

# UVM ScholarWorks

## Resource Guide for Pregnancy-Related Mental Health Disorders

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# Resource Guide for Pregnancy-Related Mental Health Disorders

Site: UVMHC Milton Family Medicine

Site Location: Milton, VT

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# Problem Identification & Need

- Pregnancy-related mental health disorders, such as postpartum depression (PPD), postpartum psychosis (PPP), and perinatal or postpartum mood and anxiety disorder (PMAD), affect a significant portion of new mothers in the United States. The CDC reports that approximately 1 in 4 women experience symptoms, yet many cases go undiagnosed due to limited awareness and stigma.<sup>3</sup>
- Rural areas such as Milton, Vermont, face unique challenges, including a shortage of mental health providers and limited access to specialized postpartum care.
- Early identification and intervention are crucial to preventing severe outcomes for both mothers and their infants.

# Public Health Cost

- According to the Vermont Department of Public Health, 11% of people who give birth show signs of postpartum depression.<sup>1</sup>
- PMADs increased from about 20% in 2014 to 25% in 2020, indicating a growing concern for maternal mental health.<sup>1</sup>
- The estimated cost burden for untreated pregnancy related mood disorders in Vermont is \$48 million, which encompasses both direct healthcare expenses and indirect societal impacts, such as lost productivity, increased medical interventions, and the long-term developmental effects on children.<sup>2</sup>

# Community Perspective: Dr. David Swift

## BARRIERS TO SEEKING HELP

“There is still lots of stigma around mental health, we discuss this at our prenatal appointments, at the hospital and at all follow ups for both moms and babies. Time for going to counseling is another big barrier, new moms have so many demands on their time that trying to find time or space for counseling can be really hard. Feeling like these feelings are short term and may pass, like they will get better without help. Access is a huge issue as well as we can recommend counseling but if there is no-one available patients are frustrated.”

## CURRENT RESOURCES & NEED FOR MORE

“Not right off hand. There are handouts that live in EPIC and a packet given to all patients at discharge from UVMMC.”

“I believe this is a critically important topic and would love to have more information/resources to share with my patients at point of contact in the future.”

# Intervention and Methodology

**Given the identified need, a handout was developed to serve as a quick and accessible resource for physicians to provide to patients during office visits.**

- The handout functions as a conversation starter, empowering patients to seek help by normalizing discussions about maternal mental health. The goal is to bridge the gap in communication and awareness for patients who may be experiencing or at risk of postpartum depression, anxiety, or other pregnancy-related mood disorders.

## Handout Information

### **Reassurance and Encouragement:**

A compassionate and supportive statement aims to reinforce the message that patients are not alone.

Emphasizing that seeking help is a sign of strength and that mental health challenges during and after pregnancy are common and treatable.

### **Recognizing Pregnancy-Related Mood Disorders:**

The handout includes a simple, easy-to-read list of symptoms associated with pregnancy-related mood disorders.

### **Encouragement to Take Action:**

The pamphlet provides next steps for patients who resonate with the symptoms listed, including encouraging patients to speak with their healthcare provider, contact a mental health specialist, or join local postpartum support groups.

# PERINATAL & POSTNATAL MENTAL HEALTH

YOU ARE NOT ALONE. YOU ARE NOT TO BLAME.  
WITH HELP, YOU WILL FEEL BETTER!



## 1 IN 4

WOMEN SUFFER FROM SYMPTOMS OF DEPRESSION AND/OR ANXIETY DURING THE PERINATAL PERIOD.

### HOW ARE YOU FEELING?

Having a baby brings a mix of emotions, including feeling sad and feeling overwhelmed. While many women experience some mild mood changes or "the blues" during or after the birth of a child, 1 in 7 women experience more significant symptoms of depression or anxiety.

#### ASK YOURSELF

ARE YOU FEELING SAD, DEPRESSED, GUILT, SHAME, OR HOPELESSNESS?

DO YOU FEEL MORE IRRITABLE OR TENSE?

DO YOU FEEL ANXIOUS OR PANICKY?

FEELINGS OF ANGER, RAGE, OR SCARY UNWANTED THOUGHTS

LOSS OF INTEREST IN THE BABY OR DIFFICULTY WITH BONDING WITH BABY?

ARE YOU WORRIED THAT YOU MIGHT HURT YOUR BABY OR YOURSELF?

### PREGNANCY/POSTPARTUM DEPRESSION

Include feelings of anger, irritability, guilt, lack of interest in the baby, changes in eating and sleeping, trouble concentrating, thoughts of hopelessness and sometimes thoughts of harming the baby or yourself.

### PREGNANCY/POSTPARTUM ANXIETY

Include extreme worries and fears, including the health and safety of the baby. Some women have panic attacks and might feel shortness of breath, chest pain, dizziness, feeling of losing control, numbness and tingling

### POSTPARTUM PSYCHOSIS

Include seeing or hearing voices or images others can't, feeling very energetic and unable to sleep, believing things that are not true and distrusting those around you. This can be dangerous, so it is important to seek help immediately.

### THINGS YOU CAN DO

- Talk to a counselor or healthcare provider who has training in perinatal mood and anxiety problems.
  - Seek support from family and friends. Ask for help when you need it.
  - Keep active, eat a healthy diet, and get enough rest and time for yourself.
  - Don't give up! It may take more than one try to get the right help you need.

CONTACT THE UVMMC MILTON FAMILY MEDICINE PRACTICE

#### MATERNAL HEALTH HOTLINE

THE NATIONAL MATERNAL MENTAL HEALTH HOTLINE IS FREE, CONFIDENTIAL, AND HERE TO HELP, 24/7.  
1-833-TLC-MAMA



#### POSTPARTUM SUPPORT HELPLINE

THE PSI HELPLINE IS A TOLL-FREE TELEPHONE NUMBER TO ACCESS BASIC INFORMATION, SUPPORT, AND RESOURCES.  
1-800-944-4773



#### HELP ME GROW

CONNECTS EXPECTING AND NEW FAMILIES TO MENTAL HEALTH CLINICIANS WHO ARE EXPERTS IN TREATING PMADS AND OTHER COMMUNITY SERVICES.  
CALL 211, OPTION 6



FOR MORE INFORMATION, CONTACT US AND SCHEDULE AN APPOINTMENT!

(802) 847-4322

# Response to Intervention

There was unfortunately not enough designated time to track the response of the handout. Despite this the site response to the handout served as a helpful option to have at the point of contact.

# Evaluation of Proposed Intervention

## Effectiveness

1. **Increases Awareness:** Educates patients to promote early detection and encouraging open dialogue between patients and providers.
2. **Normalizes Help-Seeking Behavior:** Reassuring language helps reduce stigma and fosters a sense of community and understanding, making patients more likely to seek help.
3. **Enhance Provider-Patient Communication:** Allows physicians to quickly address mental health concerns, ensuring no patient leaves without support or guidance.
4. **Low-Cost:** Serves as a low-cost initiative that can be easily scaled and adapted to fit other sites in Vermont

## Limitations

1. **Limited Depth:** May not fully capture the complexity of pregnancy-related mood disorders. Some patients may require more in-depth education or counseling.
2. **Follow-Up Gaps:** May be challenging to track whether patients who receive the handout pursue care or experience improvement in their mental health.
3. **Provider Time Constraints:** Physicians with limited time during visits may not consistently distribute or discuss the handout, reducing its overall reach and impact.
4. **Cultural and Language Barriers:** May need to be translated or adapted to better serve non-English speaking patients or those from diverse cultural backgrounds.

# Recommendations for Future Projects

- Develop a series of handouts that target specific postpartum mental health conditions (e.g., postpartum depression, anxiety, PTSD). Each handout would focus on one condition, offering more detailed insights and tailored resources.
- Translate the handout into multiple languages commonly spoken in the community and ensure it reflects cultural sensitivities regarding mental health.
- Survey project for clinicians and staff to determine if the handout is helpful to patients

# References

1. Vermont Department of Health. (2024, October). *Pregnancy Risk Assessment Monitoring System Phase 8 Report: A look at pre and postnatal experiences of Vermonters from 2016 to 2022* (p. 13).  
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2. Platt, I., Pendl-Robinson, E., Dehus, E., O'Neil, S., Vohra, D., & Zivin, K. (2023). *Estimating the costs of untreated perinatal mood and anxiety disorders in Vermont*. Mathematica, Vermont Department of Health. Retrieved from <https://www.mathematica.org/publications/societal-costs-of-untreated-perinatal-mood-and-anxiety-disorders-in-vermont>
3. National Institute of Child Health and Human Development. (n.d.). *Action plan for depression and anxiety around pregnancy*. [Brochure]. <https://angelsguidelines.com/wp-content/uploads/2017/04/PostpartumDepressionBooklet100323.pdf>