psychiatric history
- Posited to be due to hormone withdrawal and/or effects of maternal bonding hormones

Miller and Rukstalis, (c) 2026 Postpartum.net

15

Baby Blues: The Non-Disorder

- Affects 60-80% of new moms
- Symptoms include crying, feeling overwhelmed with motherhood, being uncertain, MILD
- Due to the extreme hormone fluctuation at the time of the birth
- Lasts no more than 2 days to 2 weeks
- Acute sleep deprivation
- Fatigue

16

Depression Symptoms

- Sadness, crying
- Unexplained physical complaints
- Suicidal thoughts
- Appetite changes
- Sleep disturbances
- Poor concentration/focus
- Irritability and anger
- Hopeless and helpless
- Guilt and shame

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17

Perinatal Depression – Symptoms

- OVERWHELMED
- Lack of feelings toward the baby
- Inability to take care of self or family
- Loss of interest, joy, or pleasure
- Anxiety
- Isolation
- “This doesn’t feel like me”
- Mood swings
- Worthlessness

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18

**PERINATAL
ANXIETY AND PANIC DISORDERS**

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19

Anxiety Symptoms

- Agitated
- Inability to sit still
- Excessive concern about baby's or her own health
- High alert
- Appetite changes- often rapid weight loss
- Sleep disturbances (difficulty falling/staying asleep)
- Constant worry
- Racing thoughts
- Shortness of breath
- Heart palpitations

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20

Panic Symptoms

- Episodes of extreme anxiety
- Shortness of breath, chest pain, sensations of choking or smothering, dizziness
- Hot or cold flashes, trembling, rapid heart rate, numbness or tingling sensations
- Restlessness, agitation, or irritability
- Excessive worry or fear
- Panic may wake her up

Beyond the Blues by Indman and Bennett (2019)

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21

Panic: Three greatest fears

- Fear of dying
- Fear of going crazy
- Fear of losing control

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22

**PERINATAL
OBSESSIVE-COMPULSIVE
DISORDER**

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23

OCD: Classic Symptoms

- Cleaning
- Checking
- Counting
- Ordering
- Obsession with germs, cleanliness
- Checking on baby
- Hypervigilance

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24

Perinatal Obsessive-Compulsive Disorder

- Intrusive, repetitive thoughts – usually of harm coming to baby (ego-dystonic* thoughts) (Abramowitz et al., 2010)
- Caught in a spiral of “What if” thinking
- Tremendous guilt and shame
- Horrified by these thoughts
- Hypervigilance
- Mothers **engage in behaviors to avoid harm** or minimize triggers

*Refers to thoughts, impulses, and behaviors that are felt to be distressing, unacceptable, or inconsistent with one's self-concept.

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25

Providers **must** ask about scary or unusual thoughts

Educate the individual that thoughts do not equal action

Thoughts are just thoughts

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26

OCD Thoughts of Harming Baby: Low Risk

- Parent does NOT want to harm the baby.
- The thought is obsessive in nature and odd/frightening to the individual
- Parent has taken steps to protect the baby

- **Parent has no delusions or hallucinations.**

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27

Psychotic Thoughts of Harming Baby: High Risk

- Parent has delusional beliefs about the baby (e.g., that the baby is a demon).

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28


Incorrect Diagnosis

- As many as half of primary care physicians may misidentify OCD, with 80% misidentifying harm obsessions. (Glazier, Swing & McGinn, 2015)
- Nearly 70% of health care practitioners did not accurately identify obsessions of harming the infant, and 30.8% misidentified these symptoms as psychotic. (Mulcahy et al., 2020)

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29



**PERINATAL OCD
SUPPORT FOR
MOMS**
Pregnant & Postpartum

**1ST & 3RD
TUESDAYS AT
8:30 P.M. (EST)**

Our perinatal (pregnancy & postpartum) OCD group for moms is here to help those dealing with symptoms of OCD, like intrusive thoughts, obsessions and compulsions. Here you will connect with other moms, talk about your experience, and learn about helpful tools and resources. You do not have to have an official diagnosis to attend the group.


Held in partnership with the International OCD Foundation, this group is led by PSI-trained support group leaders who have lived experience. You are not alone. We are here to help.

Postpartum Support International | www.postpartum.net | 800.944.4773

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30



Perinatal Post Traumatic Stress Disorder

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31

Birth Trauma

- An event occurring during the labor and birth process that can involve actual or threatened serious injury or death to the mother or her infant or the women being stripped of her dignity.
- Birth trauma can be both psychological and physical *(Beck, 2015)*
- The birthing person may experience intense fear, helplessness, loss of control, and horror. *(Beck et al., 2013; Beck, 2004)*
- The reported prevalence of PTSD due to birth trauma was 3% in community samples and 16% in high risk samples *(Grekitt & O'Hara, 2014)*

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32

Potentially Traumatic Perinatal Events

<ul style="list-style-type: none"> • Emergency Caesarean delivery • Postpartum Hemorrhage • Prematurity or Stillbirth • Unexpected NICU admission • Forceps/Vacuum Extraction • Severe Pre-eclampsia • 3rd or 4th degree laceration • Hyperemesis Gravidarum 	<ul style="list-style-type: none"> • Traumatic Vaginal Birth • Fetal anomaly diagnosis in pregnancy • Witnessing partner's birth experience • Shoulder dystocia • Long labor process • Failed pain medication or poor response to anesthesia
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33

PTSD Due to Traumatic Perinatal Events: Potential Consequences

- Avoidance of postpartum care
- Impaired parental-infant bonding
- PTSD in partner who witnessed birth
- Sexual dysfunction
- Avoidance of further pregnancies
- Exacerbation in future pregnancies
- Elective cesarean births in future pregnancies
- Difficulties with breastfeeding
- Yearly anniversary of traumatic birth



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34

SURVIVORS OF ABUSE



Klaus & Simkin
2012

- Repugnance of blood/secretions
- Fear of unknown
- Body memories of abuse
- Fear of invasive procedures
- Hypervigilance
- Dissociation
- Increased risk PTSD, breastfeeding problems

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35

PTSD in NICU Parents

Risk factors

- neonatal complications
- lower gestational age
- greater length of stay in NICU
- stillbirth

Prominent symptoms

- intrusive memories of infant's hospitalization
- avoidance of reminders of childbirth

Beck CT. Recognizing and Screening for Postpartum in Moms of NICU infants. Adv Neonatal Care. 2003;3(1)

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36

Birth Trauma Support for Black, Indigenous, People of Color (BIPOC) Birthers

4th Wednesdays at 7:30 PM EST 4:30 PM PST
Begins March 22, 2023

Led by trained peer facilitators, this group is for any Black, Indigenous, Person of Color (BIPOC) who has experienced trauma (mental and/or physical) during childbirth. Did you feel unsupported during childbirth? Did you feel unheard or left a line of control? Have you been grieving your birth experience? You deserve support. BIPOC birthers can also experience trauma related to racism, discrimination, oppression, and specific cultural views and beliefs. This group is a place to discuss these experiences with other BIPOC birthers and facilitators. You can be at any point post-delivery, from 1-week to many years. This group is specifically focused on birth trauma and connecting with others, so you can know that you are not alone, and you are not to blame. While your story has so much value, in this space we will not explore birth story details as they could be triggering to others.

Postpartum Support International
800-944-4773 | postpartum.net

Birth Trauma Support

View Schedule & Register:
<https://www.postpartum.net/FindSupportGroup>

Led by trained peer facilitators, this group is for any birthing person who has experienced trauma (mental and/or physical) during childbirth. Birth trauma is based on your perception of the experience, and no formal diagnosis is needed to join this group. Some common symptoms, but not all, that can occur after birth trauma are: spinning memories, avoiding talking about the event, and having negative thoughts/feelings about the event. You can be at any point post-delivery, from 1-week to many years. While your story has so much value, in this space we will not explore birth story details as they could be triggering to others. In this group, we will discuss the effects of trauma, our emotions, and coping skills.

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37

PTSD Websites

www.tabs.org.nz

www.solaceformothers.org

www.PATTCh.org

www.ican-online.org

www.homebirthcesarean.org

www.birthtraumaassociation.org.uk

www.HelpHer.org (Hyperemesis)

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38

Maternal Near Miss Survivors

PSI FB Closed Group

- A maternal near miss is an event where an individual nearly dies due to pregnancy or childbirth related complications. The events are often unexpected and may leave the survivor isolated and alone. *(Kathan et al., 2017)*
- A near miss is a trauma that may likely affect how a person responds to future pregnancies, labor and birth experiences.

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39

Perinatal Bipolar Disorders

- Bipolar Disorder is a chronic disorder, high rates of relapse, suicide, psychosocial dysfunction (Jones et al., 2014; Viguera et al., 2007)
- DSM-5 now recognizes that there can be peripartum onset of bipolar disorder (Pope et al., 2014)

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40

Bipolar I Disorder in Pregnancy

- Women with a diagnosis of Bipolar I Disorder:
 - 71% had re-occurrence during pregnancy
 - Women who stopped mood stabilizers had 2X risk of re-occurrence, 4X more rapidly than women on medication
 - Most re-occurrences were depressive or mixed, often in first trimester (Viguera et al., 2007)

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41



Perinatal Psychosis

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42

Postpartum Psychosis is a Medical Emergency!

- 1-2 in 1,000 postpartum women will develop PPP.
- Psychosis occurs in 20% to 30% of women with known Bipolar Disorder (Monzon et al., 2014)
- Women experiencing postpartum psychosis are at higher risk of harming themselves or others (including their infant); however, it should be noted that the vast majority do not.
- No current research has been done on those statistics

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43

Postpartum Psychosis is NOT Rare

If we can warn families about the risk of a blood clot, we can warn them about the risk of developing postpartum psychosis.

The 1-2 in 1000 statistic about postpartum psychosis refers to its incidence after live births.

But postpartum psychosis can also occur after stillbirth, miscarriage, pregnancy termination and TFMR, and there is no statistic for that.

@Aaishaalvrites

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44

Risk Factors for Perinatal Psychosis

- First baby
- Discontinuation of mood stabilizer
- Obstetric complications
- Perinatal or neonatal loss
- Previous bipolar episodes, psychosis or postpartum psychosis
- Family history of bipolar disorder or postpartum psychosis
- Sleep deprivation

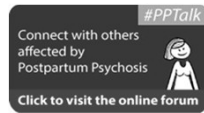
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45

Action on Postpartum Psychosis (APP)

- <http://www.app-network.org/>
- Project run by women who have experienced PPP and academic experts from Birmingham and Cardiff Universities (Ian Jones, MD)
- Support, research, psychiatric services, public awareness



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46

Massachusetts General Hospital Postpartum Psychosis Project

- <https://www.mghp3.org/>
- For women who experienced an episode of psychosis within six months of giving birth within the past 10 years
- Study participation involves a telephone interview and providing a DNA sample with a saliva collection tube sent by mail
- The purpose of the study is to better describe the symptom pattern of postpartum psychosis and to examine the genetic contributions to risk for this disorder

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47

PSI's Postpartum Psychosis Coordinators

- PSI has several **Postpartum Psychosis Coordinators** to provide additional assistance to women and families who are not in an emergency situation.
- www.postpartum.net/get-help/postpartum-psychosis-help/

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48

PP/PPP Taskforce

- PSI's Perinatal Psychosis Taskforce is a group of individuals with both learned and lived experience, whose mission is to support those affected by perinatal psychosis through advocacy, education, and community building.
- <https://www.postpartum.net/about-psi/perinatal-psychosis-task-force/>

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49



Online Support Group Perinatal & Postpartum Psychosis

7:30 PM ET / 4:30 PM PT WEEKLY: EVERY MONDAY!

This group is to support those in recovery from PPP. You do not need a diagnosis to seek help & support! Join us! Register today.

Postpartum Support International | www.postpartum.net | 800.944.4773

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50

PREGNANCY AND POSTPARTUM PSYCHOSIS SUPPORT FOR SURVIVORS (MOMS & BIRTHING PEOPLE)

We invite those who are no longer in active psychosis and in recovery to join for support, so that you can experience connection and support from other Pregnancy and Postpartum Psychosis (PPP) Survivors. This group is intended for those who are in recovery (no longer experiencing psychosis). Because PPP occurs less often than other perinatal mood disorders, survivors can go their whole lives without meeting another PPP survivor. In response, PSI has created an online peer-to-peer support group for PPP survivors. Like so many mental health emergencies, symptoms and individuals vary greatly, but PPP is generally marked by a loss of touch with reality. This can include symptoms such as mania, hallucinations, paranoia, and/or delusions. If you are looking for more information on PPP, please visit this webpage. Whether your PPP experience was relatively recent or years ago, you are welcome to attend our free, online peer-to-peer support group. Our online groups are here to help you connect with other parents, talk about your experience, and learn about helpful tools and resources. If you are still experiencing psychosis or a mental health emergency, we encourage you to reach out to 911.

View Schedule & Register:
bit.ly/FindSupportGroup

Postpartum Support International | www.postpartum.net | 800.944.4773


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51

SUPPORT FOR FAMILIES TOUCHED BY PERINATAL & POSTPARTUM PSYCHOSIS

Perinatal and postpartum psychosis impacts the entire family. Supporting your loved one through a mental health crisis is taxing and you also deserve support. Led by PSI-trained facilitators, this group helps family members find support for themselves as well as provides useful information and resources to help them navigate their loved one's experience with PPP. Whether your family's PPP experience was relatively recent or occurred years ago, you are welcome to attend our free, online peer-to-peer support group.




VIEW SCHEDULE & REGISTER:
bit.ly/FindSupportGroup

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52

PSI Educational DVDs




Healthy Mom, Happy Family

- In English and Spanish
- www.postpartum.net/resources/psi-educational-dvd/
- Buy or watch online at www.vimeo.com/ondemand/postpartumvideo

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53



Consequences of Paternal PMADs

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54

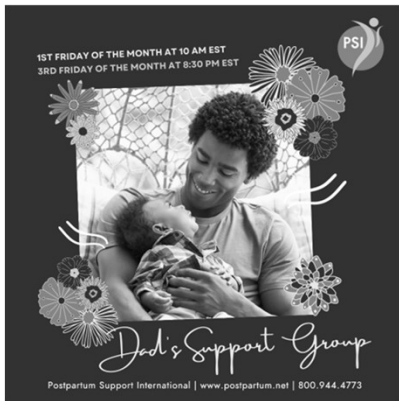
Support For Fathers

- PSI Dad's Chat with an expert on first Mondays at 8:00 p.m. Eastern
- Additional Father Resources
 - www.postpartumdads.org
 - www.postpartum.net/get-help/resources-for-fathers/
 - www.postpartum.net/get-help/resources-for-fathers/dads-mental-health/

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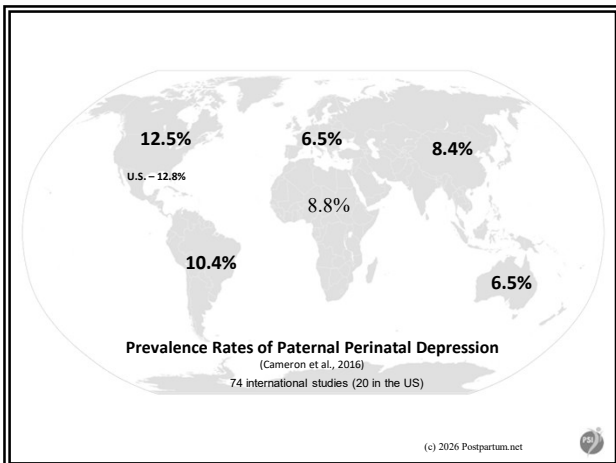
55



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56



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57

Depressive Symptoms in Fathers

- Fathers' depressive symptoms tend to spike between 3-6 months postpartum
- "Masked" Male Depression: Rather than sadness, men may increase substance use, be more likely to be irritable, aggressive, and hostile
- Distancing: "Checking Out;" increased self-isolation
- Distractions and Habits

(Singley & Edwards, 2015; Paulson et al., 2006)



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58

Foundations in Paternal Perinatal Mental Health

2-day training

Foundations in Paternal Perinatal Mental Health | Postpartum Support International (PSI)

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59

Risks for Single Parents

- Single Mothers:
 - Maternal depression associated with higher risk of maltreatment, increased likelihood of unmet healthcare needs (Barnhart & McGuire-Jack, 2016; Irvin, 2017)
 - Perception of lack of quality childcare options associated with maternal depression (Johnson & Padilla, 2019)
 - Twice as likely as partnered mothers with children [ages 0-3] to report symptoms of depression, anxiety and parenting stress (German study, Liang et al., 2019)
- Single Fathers:
 - Single fathers had 3X mortality rate of single mothers, or partnered parents; more likely due to binge drinking, hypertension, and risk-taking behaviors (Canadian study, Chiu et al., 2018)

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60


**Risk Factors
& Exacerbating Factors**

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61

**It's Not All About Hormones . . .
Risk Factors For Perinatal Mood Disorders**


- Biological / Physiological
- Psychological
- Social / Relationship

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62

Evidence Based Risk Factors

- **Previous PMDs**
 - Family History
 - Personal History
 - Symptoms during Pregnancy
- **History of Mood Disorders**
 - Personal or family history of depression, anxiety, bipolar disorder, eating disorders, or OCD
- **Significant Mood Reactions to hormonal changes**
 - Puberty, PMS, hormonal birth control

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63

Evidence Based Risk Factors

- **Endocrine Dysfunction**
 - Hx of Thyroid Imbalance
 - Other Endocrine Disorders
 - Decreased Fertility
 - Diabetes
- **Social Factors**
 - Inadequate social support
 - Interpersonal Violence
 - Financial Stress/Poverty
 - Recent Loss or Move
- **High Stress Parenting**
 - Military Families
 - Teen Parents
 - Parents of Multiples
 - Single Parents
 - Black and Indigenous families
 - Temperament of baby

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64

Exacerbating Factors for PMADs

- Complications in pregnancy, birth, or breastfeeding
- Age-related stressors
 - Adolescence
 - Perimenopause
- Climate Stressors: Seasonal Depression or Mania
- Perfectionism/high expectations/
"Superwoman syndrome"

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65

Possible Exacerbating Factors

- Pain
- Lack of sleep
- Abrupt discontinuation of breastfeeding
- Childcare stress/Relationship Stress
- Losses-miscarriage, neonatal death, stillborn, selective reduction, elective abortion
- History of childhood sexual abuse

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66

Possible Exacerbating Factors

- Culture Shock—career vs motherhood
- Unresolved grief or attachment with Mother
- Returning to work

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67

Ruling Out Other Causes

- Thyroid or pituitary imbalance
- Anemia
- Trauma
- Side effects of other medicines
- Alcohol or drug use



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68

FREQUENT SYMPTOMS IN PRACTICE

- Review of 133 women (Beck C and Indman P., JOGNN, Sept/Oct 2005:34(5):569-576)
1. “felt really overwhelmed”
 2. “felt like my emotions were on a rollercoaster”
 3. “have been very irritable”
 4. “felt all alone”
 5. “felt like I wasn’t normal”

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69

Early Identification and Intervention

- Most pregnant women are already involved in healthcare
- There are clear markers and a defined period of risk (pregnancy through birth)

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73

Planning Ahead

All postpartum women, men and families should:

- Be encouraged to get and maintain adequate rest, sleep, exercise/"movement", and proper nutrition
- Receive accurate information about PMADs and treatment (including medications)
- Create a postpartum coping and support plan (Kleiman, 2005)



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74

Making a Postpartum Support Plan

- Managing the "to-do" list
- Meal planning for baby AND parents
- Identifying what others can do
- Addressing sleep hygiene
- Access to doula services



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75

PSI Postpartum Support International

Postpartum Planning Class

1st and 3rd Wednesday of Each Month



Is your family growing, and you're interested in learning how to prepare for the postpartum period? Join us for a 2-hour Postpartum Planning class for 2nd & 3rd trimester expecting parents. We welcome moms, birthing people, non-gestational parents, partners, couples, and single parents. Unlike most birth and postpartum classes, the intended focus is on the parents' emotional well-being during the postpartum period. The class will include education, discussion, a review of a postpartum plan, and resources. The main topics covered will be postpartum physical recovery, partner support, self-care, support networks, lactation and emotional well-being, and perinatal mood and anxiety disorders.

Scan here for more information!



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76

PSI has a Free Postpartum Planning/4th Trimester Class

Birdie's 4th Trimester FREE class

...: Learning Stream ...:

This class will meet virtually and is a free opportunity.

A Zoom invitation will be sent prior to class. Please check your email for the class information and email or call the office prior to class start if you did not receive the Zoom invitation.

You have a birth plan, but do you have a postpartum recovery plan?

Your mental, emotional and physical healing after your delivery is just as important as you take on the new challenges of motherhood. Join us in this class to learn the process that occurs in the "4th trimester" and set yourself up for a successful postpartum recovery by recognizing early signs of common postpartum issues and knowing where to find local support. Learn about pelvic floor health, how to exercise without causing injury, simplifying your life techniques and more...

Guest speakers from the IU Health North Physical Therapy Department will be joining us to discuss pelvic floor health. Birdie Guryon Meyer, is an RN with a Master's Degree in Psychology and Counseling, will be discussing Postpartum Mood Disorders and Cindy Love RN MSN CRNP will be discussing support groups options after delivery.

Couples are welcome to join this class during pregnancy or during the first few months postpartum.

For questions, call the IU Health North Childbirth Education office, (317) 888-2465 or email: cnchildbirthedu@iuhealth.org

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77

Mommy and Me Connection

Cindy Love, Pediatric Nurse Practitioner

[raisingkidswithlove](https://www.raisingkidswithlove.com) | You don't have to be perfect to be the perfect parent!

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78



Screening for Perinatal Mood and Anxiety Disorders

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79

Screening Links to Intervention

We know:

- Who is at risk
- How to screen
- That screening raises awareness
- How to engage preventive tools
- Reliable treatment methods
- Early detection can greatly reduce the duration and severity of symptoms

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80

Would Universal Screening Help?

- Despite recommendations from professional organizations, rates of perinatal mental health screening continue to be low; lack of validated screening instruments used *(Yeaton-Massey & Herrera, 2019)*
- There is public perception that OB/GYNs carry the most responsibility in screening; however, most OB/GYNs do not view themselves as most responsible to screen for PMADs *(Larsen, 2018)*

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81

Assessment by Pediatricians?

- Evaluation of PMADs at well-baby visits
- Fewer than one half of pediatricians (46%) attempted to identify maternal depression in a 2013 American Academy of Pediatrics Periodic (AAP) Survey (Kerker et al., 2016)

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82

Barriers to Screening

Concerns for providers:

- Clinician's perceptions that it may be time-consuming and expensive (Seehussen et al., 2005)
- Unaware of validated screening tools and access to measures
- Lack of reimbursement for screening (varies state by state)
- Fear of medical liability if women screen positive but are not treated
- Unsure about appropriate treatment for women with positive screen

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83

Outcomes when Screened

- Reduce overall prevalence of depression, increase rates of remission/treatment response (O'Connor, et al., 2016)
- More readily identify those at risk and in need of further evaluation (O'Connor, et al., 2016)
- Shorten period of depression only if screened + intervention (van der Zee, et al., 2017)

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84

Who Should Screen?

All healthcare professionals that have contact with pregnant or postpartum people and their partners, including:

Anyone who meets with childbearing families



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85

What is the Standard of Care?

Increasingly, pediatricians, family practitioners, and obstetricians agree screening and referral is important and should be done; however, there is no consensus or published algorithm on screening mothers for postpartum depression:

- **American Academy of Pediatrics:** to screen at 1, 2, 4, and 6 month visit
- **ACOG:** Screen patients at least once during the perinatal period
- **Annals of Family Medicine:** Repeated PPD screening at 6 and 12 months postpartum

(Earls, 2010; ACOG, 2019)

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86

PSI Recommendations for Screening

- First prenatal visit
- At least once in second trimester
- At least once in third trimester
- Six-week postpartum obstetrical visit (or at first postpartum visit)
- Repeated screening at 6 and/or 12 months in OB and primary care settings
- 3-, 9-, and 12-month pediatric visits

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87



All Discussion Tools

Discussion Tools/Herramientas de
Discusión | Postpartum Support
International (PSI)

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91

Key Points to Remember...

- Offer privacy during the screening process
- Be mindful of cultural considerations and literacy differences
- Can be self-administered and filled out in waiting or exam room
- Provide a brief explanation or cover sheet as to why you are screening
- **It is best if you express that all expectant and new parents are screened** (part of clinical standard of practice)
- Screening tools are not a substitute for clinical judgment

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92

Evidence Based Screening Tools

The most well researched and validated perinatal measures:

- Edinburgh Postnatal Depression Scale
- Patient Health Questionnaire 9

Margaret Spinelli, Pec Indman, John Cox, Wendy Davis, and Birdie Gunyon-Meyer at the 2010 PSI-Marce Meeting

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93

Edinburgh Postnatal Depression Scale (EPDS)

- Most commonly used validated screening tool
- Cost effective - free to copy if original authors cited (located in back of manual)
- Designed for postpartum use, but can also be used in prenatal period
- Ten item self-report, easy to administer and score
- Validated with many cultures
 - Available in 60 languages
 - Cut off score varies by population/culture
- Validated with teens, fathers, pregnant women
- Screening for depression or anxiety disorders in fathers requires a two-point lower cut-off than screening for depression or anxiety in mothers, and we recommend this cut-off to be 5/6 (Matthey et al., 2001)

(Cox et al., 1987, 2014; Wisner et al., 2013; Chaudron et al., 2010)

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94

Edinburgh Postnatal Depression Scale

Name _____ Baby's Birthdate _____

Today's Date _____

Please circle the answer that best describes how you have felt over the past 7 days.

- | | |
|--|--|
| <p>1. I have been able to laugh and see the funny side of things.</p> <p>0 As much as I always could
1 Not quite so much now
2 Not so much now
3 Not at all</p> <p>2. I have looked forward with enjoyment to things.</p> <p>0 As much as I ever did
1 Somewhat less than I used to
2 A lot less than I used to
3 Hardly at all</p> <p>3. I have blamed myself unnecessarily when things went wrong.</p> <p>0 No, not at all
1 Hardly ever
2 Yes, sometimes
3 Yes, very often</p> <p>4. I have been anxious or worried for no good reason.</p> <p>3 Yes, often
2 Yes, sometimes
1 No, not much
0 No, not at all</p> <p>5. I have felt scared or panicky for no good reason.</p> <p>3 Yes, often
2 Yes, sometimes
1 No, not much
0 No, not at all</p> | <p>6. Things have been getting on top of me (too much for me)</p> <p>3 Yes, most of the time I haven't been able to cope at all
2 Yes, sometimes I haven't been coping as well as usual
1 No, most of the time I have coped well
0 No, I have been coping as well as ever</p> <p>7. I have been so unhappy that I have had difficulty sleeping.</p> <p>3 Yes, most of the time
2 Yes, sometimes
1 Not very often
0 No, not at all</p> <p>8. I have felt sad or miserable.</p> <p>3 Yes, most of the time
2 Yes, quite often
1 Not very often
0 No, not at all</p> <p>9. I have been so unhappy that I have been crying.</p> <p>3 Yes, most of the time
2 Yes, quite often
1 Only occasionally
0 No, never</p> <p>10. The thought of harming myself has occurred to me.</p> <p>3 Yes, quite often
2 Sometimes
1 Hardly ever
0 Never</p> |
|--|--|

(Cox, J.L., et al. Detection of postnatal depression: development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry, 1989; 155:957-963)

(located in back of manual)

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95

Patient Health Questionnaire (PHQ-9)

- Nine item self report questionnaire
- Useful for broad range of patients developed for Family Practitioners
- Easy to score
- Validated for prenatal use
- Correlates with DSM 5 diagnoses
- Multiple languages available

(Kronke et al., 2001; Sidebottom et al., 2012)

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96

Brief Screening Tools

- EPDS-2 is highly accurate at identifying postpartum depression among adolescent mothers (Venkatesh et al., 2014)
- PHQ 2 has the highest sensitivity of all the screening tools (Ukatu et al., 2018)
- Important to note that neither of these brief measures assess for suicidal ideation

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100

Screening ≠ Treatment

“It’s only a piece of paper... It’s about education and referral and treatment.”

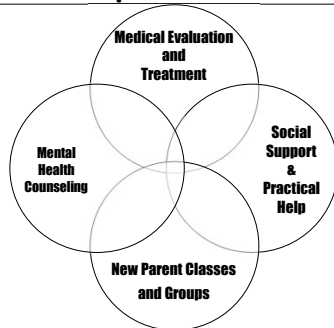
Wendy N. Davis, PhD, PMH-C
PSI President & CEO

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101

Treatment Options Critical Components to Recovery




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102


PSI Motto

- **You are not alone (validation)**
 - Other mothers experience this
 - Connection and support will help you
- **You are not to blame (reassurance)**
 - This is not something you caused
 - This is not a reflection of your ability as a mother (or father)
- **With help, you will be well (hope)**
 - All symptoms are treatable
 - It is a sign of strength to reach out
 - It will get easier




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103

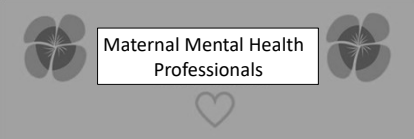


Professional Resources


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104


Professional FB Groups



Maternal Mental Health Professionals




PERINATAL MENTAL HEALTH PROFESSIONALS
Finding solutions, helping families

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105

Professional Perinatal Organizations


- International Marcé Society of Perinatal Mental Health
- Marcé of North America
- Pregnancy Loss and Infant Death Alliance
- National Association of Perinatal Social Workers
- American Society for Reproductive Medicine
- North American Society for Psychosocial Obstetrics and Gynecology
- Association of Women's Health, Obstetric and Neonatal Nurses
- American College of Obstetrics and Gynecology
- Maternal Mental Health Now

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106



Perinatal Resources

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107

PSI App "Connect by PSI"

Download the app

Connect with PSI for:

- ✓ Community at your fingertips
- ✓ Instant access to HelpLine/hotline
- ✓ Directory of trained providers



Connect by PSI



Download on the App Store



GET IT ON Google Play

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108

PSI POSTPARTUM SUPPORT INTERNATIONAL

Get Help

Call the PSI HelpLine:
1-800-944-4773
#1 In Español or #2 English


Text "Help" to 800-944-4773 (EN)
 Text en Español: 971-203-7773


GET HELP

988 Suicide & Crisis Lifeline National Maternal Mental Health Hotline (US only)

*The PSI HelpLine does not handle emergencies. People in crisis should call their local emergency number or the National Suicide Prevention Hotline at 1-800-273-TALK (2746).

Resources for Families




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109

National Maternal Mental Health Hotline

1-833-852-6262
1-833-TLC-MAMA



- National MMH Hotline launched by HRSA; PSI is the Contractor
- 24/7/365; Call or Text
- English & Spanish; other languages by request
- Staffed by licensed mental health and healthcare clinicians, certified peer specialists and childbirth professionals


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110

PSI Support Coordinators

- Provide education, empathy, and resource referrals to those seeking support related to PMH.
- Respond within 24 hours.
- Provide appropriate referrals for further help, including PSI Programs.
- Join us! To see areas of need and apply, visit PSI's Get Involved section:
<https://www.postpartum.net/join-us/volunteer/supportcoordinator/>

<p>Support (local) Coordinators</p> <p>Provide general PMHD support to those in their community.</p> <p>Share local resources to support Perinatal Mental Health. (PMH-trained therapists, psychiatric providers, doulas)</p> <p>Refer to Specialized Coordinators when helpful.</p>	<p>Specialized Coordinators</p> <p>Support focused on specific conditions, roles, experiences related to potential increased PMHD risk. <i>(examples on next slide)</i></p> <p>Not bound by location –resources related to their area of specialization. For local resources, PSI will connect with the help seeker's nearest Support Coordinator.</p>
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111

Specialized Coordinators

ADHD, Parents with	Gestational Surrogates & Intended Parents	Perineal Tear
Adoptive Parents	Grandparents	Post Abortion
Advanced Maternal Age	Hard of Hearing/deaf Parents	Postpartum Psychosis
Babies with Special Needs	Hindu Parents	Preeclampsia & Long-Term Complications
Bed Rest	Hyperemesis Gravidarum	Pregnancy and Infant Loss
Birth Mothers	LGBTQIA+	Pregnancy and Infant Loss: Early Loss & Pregnancy After Loss
Birth Trauma	Maternal Near Miss	Pregnancy and Infant Loss: Stillbirth
Breast-/Body-Feeding Challenges	Military Parents (each branch)	Pregnancy Termination for Medical Reasons
Christian Parents	Multiples, Parents of	PTSD
Dads	Muslim Parents	Single/Co-parents
Disabled Parents	Neurodivergent Parents	South Asian Parents
Eating Disorders	NICU Parents	Teen/Young Adult Parents
Fertility Challenges	OCD, Parents with	Unplanned C-Section
Foster Parents	Orthodox Jewish Parents	

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112

International Support

- List of PMH-focused Organizations on PSI website
- International Volunteers and PSI Team assist parents to find local resources

Australia	Italy	Slovakia
Bermuda	Japan	South Africa
Botswana	Jordan	Switzerland
Czech Republic	Kenya	Taiwan/Indonesia
Dominican Republic of the Congo	Latvia	Tanzania
Egypt	Lithuania	Trinidad and Tobago
France	Malaysia	Turkey
Germany	Netherlands	Ukraine
Ghana	New Zealand	United Kingdom
Greece	Nigeria	United Kingdom - Ireland
Haiti	Poland	United Arab Emirates
India	Portugal Romania	Zimbabwe
Indonesia	Saudi Arabia	
Ireland	Singapore	

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113

PSI Chapters



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114

PSI USA Chapters Program


PSI Chapters further the mission of PSI on a state/local level:

- Each state/territory is unique with its own systems, barriers to care and opportunities
- By providing the structure and support of the Chapters Program, PSI empowers advocates to create change in their own state
- Chapter leaders work to **build community, raise awareness, create resources, and advocate for change**

We have chapters in all states, as well as Washington DC!

If you are interested in connecting with your local chapter, please contact chapters@postpartum.net


<https://psichapters.com/>

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115

PSI Provider Directory

<https://psidirectory.com/list-your-practice>





Share with Families
+
List Your Practice

US and Canada
Providers apply and
approved by PSI

Integrated with PSI
Support Network


Psychotherapists
Psychiatry
Physicians
Support Groups
PMH-Cs



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116

There are 29 statewide and regional Perinatal Psychiatry Access Programs with the potential to cover 2.5 million or 68% of the 3.7 million births in the US



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117

These and other Access Programs have come together as a network

National Network of Perinatal Psychiatry Access Programs

Lifeline
for women

Active national programs: (1) Postpartum Support International (PSI) Perinatal Psychiatric Consult Line & (2) Veterans Affairs (VA) Reproductive Mental Health Consultation Programs

Active Programs

Aspiring Programs

118

These and other Access Programs have come together as a network

Lifeline
for women

Active national programs: (1) Postpartum Support International (PSI) Perinatal Psychiatric Consult Line & (2) Veterans Affairs (VA) Reproductive Mental Health Consultation Programs

Active Programs

Aspiring Programs

As of June 2024

119

The Climb®

www.postpartum.net/join-us/climbout/

The world's largest event raising funds and awareness for mental health of new families.

- Trained Climb Leaders lead local events
- Events hosted in the summer & fall
- Fundraised approx. \$400,000 in 2023
- Funds divided equally between PSI & State Chapters
- Participants who fundraise \$100 can earn a t-shirt
- Survivors, providers, friends, and family participate
- Connection, community-building, resource-sharing

Find a Climb Near You:

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120

PSI Closed Facebook Group

- 22,000 members
- 10 trained PSI Volunteer Moderators and Staff
- A safe space for sufferers and survivors to share, normalize and comfort one another
- Moderators monitor the discussion, review member requests and comments prior to posting, and handle emergency situations when they arise
- <https://www.facebook.com/groups/25960478598>

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124

Closed Facebook Group for Dads

- PSI has a closed Facebook Group for dads, where members can get a lot of great support and information from other dads.
- <https://www.facebook.com/groups/682525349518226>

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125

Closed FB Loss Group

Postpartum Support International

PREGNANCY, STILLBIRTH, & INFANT LOSS SUPPORT

Call the PSI Helpline: 1-800-944-4773
#1 En Español or #2 English
Text "Help" to 800-944-4773 (EN)
Text en Español: 971-203-7773
**The PSI Helpline does not handle emergencies.*

People in crisis should call their local emergency number or the Suicide & Crisis Lifeline at 988.

www.postpartum.net

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126




127



128



129



CHAT WITH AN EXPERT

Becoming a new parent is often filled with many questions. We are here to help with the ones revolving around mental health. Call our weekly chat, led by a licensed mental health professional.

What kind of questions can I ask?

- I'm not sure if I need help. How do I know?
- I'm not depressed, I'm anxious. Where do I turn for help?
- Why am I angry all the time?
- How do I find a counselor?
- What will my first therapy appointment be like?
- I don't have any insurance. Is there help for me?
- I can't sleep. What can I do?
- How do I know if medication is safe to take while I'm pregnant or breastfeeding?


**EVERY WEDNESDAY - MOMS
FIRST MONDAY - DADS**

Chat Number: 800.944.8766
Participant Code: 73162

For days and times visit: www.postpartum.net/get-help/chat-with-an-expert

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130




Smart Patients Forum

Postpartum Support International (PSI) is proud to partner with Smart Patients to offer this online community, where women can receive peer support in a private space where they can feel comfortable asking openly. Our Smart Patients Postpartum community complements the programs of PSI to provide the information and credit to pregnant and new mothers suffering from perinatal mood and anxiety disorders like postpartum depression, postpartum anxiety, postpartum PTSD, postpartum psychosis and depression and anxiety during pregnancy.

One of PSI's main goals is to make mothers and families aware that effective help is available, that they can get better, and that PSI can help them find knowledgeable providers who understand how to treat PPD.

Join Smart Patients, ask a question, participate in the discussions and support others who can learn from you.




Learn from other patients.
Patients often become extraordinarily knowledgeable about their disease. You can too.

- Online health forum for medical and mental health challenges
- PSI staff moderates the PMAD forum
- Can be anonymous
- www.smartpatients.com/ppd

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131



Resources for Providers

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132

PSI Member benefit highlight

Professional Peer Consultation Groups

Included in PSI membership

Meet with other providers to improve knowledge and skills relating to the treatment of perinatal mood and anxiety disorders, birth trauma and perinatal loss.

Peer Consultation groups for:

- **Mental health providers** (in English and in Spanish, and a group for BIPOC providers)
- **Prescribers** (facilitated by reproductive psychiatrists)
- **Doulas!**

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133

Medical Provider Training

- For Medical Providers — Obstetricians/Gynecologists, Family Practice Physicians, Internists, Nurse Practitioners, Midwives, Physician Assistants, Nurses
- The CME training, provided by PSI experts, is designed to equip frontline providers with the skills necessary to assess patients for perinatal mental health complications and, as appropriate, provide treatment or connect individuals with additional resources and care.
- Available as either a single-day, onsite, 6-hour course or via two 2-hour-long on demand recorded webinars.
- Continuing Education Credits: CMEs, CNEs
- Perinatal Mental Health Training for Medical Providers - Postpartum Support International (PSI)

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134

POSTPARTUM SUPPORT INTERNATIONAL

PERINATAL PSYCHIATRIC CONSULT LINE

877.499.4773

A free consultation line for medical professionals with questions about the mental health care of pregnant, postpartum, and pre-conception planning patients. Call today to speak with one of our expert reproductive psychiatrists.

This service is available for medical providers only.

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135

Perinatal Mental Health Alliance for People of Color (PMHA-POC)



Vision: To provide a safe space for clients, families, and professionals of color around perinatal mental health. Every person of color will be heard and supported around perinatal emotional wellness.




<https://www.postpartum.net/professionals/perinatal-mental-health-alliance-for-people-of-color/>

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136

The Blue Dot Project



The blue dot is the symbol of perinatal mental health survivorship, support, and solidarity.


The Purpose of TheBlueDotProject

- Raise awareness of perinatal mental health disorders
- Proliferate the blue dot as the symbol of solidarity and support
- Combat stigma and shame

The official host of:


Maternal Mental Health AWARENESS WEEK
A social media campaign every first week of May

Learn more



Let's make the blue dot as recognizable as the pink ribbon is for breast cancer.

Get your blue dot




Shop

BlueDot Ambassadors

BlueDot Ambassadors serve as the "boots on the ground" advocates to help proliferate the blue dot symbol and spread awareness surrounding perinatal mental health.

Sign up




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137

PSI Legal Justice Program

- <https://www.postpartum.net/about-psi/legal-justice/>
- Video: Advice For Lawyers - Postpartum Mental Illness and the Criminal Justice System
<https://vimeo.com/253536312>



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138

Primary Care Toolkits

- **ACOG Perinatal Mental Health Toolkit**
<https://www.acog.org/topics/perinatal-mood-and-anxiety-disorders>
- **McPAP for Moms – OB Provider and Ped Provider Toolkits**
<https://www.mcpapformoms.org/Toolkits/Toolkit.aspx>

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139



PSI Educational Materials

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140

PSI Public Awareness Posters



www.postpartum.net/resources/psi-awareness-poster/

© 2024 PSI - <https://www.postpartum.net/>



141

PSI Social Media

- **PSI Facebook Open Page:**
<https://www.facebook.com/PostpartumSupportInternational/>
- **PSI Facebook Closed Group:** www.facebook.com/groups/25960478598/
- **Instagram:**
<https://www.instagram.com/postpartumsupportinternational/>
- **TikTok** <https://www.tiktok.com/@postpartumhelp>
- **Vimeo:** <https://vimeo.com/postpartumsupport>
- **YouTube Channel:** <https://www.youtube.com/user/postpartumvideo>
- **LinkedIn:** www.linkedin.com/company/postpartum-support-international
- **I Am One Podcast**

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148



PSI Social Media

- **PSI Facebook Open Fan Page: :**
<https://www.facebook.com/PSIespanol/>
- **Grupo cerrado de Apoyo en Facebook:**
<https://www.facebook.com/groups/595053181756279>
- **PSI Instagram:** @psiespanol

Follow us on Social Media!





¡Síguenos en Redes Sociales!


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149

Videos


- **PSI Educational DVDs (promo/trailer):**
 - <https://vimeo.com/ondemand/postpartumvideo>
- **PSI Public Service Announcements:**
 - www.postpartum.net/news-and-blog/publicserviceannouncements/


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150

PSI Bookstore

- Check out the PSI Bookstore for highly recommended perinatal books, PSI gear, and more!
- www.postpartum.net/resources/store/
- PSI members receive 25% off of Springer Publishing books and journals.



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151

Professional Development

Training | Postpartum Support International (PSI)
<https://www.postpartum.net/training/>

- **PSI and Policy Center Online MMH Certificate Course:**
 - www.postpartum.net/professionals/trainings-events/mmh-online-certificate-course/
- **Two-Day Perinatal Mood and Anxiety Disorders Training:**
 - www.postpartum.net/professionals/psi-certificate-training/
- **Advanced PMH Psychotherapy:**
 - www.postpartum.net/professionals/trainings-events/psi-advanced-psychotherapy-trainings/
- **Advanced PMH Psychopharmacology:**
 - <https://www.postpartum.net/professionals/trainings-events/advanced-pmh-psychopharmacology/>
- **Medical Provider Training (online or on-site):**
 - www.postpartum.net/professionals/trainings-events/frontline-provider-trainings/
- **PSI President's Advisory Council Webinar Series:**
 - www.postpartum.net/professionals/pac-web-series/


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152

Perinatal Loss: Clinical and Supportive Care

Perinatal Loss: Clinical and Supportive Care - Postpartum Support International (PSI)
www.postpartum.net/training/perinatal-loss-clinical-and-supportive-care/

- This comprehensive perinatal loss training for birth workers, therapists, nurses, and other psychotherapy and medical providers. This course takes you into the world of perinatal loss, inclusive of miscarriage, stillbirth, complex congenital anomalies, and pregnancy decision making.
- Participants will explore trauma-informed strategies, clinical techniques, and practical interventions to support bereaved parents, families, and providers impacted by loss.
- Due to the sensitive nature of the subject matter, we kindly ask that you do not bring babies or children to this training.

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153

Paternal Perinatal Mental Health
 Foundations in Paternal Perinatal Mental Health - Postpartum Support International (PSI)
www.postpartum.net/training/paternal-perinatal-mental-health/

- PSI's Foundations in Paternal Perinatal Mental Health presents you with key information regarding paternal perinatal mental health with an emphasis on psychosocial dynamics and evidence-based interventions with fathers.
- Psychotherapists, medical providers, and allied birth professionals will gain valuable knowledge of the key psychological, interpersonal, and systems-level factors related to fathers as they navigate the transition to parenthood.
- Participants will learn to apply intersectional, multicultural, and gender-sensitive approaches to psychotherapy, screening, case conceptualization, and treatment planning with fathers via interactive lecture, multimedia demonstrations, and discussions of case studies.

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154

Perinatal Substance Use Disorder
One day Training

Perinatal substance use is much more common than many of us realize, even amongst clients or patients you already treat. Substance misuse is a common coping strategy for people who are struggling with mental health conditions. Nationwide, suicide and accidental overdose are leading causes of maternal mortality. Women and those with the capacity for pregnancy are most at risk for developing a substance use disorder during their reproductive years, but many maternal/child health professionals feel uncomfortable and ill-equipped in knowing how to support a pregnant or parenting client who is struggling with substance use.

This training aims to begin bridging the knowledge gap by bolstering provider knowledge base. Together, we can ensure that every maternal health and allied health professional across the United States is equipped with the data, knowledge, and skill set to recognize and effectively respond to substance use concerns during pregnancy, early parenthood, and with the birthing parent/child dyad.

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155

PMH 101
<https://www.postpartum.net/training/mmh-online-webinar/>

- Learn about the various Maternal Mental Health Disorders, the differences between them, risk factors, and treatment options. The course is designed for providers, administrators, and public health employees, though all are welcome. CEUs/CMEs are not available for this event.
- All webinars are scheduled on Thursday mornings from 10:30 am - 12:00 noon PT.
- RSVP for one of the sessions. You will be sent instructions with the webinar link after registering.

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156

PSUD 101
Perinatal Substance Use Disorders 101 - Postpartum Support International (PSI)

- Join this new complementary introduction to perinatal SUD training hosted by the Policy Center, Postpartum Support International and Colorado Department of Public Health. Learn more about how to recognize and effectively respond to substance use concerns during pregnancy, early parenthood, and with the birthing parent/child dyad. Considerations related to treatment and supporting the parent-child relationship will be discussed. The training is designed for providers, administrators, and public health employees, though all are welcome.
- Given quarterly

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157

2 new trainings

- Advanced Perinatal OCD Training
- Advanced Postpartum Psychosis Training

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158



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159



PSI Annual Conference 2026

June 24-28, 2026
Los Angeles
Westin Bonaventure Hotel




160

Volunteer with PSI

- Support and Specialized Coordinators
- Online Support Group Facilitators
- Helpline
- Peer Mentor Program
- PSI Chapters
- ...and more!

www.postpartum.net/join-us/volunteer



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161

PSI Membership

www.postpartum.net/join-us/become-a-member/

PSI Members are around the world, in a wide range of professions: Therapists, midwives, doulas, psychiatrists, psychologists, lactation consultants, PAs, NPs, OTs, pediatricians, researchers, students, and more. All are welcome and valued. Do you refer help-seekers to PSI for free peer-support services? Membership is a way to further strengthen the support network, both financially and by engaging with other members in our learning/sharing community.

- Join as an individual or as part of an organization/company group
- Tiered for financial accessibility; same benefits at all levels
- Forum/listserv groups and virtual peer-consultation groups for providers
- Discounts on PSI trainings & conference registration
- Connection with PSI's PMHA-POC program and Chapters
- Discounts with our partners
(Training discounts with Mass. General Hospital Ctr for Women's Mental Health and other CE partners; membership discounts with ADA, NPA, & NAPS; and more.)

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162


Member benefit highlight

Professional Peer Consultation Groups
Included in PSI membership

Meet with other providers to improve knowledge and skills relating to the treatment of perinatal mood and anxiety disorders, birth trauma and perinatal loss.


Peer Consultation groups for:

- **Mental health providers** (in English and in Spanish, and a group for BIPOC providers)
- **Prescribers** (facilitated by reproductive psychiatrists)
- **Doulas!**


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163

Become a PSI Member!

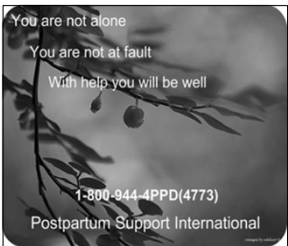


Membership dues support PSI as a whole as we provide direct peer support to families, train professionals, and provide a bridge between them.


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164

PSI Bridges the Gap



- We provide direct peer support to families, train professionals, and provide a bridge to connect them
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165
