TTAC

Perinatal and Early Childhood Mental Health Network

Training and Technical Assistance Center

PERINATAL MOOD AND ANXIETY DISORDERS: CONTINUUM OF CARE

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Who We Are

The New York City Perinatal and Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded by the NYC Department of Health and Mental Hygiene (DOHMH).

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute for Poverty Policy and Research.

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC), and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.

  TTAC is tasked with building capacity and competencies of mental health professionals and early childhood professionals in family serving systems to identify and address the social -emotional needs of young children and their families.

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NEW YORK CENTER FOR CHILD DEVELOPMENT

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Explore all the provider resources at ttacny.org

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Perinatal Mood and Anxiety Disorders

Continuum of Care

About Me

- LCSW, PMH-C (NY & VT)
- 20 years working with pregnant and postpartum people
- Lived experience
- 2014 PMAD Screening Legislation
- The Motherhood Center
- QI work with ACS, DOHMH, NYSOMH
- Adjunct Professor, Silberman School of Social Work, Hunter College
- Advanced Psychotherapy Trainer, PSI
- Clinician

Learning Objectives

- Gain a foundational understanding of the perinatal mental health continuum of care for pregnant and postpartum people.
- Identify which perinatal mental health intervention on the continuum of care is appropriate for pregnant and postpartum people based on their symptom acuity.
- Identify the unique challenges and obstacles that programs and services on the perinatal mental health continuum of care face.
- Learn about local perinatal mental health resources that are available to families.
- **A Call To Action!** Identify which intervention can be replicated in your workplace.

What are Perinatal Mood and Anxiety Disorders?

PMADs, or perinatal mood and anxiety disorders, are a group of illnesses that affect at least 1 in 5 women/birthing people during pregnancy and the postpartum period.

PMADs cause emotional and physical problems that make it hard for women to function adequately (i.e., care for themselves, babies, and family).

PMADs Include

Perinatal Depression

Perinatal Anxiety

Perinatal Obsessive Compulsive Disorder

Perinatal Post Traumatic Stress Disorder

Perinatal Psychosis

Types of PMADs

Perinatal Depression

- Low mood, sadness, and tearfulness
- Feeling overwhelmed and unable to cope
- Hopelessness /helplessness
- Loss of interest, joy, or pleasure in things you used to enjoy
- Difficulty concentrating or making decisions
- Appetite or sleep disturbance
- Feelings of guilt, shame, failure
- **Suicidal ideation**

Perinatal Anxiety

- Constant worry – catastrophizing / all or nothing thinking / worst case scenario
- Feeling like something bad is going to happen
- Disturbances of sleep and appetite
- Physical symptoms, like dizziness, heart palpitations, nausea, or panic attacks
- Fear of being left alone with the infant/Hypervigilance in protecting the infant

Perinatal PTSD

- Intrusive re-experiencing of a past traumatic event
- Recurrent flashbacks, nightmares or distressing recollections of the event
- Avoidance of stimuli associated with the event, including thoughts, feelings, people, places, and details
- Feeling hypervigilant or on guard or feeling easily irritated or on edge
- Feeling restless or having difficulty sleeping
- Anxiety and panic attacks

Perinatal OCD

- Doing certain things over and over to reduce fears and obsessions
- Repeatedly checking baby during the night to make sure they are breathing
- Repeatedly asking others for reassurance that the baby hasn't been hurt or abused
- Not feeding the baby for fear of poisoning them
- Not consuming certain foods or medications out of fear of harming baby
- Recurrent and persistent intrusive thoughts

Perinatal Psychosis

- Delusions or strange beliefs that feel real but are not
- Hallucinations (seeing or hearing things that others do not)
- Mania - decreased need for or inability to sleep
- Feeling confused and disorganized
- Feeling disconnected from reality
- Paranoia and suspiciousness
- Symptoms that come and go or waxing and waning

PMAD Statistics

1 in 5

New and expecting mothers suffer from a PMAD

80%

Of cases go undiagnosed or untreated

50%

Of cases develop during pregnancy

#1

Complication associated with childbirth

Leading Cause of Maternal Mortality

- **2021 CDC Report – mental health/substance use makes up 23% of all maternal deaths**

  82% of pregnancy-related deaths are preventable

- **2021 NYS MMRC Report - mental health conditions make up 26.5% of all maternal deaths**

  100% of pregnancy-related deaths due to mental health conditions were determined to be preventable

- **2022 NYC MMRC Report – mental health conditions make up 31.8% of all maternal deaths** (43 days postpartum – 1 year)

  86.4% of pregnancy-related deaths are preventable

Barriers to PMAD Support and Treatment

Despite the prevalence and impact of PMADs, **80%** of all cases go undiagnosed and untreated. Why is that?

Individual-Level Barriers

- **Stigma and shame:** Fear of being judged as a "bad mother" or unfit parent prevents many from disclosing symptoms or seeking help.
- **Lack of awareness:** Many do not recognize that what they're experiencing (e.g., anxiety, depression, intrusive thoughts) is a treatable mental health condition.
- **Cultural beliefs:** Cultural norms about motherhood, strength, or emotional expression can discourage seeking care.
- **Fear of child welfare involvement:** Worry that disclosing mental health struggles will lead to child protective services involvement or custody loss.
- **Symptom burden:** Fatigue, anxiety, and cognitive overload make it difficult to initiate or maintain treatment.

Social Barriers

- **Limited social support:** Isolation or lack of partner/family support can increase risk and reduce capacity to seek care.
- **Domestic or intimate partner violence (IPV):** Fear, control, and trauma from IPV can prevent access to mental health services.
- **Socioeconomic constraints:** Financial stress, lack of childcare, and transportation barriers limit participation.

Structural Barriers

- **Lack of trained providers:** Few clinicians are trained in perinatal mental health or aware of appropriate screening and treatment options.
- **Lack of cultural competence:** Many providers are not adequately trained to understand and treat patients from diverse backgrounds, leading to misdiagnosis or inadequate care.
- **Workforce diversity:** There is a significant underrepresentation of mental health professionals from diverse racial and ethnic groups making it difficult for women and birthing people to identify providers their background and experiences.
- **Fragmented care systems:** Obstetric, primary care, and mental health services are often siloed, with poor communication and referral pathways.
- **Insurance and cost issues:** Limited mental health coverage, high out-of-pocket costs, and gaps in postpartum Medicaid coverage (in some states) reduce access.

Systemic and Policy Barriers

- **Racial and ethnic inequities:** Black, Indigenous, and other women of color experience higher rates of undiagnosed and untreated perinatal mental illness due to systemic racism and bias in healthcare.
- **Short postpartum care window:** The traditional single 6-week postpartum visit leaves little opportunity for ongoing screening and support.
- **Inadequate screening implementation:** Even when screening is mandated, follow-up systems and referral networks are often weak or absent.
- **Workplace barriers:** Lack of paid parental leave, inflexible schedules, and fear of job loss hinder treatment engagement.

PMAD Symptom Acuity

PMAD Symptom Acuity

“Acuity”

- The severity or intensity of a patient’s psychiatric condition
  - **Mild PMADs**
  - **Moderate PMADs**
  - **Severe PMADs**
- Treating these conditions is **not a one-size-fits-all approach**
- **The severity of illness requires different levels of treatment and interventions**

Levels of Physical Acuity

Ankle Sprain (mild)

A woman sprains her ankle. She goes to her primary care physician who tells her to:

- Avoiding weight-bearing activities for a week
- Apply ice packs to the injured area for 20 minutes at a time, several times a day, to reduce pain and swelling
- Wrap the ankle with a bandage to provide support and reduce swelling
- Keep the ankle raised above the level of the heart to reduce swelling

Ankle Hairline Fracture (moderate)

A woman has a hairline fracture in her ankle. She goes to her primary care physician who tells her to:

- Avoiding weight-bearing activities for 4-6 weeks
- Using crutches, a walking boot, or a cast to immobilize the ankle
- Use over-the-counter pain relievers, such as ibuprofen or acetaminophen
- Once pain and swelling subside, physical therapy exercises are recommended to strengthen the ankle muscles and improve range of motion

Broken Ankle (severe)

A woman breaks her ankle. She goes to her PCP who refers her to an orthopedic surgeon who decides she needs surgery.

During surgery in the hospital, the surgeon will realign the bones and fix them in place with screws. After surgery, the doctor tells her to:

- Attend physical therapy 2 – 3 times a week to regain strength and range of motion in the ankle
- Avoiding weight-bearing activities for 6-8 weeks
- Attend regular follow up appointments with doctor to monitor progress
- It may take several weeks to months to fully recover

Levels of PMAD Acuity

Mild PMAD Sx's

- **Symptoms:** You may have fewer and/or less intense symptoms. You might feel low, tired, or have a lack of motivation, but your symptoms are not interrupting your ability to complete daily tasks.
- **Impact:** Life is still manageable, though difficult at times. You may struggle to get through the day or avoid some social events, but you can still function and care for the baby.
- **Example:** Feeling down, crying sometimes and/or feeling anxious and a bit less interested in things, but still able to go to care for baby, return to work and complete your daily tasks, even if it feels like a struggle.

Moderate PMAD Sx's

Symptoms: You experience more symptoms and/or they are more pronounced than in mild cases. This can include low mood, irritability, and a loss of interest in previously pleasurable activities. You may feel disconnected from your baby and have repetitive scary intrusive thoughts.

Impact: Symptoms significantly interfere with your daily life. You may have trouble completing tasks including caring for baby, and your relationships may suffer. Daily functioning is noticeably impaired, and you may feel a lack of motivation and have difficulty with basic self-care.

Example: Not wanting to be with the baby or not letting anyone near the baby, finding it difficult to get out of bed or take care of yourself on a regular basis.

Severe PMAD Sx's

Symptoms: You have most if not all of the symptoms for a particular condition, and they are intense. For depression, this can include symptoms like worthlessness, hopelessness, suicidal thoughts and an inability to care for the baby.

Impact: Symptoms dramatically and markedly interfere with every aspect of your life, including caring for yourself, your baby, and other family members. You are a harm to yourself or others.

Example: Feeling completely unable to function, with thoughts of self-harm or suicide or experiencing mania or psychosis.

From Prevention to Treatment:
A PMAD Continuum of Care

- **Public Awareness**
- **Psychoeducation**
- **Prevention Programs**
- **Screening**
- **Referral**
  - A Warm Hand-Off
- **Peer Support Programs**
- **Support Groups**
- **Birth/Postpartum Support** (Doula's)

- **Psychiatric Access Programs**
- **Specialized Perinatal Outpatient Treatment**
  - Perinatal Therapy
  - Medication Management
- **Perinatal Intensive Outpatient Programs**
- **Perinatal Partial Hospital Programs**
- **Inpatient Hospitalization**
- **Mother Baby Units**

Maternal Mental Health Continuum of Care

PMAD Prevention

- Public Awareness
- Psychoeducation
- Prevention Programs
- Screening
- Referral
- Provider Consultation and Support
  - Psychiatric Access Programs

Support for Mild Sx's

- Birth/Postpartum Support Programs
- Peer Support Programs
- Support Groups
- Community Heath Workers

Treatment for Moderate Sx's

- Specialized Perinatal Outpatient Treatment
  - Perinatal Therapy
  - Reproductive Psychiatry
- Perinatal Intensive Outpatient Programs (IOP)

Treatment for Severe Sx's

- Perinatal Partial Hospital Programs (PHP)
- Perinatal Inpatient Hospitalization Program
- Mother Baby Units

PMAD Prevention

PMAD Public Awareness

Why is PMAD Public Awareness Important?

- We know that 80% of all women/birthing people experiencing PMADs remain untreated and undiagnosed due to shame, stigma and fear.
- We know that the general expectation of motherhood is that it's a wonderful, beautiful, fulfilling experience, and that most new and expecting mothers/birthing people don't know how common PMADs are or what they look like.
- **Public Awareness around PMADs aims to normalize the "real" and "hard parts" while promoting support and treatment.**

How can you incorporate PMAD Public Awareness?

- Provide PMAD public awareness videos to your clients / share them on your website
- Discuss the videos with your clients

US Department of Health and Human Services: Office on Women's Health

https://womenshealth.gov/talkingPPD/toolkit#:~:text=https://womenshealth.gov/talkingPPD/toolkit#:~:text=Get%20Help%20Now.,support%20women%20in%20finding%20help

Why is PMAD Psychoeducation Important?

- We can't expect that any one type of provider is going to give new and expecting mothers/birthing people education on PMADs
- The more we introduce perinatal clients and their families to PMADs – the more empowered they become to recognize psychiatric illness and know what to do
- **Education IS prevention**

How can you incorporate PMAD Psychoeducation?

- Provide PMAD brochures to your clients – have hard copies and posters in the waiting area and exam rooms, email them to clients with an explanation
- Discuss the brochures with your clients – explain why it's important to know about PMADs and where to get help and support if they feel like they are struggling

PMAD Psychoeducation

Postpartum Support International: Educational Materials

English/Spanish

https://postpartum.net/educational-materials/

Why are PMAD Prevention Programs Important?

They can prevent long-term negative effects on the mother, child, and family, such as difficulties with maternal-infant bonding, developmental delays in the child, and an increased risk of suicide for the mother. These programs provide education and coping skills to reduce the prevalence and severity of PPD, leading to healthier outcomes for everyone involved.

Benefits for mothers

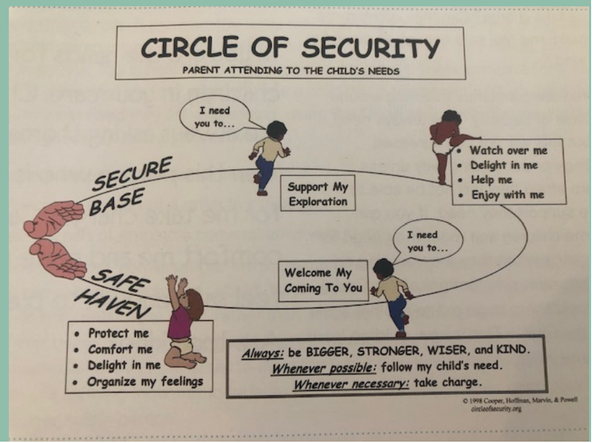
- Reduces risk of future PMAD
- Reduces maternal-infant bonding issues
- Decreases suicide risk
- Improves maternal health

Benefits for children

- Improves developmental outcomes
- Promotes healthy emotional development

How can you include a PMAD prevention program at your site?

Visit the websites and become a certified trainer for one of these programs!



PMAD Prevention Programs

- **The PREPP Program:** (*Practical Resources for Effective Postpartum Parenting*) This program has the potential to reduce the incidence of PPD in women at risk, and to directly impact the developing mother-child relationship, the mother's view of her child, and child outcomes. The program was created here in NYC at Columbia University by Dr. Catherine Monk.
  - https://www.perinatalpathways.org/prepptraining
- **The Rose Program:** (*Reach Out, Stay Strong, Essentials for Mother's and Newborns*) is an evidence-based program that has been shown to reduce cases of postpartum depression by 50% among low-income women in a series of randomized trials.
  - https://www.womenandinfants.org/rose-program-postpartum-depression
- **The Mothers and Babies Program:** Mothers and Babies is an evidence-based CBT-based intervention for pregnant people and new parents to help manage stress and prevent postpartum depression.
  - https://www.mothersandbabiesprogram.org/
- **The Circle of Security Program:** A relationship-based, evidence-based early intervention program for parents that strengthens the secure attachment between parents and children by helping caregivers understand and respond to their child's emotional needs.
  - https://www.circleofsecurityinternational.com/

PMAD Screening

Why is screening for PMADs important?

The use of research-validated screening tools can identify those who may be suffering from PMADs.

Screening can increase the identification of those who are at risk for PMADs and those who are currently suffering. Screening is the first step to identifying a problem so mothers/birthing people can receive treatment and care to reduce adverse maternal and infant outcomes.

Additionally, screening provides an opportunity for providers to:

- Indicate to the client that these disorders are common and treatable
- Inform mothers of the signs and symptoms of PMADs
- Share that these disorders are often preventable with the right support
- Note that early detection is important for the health of the mother and baby

How can you include Screening at your site?

- Don't assume that other providers are screening
- Utilize screening assessments with your clients
- Be prepared to make referrals for clients that score in a range that suggests they may be struggling
- Remember that screeners are not diagnostic!

Most Commonly Used Screening Tools

Edinburgh Pregnancy/Postnatal Depression Scale (**EPDS**) is a 10-question survey specific to the perinatal period, to detect depression which also includes two questions about anxiety.

Patient Health Questionnaire (PHQ 2 or 9) offers both a short (2-question) and long (9-question) screener used to detect depression.

Generalized Anxiety Disorder (**GAD 7**) offers a 7-question screener to detect generalized anxiety and worry associated with other anxiety-related disorders.

Less Commonly Used Screening Tools

Mood Disorder Questionnaire (**MDQ**) a 15-question bipolar disorder screener.

Obsessive Compulsive Inventory (OCI 12 or 4) 12- or 4-question screeners that rank intrusive thoughts and OCD symptoms on a four-point scale of symptom distress.

Columbia-Suicide Severity Rating Scale (C-SSRS) a 6-question screener to assess for suicidal ideation.

Posttraumatic Stress Disorder Checklist (PCL-5) a 20-question screener to assess for PTSD

What is a “warm” hand-off?

A warm handoff involves a collaborative and patient-centered approach where information about the patient's care and condition, including their mental health status, is shared openly and effectively between healthcare professionals.

It can mean sitting with the client and making the call to a provider together. Sometimes, making the call can be the hardest part.

Why is a “warm” hand-off important?

A smooth transition of care is crucial to ensure the mother receives the ongoing support and treatment she needs.

Research suggests that patients receiving warm handoffs had a 45% attendance rate compared to 24% for those receiving standard referrals, suggesting a positive impact.

People struggling with a PMAD are not in a place to pick up the phone and start calling around to see who will accept their insurance.

PMAD Referrals and “Warm” Hand-Offs

PMAD Referrals

- **Having a list of trusted perinatal support and treatment programs can be a great resource for clients. Make sure:**
    - You have identified a point person in your agency to manage the list
    - The list is updated every 3 months by asking the following questions:
        - ❖ Are you still taking perinatal clients?
        - ❖ Is there waitlist for support/treatment?
        - ❖ What insurances do you accept if at all?
        - ❖ How long does it take on average for a client to be paired with a therapist/prescriber?

Resources for PMAD Referrals

- **Postpartum Resource Center of New York**: https://postpartumny.org/
    - Warm Line 855-631-0001 9am – 5pm (7 days a week)
    - Parental Mental Health Peer Support Program with Peer Coaches
    - Free Support Groups
    - NYS MMH Resource Directory
- **Postpartum Support International**: https://postpartum.net/
    - Help Line – 800-944-4773 8am – 11pm (7 days a week)
    - Provider Director
    - Free Support Groups

Perinatal Collaborative Care Model

What is a Perinatal Collaborative Care Model?

The Perinatal Collaborative Care Model (CCM) involves integrating mental health into the perinatal care setting to provide the best care possible for all patients experiencing perinatal mood and anxiety disorders (PMADs).

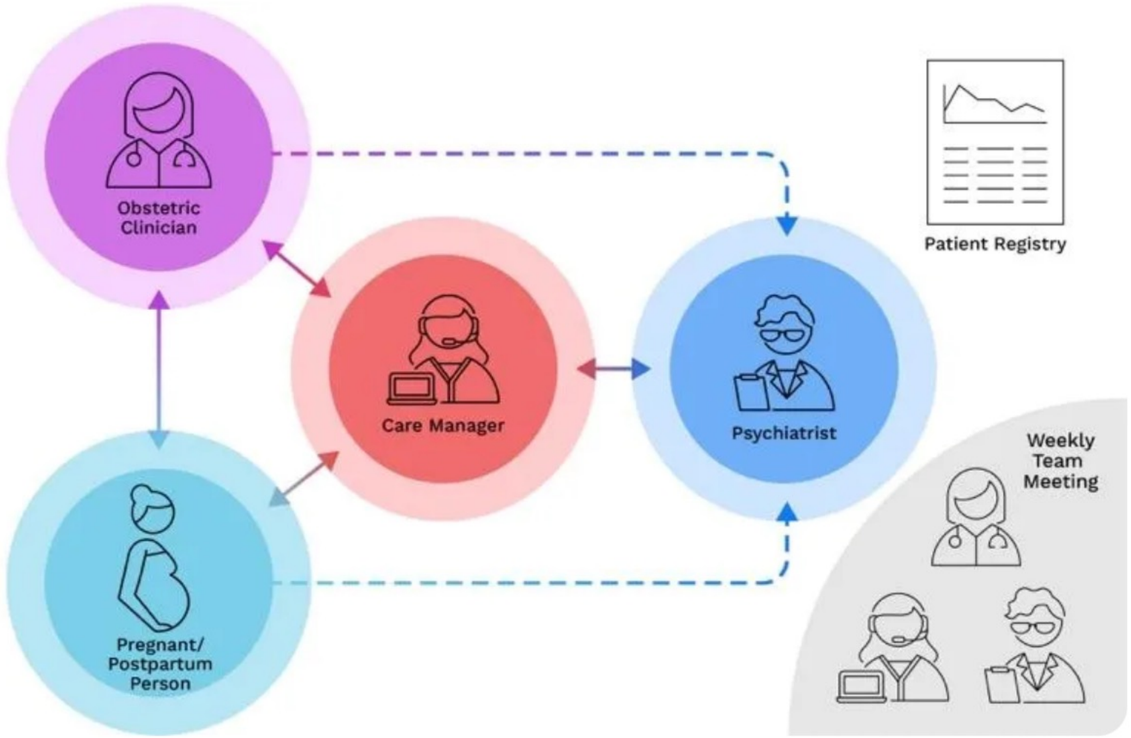
The Perinatal CCM utilizes a care manager (usually a licensed mental health clinician) who serves as a liaison between the patient and the obstetric provider and who is able to create a care plan for the patient and even provide short-term therapy.

Additionally, the care manager tracks the patient's symptoms reported on behavioral health screening tools closely. This allows for an effective evaluation of patient symptoms to modify patient care as needed. Within this model, the care manager, obstetric provider, and a supervising psychiatrist will meet weekly to review patient referrals and discuss the patient care plans

How Los Angeles Community Clinics Use the Collaborative Care Model to Improve Maternal Mental Health

In Los Angeles County, a five-year initiative is deploying the Collaborative Care Model to ensure that mothers receive timely and appropriate mental health care throughout the perinatal period:

https://www.chcf.org/resource/los-angeles-community-clinics-collaborative-care-model-improve-maternal-mental-health/?emci=dafbfe14-e4b0-f011-8e61-6045bded8ba4&emdi=a788254e-f6b0-f011-8e61-6045bded8ba4&ceid=23989906



The perinatal collaborative care model

What is a Perinatal Psychiatric Access Program?

The United States does not have enough mental health providers to address the demand. Perinatal Psychiatry Access Programs are helping to fill this gap.

Commonly referred to as “Access Programs” these are population-based programs at the national, state, and local levels helping address the demand in maternal mental health care by educating frontline providers, such as obstetricians, family physicians, pediatricians, and psychiatrists, to treat MMH conditions.

Perinatal Psychiatry Access Programs provide four key services to increase the capacity of frontline healthcare providers to address MMH conditions, thereby leveraging scarce psychiatric resources and increasing access to timely and evidence-based care:

- **Education:** to frontline providers to help them screen for and treat MMH conditions.
- **Technical Assistance**: to help frontline providers and practices implement screening and treatment protocols.
- **Consultation:** with psychiatrists for more complex cases.
- **Resources and Referrals:** for local supports such as therapists and support groups.

The model has been disseminated widely such that there are now 30 statewide or regional access programs and two national access programs.

Perinatal Psychiatric Access Programs

NY Project Teach

Telephone Consultations
Clinical Access Line: 855-227-7272
https://projectteachny.org/
Available Monday - Friday from 9am - 5pm

- Consultations with Reproductive Psychiatrists
- Perinatal mental health resources and referrals
- Perinatal mental health education / training

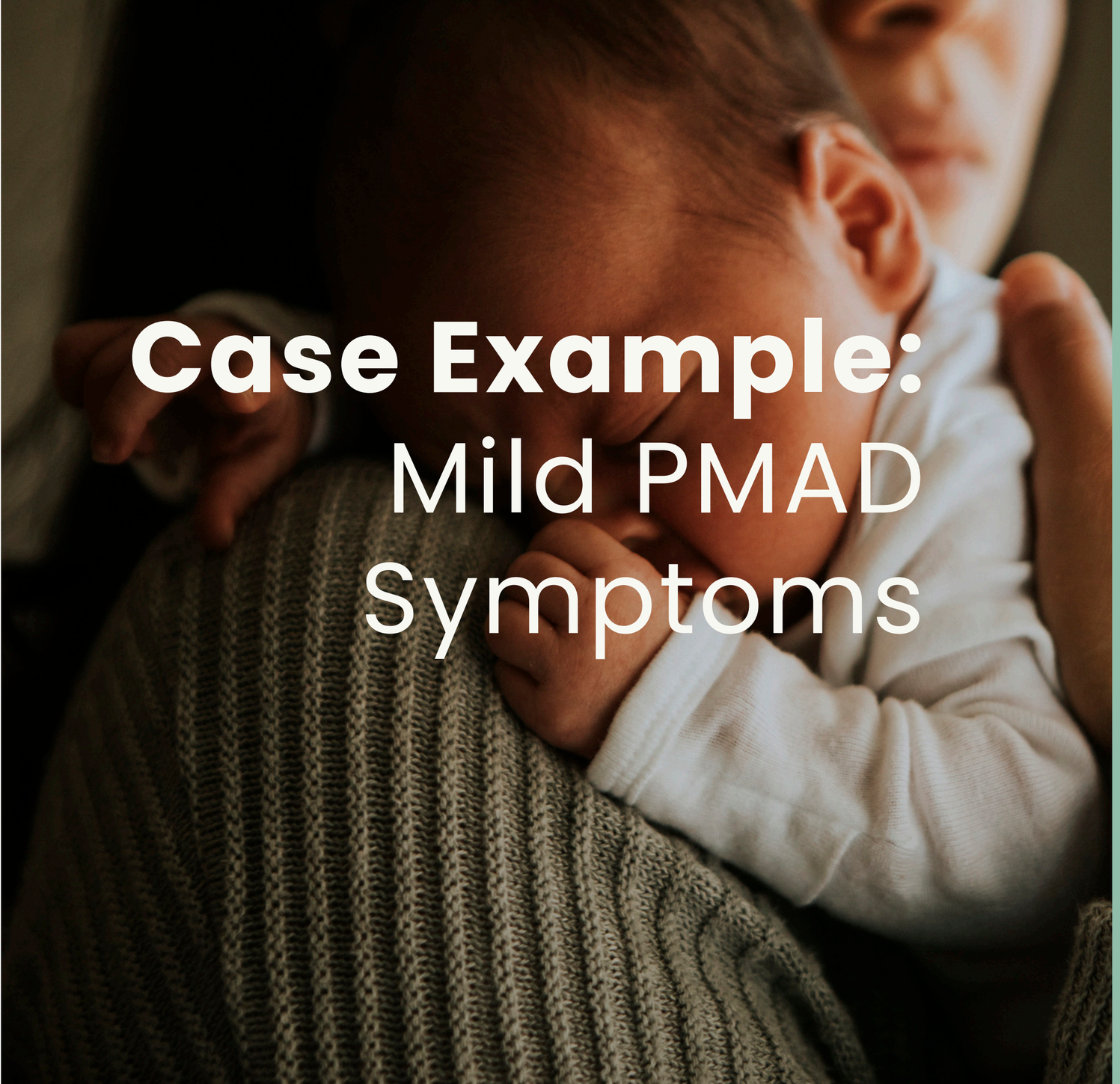
Postpartum Support Intl.

Perinatal Psychiatric Consultation Program
Clinical Access Line: 503-218-3818
Available Monday - Friday from 9am - 5pm
https://postpartumsupportinternational.simplybook.me/v2/

- Designed to address case-specific inquiries and does not accommodate generalized questions about perinatal psychopharmacology
- PSI members have access to the monthly Peer Consultation Group for prescribers, which meets on the fourth Friday of each month at 12 PM PST (3 PM EST)

Support for Mild PMAD Sx's

Mild symptoms are bothersome but don't prevent daily functioning



Case Example: Mild PMAD Symptoms

Sara, a 32-year-old first-time mother, gave birth to a healthy baby six weeks ago. Since coming home, she has felt sad at times, tearful, and easily overwhelmed. She reports feeling guilty for not feeling “happier,” and often compares herself to other new mothers who seem to have “figured it all out” better than she has. Though she’s caring for her baby’s needs, Sara sometimes feels like she is just going through the motions and often feels like a failure as a mother.

Birth and Postpartum Support Programs

What does the NYC New Family Home Visits Initiative provide?

The initiative's trained health workers provide education, screening and referrals on the following:

- Infant feeding including Breastfeeding
- Infant and home safety:
  - Car seats
  - Window guards
  - Lead hazards
  - Fire safety
  - Pest management
- Safe sleep education
- Bonding and child development
- Early intervention
- Mental health and chronic diseases
- Community health and social services:
  - Smoking cessation
  - Intimate partner violence
  - Getting a crib, diapers and other essential items for the baby

NYC DOHMH New Family Home Visits Initiative

https://www.nyc.gov/site/doh/health/health-topics/new-family-home-visits.page

The New Family Home Visits Initiative offers support, services and referrals to new and expectant parents.

Through this initiative, a trained health worker — such as a nurse, doula or community health worker — makes in-person or virtual visits to the home of a parent who is pregnant or has an infant or young child.

- **The Citywide Doula Initiative:** Find free, non-medical support before, during and after childbirth.
- **Newborn Home Visiting Program**: Get no-cost home visits and support for eligible pregnant people and parenting families.
- **NYC Nurse-Family Partnership:** Get your own personal nurse to support you to have a healthy pregnancy and a healthy baby.

Eligibility

Participating programs focus on providing services to families residing in low-income neighborhoods, public housing, and families receiving support from the Administration for Children's Services.

What is a Perinatal Peer Support Program?

Peer support provided by trained peer support specialists is a proven model for addressing mental health conditions.

A perinatal peer support program connects individuals who have experienced pregnancy or postpartum mental health challenges with trained peers who have similar lived experiences.

These programs provide emotional support, reduce stigma, share education, and foster a sense of community through shared understanding, which can increase access to quality care and help individuals feel less isolated during a vulnerable time.

They offer support for various perinatal mental health conditions and can be delivered through one-on-one mentoring, support groups, or helplines.

Perinatal Peer Support Programs

Postpartum Support Intl's Peer Mentor Program:

This program pairs individuals in need of support with a trained volunteer who has also experienced and fully recovered from a Perinatal Mood Disorder:

https://postpartum.net/get-help/peer-mentor program/#:~:text=PSI%20has%20a%20new%20resource,Perinatal%20Mood%20Disorder%20(PMD)

Postpartum Resource Center of New York:

Parental Mental Health Peer Support Program and Peer Coaches and free virtual Support Meetings: https://postpartumny.org/

Certified Peer Support – Policy Center for Maternal Mental Health:

Maternal mental health 'add-on' virtual training for peer support specialists is available to peers who have completed their state certification in peer support

https://policycentermmh.org/peer-support-doula-chw-addon-training/

Perinatal Support Groups

What is a Perinatal Support Group?

A perinatal support group is a community for individuals who are pregnant or have recently given birth, providing a safe space to share experiences, connect with others, and find support for challenges like depression, anxiety, and the general transition to parenthood. These groups help combat isolation and can be a vital resource for mental and emotional well-being during the perinatal period.

What can support groups offer new and expecting parents?

- **Community and connection:**
  A chance to connect with others who are going through similar experiences, which can reduce feelings of isolation.
- **Peer support:**
  The opportunity to learn from others who have firsthand experience with the challenges of pregnancy and early parenthood.
- **Mental health support:**
  A space to discuss and find support for mental health conditions that may arise during the perinatal period, such as anxiety, depression, or OCD.
- **Professional guidance:**
  Some groups are facilitated by licensed therapists who can offer expert guidance and lead discussions.
- **A non-judgmental environment:**
  A safe and confidential space to talk openly about the difficult parts of the experience without fear of judgment.

PSI's Online Support Groups:

PSI offers over 50+ FREE and virtual support groups:

https://postpartum.net/get-help/psi-online-support-meetings/

- ADHD Support for Pregnant and Postpartum Moms and Birthing People
- After Abortion Support
- Asian, Pacific Islander, and Desi Moms Support Group
- Bipolar Support for Perinatal Moms and Birthing People
- Birth and Medical Trauma Loss Group
- Birth Moms Support Group
- Birth Trauma Support
- Birth Trauma Support for Black, Indigenous, BIPOC Birthing People
- Black Moms Connect
- Black Moms in Loss Support Group
- Dad Support Group
- Deaf Perinatal Support Group
- Eating Disorder Support Group
- Mental Health Support for Special Needs and Medically Fragile Parenting
- Military Moms
- Mindfulness for Pregnant and Postpartum
- NICU Postpartum Parents
- Parenting After Loss
- Perinatal Mood Support Group
- Perinatal OCD Support Group
- Perinatal Support for LatinX Moms
- Postpartum Rage Support Group
- Pregnancy after Loss Group
- Pregnancy and Infant Loss Support Group
- Perinatal Psychosis Group for Survivors
- Parents of Multiples
- Queer and Trans Parent Support
- Single Parent Support
- Stillbirth and Infant Loss Support
- Substance Use Recovery Support
- Support for Families Touched by Postpartum Psychosis
- Termination for Medical Reasons Support
- Trying to Conceive after Loss
- When Breastfeeding Ends Before you are Ready
- Yoga for Pregnant and Postpartum Parents

NYC Perinatal and Early Childhood Mental Health Network

The Perinatal and Early Childhood Mental Health Network provides expert mental health services to pregnant and postpartum people, children under 5, and their families, as well as training opportunities for professionals.

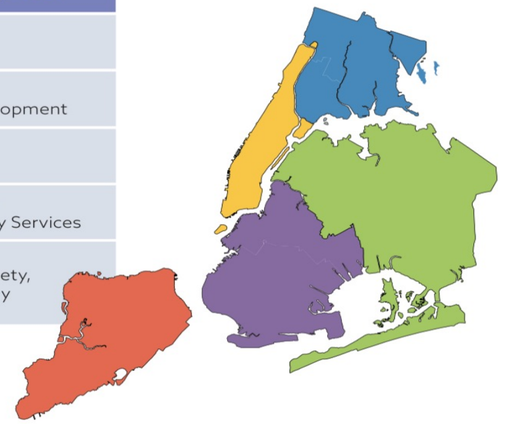
The network is made up of:

Five Perinatal and Early Childhood Mental Health Clinics that:

- Serve all five boroughs
- Provide culturally sensitive services in several languages
- Offer short wait times for appointments
- Accept Medicaid and other types of insurance

A citywide Training and Technical Assistance Center, which is a collaboration between the New York Center for Child Development and the McSilver Institute for Poverty Policy and Research at New York University.

To contact your nearest clinic, call:	
Bronx	646-459-6165 Association to Benefit Children
Manhattan	212-426-3400 Northside Center for Child Development
Queens	718-530-6892 The Child Center of New York
Brooklyn	800-603-OHEL (800-603-6435) Ohel Children's Home and Family Services
Staten Island	718-818-6570 Staten Island Mental Health Society, a division of Richmond University Medical Center



What do Perinatal and Early Childhood Mental Health Clinics offer?

Clinical services for pregnant and postpartum people, children, and families:

- Family, parent-child, and individual therapies
- Comprehensive assessment and care planning
- Parent education

Family peer support services for pregnant and parenting people:

- Help advocating for parent, caregiver, and child needs
- Emotional support
- Connection to community-based resources

Consultation services:

- Partnerships with professionals supporting pregnant and parenting people and children under 5
- Program-wide workshops and staff training

What the Training and Technical Assistance Center Offers

The Training and Technical Assistance Center builds the skills of perinatal and early childhood professionals to support mental health and well-being across multiple generations through:

- Specialized training in evidence-based models and best practices
- Workshops about perinatal and early childhood mental health and social-emotional development
- Learning forums and resource sharing

What are community based mental health programs?

Community-based perinatal mental health services in NYC include programs that provide mental health support before, during, and after pregnancy through clinics, home visits, and community health worker outreach. These services offer a range of support, such as psychoeducation, therapy, support groups, and screenings, often in multiple languages to serve diverse communities.

How can I learn more about community based perinatal mental health programs?

TTAC just held the **Inaugural Resource Fair** last week! A one-stop event designed to connect perinatal and early childhood service providers from across New York City. The fair featured a wide range of programs, services, and resources for providers serving pregnant and postpartum people, children under 5, and their families.

They welcomed guests from organizations that provide services in mental health, education, home visiting, substance use, health care, child welfare, and perinatal care to browse the many different resources related to supporting children, parents, and families.

https://ttacny.org/trainings/resource-fair/

NYC Community Based Perinatal Mental Health Programs

- **Samaritan Daytop Village Young Mothers Program:** https://www.samaritanvillage.org/wp-content/uploads/2025/06/YoungMothersProgram_brochure_11-21.pdf
- **The Catholic Guardian Services - Parenting Resource Center:** https://www.catholicguardian.org/child-welfare-family-support-services
- **Odyssey House:** https://odysseyhousenyc.org/treatment-programs/for-women-with-children/
- **NYP Family PEACE**: https://www.nyp.org/acn/community-programs/family-peace-trauma-treatment-center
- **Montefiore, GABI, Rose F Kennedy Children's Evaluation and Rehabilitation Center:** https://einsteinmed.edu/centers/childrens-evaluation-rehabilitation
- **Lower East Side Service Center (LESC) Pregnant Women and Infant's Program**: https://www.lesc.org/pregnant-women-and-infants-program/
- **Center for the Transition to Parenthood (CTtP) at Columbia University, Women's Mental Health:** https://www.vagelos.columbia.edu/departments-centers/center-transition-parenthood
- **Family Health Centers at NYU Langone, Community-Based Programs Department:** https://nyulangone.org/care-services/family-health-centers-at-nyu-langone/community-based-programs-family-health-centers-at-nyu-langone
- **Mosaic Mental Health:** https://www.mosaicmh.org/

Support for Moderate PMAD Sx's

moderate symptoms cause more significant problems at work, in relationships, and in managing daily tasks.

Case Example: Moderate PMAD Symptoms

Jasmine, a 28-year-old in her second trimester, has been experiencing excessive worry about her pregnancy and baby's health. She frequently seeks reassurance from her doctor despite receiving normal test results. Jasmine has difficulty sleeping, often lying awake imagining worst-case scenarios about labor and delivery. Her heart races when she feels the baby move less than expected, and she checks fetal monitoring apps multiple times a day. Though she continues working, her concentration has decreased, and she feels tense and on edge most of the time. Jasmine recognizes her anxiety is interfering with her daily life but feels unable to control it.

Perinatal People are a Special Population and Require Specialized Care

Perinatal Therapist (PhD, LCSW, LMHC, LMFT)

Perinatal Mental Health Certification (PMH-C)

PMH-C stands for Perinatal Mental Health Certification, a credential for professionals who specialize in supporting individuals experiencing mood and anxiety disorders during pregnancy and after childbirth. This certification is offered by **Postpartum Support International** and signifies that the holder has met specific educational and experience requirements and passed an exam to demonstrate competence in this specialized field. Choosing a PMH-C certified provider means a higher level of specialized expertise in perinatal mental health

Reproductive Psychiatry (MD, PMHNP)

Reproductive psychiatry is a sub-specialty of general psychiatry that focuses on the unique mental health needs and treatment of people who have psychiatric symptoms related to reproductive cycle transitions. Reproductive psychiatrists are experts in the diagnosis and management of mood and anxiety symptoms that occur around the menstrual cycle, across pregnancy and in the postpartum, and during the perimenopausal years.

Perinatal Outpatient Treatment

Outpatient therapy is a type of mental health treatment where individuals receive counseling and therapy while living at home, attending sessions at a facility or online. It is suitable for those who do not need 24-hour supervision and can maintain their daily responsibilities like caring for baby, work or school.

Outpatient medication management is a level of mental health treatment that involves the initial evaluation of the patient's need for psychotropic medications, the provision of a prescription, and ongoing medical monitoring related to the patient's use of the psychotropic medication by a qualified physician/prescriber.

HOSPITAL BASED OUTPATIENT PROGRAMS

- **Maimonides Medical Center Mental and Behavioral Health:** https://maimo.org/treatments-care/mental-and-behavioral-health/
- **New York Presbyterian Hospital, Women's Mental Health Clinic:** https://www.nyp.org/psychiatry/womens-mental-health
- **Mount Sinai Women's Mental Health Center:** https://www.mountsinai.org/care/psychiatry/services/womens-mental-health
- **Columbia University Irving Medical Center Women's and Reproductive Mental Health (WARM) Program:** https://www.columbiadoctors.org/specialties/psychiatry-psychology/our-services/womens-and-reproductive-mental-health-warm-program
- **Audubon Clinic**: https://nyspi.org/nyspi/patients-and-families/audubon-clinic
- **NYU Langone Reproductive Psychiatry Program**: https://nyulangone.org/locations/nyu-langone-psychiatry-associates/reproductive-psychiatry-program
- **Northwell Health Perinatal Psychiatry**: https://www.northwell.edu/sites/northwell.edu/files/2022-01/Perinatal-Psychiatry-Outpatient-Brochure.pdf
- **Zucker Hillside Women's Behavioral Health**: https://zucker.northwell.edu/womens-behavioral-health
- **Lenox Hill Hospital Reproductive Mental Health Program:** https://meeth.northwell.edu/center-for-mental-health#:~:text=The%20Reproductive%20Mental%20Health%20Program,as%20well%20as%20psychopharmacological%20intervention.

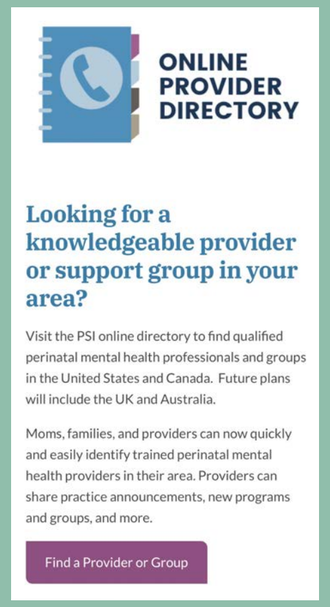
Perinatal Telehealth Outpatient Treatment

Perinatal Telehealth Platforms

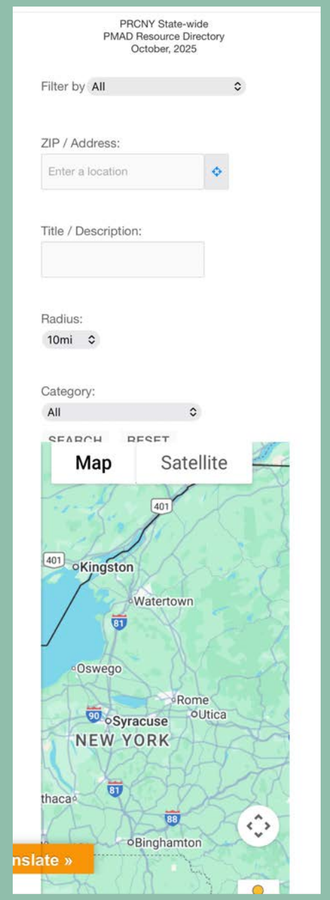
- **Seven Starling**: https://www.sevenstarling.com/
- **Mavida Health**: https://www.mavidahealth.com/
- **Family Well Health**: https://www.familywellhealth.com/
- **Momwell**: https://www.momwell.com/
- **Candlelit Care**: https://candlelitcare.com/

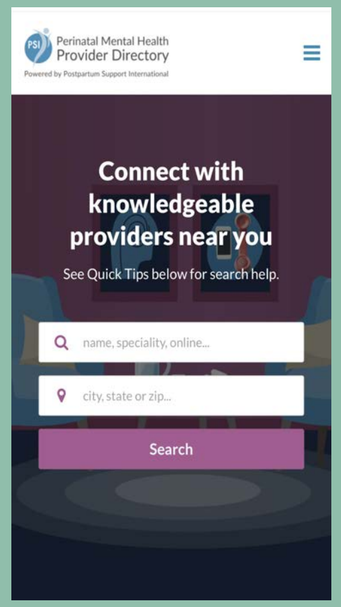
SEVEN STARLING

PSI Provider Directory



PRCNY Directory





Perinatal Outpatient Directory

Postpartum Support International

Provider Directory

https://psidirectory.com/

Postpartum Resource Center of New York

PRCNY Directory

https://postpartumny.org/resourcedirectory/

Perinatal Intensive Outpatient Program (IOP)

What is a Perinatal IOP?

A Perinatal Intensive Outpatient Program (IOP) is a specialized, structured mental health program for pregnant and postpartum individuals experiencing **moderate to severe** mood and anxiety disorders. It provides more support than traditional weekly therapy but is less intensive than inpatient hospitalization.

IOPs offer a structured curriculum that runs **3 – 5 hours a day, 2 – 3 days a week**. They include a multidisciplinary team of perinatal professionals including psychologists, social workers, and nurses. New and expecting mothers are in community with others so they are receiving peer support, validation, and connection to others which can reduce feelings of isolation.

Key features of an IOP:

- **Group Therapy:** A significant portion of the program involves group sessions where participants can learn and practice coping skills and connect with others.
- **Skills Building**: Programs teach specific coping strategies for managing symptoms, such as anxiety, depression, or obsessive thoughts.
- **Individual and family therapy**: Most programs also offer individual and family sessions to address specific needs.
- **Support for parents and babies:** Some programs allow parents to bring their babies to sessions to help facilitate bonding and reduce barriers to attending.
- **Additional support:** Depending on the program, support may also include medication management, nutritional support, and coordination with other services like doula programs.

Who it's for:

- Individuals with moderate to severe perinatal mood and anxiety disorders, including depression, anxiety, or OCD.
- Those who are not feeling better with traditional weekly therapy and need a more intensive level of support to return to their previous level of functioning.
- People who are struggling with challenges like difficulty bonding with the baby, intrusive thoughts, or persistent feelings of guilt or hopelessness

Macari Perinatal IOP

The Child Center of NY's Perinatal Intensive Outpatient Program, an initiative by the New York State Office of Mental Health, provides intensive mental health services and supports to people who are pregnant or recently gave birth and were newly diagnosed with Perinatal Mood and Anxiety Disorders, more commonly known as Postpartum Depression.

The program is five hours a day, for two days a week, depending on need. An on-site nursery staffed by experienced caregivers helps participants focus on their recovery and involve their baby in their healing. Extended family members and fathers are welcome too!

The Child Center of NY Macari Perinatal Intensive Outpatient Program (IOP)

- Screening and assessment
- individual and family therapy
- dyadic mother-baby interaction therapy
- therapeutic, parenting and psychoeducation groups
- peer support
- psychiatric evaluation and medication management
- on-site pediatric services
- on-site therapeutic nursery
- case management
- SUD treatment
- Child abuse prevention
- Benefits access including entitlements, health insurance, social services and legal services

https://childcenterny.org/macari-perinatal-intensive-outpatient-program/

Support for Severe PMAD Sx's

Severe symptoms markedly interfere with all aspects of life and may include suicidal thoughts, requiring the most intensive treatment. Birthing person struggles to care for herself and others.

Case Example: Severe PMADs

Elena, a 35-year-old woman who gave birth three weeks ago, has recently begun exhibiting severe changes in mood and behavior. She sleeps very little yet reports feeling “energized” and claims she has received special messages from the baby about a divine mission. Her partner noticed she has become increasingly agitated, talking rapidly and expressing confusion about time and place. Elena has mentioned hearing voices that others cannot hear and at times believes her baby is in danger from unseen forces.

Perinatal Partial Hospital Program (PHP)

What is a Perinatal Partial Hospital Program?

A perinatal partial hospital program is a day-long, intensive outpatient mental health treatment for individuals who are pregnant or postpartum. It provides a structured therapeutic environment with a multidisciplinary team for five hours a day, five days a week, allowing patients to return home each evening while still receiving a higher level of care than an IOP. Programs often include individual and group therapy, medication management, and specialized services such as on-site nursery care for babies.

Key features of a perinatal PHP are similar to those of an IOP and include:

Intensive treatment: Patients attend for five hours a day, five days a week, providing more support than standard outpatient therapy or IOP program.

Specialized care: The program focuses specifically on mental health conditions during pregnancy and the postpartum period, such as depression, anxiety, and OCD.

- Skill development
- Multidisciplinary team
- Structured therapy / medication management on-site
- In-home living
- Support for infants
- Couples counseling
- Partner support

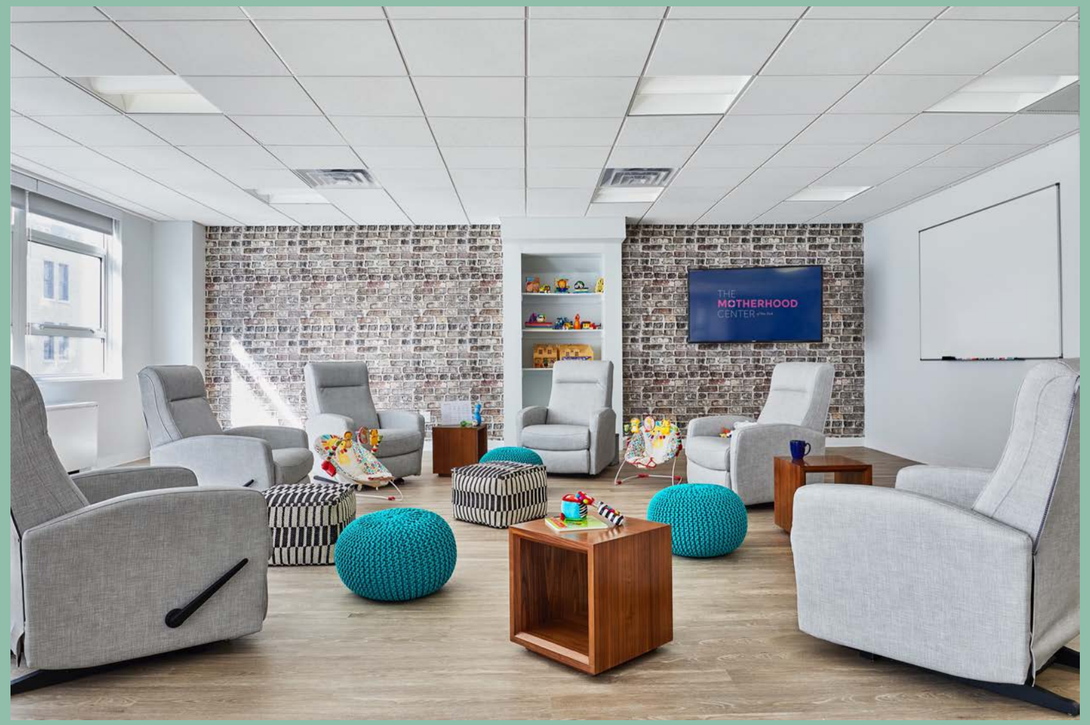
Who it's for:

- **Expectant or new parents** struggling with perinatal mood and anxiety disorders like prenatal and postpartum depression, anxiety, OCD, PTSD, or bipolar disorder.
- **Individuals with moderate to severe symptoms** who need a higher level of support than what weekly outpatient appointments can provide.
- **Those transitioning from an inpatient setting** who are ready for a less intensive, but still structured, level of care.
- **Parents who may have difficulty** caring for themselves or their baby due to their symptoms.

The Motherhood Center’s Day Program

The Day Program is a more intensive level of care that helps new and expecting moms/birthing parents who are having a hard time caring for themselves and/or their baby feel much BETTER – much FASTER.

The Day Program is offered both virtually and in person. This determination is made on a case-by-case basis, depending on symptom acuity and patient location. The program runs from 10 am – 3 pm, Monday – Friday, and the average length of stay is anywhere from 4 – 8 weeks.



The Motherhood Center’s Perinatal Partial Hospital Program (PHP)

THE MOTHERHOOD CENTER

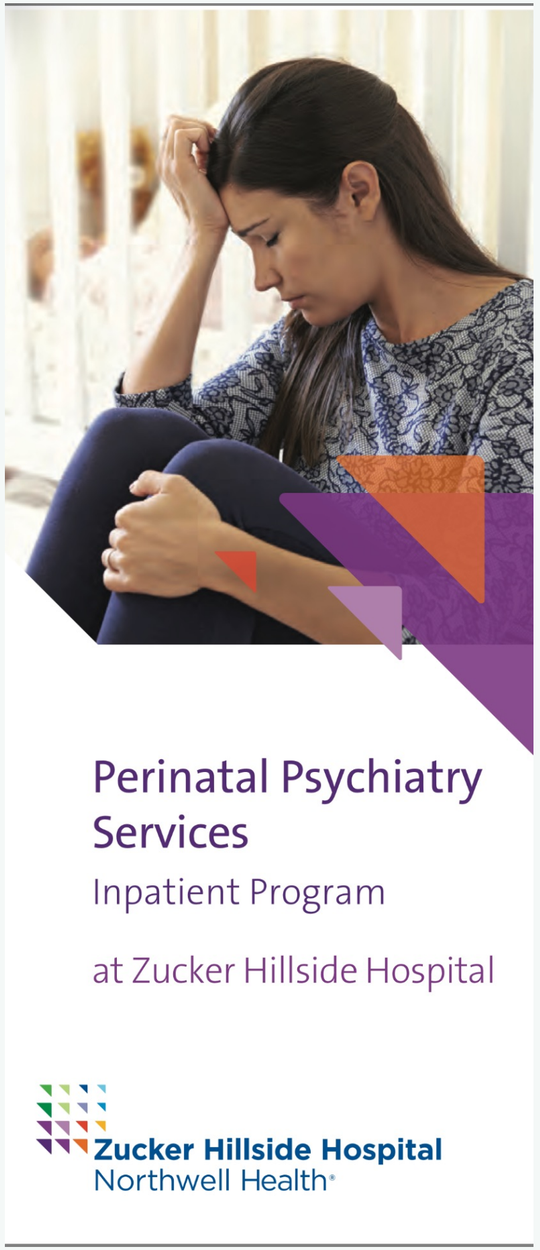
- 5 days a week
- 5 hours a day
- Group therapy
- Dyadic therapy
- Individual therapy
- Medication management
- Onsite nursery
- Couples counseling
- Partner’s support
- Art therapy, infant care, yoga
- 4 to 8-week average length of stay

Women's Inpatient Hospital Units

Who needs to be admitted to an inpatient unit?

Perinatal people needing admission to an inpatient mental health unit typically present a risk of harm to themselves or others and/or are experiencing a crisis that prevents them from caring for themselves and/or their baby.

This includes those with suicidal or homicidal thoughts, severe self-harm, or dangerous behaviors like hallucinations or paranoia that require a high level of supervision not available in an outpatient setting.



- **Zucker Hillside Perinatal Inpatient Program:** https://www.northwell.edu/sites/northwell.edu/files/2022-01/Perinatal-Psychiatry-Inpatient-Brochure.pdf

- **New York Presbyterian, Westchester Behavioral Health Center:** https://www.nyp.org/psychiatry/adult-psychiatry/inpatient-psychiatric-services-for-adults

NewYork-Presbyterian

True “Mother Baby Units” In Other Countries

- **Mother and Baby Units (MBUs)** are specialized inpatient treatment units where mothers with mental illness are admitted with their babies.
- Mother’s receive **intensive inpatient treatment and support** while learning to care for their baby and focus on bonding and attachment.
- Length of stay is usually around **3 months.**
- There are **no “true” MBU’s in the U.S.**
- There are **19 in England**

NY Times Article:

She Had Thoughts of Harming Her Baby. To Treat Her, Doctors Kept Them Together.

https://www.nytimes.com/2024/10/09/well/postpartum-psychosis-health-pregnancy-women.html

"I was seeing things and believing things that were completely mad," said Alexandra Hardie, who was diagnosed with postpartum psychosis after the birth of her daughter in 2016. Jaime Molina for The New York Times

She Had Thoughts of Harming Her Baby. To Treat Her, Doctors Kept Them Together.

In specialized wards called mother-and-baby units, doctors treat postpartum psychosis while allowing women to keep caring for their children.

Listen to this article · 14:38 min Learn more

By Chloe W. Shakin

Chloe Shakin interviewed more than a dozen women with postpartum psychosis and visited mother-and-

Call to Action:

What will you integrate into your setting?

PMAD Resources

The Suicide and Crisis Lifeline – 988

National Maternal Mental Health Hotline:
833-TLC-MAMA

Postpartum Support International:
www.postpartum.net/
Helpline: 800-944-4773

The Postpartum Resource Center of NY:
www.postpartumny.org/
Helpline: 855-631-0001

New York Project Teach:
www.projectteachny.org/maternal-mental-health/
(855) 227-7272

Q and A

Thank you!

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Perinatal Mental Health Specialist

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