



PMH & PSUD




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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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Risks of Untreated PMADs
 ACOG Consensus Bundle on Maternal Mental Health 2017

- Relationship problems
- Poor adherence to medical care
- Exacerbation of medical conditions
- IPV/separation/divorce
- Loss of interpersonal and financial resources

- Disability/Unemployment
- Child neglect and abuse
- Developmental delays/behavioral problems
- Tobacco, alcohol and drug use
- Infanticide, Homicide, Suicide

(Kendig et al., 2017)

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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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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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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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**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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**The Many Faces of Perinatal
Mood and Anxiety Disorders**

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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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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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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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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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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. © 2025 Postpartum.net

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**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, © 2026 Postpartum.net

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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

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Healthy Mom, Happy Family



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POSTPARTUM SUPPORT INTERNATIONAL
Perinatal Mental Health Disorders
Perinatal Anxiety during pregnancy and postpartum

Depression (PPD)	Anxiety (PPA)	Panic Disorder	Obsessive Compulsive Disorder (OCD)	Postpartum PTSD	Epileptic Disorders	Perinatal Psychosis
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Symptoms

- Feelings of guilt, shame or hopelessness
- Feelings of anger, rage, or irritability, or an inability to concentrate
- Lack of interest in the baby or difficulty bonding with the baby
- Loss of interest, joy or pleasure in things you used to enjoy
- Disturbances of sleep and appetite
- Crying and sadness, constant worry or racing thoughts
- Physical symptoms like dizziness, hot flashes, and nausea
- Possible thoughts of harming the baby or yourself

Risk Factors

- History of depression, anxiety, or OCD
- Typical medical, diabetes, infectious diseases
- Lack of support from family and friends
- Pregnancy or delivery complications, infertility, miscarriage or stillbirth
- Perinatal loss (miscarriage or stillbirth)
- Placental stress or preeclampsia
- History of abuse
- Unplanned or unplanned pregnancy

Treatment Options

- Counseling
- Medication
- Support from others
- Exercise
- Adequate sleep
- Healthy diet
- Bright light therapy
- Trial
- Relaxation techniques

Postpartum Support International | [Postpartum.net](https://www.postpartum.net)
Call the PSI Helpline at 1-800-944-4773 (English and Español) or Text/Chat Helpline at 800-944-4773 (English) or 972-202-7773 (Spanish). Download Content by PSI in your app store for Mental Health support and resources.

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Substance Use and Pregnancy

In 2022, 204,000 **pregnant** women, or nearly 10 percent of the national total, reported using illicit drugs, including cannabis, in the previous month.

(SAMHSA, 2022)

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Substance Use Beliefs

Due to deeply imbedded societal attitudes, beliefs and gender expectations for women and mothers, public perception of individuals with PSU is often harsh, judgmental, and paints SUD as a moral failing instead of a treatable behavioral health condition

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The following slides on Perinatal SUD were written and contributed by the developers of Colorado's "Connecting the Dots: Maternal Mental Health and Substance Use During Pregnancy and Early Parenthood" training.

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Take a moment to pause and reflect...

Reflect on a time you heard that a client, or perhaps an acquaintance, was using substances during pregnancy or during early parenthood...

- What was your initial reaction?
- How did you feel?
- What did you think about or assume about the person?

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Provider Perceptions

- Regarding potential work with clients with SUD, providers report:
 - Lacking the appropriate knowledge base/competency
 - Viewing SUD as a "separate" concern from mental health
- When working with SUD, providers report:
 - Overwhelmed
 - Burdened
 - Fearful

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Stigma, Shame, and Bias

- Individuals with PSU often describe their experience in the healthcare system as...
 - judgmental, disparaging, scrutinizing, disempowering
- Reinforcing their tendency to avoid disclosing their substance use, delay treatment, and continue engaging in risky behaviors

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Shifting our Frame of Reference

Pregnancy is not a cure for other health conditions, including substance use

SU exists on a spectrum and involves complex interactions among brain circuitry, genetics, the environment and an individual's life experiences



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What is addiction?

NIDA (National Institute of Drug Abuse*) Definition

A chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences.† It is considered a brain disorder, because it involves functional changes to brain circuits involved in reward, stress, and self-control. Those changes may last a long time after a person has stopped taking drugs

**The term Drug Abuse is no longer a preferred way to discuss Substance Use Disorders, but remains in the name of the institute that is dedicated to its study. The use of "abuse" when discussing SUD leads to more punitive and less therapeutic treatment of patients with these diagnoses.*

NIDA. 2011, July 1. Drug Misuse and Addiction. Retrieved from <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction> on 2025, January 3





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What is addiction?

DSM-5 Perspective

- Criterion A: **Impaired Control**
 - Increased use over time
 - Desire to reduce intake accompanied by failed attempts
 - Great deal of effort put forth to obtain the substance
 - Intense desire for the substance (i.e., craving)
- Criterion B: **Social Impairment**
 - Use results in failure to fulfill other duties/obligations at work, home, or school
 - Continued use despite effects on personal and/or professional life
 - Other activities may be given up in service of use
- Criterion C: **Risk Use**
 - Use in situations that are physically dangerous
 - Continued use despite clear evidence that it is exacerbating physical or psychological distress
- Criterion D: **Pharmacological**
 - Tolerance
 - Withdrawal





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Scope of the Problem

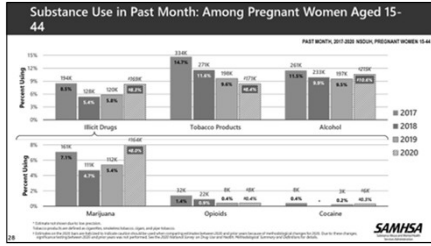
- Growing public health concern
- Alcohol, cannabis, and tobacco are the most common substances used during pregnancy
- Approx. 4 million births in 2017...
 - 8% (340,000 infants) were born affected by illicit substances
 - 12% (460,000 infants) were born alcohol exposed
 - 15% (588,000 infants) were born exposed to tobacco
- Prevalence of births associated with opioid use disorders (OUD) has quadrupled
 - 1.5 per every 1,000 deliveries to 6.5 per every 1,000 deliveries

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Rates of SUD in women and pregnancy



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Opportunity and Perils

- Pregnant people cite motivators:
 - Feeling ready for treatment
 - Concern for baby's health
 - Concern for custody of baby
- Significant barriers and unexpected stressors exist
- Postpartum period in particular
 - The fourth trimester is a time of greater stress
 - Substance use escalates
 - Risk of overdose and death is higher in postpartum period compared to never having been pregnant



Frazer et al, 2018

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Maternal Mortality

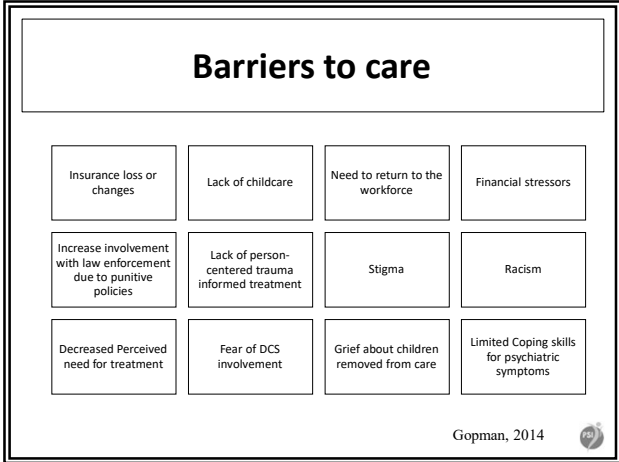
Unintentional overdose and suicide are leading causes of maternal mortality

Individuals in the postpartum period are at high risk

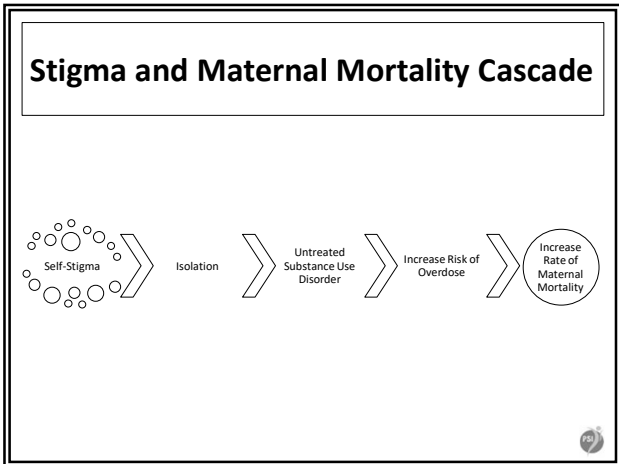
Substance use disorder contributed to 25% of pregnancy-related maternal deaths

Mental Health conditions accounted for 26% of deaths

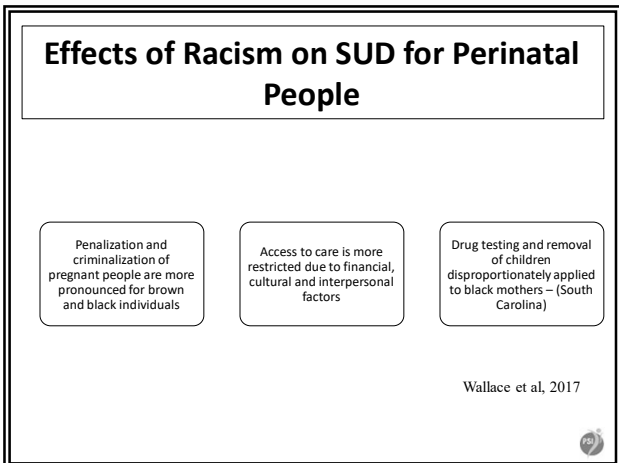
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Racial and Ethnic Disparities related to PSU

- Pregnant women of color are both more likely to be screened and assessed for substance use concerns & more likely to subsequently be reported to child welfare services than white women
- Biased practices arbitrarily inflate reported prevalence rates of PSU
- Long-standing criminalization of women of color
- Patterns of intergenerational trauma and psychological pain reinforced by oppressive and racist practices

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Attention Deficit Hyperactivity Disorder

ADHD increases...

- Likelihood of developing SUD for all substances
- Earlier age of onset of SUD
- Greater severity of SUD

ADHD factors that predispose to SUD

- Similar brain pathways involved
- Childhood adversity
- Impulsivity (Core symptom of ADHD can make delayed gratification challenging)
- The attraction hypothesis (preference for stimulating activities to compensate for low baseline arousal)

Treatment of ADHD in adults decreases chance of a SUD related event



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Posttraumatic Stress Disorder

Psychiatric illness characterized by persistent distress and re-experiencing of traumatic events

PTSD is highly co-morbid with SUD

- Up to 42% of sample in an inpatient SUD treatment facility
- Prevalence of PTSD in pregnancy 4% in community sample and 18.5% in high-risk sample

Most treatment facilities and programs are not equipped to handle this diagnosis



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Other Considerations

- Medical Illnesses and Chronic Pain

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Adverse Childhood Experiences

- Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse or neglect.
- Strongly related to the development of a health problems throughout life



Shaw, Tan. (2019). The mediating role of psychological distress in the relationship between adverse childhood experiences and adult smoking.

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ACES

Adverse Childhood Experience Questionnaire for Adults ©2015 CDC/WHO

Our relationships and experiences when living in childhood can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, so they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being.

Instructions: Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please add up the number of categories of ACEs you experienced prior to your 18th birthday and put the total number at the bottom. You do not need to include which category or apply to you, only the total number of categories that apply.

Do you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or care for you?

Did you lose a parent through divorce, abandonment, death, or other reason?

Did you live with anyone who was depressed, mentally ill, or attempted suicide?

Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?

Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?

Did you live with anyone who went to jail or prison?

Did a parent or adult in your home ever swear at you, insult you, or put you down?

Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?

Did you feel that no one in your family loved you or thought you were special?

Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse) before age 18?

Your ACE score is the total number of yes responses.

Do you believe that these experiences have affected your health? Not at all Some A lot

Experiences in childhood are just one part of a person's life story. There are many ways to heal throughout one's life.


Please let us know if you have questions about privacy or confidentiality.

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ACES and Substance Use

Elevated
ACES predict:

- Early initiation of alcohol use
- Higher risk of mental and substance use disorder as an older adult (50+ years)
- Continued tobacco use during adulthood
- Prescription drug use
- Lifetime illicit drug use, drug dependency, and self-reported addiction



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IPV and Substance Use

Women who are experiencing IPV are more likely to have co-occurring SUD

Women are reluctant to report issues related to IPV to providers due to fear of stigma and social-judicial consequences

Those with IPV and SUD represent one of the most underserved, and are the most at-risk for adverse health outcomes of any perinatal group

Morrison et al., 2023



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Risks of Tobacco Use During Pregnancy and Infant

- Low birth weight
- Preterm birth
- Perinatal loss (miscarriage, stillbirth)
- Sudden infant death syndrome
- Possible increase in cardiovascular birth defects

• Reducing number of cigarettes smoked might not help if women then inhale more deeply.

• Most women who still smoke after their first prenatal visit have difficulty quitting without medical intervention.

Iokakeimidis N et al: Hellenic J Cardiol, 60(1):11-5, 2019.



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Effects of smoking during pregnancy

Increased rates of placental abruption


Increase intrauterine growth restriction

Increase rate of preterm delivery

Increase risk of low birth weight

Increase risk of stillbirth


Akerman SC, Brunette MF, Green AL, Goodman DJ, Bunt HB, Heil SH. Treating tobacco use disorder in pregnant women in medication-assisted treatment for an opioid use disorder: a systematic review. J Subst Abuse Treat. 2015 May;52:40-7. doi: 10.1016/j.jsat.2014.12.002. Epub 2014 Dec 22.




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Alcohol Effects on Pregnancy and Infant


Birth defects




Low birth weight




Preterm delivery




FASD




Stillbirth



Developmental delays





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Benzodiazepines

The most commonly prescribed Benzos are the most commonly abused.



Alprazolam
(Xanax)



Clonazepam
(Klonopin)



Diazepam
(Valium)



Lorazepam
(Ativan)



Triazolam
(Halcion)



Temazepam
(Restoril)



Chlordiazepoxide
(Librium)

Maryland Recovery

<https://www.marylandrecovery.com/blog/why-does-benzo-addiction-require-detox>



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Impact of PSU on Maternal-Infant Wellbeing

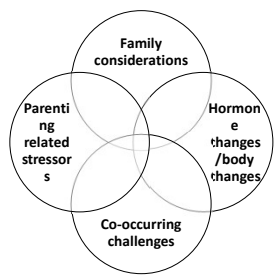
Labor and delivery concerns/risks (i.e., stillbirth, preterm birth, low birth weight, SIDS, etc.)	Increased rates of maternal and infant mortality	Challenged with transition to parenthood	Negative maternal self-perception
Neonatal Abstinence Syndrome (NAS) and Fetal Alcohol Spectrum Disorders (FASDs)	Impact on maternal/infant relationship	Developmental delays	Long-term health impairments (i.e., learning disabilities, mental health difficulties, and regulatory concerns)
Mental health concerns including ADHD, depression, anxiety, & SUD		Increased likelihood of incarceration later in life	

Kramlich et al., 2018; Maralit et al., 2022; Renbarger et al., 2020

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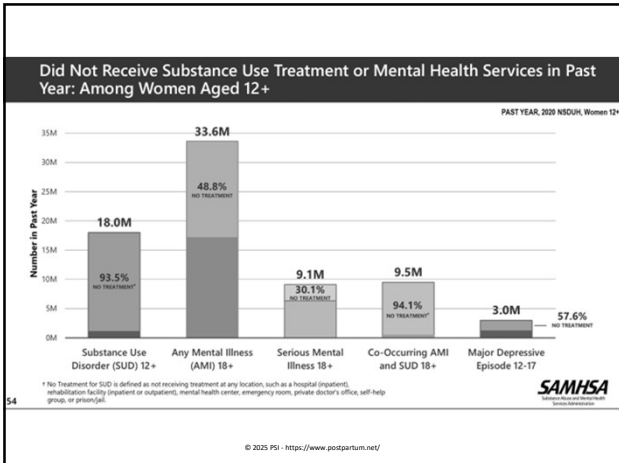
Treatment in the perinatal period



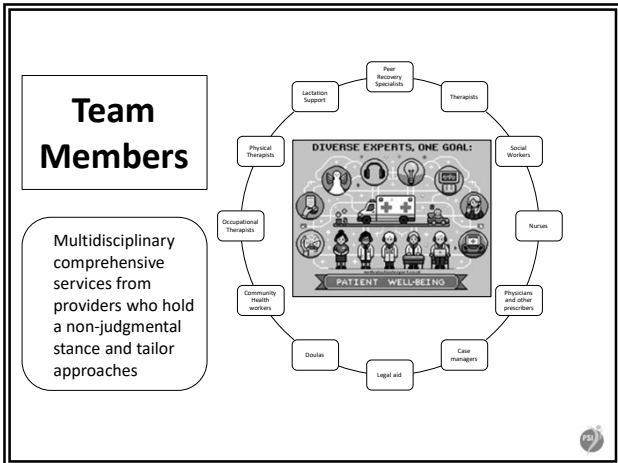
- Holistic Approach
- Special Considerations of Perinatal Period

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Critical Window for Intervention

Pregnancy and the postpartum period present a prime opportunity for effective treatment of PSU

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Treatment Considerations

Wraparound services and holistic care

Relational care that centers the parent-child relationship

Peer support

Harm reduction model

Gender Responsive

Trauma informed

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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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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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Substance Use Recovery Support for Perinatal Moms & Birthing People

This peer support group is for those from pregnancy to two years postpartum who are engaged in recovery or considering recovery from substance use disorders (SUD). This is a meeting focused on recovery, meaning a goal of abstaining from use, excluding medications taken as prescribed. The perinatal period brings about unique challenges for those trying to maintain sobriety, and this group is a space to share those experiences and receive support whether you've been sober for one day or one hundred days. PSI recognizes SUD as a chronic illness of the brain from which we can recover and lead healthy lives, and we honor that there are multiple, unique pathways to recovery for each individual. We hope to support those on their recovery journey as they also navigate pregnancy and postpartum.

View the schedule & register: bit.ly/FindSupportGroup

Postpartum Support International | 800-944-4773 | [postpartum.net](https://www.postpartum.net/)

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Treatment Options Critical Components to Recovery

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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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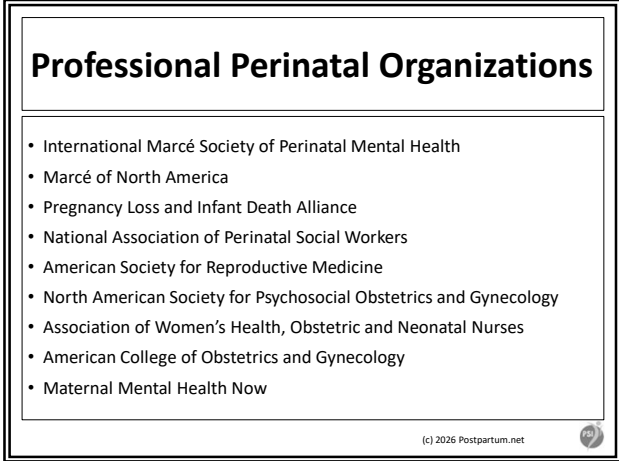
Professional Resources

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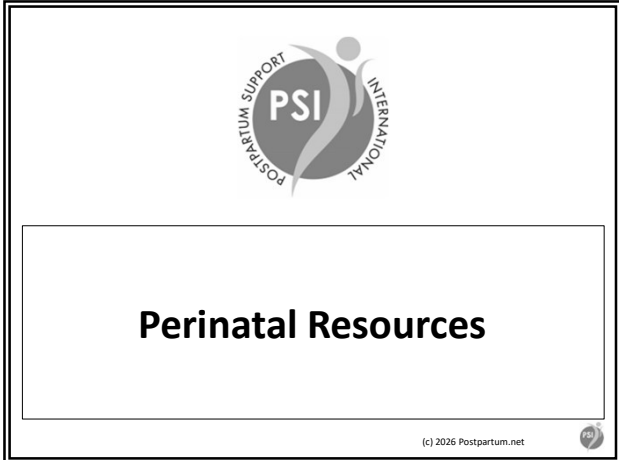
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PSI App
“Connect by PSI”

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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Get Help


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

GET HELP

Web Suicide & Crisis Helpline National Maternal Mental Health Hotline (20 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 (2728).



Resources for Families




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National Maternal Mental Health Hotline
1-833-852-6262
1-833-TLC-MAMA







National Maternal Mental Health Hotline
HRSA

- 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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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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Specialized Coordinators

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

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

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

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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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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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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

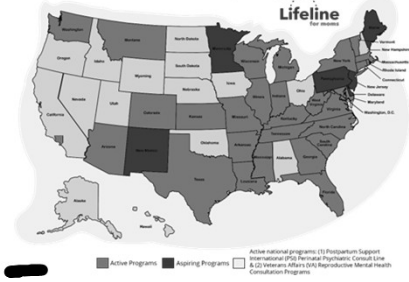


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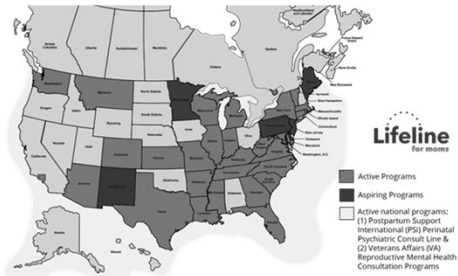
These and other Access Programs have come together as a network

National Network of Perinatal Psychiatry Access Programs



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These and other Access Programs have come together as a network



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PROGRAMA APOYO DE PARES

En este programa una par es emparejada con una mentora sobreviviente y recibe apoyo durante la etapa de recuperación

Periodo perinatal (concepción, 2 años postparto, pérdida, interrupción de embarazo, y/o retos de fertilidad)

Compromiso de 30 - 60 minutos por semana

No se necesita un diagnóstico

Acompañamiento con una mentora por 4 meses

Spanish language peer mentor program

spanish.helpline@postpartum.net (c) 2026 Postpartum.net

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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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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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Closed FB Loss Group



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Closed Facebook group in Spanish




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PSI
Facilitated
Virtual
Peer
Support
Groups



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Resources for Providers

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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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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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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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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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PSI Educational Materials

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PSI Public Awareness Posters



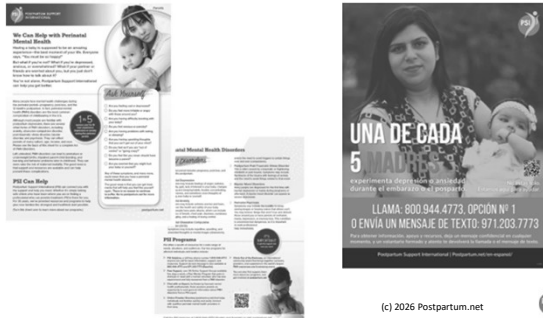
www.postpartum.net/resources/psi-awareness-poster/

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PSI Educational Fliers and Posters English and Spanish

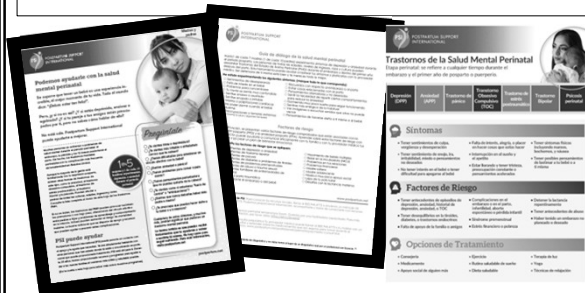
<https://postpartum.app.neoncrm.com/np/clients/postpartum/catalog.jsp?catalog=1>



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Folletos de PSI





<https://www.postpartum.net/en-espanol/recursos-depresion-posparto/>

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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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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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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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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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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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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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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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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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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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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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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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2 new trainings

- Advanced Perinatal OCD Training
- Advanced Postpartum Psychosis Training

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**PSI Annual Conference
2026**

June 24-28, 2026
Los Angeles
Westin Bonaventure Hotel




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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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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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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:

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- **Prescribers** (facilitated by reproductive psychiatrists)
- **Doulas!**

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Become a PSI Member!

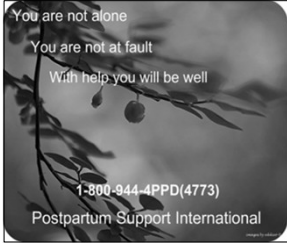


Membership dues support PSI as a whole as we provide direct peer support to families, train professionals, and provide a bridge between them.

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PSI Bridges the Gap



- We provide direct peer support to families, train professionals, and provide a bridge to connect them
- www.postpartum.net

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