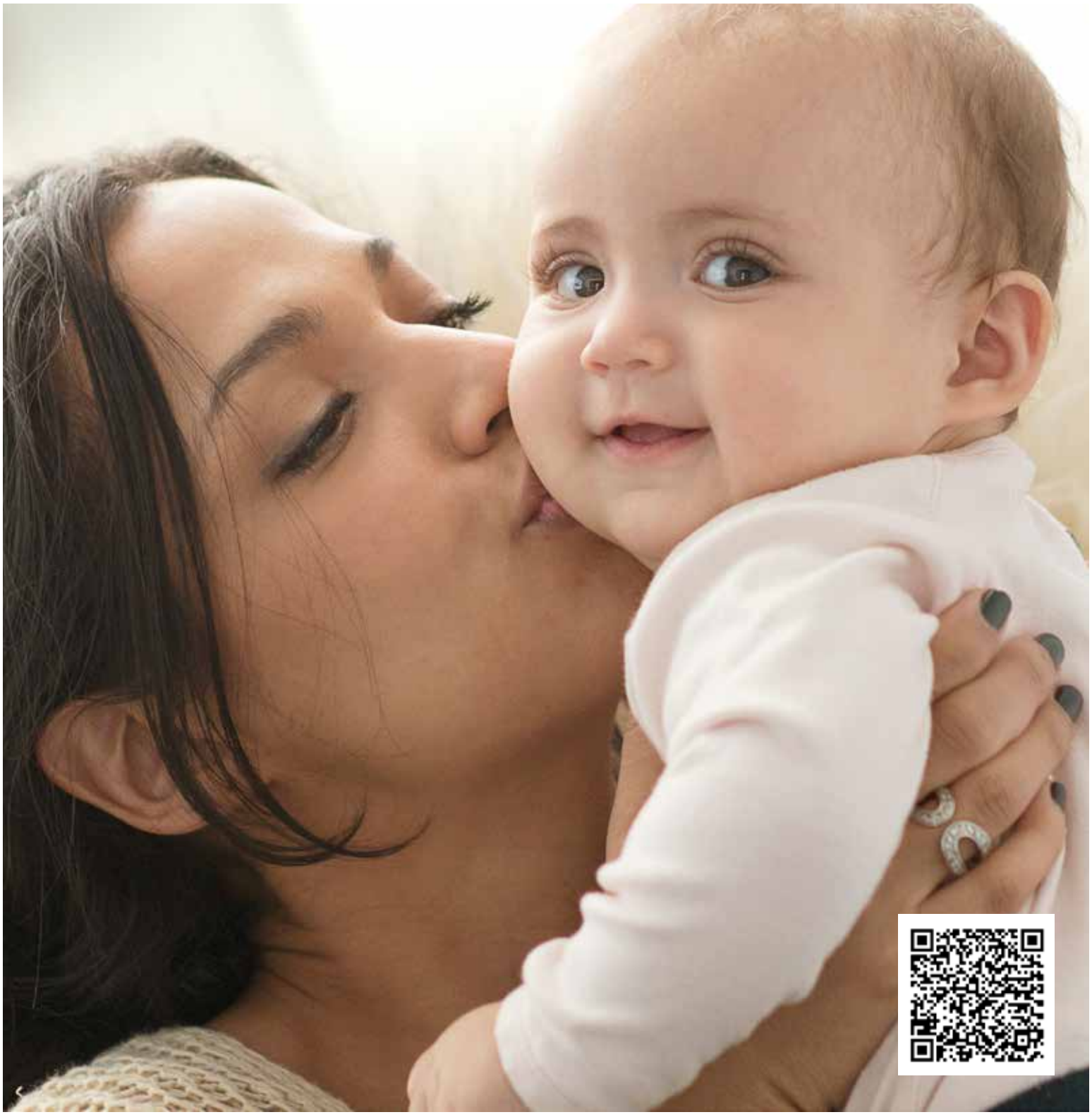
FIRST 5
ORANGE COUNTY
CHILDREN & FAMILIES COMMISSION

# Orange County Perinatal Mental Health Toolkit



National Collaborative for Infants & Toddlers™
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OC health CARE AGENCY

ORANGE COUNTY MEDICAL ASSOCIATION

CalOptima
A Public Agency
Better. Together.

MOMS Orange County
Helping Families Have Healthy Babies

hoag

COMMUNITY PERINATAL NETWORK
A Regional Perinatal Program of California

HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA®

Children and Family Futures
Strengthening Partnerships, Improving Family Outcomes

St. Joseph Health

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# Background

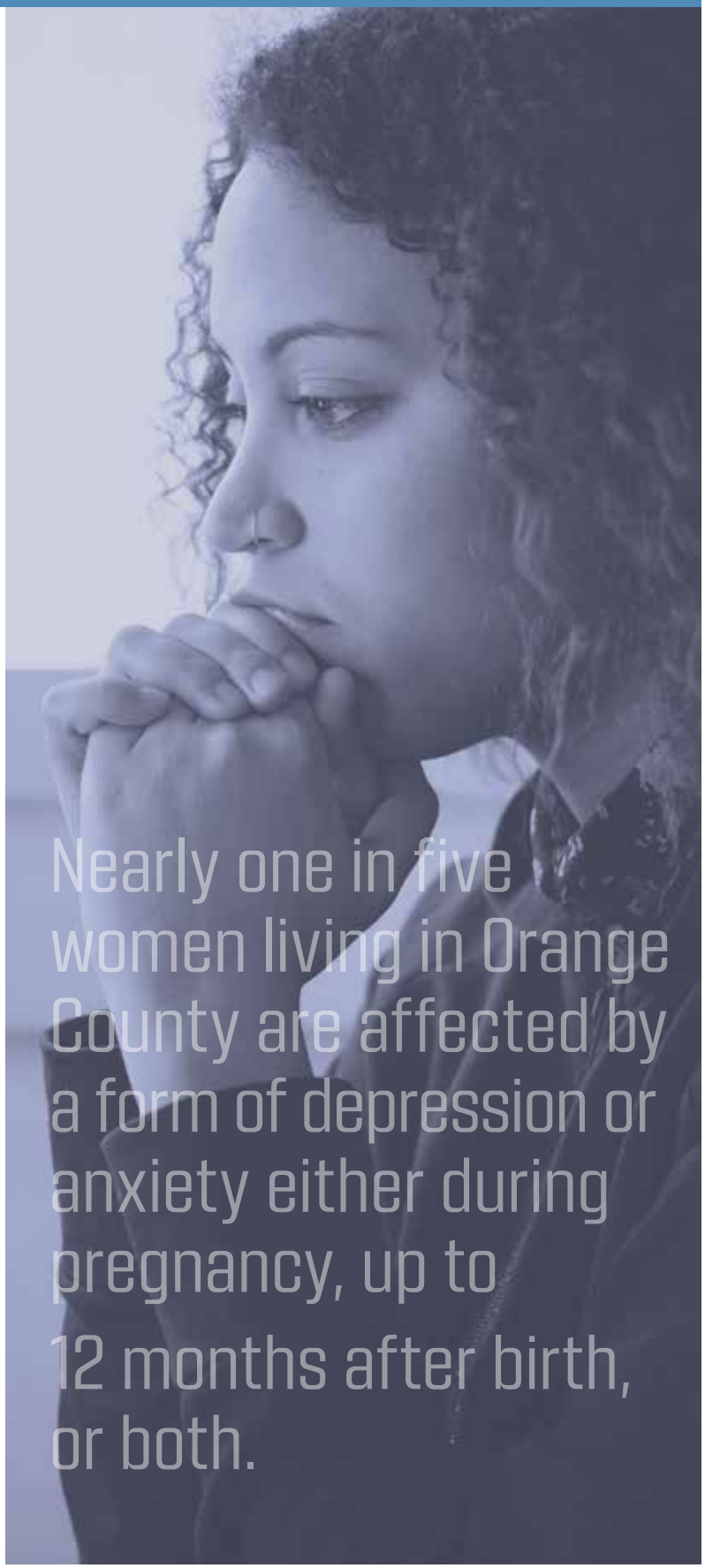
Nearly one in five women living in Orange County are affected by a form of depression or anxiety either during pregnancy, up to 12 months after birth, or both. Nationally, one in ten men are impacted as well. Referred to as Perinatal Mood and Anxiety Disorders (PMADs), the rate of these conditions increases among mothers experiencing multiple stressors, such as racism, poverty, and adverse childhood events during their own childhood. Left untreated, depression in mothers and other caregivers can put a strain on relationships at home, in addition to negatively impacting all aspects of the young child's development.

Recognizing the long-term impact of perinatal mood and anxiety disorders on families and children, and after the 2018 passage of a Maternal Mental Health Bill Package in California, the need for local systems building around perinatal mental health became evident.

While several programs to treat PMADs already existed in Orange County, access to those services was limited due to a lack of knowledge on the topic and of the resources available. Building on the substantive work by the Orange County Health Care Agency (OCHCA) and the Orange County Perinatal Council, community partners, First 5 Orange County, OCHCA, the Orange County Medical Association, CalOptima, Hoag and St. Joseph Hospitals, MOMs Orange County, Children and Family Futures, the Hospital Association of Southern California, and the Regional Perinatal Network, formed the Orange County Perinatal Mood and Anxiety Disorders Collaborative in 2019.

The Orange County Perinatal Mental Health Toolkit was developed by the OC PMAD Collaborative in order to build the foundation for a perinatal mental health system of support. The toolkit contains local resources, evidence-based tools, and recommendations to assist healthcare and service providers in offering education, preventive interventions, screening, referral, and treatment for new and expecting parents. Updates to this toolkit will be made yearly. Questions and feedback directed to **First5OC@cfcoc.ocgov.com** are welcome.

For specific inquiries regarding mental health services and treatment programs for non-perinatal adults and children, contact **1-855-OC-LINKS (1-855-625-4657)**.



# When to Use this Toolkit

In accordance with best practice recommendations by the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, Bright Futures, as well as in compliance with California Assembly Bill 2193 requiring prenatal and postpartum mental health screenings, this toolkit seeks to equip health care and other providers with tools for identifying and connecting families to resources that address their emotional and mental well-being.

It is recommended that all perinatal clients receive an evidence-based screening during the primary care visit, whether in the obstetric, family practice, or pediatric setting. Recommendations include but are not limited to:

- Obstetric visit: At minimum once prenatally and once postpartum
- Pediatric visit: At minimum during the first, second, fourth, and sixth month well child visits.
- Whenever index for suspicion is high
- Note that fathers, partners, and other caregivers can be affected by perinatal mood and anxiety disorders and should also be screened during well child visits or whenever there may be a concern about their well-being

## Key Risk Factors

Regardless of ethnicity, level of education, socio-economic status, or other factors, perinatal mood and anxiety disorders can affect any parent. Furthermore, additional factors known to increase the risk for perinatal mood and anxiety disorders include:

- Personal or family history of depression
- History of physical or sexual abuse, intimate partner violence
- Unplanned or unwanted pregnancy
- Stressful life events
- Pregestational or gestational diabetes
- Complications during pregnancy (e.g. preterm delivery or pregnancy loss)
- Low socioeconomic status
- Lack of social or financial support
- Adolescent parenthood

*The negative short and long term impacts of the COVID-19 pandemic on the emotional and mental well-being of parents and their children make it even more important than ever to screen perinatal parents for risks and signs of distress and link them to the support they need*.

For that reason, the Perinatal Mental Health Toolkit begins first with preventive interventions and ends with educational resources to underscore the importance and effectiveness of education and prevention to reduce the risk of perinatal anxiety and depression on mothers, fathers, or other caregivers and their infants.

# Prevention

## Preventive Interventions to Integrate Into Practice

Based on strong evidence to support the effectiveness of counseling in reducing the risk of postpartum depression, a 2019 U.S. Preventive Services Task Force publication recommended implementation of preventive interventions for women at risk of developing perinatal depression, such as those with a history of depression, current depressive symptoms, or certain socioeconomic risk factors (e.g., low income or young or single parenthood). See the page above for a more complete list of risk factors.

Below are two evidence-based programs proven to reduce the risk of perinatal depression by up to 50% among at risk clients.

### Mothers and Babies Program

This 6-12 week individual or group- based program uses psychoeducation, attachment theory, and cognitive behavioral therapy approaches to provide new mothers with tools to help reduce the onset of depressive symptoms. Designed to be delivered prenatally, this curriculum empowers mothers to by encouraging them to engage in enjoyable activities, build their social support network, and develop healthier ways of thinking. It can be offered in clinic or community based settings (such as home visiting programs, WIC, or community centers) by either paraprofessionals or professionals with mental health training. Training information and curriculum are available online at https://www.mothersandbabiesprogram.org/. New parents can access the Mothers and Babies program at OC Parent Wellness Program by contacting (714) 480-5160 or OCParentWellness@ochca.com.

### **ROSE** (Reach Out, Stay Strong, Essentials for mothers of newborns)

This preventive intervention consists of four to five individual or group sessions using an inter-personal therapy approach to provide psycho-education, stress management, role transitions, and interpersonal conflicts. Intended to prevent postpartum depression among low-income women, the ROSE program may be offered by paraprofessionals or mental health professionals in either clinic or community based settings. Mothers can access the ROSE program at MOMS OC by contacting (714) 972-2610 or the YMCA by calling (714)-508-7643.

Interventions to Prevent Perinatal Depression US Preventive Services Task Force Recommendation Statement JAMA. 2019;321(6):580-587. doi:10.1001/jama.2019.0007

# PREVENTION: Peer Mentorship, Classes, and Support Groups

## Peer Mentorship

**Parent to Parent**

The English/Spanish Support Group provides an opportunity for parents/caregivers to share firsthand information and coping strategies when caring for a child with special needs. For more information on the Parent-to-Parent program, please call (714) 447-3301.

National Alliance Mental Illness of Orange County (NAMI OC) offers a 12 -week peer to peer phone based mentorship program for affected individuals or their loved ones, as well as online sup- port groups. Contact (714) 544-8488 for more information.

## Classes and Support Groups

MOMS Orange County currently offers in person and virtual classes and groups on a variety of topics such as postpartum support, Mommy and Me, and My Family and Me.
The **ROSES** (Reach Out Stay Strong Essentials) evidence- based postpartum depression prevention course is offered in English and Spanish for mothers. To refer clients, contact (714) 972-2610.

Healthy Care Agency's Orange County Parent Wellness Program offers parent support groups to current clients using the evidence-based **Mothers and Babies** Program. Refer clients by contacting (714) 480-5160.

Click here for Hoag's perinatal educational classes, postpartum support groups, pregnancy and infant loss support group, and more. The Maternal Mental Health Support Line can be reached at 949-764-5333.

Multiple Providence locations across Orange County provide pregnancy and postpartum support groups including:

Mission Hospital Laguna Beach, currently offering a virtual support group. The Maternal Mental Health Referral Line is available at 949-499-8663

St. Jude and St. Joseph Hospitals offer postpartum depression groups in English and Spanish as well as Dads postpartum groups. Call 714-771-8101 for information or referral.

Over 14 specialty online support groups are offered 5 days a week including groups for Black mothers, Military moms, NICU parents, South Asian moms, Queer parents, Spanish speaking mothers, and many more. Learn more at https://postpartum.net/, call or text (800) 944-4773.

## Father Support

Dads groups allow fathers the opportunity to connect, gain practical tips for managing stress, and ways to best support their partners and are offered at the following agencies, either in person or online:

HCA OC Parent Wellness Program: (714) 480-5160

MOMS OC (Spanish only): (714) 972-2610

Postpartum Support International: (800) 944-4773

Providence St. Joseph: (714) 771-8101

## Pregnancy and Infant Loss Groups

Parents grieving the loss of a pregnancy or infant often feel isolated and can benefit from connecting with others who have gone through similar experiences. The following agencies offer support for pregnancy and infant loss:

Hoag: (949) 764-5333

Postpartum Support International: (800) 944-4773

Providence St. Joseph: (714) 771-8101

# Identification

While many providers may rely on conversations with expecting or new parents to detect perinatal depression or anxiety, studies have shown that cases can be missed without the use of a standardized screening tool. Furthermore, routine practice of asking standardized questions will help normalize discussion about mental health and can eliminate the stigma associated with this issue.

## Screening Women of Color

California data shows that women of color experience proportionately higher rates of perinatal mood and anxiety disorders than White women. Research studies also found Black and Latina women had a longer timespan between the time of experiencing symptoms and when they sought care, compared to White women. Further, although they expressed less feelings of depression and anxiety, Black women had much higher rates of PMADs than their White counterparts. For these reasons, the National Perinatal Association recommends lowering the threshold for referral by 2-3 points on the screening tool to ensure earlier identification and support.

# Mental Health Screening Tools

Below are some commonly used, evidence-based tools to screen for depression, anxiety, or both, some of which may already be included in your practice's electronic medical record (EMR). Otherwise, patients may be able to complete surveys on a printed form or tablet, after which the score can be entered into the chart. Some practices may choose to screen all patients with an initial Patient Health Questionnaire (PHQ)-2 or PHQ-4 as part of routine intake and follow up a positive score with the PHQ-9 or Edinburgh.

For Edinburgh and PH-Q 9 surveys in additional languages, go to: https://www.ochealthinfo.com/about-hca/public-health-services/services/children-families/healthy-pregnancy-and-newborns-3

For non-English speaking clients who are CalOptima members, access the CalOptima 24/7 language interpreter service through customer service by calling 1-714-246-8500 or toll-free at 1-888-587-8088 (TTY: 711).

## Patient Health Questionnaire- 4 (PHQ-4)

**PHQ-4**

| **Over the last 2 weeks, how often have you been bothered by the following problems?** *(Use "✔" to indicate your answer)* | Not at all | Several days | More than half the days | Nearly every day |
|---|---|---|---|---|
| 1. Feeling nervous, anxious or on edge | 0 | 1 | 2 | 3 |
| 2. Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| 3. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 4. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |

***(For office coding: Total Score T____ = ____ + ____ + ____)***

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

# Edinburgh Postnatal Depression Scale (EPDS)

**EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)**

**NAME:** _____ **DATE:** _____

**WEEKS OF PREGNANCY:** _____ (or) **AGE OF BABY:** _____

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please mark **"X"** (☒) on the box by the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**—*not just how you feel today.* Complete all 10 items and find your score by adding each number that appears to the left of your checked answer. This is a screening test; not a medical diagnosis. If something doesn't seem right, *talk to your health care provider regardless of your score.*

Below is an example, already completed.

I have felt happy:

0 ☐ Yes, all of the time
1 ☒ Yes, most of the time
2 ☐ No, not very often
3 ☐ No, not at all

This would mean: *"I have felt happy most of the time" in the past week.* Please complete the other questions in the same way.

**In the past 7 days:**

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

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

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

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

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

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

*7. I have been so unhappy that I have had difficulty sleeping
   3 ☐ Yes, most of the time
   2 ☐ Yes, sometimes
   1 ☐ No, not very often
   0 ☐ No, not at all

*8. I have felt sad or miserable
   3 ☐ Yes, most of the time
   2 ☐ Yes, quite often
   1 ☐ Not very often
   0 ☐ No, not at all

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

*10. The thought of harming myself has occurred to me
   3 ☐ Yes, quite often
   2 ☐ Sometimes
   1 ☐ Hardly ever
   0 ☐ Never

Total Score: ☐

Edinburgh Postnatal Depression Scale (EPDS). Adapted from the *British Journal of Psychiatry*, June, 1987, vol. 150 by J.L. Cox, J.M. Holden, R. Sagovsky.

# Edinburgh Postnatal Depression Scale (EPDS)

The EPDS was developed for screening postpartum women in outpatient, home visiting settings, or at the 6 –8 week postpartum examination. It has been utilized among numerous populations including U.S. women and Spanish speaking women in other countries. The EPDS consists of 10 questions. The test can usually be completed in less than 5 minutes. Responses are scored 0, 1, 2, or 3 according to increased severity of the symptom. Items marked with an asterisk (*) are reverse scored (i.e., 3, 2, 1, and 0). The total score is determined by adding together the scores for each of the 10 items.

Validation studies have utilized various threshold scores in determining which women were positive and in need of referral. Cut-off scores ranged from 9 to 13 points. **Therefore, to err on safety's side, a woman scoring 9 or more points or indicating any suicidal ideation – that is she scores 1 or higher on question #10 – should be referred immediately for follow-up.** Even if a woman scores less than 9, if the clinician feels the client is suffering from depression, an appropriate referral should be made. The EPDS is only a screening tool. It does not diagnose depression – that is done by appropriately licensed health care personnel. Users may reproduce the scale without permission providing the copyright is respected by quoting the names of the authors, title and the source of the paper in all reproduced copies.

**Instructions for Users**

1. The mother is asked to underline 1 of 4 possible responses that comes the closest to how she has been feeling the previous 7 days.
2. All 10 items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others.
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

Edinburgh Postnatal Depression Scale (EPDS). Adapted from the *British Journal of Psychiatry*, June, 1987, vol. 150 by J.L. Cox, J.M. Holden, R. Sagovsky.

# PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

| **Over the last 2 weeks, how often have you been bothered by any of the following problems?** *(Use "✔" to indicate your answer)* | **Not at all** | **Several days** | **More than half the days** | **Nearly every day** |
|---|---|---|---|---|
| **1.** Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| **2.** Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| **3.** Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| **4.** Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| **5.** Poor appetite or overeating | 0 | 1 | 2 | 3 |
| **6.** Feeling bad about yourself — or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| **7.** Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| **8.** Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| **9.** Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |

**FOR OFFICE CODING** 0 + _____ + _____ + _____

**=Total Score:** _____

**If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?**

| **Not difficult at all** | **Somewhat difficult** | **Very difficult** | **Extremely difficult** |
|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ |

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# GAD-7

| Over the last 2 weeks, how often have you been bothered by the following problems? *(Use "✔" to indicate your answer)* | Not at all | Several days | More than half the days | Nearly every day |
|---|---|---|---|---|
| **1.** Feeling nervous, anxious or on edge | 0 | 1 | 2 | 3 |
| **2.** Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| **3.** Worrying too much about different things | 0 | 1 | 2 | 3 |
| **4.** Trouble relaxing | 0 | 1 | 2 | 3 |
| **5.** Being so restless that it is hard to sit still | 0 | 1 | 2 | 3 |
| **6.** Becoming easily annoyed or irritable | 0 | 1 | 2 | 3 |
| **7.** Feeling afraid as if something awful might happen | 0 | 1 | 2 | 3 |

**(*For office coding: Total Score T*____ = ____ + ____ + ____ )**

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# Substance Use Screening and Resources

Pregnancy is an opportune time to screen and connect women to resources because of an increased motivation to change habits for the future well-being of their child. Estimates of perinatal psychiatric and substance use co-morbidity range from 57 to 91%, with the most common diagnoses being depression, anxiety, and post-traumatic stress disorder. For this reason it is crucial to screen, at minimum, those with positive perinatal mood and anxiety disorder scores for substance use risk. Referral and follow up are warranted for any positive scores on any of the screens below.

*It is important to encourage a woman who may be reluctant to admit to substance use or to accept help. Reassure her that by enrolling in supportive services earlier, she increases the likelihood of delivering a healthy baby that can remain safely in the home.*

Recovery Referral Sources

**Beneficiary Access Line at (800) 723-8641**, available 24/7 for Medi-Cal eligible clients

**(855) OC-LINKS or (855) 625-4657** Behavioral Health Navigators available from 8 am – 6 pm to link clients with recovery services.

**Perinatal Substance Abuse Services Assessment and Coordination Team (PSAS/ACT)** home visiting program which increases access and adherence to treatment **(714) 834-7747**.

For more resources on substance and opiate use, visit NAStoolkit.org for the **Mother & Baby Substance Exposure Toolkit**.

**Orange County Behavioral Health Services**

***SBIRT Integrated Behavioral Health Screen for Non-Enrolled Participants***

| | | **Over the last 2 weeks, how often have you been bothered by the following problems?** | **Not at all** | **Several days** | **Over Half the days** | **Nearly Every day** | | SCORE | TOTAL | Positive |
|---|---|---|---|---|---|---|---|---|---|---|
| GAD-2 | 1 | Feeling nervous, anxious, or on edge | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | | | | ≥3 |
| | 2 | Not being able to stop or control worrying | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | | | | |
| PHQ-2 | 3 | Little interest or pleasure in doing things | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | | | | ≥3 |
| | 4 | Feeling down, depressed, or hopeless | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | | | | |
| **Now I am going to ask you some questions about your use of alcoholic beverages during this past month** | | | | | | | | | | |
| AUDIT-C (3) | 5 | How often do you have a drink containing alcohol? | ☐ 0 Never (if checked, skip to Q8) | ☐ 1 Monthly orless | ☐ 2 2-4 times per month | ☐ 3 2-3 times per week | ☐ 4 4 or more times per week | | | ≥3 ♀<br>≥4 ♂ |
| | 6 | How many drinks containing alcohol do you have on a typical day when you are drinking? | ☐ 0 1-2 | ☐ 1 3-4 | ☐ 2 5-6 | ☐ 3 7-9 | ☐ 4 10+ | | | |
| | 7 | How often do you have five or more drinks on one occasion? | ☐ 0 Never | ☐ 1 Less than Monthly | ☐ 2 Monthly | ☐ 3 Weekly | ☐ 4 Daily or almost daily | | | † ‡ |
| SSQ-Other Drugs | 8 | How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons? | | | | ☐ 0 Zero times | ☐ 1-2 One or two times | ☐ 3+ Three or more times | | ≥1 |
| PVS-1 | 9 | In the past year, have you been hit, kicked, punched, or otherwise hurt by someone? (If so, by whom?) | | | | | Whom? | ☐ No | | ☐ Yes |
| **In the past month, how much have you been bothered by:** | | | | | | | | | | |
| | | | **Not at all** | **A little bit** | **Moderately** | **Quite a bit** | **Extremely** | | | |
| PCL-C 2 item | 10 | Repeated, disturbing memories, thoughts, or images of a stressful experience from the past? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | | | ≥4 |
| | 11 | Feeling very upset when something reminded you of a stressful experience from the past? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | | | |

†When all the points are from #5 alone (#6 and #7 are zero), it can be assumed that the patient is drinking below recommended limits and intake can be monitored

‡ A score of ≥ 1 from item 6 or 7 is considered positive

If any question is positive, please refer to Behavioral Health Care Manager/Behavioral Health Specialist

**Language:** ___ English ___ Spanish

# NIDA Quick Screen V1.0[1]

**Name: ..... Sex ( ) F ( ) M Age.....**

**Interviewer..... Date ...../...../.....**

**Introduction (Please read to patient)**

*Hi, I'm _____, nice to meet you. If it's okay with you, I'd like to ask you a few questions that will help me give you better medical care. The questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed. I'll also ask you about illicit or illegal drug use—but only to better diagnose and treat you.*

**Instructions:** For each substance, mark in the appropriate column. For example, if the patient has used cocaine monthly in the past year, put a mark in the "Monthly" column in the "illegal drug" row.

| **NIDA *Quick Screen* Question:**<br><br>**In the past year, how often have you used the following?** | **Never** | **Once or Twice** | **Monthly** | **Weekly** | **Daily or Almost Daily** |
|---|---|---|---|---|---|
| **Alcohol**<br>• **For men, 5 or more drinks a day**<br>• **For women, 4 or more drinks a day** | | | | | |
| **Tobacco Products** | | | | | |
| **Prescription Drugs for Non-Medical Reasons** | | | | | |
| **Illegal Drugs** | | | | | |

- If the patient says **"NO"** for all drugs in the Quick Screen, reinforce abstinence. **Screening is complete.**
- If the patient says **"Yes"** to **one or more days of heavy drinking**, *patient is an at-risk drinker*. Please see NIAAA website "How to Help Patients Who Drink Too Much: A Clinical Approach" http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm, for information to **Assess, Advise, Assist, and Arrange** help for at risk drinkers or patients with alcohol use disorders
- If patient says **"Yes"** to **use of tobacco**: *Any* current tobacco use places a patient at risk. Advise *all tobacco users to quit*. For more information on smoking cessation, please see "Helping Smokers Quit: A Guide for Clinicians" http://www.ahrq.gov/clinic/tobacco/clinhlpsmksqt.htm
- If the patient says **"Yes"** to **use of illegal drugs or prescription drugs for non-medical reasons**, proceed to **Question 1** of the NIDA-Modified ASSIST.

[1] *This guide is designed to assist clinicians serving adult patients in screening for drug use. The NIDA Quick Screen was adapted from the single-question screen for drug use in primary care by Saitz et al. (available at http://archinte.ama-assn.org/cgi/reprint/170/13/1155) and the National Institute on Alcohol Abuse and Alcoholism's screening question on heavy drinking days (available at http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm). The NIDA-modified ASSIST was adapted from the World Health Organization (WHO) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), Version 3.0, developed and published by WHO (available at http://www.who.int/substance_abuse/ activities/assist_v3_english.pdf).*

# The CRAFFT Interview (version 2.1)

**To be orally administered by the clinician**

**Begin: "*I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential.*"**

## *Part A*

**During the PAST 12 MONTHS, on how many days did you:**

| | | |
|---|---|---|
| **1.** | Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Say "0" if none. | ☐ # of days |
| **2.** | Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Say "0" if none. | ☐ # of days |
| **3.** | Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say "0" if none. | ☐ # of days |

**Did the patient answer "0" for all questions in Part A?**

**Yes** ☐ → **Ask CAR question only, then stop**

**No** ☐ → **Ask all six CRAFFT* questions below**

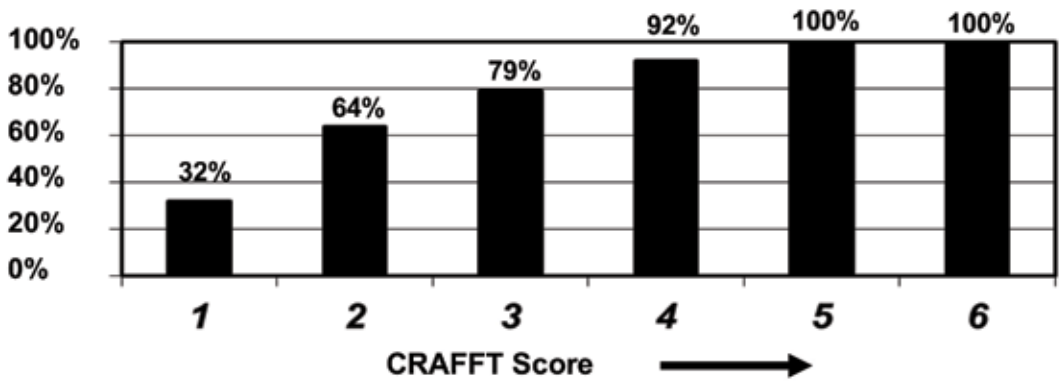
| *Part B* | | **No** | **Yes** |
|---|---|---|---|
| **C** | Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | ☐ | ☐ |
| **R** | Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in? | ☐ | ☐ |
| **A** | Do you ever use alcohol or drugs while you are by yourself, or **ALONE**? | ☐ | ☐ |
| **F** | Do you ever **FORGET** things you did while using alcohol or drugs? | ☐ | ☐ |
| **F** | Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use? | ☐ | ☐ |
| **T** | Have you ever gotten into **TROUBLE** while you were using alcohol or drugs? | ☐ | ☐ |

***Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions →**

**NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:**
The information on this page is protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent.

## CRAFFT Score Interpretation

### Probability of a DSM-5 Substance Use Disorder by CRAFFT score*




*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. Substance Abuse, 35(4), 376–80.

## Use the 5 R's talking points for brief counseling.

1. **REVIEW** screening results
   For each "yes" response: *"Can you tell me more about that?"*
2. **RECOMMEND** not to use
   *"As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations."*
3. **RIDING/DRIVING** risk counseling
   *"Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home."*
4. **RESPONSE** elicit self-motivational statements
   Non-users: *"If someone asked you why you don't drink or use drugs, what would you say?"* Users: *"What would be some of the benefits of not using?"*
5. **REINFORCE** self-efficacy
   *"I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals."*

**Give patient Contract for Life.** Available at www.crafft.org/contract

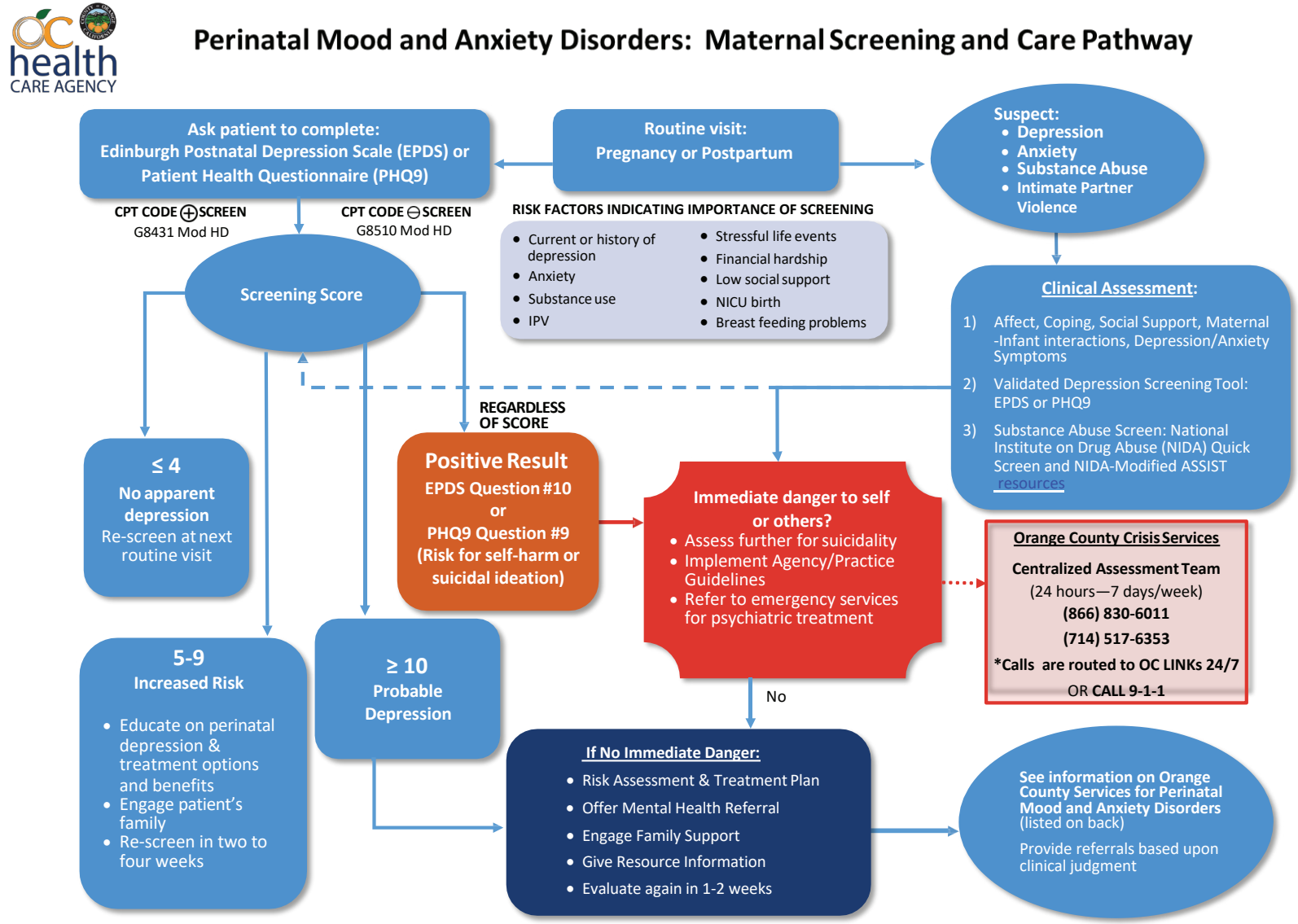


crafft@childrens.harvard.edu www.crafft.org

For more information and versions in other languages, see www.crafft.org.

## Maternal Screening and Care Pathway for Perinatal Mood and Anxiety Disorders

The following algorithm and referral guide will help direct practitioners to local resources available for at risk clients as well as those with scores suggesting mild to severe symptoms. Updated versions can be found at https://www.ochealthinfo.com/about-hca/public-health-services/services/children-families/healthy-pregnancy-and-newborns-3




The American College of Obstetricians and Gynecologists recommends that obstetrician–gynecologists and other obstetric care providers screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. It is recommended that all obstetrician–gynecologists and other obstetric care providers complete a full assessment of mood and emotional well-being during the comprehensive postpartum visit for each patient. If a patient is screened for depression and anxiety during pregnancy, additional screening should then occur during the comprehensive postpartum visit. *This care pathway was designed to assist the clinician and is not intended to replace the clinician's judgment or establish a protocol for all patients with a particular condition. Diagnosis and treatment should be under the close supervision of a qualified health provider.*

*Rev.12.11.19*

# Orange County Services for Perinatal Mood and Anxiety Disorders – Health Care Provider Resource

| Program/Contact Info | Symptoms | | Services | | | Patient Cost/ Insurance Types Accepted | Additional Information |
|---|---|---|---|---|---|---|---|
| | Mild-Moderate | Moderate-Severe | Group Support & Education | Prenatal/ Postpartum | Psychiatry | | |
| **Child Guidance Center**<br>Santa Ana: (714) 953-4455<br>Fullerton/Buena Park: (714) 871-9264<br>San Clemente: (949) 272-4444 | ✓ | ✓ | ✓ | ✓ | ✓ | Medi-Cal, Sliding scale | • Serve youth up to age 20<br>• Additional languages spoken: Spanish, or translation services |
| **Harbor Psychiatry & Mental Health**<br>(949) 887-7187 | ✓ | ✓ | | ✓ | ✓ | Medi-Cal, Most private plans | • Zulresso via IV infusion over 60 hours while monitored.<br>• Family allowed during visit<br>• Additional languages spoken: Farsi, and Arabic |
| **Hoag Mental Health Center**<br>Newport Beach: (949) 764-6542 | ✓ | | Family Therapy<br>Stroller walks | ✓ | ✓ | Low/no cost, Sliding Scale | • Short-term, individual, couples, family support, up to 12 sessions<br>• Additional languages spoken: Spanish, Farsi<br>• Support groups and stroller walking group offered |
| **Hoag Maternal Mental Health Clinic**<br>Newport Beach: (949) 764-5333 | ✓ | ✓ | Pregnancy loss support group | ✓ | ✓ | Most private plans | • Pre-conception and comprehensive psychiatric evaluation, medication management and psychotherapy up to one year post-partum. Wide range of diagnoses.<br>• Support groups and prenatal mental health workshops<br>• Maternal Mental Health Support Line: 949-764-5333 |
| **Mission Hospital's Maternal Mental Health and Wellness Intensive Outpatient Program**<br>Laguna Beach: (949) 499-7504 | ✓ | ✓ | Pregnancy/postpartum support group (free) | ✓ | ✓ | Most private plans | • Group individual, and family treatment provided.<br>• Ongoing psychiatric evaluation, follow up, and medication management throughout the course of treatment by a reproductive psychiatrist & psychiatry team<br>• Must commit 9 hours/week to intensive outpatient program<br>• Fee for service for uninsured ($250/half day session)<br>• Maternal Mental Health Referral Line: 949-499-8663 |
| **OC Parent Wellness Program (OCPWP)**<br>Orange: (714) 480-5160 | ✓ | | Parent support groups | ✓ | | No cost | • Enrolls prenatally and postpartum until child is 1 year<br>• Provides short term (3-6 mos.) of counseling<br>• Moms and dads able to receive care<br>• Languages: Portuguese, Spanish, Vietnamese, |
| **St. Joseph Hospital Caring for Mothers with Maternal Depression**<br>Orange: (714) 771-8101 | ✓ | ✓ | Perinatal support, Grief support, Dad support | ✓ | ✓ | Medi-Cal, most private plans | • Open to clients delivering outside of St. Joseph health system<br>• Flexible scheduling based on client's need<br>• Languages spoken: Spanish |
| **Western Youth Services**<br>Santa Ana: (714) 704-5900 | ✓ | ✓ | ✓ | ✓ | ✓ | Medi-Cal only<br>No cost | • Provides services to youth up to age 21 |

## Additional Information on Accessing Mental Health and Other Essential Family Services in Orange County

| Program Name | To enroll or obtain more information | Notes |
|---|---|---|
| **OC Links** | 1-855-OC-LINKS (1-855-625-4657) | Call between 8 a.m. and 6 p.m. to be connected to a Behavioral Health Navigator |
| **211 Orange County** | 211 | Access to local resources for basic needs, including intimate partner violence |
| **CalOptima Behavioral Health** | 1-855-877-3885 | CalOptima members may call to obtain a referral to appropriate services |
| **Orange County Health Care Agency- Beneficiary Access Line** | (800) 723-8641 | 24/7 access for Medi-Cal clients needing mental health or substance use services |
| **Postpartum Support International- Perinatal Psychiatric Consult Line** | (800) 944-4773, ext. 4 | No-cost consultation line for **medical professionals** treating clients with PMADs |
| **EveryWomanOC.org** | https://everywomanoc.org<br>https://sp.everywomanoc.org/ (Spanish) | A resource for anyone who is thinking of becoming pregnant, is pregnant or has a new baby |

Rev. 12.11.19

This document is available at: http://www.ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=47188. Orange County also has a network of private medical providers offering treatment. Consult your local provider network directory. The ACOG Postpartum Toolkit includes resources on the key components of postpartum care, including postpartum depression and substance use: https://www.acog.org/About- ACOG/ACOG-Departments/Toolkits-for-Health-Care-Providers/Postpartum-Toolkit.

# Community Based Provider Decision Tree
# Steps to Support Pregnant or New Moms' Well-Being

Nearly half of young women in home visiting, WIC, Early Head Start and Head Start programs may be depressed.

**Offer the "Speak Up When You're Down" brochure**
**Ask the following questions:**

1. How are you feeling?
2. How long have you been feeling this way?

**Listen closely for:**

**Despair**
Depression causes feelings of hopelessness and helplessness

**Loneliness**
When she talks about her life, she may feel that she can't possibly get help

**Guilt**
She may blame herself for being depressed and worry that she isn't taking good enough care of her children.

**Does mom have any of the following symptoms lasting > 2 weeks?**

- ☐ Sadness
- ☐ Lacks energy
- ☐ Low motivation
- ☐ Increased anger or irritability
- ☐ Cries easily
- ☐ Difficulty concentrating
- ☐ Constant worries
- ☐ Recurring and unwanted thoughts
- ☐ Loss of interest in herself or the baby

**No** →

**Does Mom have one or more of the following risk factors?**

- ☐ Personal history of depression or other mental health concerns
- ☐ Lack of support
- ☐ Relationship stress/intimate partner violence
- ☐ Financial Stress
- ☐ Medical Problems
- ☐ Traumatic Birthing Experience
- ☐ Adolescent Parenthood
- ☐ Lack of Social or financial support
- ☐ Unplanned or unwanted pregnancy

**No** →

**Encourage Mom to do the following:**

- Eat, sleep, and go outdoors regularly each day
- Welcome support from family and friends
- Learn the signs to watch out for (refer to the brochure)

**Yes** ↓

**Check for Safety**

"For safety reasons, we ask everyone these 2 questions"

- Do you currently have thoughts of wanting to die or not wanting to live?
- Do you have thoughts of wanting to hurt others, such as your child?

**No** →

**Walk her through a self care plan**

1. Include names of key people who are supportive and nearby
2. Include an emergency number (put directly into their phone)**
3. Connect her to maternal mental health resources ++

**Yes** ↓

**Call for a psychiatric evaluation at OC links Behavioral Health Services Line 855-OC LINKS (855-625-4657)**

Customize with logo here

****Emergency Numbers**
National Suicide Prevention Line: 800-273-TALK (8255), 24/7 immediate over-the-phone suicide prevention support
OC LINKS and Crisis Assessment Team: 855-625-4657

**++Counseling Resources**
See Resources on page 2

Scan the QR Code for more information on Perinatal Mental Health and the OC Perinatal Mental Health Toolkit from the OC Perinatal Mood and Anxiety Disorder Collaborative

# Maternal Mental Health Resources

**Harbor Psychiatry & Mental Health**
Newport Beach: (949) 887-7187
Accepts CalOptima and private insurance
Services in Arabic, English, Farsi

**Hoag Mental Health Center**
Newport Beach: (949) 764-6542
Low cost/sliding scale fee
Services in English, Farsi, Spanish

**Hoag Maternal Mental Health Clinic**
Newport Beach: (949) 764- 5333
Accepts private insurance
Services in English

**Mission Maternal Mental Health Intensive Outpatient Program**
Laguna Beach: (949) 499-7504
Accepts private insurance
Services in English

**OC Parent Wellness Program**
Orange: (714) 480-5160
For moms and dads
All services are at no cost
Services in English, Portuguese, Spanish, Vietnamese

**St. Joseph Caring for Mothers with Maternal Depression**
Orange: (714) 771-8101
Accepts CalOptima & private insurance
Services in English, Spanish

## Need more information before getting care?

Call or text with someone right away at
**Postpartum Support International**
1.800.944.4773
www.postpartum.net
Services in English, Spanish

**24/7 telephone service for anyone who has concerns about mental health**
OC Warm Line: 877-910-WARM (9276)

## Reference

SAMHSA Toolkit for providers "Depression in Mothers: More Than the Blues A Toolkit for Family Service Providers" (designed for community-based providers, including those in home visitation programs; workers in the WIC program; and staff in Early Head Start, Head Start, and other child care programs) https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4878.pdf

# Trainings

Below are several online resources where providers and staff working with new and expecting parents can become more aware of the impact of mental health, substance use, and implicit bias on parental and infant well-being, and what they can do to help.

## Perinatal Mental Health

MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

https://www.maternalmentalhealthnow.org/providers/#online-training

Obtain CME credits for taking these brief 1-2 hour courses on screening and counseling patients struggling with mental health.

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PSI POSTPARTUM SUPPORT INTERNATIONAL

https://www.postpartum.net/professionals/

Offer a variety of trainings from a complimentary webinar to certification and psychopharmacology trainings, including CEUs.

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FIRST 5 ORANGE COUNTY

UCI Sue & Bill Gross School of Nursing

**2019 Orange County Maternal Mental Health Symposium**

https://www.youtube.com/watch?v=E-GEf8R6s2U&feature=youtu.be

This is a free recording of the symposium to hear first-hand experiences from 2 mothers with perinatal anxiety and psychosis, an overview of PMADs and treatment by a reproductive psychiatrist, and information on local Orange County resources.

# Additional Trainings

## Perinatal Substance Use Disorder Trainings

Recognizing perinatal substance use disorder as a significant consideration when addressing perinatal mental health system-wide, First 5 Orange County adapted a series of short videos originally produced in Florida, as a resource for local healthcare and other prenatal-to-3 service providers. The videos demonstrate recommended screening and intervention strategies for perinatal substance use, appropriate language and attitudes to reduce stigma, the use of motivational interviewing, and how to establish a Plan of Safe Care in order to keep mother and baby together safely upon discharge from the hospital. Partners are encouraged to utilize the videos when training staff or offering education to their clients.

**From Judgment to Healing:** This video helps shift communication to a more strengths-based approach in order to be more encouraging of women to seek care.

**Plan of Safe Care Role Play:** This video demonstrates communication strategies to link mothers and babies to important services.

**Getting Real About Substance Use Disorder:** This video features two inspiring stories from two mothers that can serve as a source of hope for others that recovery is possible and that they are not alone.

**SBIRT Role Play:** This video demonstrates how to conduct Screening, Brief Intervention, Referral to Treatment (SBIRT) with perinatal women within a limited amount of time.

## Perinatal Health Equity Training

**Dignity in Pregnancy and Childbirth** is a free implicit bias and reproductive justice course for perinatal providers developed in accordance with the training requirements outlined in the California Dignity in Pregnancy and Childbirth Act (Senate Bill 464).

More information about this California Health Care Foundation funded project is available at diversityscience.org.

# Treatment and Decision-Making Support

Below are free phone and app based support to provide healthcare and mental health clinicians with access to evidence-based information to guide decision making and medication prescription for cases.

## Free Psychiatric Consultation

Free real-time psychiatric consultation lines for provider support with diagnosis, treatment planning and medication management of pregnant and postpartum women with depression and anxiety.

Dignity Health

Consultation with a perinatal psychiatrist
Available Monday-Friday, 12:00pm-4:30pm
1-833-205-7141
Calls will be answered immediately or returned within 1 hour

PSI POSTPARTUM SUPPORT INTERNATIONAL

1-800-944-4773 extension 4
https://www.postpartum.net/professionals/perinatal-psychiatric-consult-line/
Call the number or complete the form online to schedule an appointment within 24 hours for consultation with a reproductive psychiatrist regarding a perinatal patient.

### California Substance Use Line

The UCSF National Clinician Consultation Center for Substance Use Management (hyperlink: https://nccc.ucsf.edu/clinician-consultation/substance-use-management/) offers "peer-to-peer consultation from physicians, clinical pharmacists, and nurses with special expertise in substance use evaluation and management."

For California physicians seeking consultation call (844) 326-2626, every day, 24/7.

For providers outside of California, call (855) 300-3595 from Monday to Friday, from 9am to 8pm ET.

## Free App

Free downloadable app containing PMAD assessment and decision support tool for obstetric providers.

Lifeline4Moms

IOS (https://apps.apple.com/us/app/lifeline4moms/id1365668000?ls=1) and Android (https://play.google.com/store/apps/details?id=com.ionicframework.testapp414533&hl=en_US)

# Billing Information

## Coding for Perinatal Depression

### Screening for Depression

If a physician is providing the global obstetrical service (and reporting a global code), the payer may consider screening for depression as part of the global service and not reimburse additionally for the service. This is particularly true if the physician screens every patient for depression as routine. However, some payers may reimburse for this service. Physicians should check with their specific payers.

### Treatment for Patients with Signs and Symptoms

If the patient has signs and/or symptoms of depression (reported with an appropriate diagnosis code), then those services are reported separately from the global service and may potentially be reimbursed.

### Diagnosis Coding

Mental, behavioral and neurodevelopmental disorder codes are found in Chapter 5, *Mental, Behavioral, and Neurodevelopmental Disorders*, code block, (F01-F99), of ICD-10-CM. Note that many payers will only reimburse a psychiatrist or psychologist for services linked to a diagnosis in the mental disorders chapter.

The possible ICD-10-CM diagnosis codes are as follows:

- F05 Delirium due to known physiological condition
- F30.-- Manic episode
- F34.1 Dysthymic disorder
- F32.9 Major depressive disorder, single episode, unspecified

Other diagnoses that may be reported may be found in the signs and symptoms and nervous system chapters. *Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified*, code block, (R00-R99), are found in Chapter 18 of ICD-10-CM. Sleep disorders are found in Chapter 6, *Diseases of the Nervous System*, code block, (G00-G99), sub code section, G40-G47: *Episodic and paroxysmal disorders*.

Additional possible ICD-10-CM codes are as follows:

- G47.9 Sleep disorder, unspecified
- R53.81 Other malaise
- R53.83 Other fatigue
- R45.- Symptoms and signs involving emotional state

### Procedure Coding

The correct Evaluation and Management (E/M) code will depend on whether the encounter was for screening or treatment of depression.

If the encounter was for screening for a patient without symptoms, report a preventive medicine code. These codes are selected according to the time spent in face-to-face counseling with the patient. Whether or not these codes will be reimbursed by the payer will vary. Possible procedure codes are:

- 99401-99404 Preventive medicine, individual counseling
- 99411-99412 Preventive medicine, group counseling

If the encounter was for treatment for a patient with a diagnosis of depression or documented symptoms of depression, report an office or other outpatient E/M code. These codes list a "typical time" in the code descriptions. Time spent face to face counseling the patient must be documented in the medical record. The record must document that either all of the encounter or more than 50% of the total time was spent counseling the patient. Possible procedure codes are:

- 99201-99205 New patient, office or other outpatient visit
- 99211-99215 Established patient, office or other outpatient visit

**Coding for Perinatal Depression (Revised February 6, 2017)**

# Medi-Cal Benefits Information

**Medi-Cal Update**
**Psychological Services | July 2019 | Bulletin 524**

**Counseling to Prevent Perinatal Depression is Now Reimbursable**

Effective for dates of service on or after February 12, 2019, and consistent with the U.S. Preventive Services Task Force recommendation, Medi-Cal will now reimburse individual and/or group counseling sessions for pregnant or postpartum women with certain depressive, socioeconomic and mental health related risk factors. These risk factors include perinatal depression, a history of depression, current depressive symptoms (that do not reach a diagnostic threshold), low income, adolescent or single parenthood, recent intimate partner violence, elevated anxiety symptoms and a history of significant negative life events.

Up to a combined total of 20 individual counseling (CPT codes 90832 and 90837) and/or group counseling (CPT code 90853) sessions are reimbursable when delivered during the prenatal period and/or during the 12 months following childbirth. Modifier 33 must be submitted on claims for counseling given to prevent perinatal depression.

**Medi-Cal Update**
**Psychological Services | July 2019 | Bulletin 526**

Depression Screenings for Select Recipients Are Now Reimbursable

Effective for dates of service on or after December 1, 2018, depression screening is reimbursable under Medi-Cal as an outpatient service. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment options including referral to mental health specialists and appropriate follow-up.

Billing Codes

The following chart lists procedure codes that must be used when billing for depression screening:

| Recipient Category | Positive Depression Screen | Negative Depression Screen |
|---|---|---|
| Age 12 or older, whether or not pregnant or postpartum | G8431 | G8510 |

### Pregnant or Postpartum Recipients

Providers of prenatal care and postpartum care may submit claims twice per year per pregnant or postpartum recipient: once when the recipient is pregnant and once when she is postpartum. Screens that are positive for depression must be billed using HCPCS code G8431 (screening for depression is documented as being positive and a follow-up plan is documented). Screens that are negative for depression must be billed using HCPCS code G8510 (screening for depression is documented as negative, a follow-up plan is not required).

### Postpartum Depression Screening at Infant Visits

Providers of well-child and episodic care for infants may submit claims for a maternal depression screening up to four times during the infant's first year of life. Bright Futures recommends screening for maternal depression at the infant's one-month, two-month, four-month and six-month visits, with referral to the appropriate provider for further care if indicated. Screens that are positive for depression must be billed using HCPCS code. Screens that are negative for depression must be billed using HCPCS code. When a postpartum depression screening is provided at the infant's medical visit, the screening must be billed using the infant's Medi-Cal ID. The only exception to this policy is that the mother's Medi-Cal ID may be used during the first two months of life if the infant's Medi-Cal eligibility has not yet been established.

Records for maternal depression screenings must be maintained in a separate medical record to document the mother's screening results and any recommendations/referrals that were given. The American Academy of Pediatrics and the Centers for Medicare & Medicaid Services (CMS) recommend that treatment of postpartum depression include a parenting component.

### Screening Tools

Medi-Cal requires the use of a validated depression screening tool such as PHQ-9, Edinburgh, or the Beck Depression Inventory.

### Billing Medi-Cal for Telehealth

Modifier 95 must be used for Medi-Cal covered benefits or services delivered via synchronous telecommunications systems.  Only the portion(s) of the telehealth service rendered at the distant site are billed with modifier 95.  The use of modifier 95 does not alter reimbursement for the CPT or HCPCS code.

Bright Steps

A Program of CalOptima, A Public Agency

## CalOptima's *Bright Steps* Maternity Program

Give your baby the best start by joining ***Bright Steps*** as soon as you find out you are pregnant.

***Bright Steps*** is a no-cost program that provides eligible CalOptima members:

- Support during and after your pregnancy
- Nutrition and healthy habits advice for you and your family
- Community referrals that support a healthy pregnancy and baby
- Information on how to obtain a breast pump

Eligible members may receive a no-cost $50 gift card if a postpartum checkup is done within 1–12 weeks after the baby is born. Call us today to find out how!

**TO LEARN MORE, CALL**

# 1-714-246-8895

Or call CalOptima Customer Service toll-free at **1-888-587-8088** and ask for the Health Management department. TDD/TTY users call toll-free at **1-800-735-2929**. We have staff who speak your language. We are here to help you Monday through Friday, from 8 a.m. to 5 p.m. You can also visit our website at **www.caloptima.org/brightsteps**.

*The people in the photographs that appear in this document are models and used for illustrative purposes only.*

(06/20)

# Information on Extending Postpartum Benefits for Medi-Cal and the Medi-Cal Access Program after Pregnancy

Are you pregnant? Or have you been pregnant in the past 60 days, or recently lost your postpartum Medi-Cal?

If you were anxious or depressed during the pregnancy, or feel that way now, talk to your health care provider. You may qualify to keep Medi-Cal for ONE YEAR after the pregnancy, regardless of your immigration status.

## HOW DO I APPLY?

STEP ONE: Talk to your health care provider and ask them to complete form **MC 61,** the Medical Report for Medi-Cal or MCAP Postpartum Care Extension. You or your provider can find the MC 61 on the DHCS website https://www.dhcs.ca.gov/formsandpubs/forms/Pages/default.aspx

STEP TWO: Ask your provider to complete and sign the MC 61.

STEP THREE: Return the completed MC 61 to your local County Office in person, via mail, or call the County for additional options for returning the MC 61.

Find your county telephone number here: https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx

If you're in the Medi-Cal Access Program (MCAP), you may return your completed MC 61:

- By mail to MCAP, P.O. Box 15559, CA 95852-0559, or
- By fax to 1-888-889-9238, or
- Call MCAP at 1-800-433-2611 for more options to return the MC 61

Provisional Postpartum Care Extension (PPCE) provides an extension of coverage for Medi-Cal or Medi-Cal Access Program (MCAP) eligible individuals diagnosed with a maternal mental health condition (including but not limited to postpartum depression) during their pregnancy, postpartum period, or within 90 days from the end of the postpartum period. Eligible clients may receive PPCE is targeted for implementation on August 1, 2020.

Complete the MC-61 Medical Report found at: https://www.dhcs.ca.gov/formsandpubs/forms/Forms/MC-61-Medical-Report-for-Medi-Cal-or-MCAP-Post-Partum-Care-Extension.pdf

# Useful Numbers

During times of crisis, parents need access to immediate resources. Sharing resources that can help meet their immediate needs can help reduce and prevent the impact of depression or anxiety on themselves and their children.

## Immediate Links to Services

For immediate assistance with social determinants of health: domestic violence, food, housing, finances, post-incarceration, veteran services, legal assistance, and more. **Call 211 or text their zip code to 898211**

Help Me Grow
ORANGE COUNTY

will assist families with accessing essential resources as well as support for the behavioral, developmental, and educational/care needs of their children ages 0-8 years. HelpMeGrowOC.org or 866-476-9025.

855-OC-Links (625-4657)

**OC Links** To assist clients with accessing mental health care: 855-OC-LINKS or 855-625-4657.

## Warmlines for Emotional Support, Information & Resources

**OC Warmline** (Available in English, Spanish, or Vietnamese) 714-991-6412
Mondays-Saturdays from 9am-3am, Sundays from 10am-3am.

**Postpartum Support International** (Available in English and Spanish) 800-944-4773

**National Suicide Prevention Hotline** (Available in English and Spanish) 800-273-TALK (8255)

# Education

## Educational Links, Self-Help Apps

Providers play a key role in normalizing discussions on mental health. We recommend offering information on perinatal mental health to all clients in the same way that other health practices such as healthy diet and exercise are discussed. Here are a few frequently used resources that can serve both providers and parents.

The end of this document contains printable handouts on perinatal mental health and local resources for new parents and families to keep at hand. Make it part of your practice to normalize discussion about mental health with all caregivers, not just mothers. We encourage you to print and hand out the multi-lingual written materials to all expecting and new parents.

### Medication and Drugs During Pregnancy and Lactation

**Infant Risk Center**
https://www.infantrisk.com/

**LactMed Drugs and Lactation Database**
https://www.ncbi.nlm.nih.gov/books/NBK501922/

### Client Information on Perinatal Mental Health

For information on perinatal mental health:

**Maternal Mental Health Now**
https://www.maternalmentalhealthnow.org/

**Postpartum Support International**
https://www.postpartum.net/

**Women's Mental Health**
https://womensmentalhealth.org/

## Self-Help Apps

**Maternal Mental Health Now's Emotional Wellness Self-Help Tool** is a free web-based app that to helps expecting or new mothers and their support systems get informed about perinatal depression and anxiety, and get prepared to successfully manage these conditions if needed.

https://mycare.mmhnow.org/ (Available in English and Spanish)

**Canopie App** – This app incorporates clinically proven strategies that help mothers reduce self criticism, manage worries, feel positive and in control, improve relationships and feel heard.

https://www.canopie.org/ (Available for Android or Apple in English)

## Printable Educational Materials in Multiple Languages

To access the Speak Up When You're Down brochure in additional languages, visit: https://www.maternalmentalhealthnow.org/training/materials. Note: Only the brochures found below contain information on local programs.

# SPEAK UP WHEN YOU'RE DOWN

## 1 | MATERNAL DEPRESSION AND ANXIETY IS COMMON.

It is the number one complication of pregnancy. In the US, 15% to 20% of new moms, or about 1 million women, each year experience perinatal mood and anxiety disorders. Some studies suggest that number may be even higher.

**YOU ARE NOT ALONE.**

Maternal depression can affect any woman regardless of age, income, culture, or education.

## 2 | YOU MIGHT EXPERIENCE SOME OF THESE SYMPTOMS.

- Feelings of sadness or anger.
- Mood swings: highs and lows, feeling overwhelmed.
- Difficulty concentrating.
- Lack of interest in things you used to enjoy.
- Changes in sleeping and eating habits.
- Panic attacks, nervousness, and anxiety.
- Excessive worry about your baby.
- Thoughts of harming yourself or your baby.
- Fearing that you can't take care of your baby.
- Feelings of guilt and inadequacy.
- Difficulty accepting motherhood.
- Irrational thinking; seeing or hearing things that are not there.

Some of the ways women describe their feelings include:

*I want to cry all the time.*
*I feel like I'm on an emotional roller coaster.*
*I will never feel like myself again.*
*I don't think my baby likes me.*
*Everything feels like a huge effort.*

## 3 | SYMPTOMS CAN APPEAR ANY TIME DURING PREGNANCY, AND UP TO THE CHILD'S FIRST YEAR.

Baby blues, a normal adjustment period after birth, usually lasts from 2 to 3 weeks. If you have any of the listed symptoms that have stayed the same or gotten worse, and lasted more than 5 weeks, then you may be experiencing maternal depression or anxiety.

## 4 | YOU DID NOTHING TO CAUSE THIS.

You are not a weak or bad person. You have a common, treatable illness. Research shows that there are a variety of risk factors that may impact how you are feeling, including your medical history, how your body processes certain hormones, the level of stress you are experiencing, and how much help you have with your baby. What we do know is, **THIS IS NOT YOUR FAULT.**

## 5 | THE SOONER YOU GET HELP, THE BETTER.

You deserve to be healthy, and your baby needs a healthy mom in order to thrive. Don't wait to reach out. Talk to someone you trust. **HELP** is available.

Orange County | Behavioral Health Information & Referrals
**855-OC-Links**
(625-4657)
can help connect you find the support you need.

If you are having thoughts of harming yourself or baby, call 911 immediately.

## 6 | THERE IS HELP FOR YOU.

**Harbor Psychiatry & Mental Health**
Newport Beach: (949) 887-7187
Accepts CalOptima and private insurance
Services in Arabic, English, Farsi

**Hoag Mental Health Center**
Newport Beach: (949) 764-6542
Low cost/sliding scale fee
Services in English, Farsi, Spanish

**Hoag Maternal Mental Health Clinic**
Newport Beach: (949) 764- 5333
Accepts private insurance
Services in English

**Mission Maternal Mental Health Intensive Outpatient Program**
Laguna Beach: (949) 499-7504
Accepts private insurance
Services in English

**OC Parent Wellness Program**
Orange: (714) 480-5160
For moms and dads
All services are at no cost
Services in English, Portuguese, Spanish, Vietnamese

**St. Joseph Caring for Mothers with Maternal Depression**
Orange: (714) 771-8101
Accepts CalOptima & private insurance
Services in English, Spanish

**Need more information before getting care?**
Call or text with someone right away at
**Postpartum Support International**
1.800.944.4773
www.postpartum.net
Services in English, Spanish

# 6 THINGS

Every New Mom & Mom-To-Be Should Know About Maternal Depression

MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families
A Project of Community Partners

California Health Care Foundation

Hospital Quality Institute
Leadership in quality and patient safety

Adapted from Postpartum Progress, www.postpartumprogress.com, where you can find out more on childbirth-related mental illness. This brochure is also available in Spanish, Chinese and Vietnamese.

www.maternalmentalhealthnow.org

# HABLA CUANDO TE SIENTAS TRISTE

# 6 COSAS

Cada Nueva Mamá Y Futura Mamá Deben Saber Acerca De La Depresión Materna

## 1 | LA DEPRESIÓN MATERNA Y LA ANSIEDAD SON COMUNES.

Es la complicación número uno del embarazo. En los EE.UU., entre el 15% y el 20% de las nuevas mamás, o aproximadamente 1 millón de mujeres, experimentan cada año trastornos perinatales del estado de ánimo y ansiedad. Algunos estudios sugieren que el número puede ser aún mayor.

**NO ESTÁS SOLA.**

La depresión materna puede afectar a cualquier mujer, independientemente de su edad, ingresos, cultura o educación.

## 2 | PODRÍAS EXPERIMENTAR ALGUNOS DE ESTOS SÍNTOMAS.

- Sentimientos de tristeza o enojo.
- Cambios de humor: altibajos, sentirte abrumada.
- Dificultad para concentrarte.
- Falta de interés en las cosas que solías disfrutar.
- Cambios en los hábitos de sueño y alimentación.
- Ataques de pánico, nerviosismo y ansiedad.
- Excesiva preocupación por tu bebé.
- Pensamientos de hacerte daño a ti misma o a tu bebé.
- Temor de que no puedas cuidar a tu bebé.
- Comportamiento compulsivos o excesivos.
- Sentimientos de culpa e insuficiencia.
- Dificultad para aceptar la maternidad.
- Pensamiento irracional; ver o escuchar cosas que no están allí.

Algunas de las formas en que las mujeres describen sus sentimientos incluyen:

*Quiero llorar todo el tiempo.*
*Siento que estoy en una montaña rusa emocional.*
*Nunca me sentiré como yo misma otra vez.*
*No creo que le guste a mi bebé.*
*Todo se siente como un gran esfuerzo.*

## 3 | LOS SÍNTOMAS PUEDEN APARECER EN CUALQUIER MOMENTO DURANTE EL EMBARAZO, Y HASTA EL PRIMER AÑO DEL NIÑO.

La tristeza que se siente después del nacimiento del bebé, es un período de ajuste normal que generalmente dura de 2 a 3 semanas. Si tienes alguno de los síntomas enumerados que se mantuvo igual o empeoró y duró más de 5 semanas, puedes estar experimentando depresión o ansiedad materna. **La tristeza o ansiedad que la familia pueda sentir, tambien el bebé lo siente.**

## 4 | NO ERES CULPABLE QUE ESTO ESTÉ PASANDO.

No eres una persona débil o mala. Tienes una enfermedad común y tratable. La investigación muestra que hay una variedad de factores de riesgo que pueden afectar cómo te sientes, incluido tu historial médico, cómo tu cuerpo procesa ciertas hormonas, el nivel de estrés que estás experimentando y cuánta ayuda tienes con tu bebé. Lo que sí sabemos es que **NO ES CULPA TUYA**.

## 5 | CUANTO AYUDA RECIBES CON TU BEBE.

Tu mereces estar sana y tu bebé tambien para prosperar. No esperes para buscar ayuda. Habla con alguien de confianza. **LA AYUDA está disponible**.

Orange County | Behavioral Health Information & Referrals
**855-OC-Links**
(625-4657)
can help connect you find the support you need.

Si estás pensando en hacerte daño a ti misma o al bebé, llama al 911 de inmediato.

## 6 | EXISTE AYUDA PARA TI EN TU IDIOMA

Se habla español en todos estos programas:

**Centro de Salud Mental De Hoag**
Bajo costo o gratis
Newport Beach: (949) 764-6542

**Programa De Bienestar Para Padres De OC**
Gratis, Aceptan madres o padres
Orange: (714) 480-5160

**Cuidando Madres Con Depresión Materna**
Aceptan CalOptima y otro tipos de seguranca
Orange: (714) 771-8101

¿No sabe cual tipo de ayuda necesita?
Llame para apoyo parlante, información, y recursos a
**Postpartum Support International (PSI)**
800-944-4773 #1
Text 971-203-7773

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Adaptado de Postpartum Progress, www.postpartumprogress.com, donde puedes obtener más información sobre las enfermedades mentales relacionadas con el parto. Este folleto también está disponible en inglés, chino y vietnamita.

www.maternalmentalhealthnow.org

# 当您失落时大声说出来吧

## 6 件
每位新手妈妈 & 准妈妈
都应了解的有关产妇抑郁症的事情

## 1 产妇抑郁和焦虑是常见的。

它是孕期的头号并发症。在美国，每年有15%至20%的新手妈妈，即约100万名女性，会经历围产期情绪和焦虑症。有研究表明，这个数字可能更高。

**您并不孤独。**

产妇抑郁症可以影响到任何女性，无论年龄、收入、文化或教育程度如何。

## 2 您可能会出现以下一些症状。

- 悲伤或愤怒的感觉。
- 情绪波动：情绪高低起伏，感觉不知所措。
- 難以集中注意力。
- 对您过去喜欢的事情缺乏兴趣。
- 睡眠和饮食习惯的改变。
- 恐慌症发作、紧张和焦虑。
- 过度担心您的宝宝。
- 有伤害自己或宝宝的想法。
- 担心自己不能照顾宝宝。
- 感到内疚和不足。
- 难以接受母亲的身份。
- 不理智的思考；看到或听到不存在的东西。

女性描述自己感受的一些方式包括：

我一直想哭。
我觉得自己的情绪变化就像坐过山车一样。
我再也感觉不到我自己了。
我觉得我的宝宝不喜欢我。
每件事都感觉要付出巨大努力。

## 3 孕期的任何时候都有可能出现症状，并一直会持续到孩子一周岁之前。

产后忧郁症，是指宝宝出生后的正常适应期，通常会持续2-3周。如果您一直有以上所列举的任何一种症状或症状加重，并且持续5周以上，那么您可能正在经历产妇抑郁症或焦虑症。

## 4 您没有做任何导致这种情况的事情。

您不是一个弱者或坏人。您患有一种常见的、可以治疗的疾病。研究表明，有各种危险因素可能会影响您的感受，包括您的病史，您的身体处理某些激素的过程，您正在承受的压力程度，以及您对宝宝的帮助程度。据我们所知，这并不是您的错。

## 5 您越早得到帮助，就越好。

您值得健健康康的，而您的宝宝也需要一个健康的妈妈，他才能茁壮成长。不要等着他人。主动和您信任的人谈谈吧。您可以随时寻求帮助。

## 6 您可寻求的帮助。

855-OC-Links (625-4657)
can help connect you find the support you need.

如果您有伤害自己或宝宝的想法，
请立即拨打911。

**与可以帮助您寻求支持的人交谈**

Yǔ kěyǐ bāngzhù nín xúnqiú zhīchí de rén jiāotán

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Hospital Quality Institute

改编自《产后进展》（Postpartum Progress），您可访问www.postpartumprogress.com了解更多关于分娩相关的精神疾病信息。本手册也可提供英文、西班牙语及越南语版本。

www.maternalmentalhealthnow.org (Chinese)

# LÊN TIẾNG KHI BẠN GẶP KHÓ KHĂN

# 6 ĐIỀU

Mỗi bà mẹ mới sinh và sắp sinh nên làm
Tìm hiểu về bệnh trầm cảm khi mang thai và sau sinh

## 1 TRẦM CẢM HOẶC LO LẮNG KHI MANG THAI VÀ SAU SINH RẤT PHỔ BIẾN.

Đó là biến chứng số một của thai kỳ. Ở Mỹ, 15% đến 20% bà mẹ mới sinh, tức khoảng 1 triệu phụ nữ mỗi năm, bị rối loạn tâm trạng và lo âu khi mang thai hoặc sau sinh. Một số nghiên cứu cho thấy con số có thể còn cao hơn.

**BẠN KHÔNG CÔ ĐƠN.**

Trầm cảm khi mang thai và sau sinh có thể ảnh hưởng đến bất kỳ phụ nữ nào, bất kể tuổi tác, thu nhập, văn hóa hay giáo dục.

## 2 BẠN CÓ THỂ GẶP MỘT SỐ TRIỆU CHỨNG SAU.

- Cảm thấy buồn hoặc tức giận.
- Tâm trạng thất thường: lên và xuống, cảm thấy ngợp.
- Khó tập trung.
- Thiếu hứng thú với những thứ bạn từng thích.
- Thay đổi thói quen ngủ và ăn uống.
- Các cơn hoảng loạn và lo lắng.
- Lo lắng quá mức về em bé.
- Có suy nghĩ tự làm hại bản thân hoặc em bé.
- Sợ rằng bạn không thể chăm sóc em bé.
- Cảm giác tội lỗi và không xứng đáng.
- Khó chấp nhận chuyện làm mẹ.
- Tư duy vô lý; nhìn thấy hoặc nghe thấy những thứ không có thực.

Một số phụ nữ có thể mô tả cảm xúc của họ như sau:

*Tôi lúc nào muốn khóc.*
*Tôi cảm thấy như mới đi tàu lượn siêu tốc.*
*Tôi sẽ không bao giờ cảm thấy là chính mình nữa.*
*Tôi không nghĩ là con tôi thích tôi.*
*Tất cả mọi thứ cảm thấy như đều cần cố gắng nhiều.*

## 3 TRIỆU CHỨNG CÓ THỂ XUẤT HIỆN BẤT CỨ LÚC NÀO KHI MANG THAI VÀ CHO ĐẾN KHI TRẺ ĐƯỢC MỘT TUỔI.

Hội chứng baby blues, một giai đoạn điều chỉnh bình thường sau khi sinh, thường kéo dài từ 2 đến 3 tuần. Nếu bạn có bất kỳ triệu chứng nào ở trên vẫn không hết hoặc trở nên tồi tệ hơn và kéo dài hơn 5 tuần, thì bạn có thể bị trầm cảm khi mang thai hoặc sau sinh.

## 4 CHUYỆN NÀY KHÔNG PHẢI DO BẠN.

Bạn không phải là người yếu đuối hay xấu tính. Bạn bị một căn bệnh thông thường, có thể điều trị. Nghiên cứu cho thấy có nhiều yếu tố nguy cơ có thể ảnh hưởng đến cảm giác của bạn, như lịch sử y tế, cách cơ thể bạn xử lý một số hormone, mức độ căng thẳng mà bạn đang gặp phải và bạn chăm sóc em bé như thế nào. Những gì chúng tôi biết là, CHUYỆN NÀY KHÔNG PHẢI DO BẠN.

## 5 BẠN CẦN GIÚP ĐỠ CÀNG SỚM CÀNG TỐT.

Bạn xứng đáng được khỏe mạnh và em bé cần một người mẹ khỏe mạnh để phát triển tốt. Đừng chỉ chờ ai đó giúp bạn. Hãy nói chuyện với một người mà bạn tin tưởng. Luôn có sự giúp đỡ.

Orange County | Behavioral Health Information & Referrals
**855-OC-Links**
(625-4657)
can help connect you find the support you need.

Nếu bạn đang có ý nghĩ tự làm hại bản thân hoặc em bé, hãy gọi 911 ngay lập tức.

## 6 CÓ SỰ GIÚP ĐỠ CHO BẠN.

**Chương trình sức khỏe cha mẹ OC Trái cam:**
(714) 480-5160
Dành cho các ông bố bà mẹ
Tất cả các dịch vụ đều miễn phí
Dịch vụ có sẵn bằng tiếng Việt

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Theo Postpartum Progress, www.postpartumprogress.com, ở đây bạn có thể tìm hiểu thêm về các bệnh tâm lý liên quan đến sinh nở. Tài liệu này cũng có sẵn bằng tiếng Anh, tiếng Tây Ban Nha và tiếng Trung.

www.maternalmentalhealthnow.org (Vietnamese)

Lifeline4Moms

# Action Plan for Mood Changes during Pregnancy or After Giving Birth

**Feeling down, mood swings, feeling anxious, overwhelmed, and scared are very common for women during and after pregnancy. If your feelings are impacting your life or your ability to care for you or your baby, we want to make sure you have the resources and support you need. If a few of these feelings sound like you, see below for what you can do.**

| If you… | You may be experiencing emotional changes that happen to many pregnant women and new moms. You should… |
|---|---|
| Feel like you just aren't yourself<br>Have trouble managing your emotions (ups and/or downs)<br>Feel overwhelmed, but are still able to care for yourself and your baby<br>Feel mild irritability<br>Have slight difficulty falling asleep<br>Have occasional difficulty focusing on a task<br>Are less hungry than usual | Take special care of yourself. Get your partner to watch the baby, get a babysitter, or team up with another person to share child care so that you can rest and exercise.<br><br>Continue to watch for the signs of emotional mood changes in the yellow and red sections below.<br><br>Find someone to talk to if things get worse. Talk to a health care provider if you feel unsure. |

| If you… | You may be experiencing emotional changes during or after your pregnancy for which you should get help. You should… |
|---|---|
| Feel intense uneasiness that hits with no warning<br>Feel foggy and have more difficulty completing tasks than usual<br>Notice that you have stopped doing things that you used to enjoy<br>Have scary or upsetting thoughts that don't go away<br>Feel guilty, or are having thoughts that you are failing at motherhood<br>Are having difficulty falling or staying asleep (that doesn't have to do with getting up with your baby)<br>Are falling behind with your job or school work, or struggling in your relationships with family and/or friends<br>Have family/friends mention that your mood seems off, or you're not acting like your usual self<br>Are being overwhelmed by feelings of worry<br>Have periods of feeling really "up," and overly happy where you are doing more activities than usual, then feel very sad, "down," or hopeless<br>Are taking risks you usually wouldn't<br>Are on edge or always looking out for possible danger/threats<br>Feel numb or detached, like you are just going through the motions<br>Have no interest in eating – food tastes like nothing<br>Have thoughts of hurting yourself | Contact us. Your mental health is important to us. We are here to help.<br><br>Talk to your partner, family, and friends about these feelings so they can help you.<br><br>Contact your insurance company to find mental health providers.<br><br>Visit the Anxiety and Depression Association of America's telehealth providers: https://adaa.org/finding-help/telemental-health/provider_listing<br><br>Call Postpartum Support International (PSI) at 1-800-944-4PPD (4773) to speak to a volunteer who can provide support and resources in your area or search online for a mental health provider at https://directorypsichapters.com/<br><br>Search the National Center for posttraumatic stress disorder (PTSD) at https://www.ptsd.va.gov/<br><br>Read or complete workbook materials: *Pregnancy & Postpartum Anxiety Workbook* by Pamela S. Wiegartz and Kevin Gyoerkoe |

| If you… | Get help now! |
|---|---|
| Feel hopeless and in total despair<br>Feel out of touch with reality (you may see or hear things that other people don't)<br>Feel that you may hurt yourself or your baby<br>Have family/friends that are worried about your or other's safety due to your mood swings and/or changes in activity levels | Go to the local emergency room or call 9-1-1 for immediate help.<br><br>Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free and confidential emotional support<br><br>Text the Crisis Line at 741741 (US) or 686868 (Canada)<br><br>Still not sure what to do? Call us and we'll figure it out together |

**Getting help is the best thing you can do for yourself and your baby. Your mental health is important to us, please call us with any concerns or questions. We are here to help.**


Authors: Byatt N., Mittal L., Brenckle L., Logan D., Masters G., Bergman A., Moore Simas T.

Lifeline4Moms

# Self-Care Plan

**Your life may feel drastically changed during this time, and feeling overwhelmed, stressed, or sad are very common and understandable responses. It can be hard to cope with problems when you're feeling sad and have little energy. A self-care plan can be a useful tool to help you attend to your own wellness needs, and those of your baby.**


1. **Make time for pleasurable activities.** Commit to scheduling some simple and enjoyable activity each day.
   Things I find pleasurable include: _____
   During the week I will spend at least_____ minutes doing (choose one or more of activity to try in the coming week) _____

2. **Stay physically active.** Make sure you make time to do some activity, even a few minutes of activity can be helpful.
   During the week, I will spend at least _____minutes doing (write in activities) _____ _____.


3. **Ask for help.** Look to those in your life who you can ask for help - for example your husband or partner, your parents, other relatives, your friends.
   People I can ask to help me: _____
   During the week I will ask at least _____ person/people for help.

4. **Talk or spend time with people who can support you.** Explain to friends or loved ones how you feel. If you can't talk about it, that's OK – you can still ask them to be with you or join you for an activity.
   People I find supportive include _____. During the week, I will contact _____ (name/s) and try to talk with them _____times.

5. **Belly breathing** is about breathing in a specific way that triggers your body's natural calming response.
   - Begin by slowly bringing your breath to a steady, even pace.
   - Focus on breathing in from the very bottom of your belly, almost as if from your hips/pelvis.
   - See if you can breathe in a way that makes your belly stick out on the in-breath and deflate totally on the out-breath. Your chest and shoulders should stay quite still, it's all about breathing with your belly!
   - Any amount of time you can find to do this can help. Aim to practice 10-15 minutes at least twice daily.

6. **Mindful breathing** helps bring awareness into the present moment using our body's natural rhythm of breath. Bring your attention to your own natural rhythm of breath.
   - Notice physical sensations with breathing, such as the textures of clothing or movement of body.
   - When your mind offers a distraction, notice this and bring your attention back to the physical sensation of natural breath. Try and notice temperature of the in-breath and out-breath or notice the precise moment in the rhythm where an in-breath becomes an out-breath.
   - Practice this when you feel like you could use some present moment grounding.

7. **Sleep is a very important part of self-care.** Here are some helpful strategies to try to help you sleep better at night.
   - Watch how much caffeine you take in. Caffeine stays in the body for 10-12 hours. Consider limiting coffee, tea, soda, chocolate, and energy drinks, and setting a cut-off point during the day (such as lunchtime) to stop drinking or eating caffeine.
   - Set a routine. Set regular times for going to bed and waking up, even if you slept poorly the night before. Set up a relaxing routine 1-2 hours before bed where you do something calming and limit your exposure to electronics and light. Getting into a routine will train your body to prepare for sleep near bedtime.
   - Keep the bedroom mellow. Only use your bed for sleep and sexual activity. This helps your body link the bed with sleep, rather than other things that keep you awake. Keep your bedroom dark and cool and move your clock to prevent you from constantly checking it through the night.
   - Sleeping pills can also be a reasonable short-term option while waiting for other techniques to work.

8. **Simple goals and small steps.** Break goals down into small steps and give yourself credit for each step you finish.

Maternal, Child & Adolescent Health
mcah

CDPH California Department of PublicHealth

| MATERNAL MENTAL HEALTH

# Feeling anxious or depressed?

Many women experience depression and anxiety during pregnancy and after having a baby.

## What every new mom and mom-to-be need to know

**One in five California women**
has symptoms of depression during or after pregnancy.

### Symptoms

Feelings of depression after pregnancy, also known as baby blues, are common, last about two weeks and are considered normal. Symptoms can also occur during pregnancy or any time during your baby's first year. But if your symptoms last longer than two weeks, are severe or get worse, please talk with someone you trust and see your health care provider.

- Anxiety and/or nervousness
- Sadness
- Excessive crying
- Mood swings
- Difficulty concentrating
- Lack of interest in things you typically enjoy
- Changes in sleeping or eating habits
- Excessive worry about your baby
- Feelings of guilt or inadequacy
- Difficulty accepting motherhood

**See your doctor right away if you have:**

- Thoughts of harming yourself or your baby
- Panic attacks
- Fear that you can't take care of your baby
- Baby blues lasting longer than two weeks
- Irrational thinking, such as seeing or hearing things that are not there

**NEED HELP RIGHT NOW?**
Call 1-800-944-4773 or text 503-894-9453
Postpartum Support International to find local resources

**WATCH OUR VIDEO:**
www.cdph.ca.gov/MaternalMentalHealth

Maternal, Child and Adolescent Health | Center for Family Health | California Department of Public Health | FACT SHEET MAY 2019

Maternal, Child & Adolescent Health
mcah

CDPH California Department of PublicHealth

## You are not alone

One in five California women has symptoms of depression during or after pregnancy. More Black and Latina women are affected, as well as women who don't have support from family and friends. It's important to know this can happen to any woman regardless of age, income, culture or education.

## Treatment is good for mom, baby and the entire family

Depression during pregnancy can cause problems, like premature birth. Depression after baby is born can result in breastfeeding problems and the ability for mothers to bond with their infants. Depression at any time during pregnancy or baby's first year can cause marital issues and can also affect mom-baby-family bonding, which can increase the risk of long-term mental and emotional problems in children.

## Most women experience full recovery if they get treatment

More and more health care providers are screening for depression as part of your prenatal and postpartum care. However, do not wait for screening if you are experiencing symptoms beyond normal baby blues. The sooner you get treatment, the better.

## Help is available

Asking for help is a sign of strength. If you're having any symptoms, now is the time to reach out to a trusted professional who can guide you through treatment. Talk to your family and friends for support. Remember, you did nothing to cause this, and there is no shame in asking for help—for your well-being and the health of your baby. For more information and maternal mental health resources, visit: www.cdph.ca.gov/MaternalMentalHealth

**NEED HELP RIGHT NOW?**

Call 1-800-944-4773 or text 503-894-9453
Postpartum Support International to find local resources

Maternal, Child & Adolescent Health
mcah

CDPH California Department of PublicHealth

| SALUD MENTAL PARA MATERNIDAD

# ¿Se siente ansiosa o deprimida?

Muchas mujeres expresan depresión y ansiedad durante el embarazo y después de tener a su bebé.

## Lo que todas las nuevas mamás y mamás necesitan saber

**Una de cada cinco mujeres de California**
tiene síntomas de depresión durante o después del embarazo.

## Síntomas

Los sentimientos de depresión después del embarazo, también conocidos como "baby blues", son comunes, duran unas dos semanas y se consideran normales. Los síntomas también pueden ocurrir durante el embarazo o en cualquier momento durante el primer año de su bebé. Pero si los síntomas duran más de dos semanas, son severos o empeoran, por favor hable con alguien en quien confíe y vea a su proveedor de atención médica.

- Ansiedad y/o nerviosismo
- Tristeza
- Llanto excesivo
- Cambios de humor
- Dificultad para concentrarse
- Falta de interés en las cosas que típicamente disfruta
- Cambios en los hábitos alimenticios o de dormir
- La preocupación excesiva sobre su bebé
- Sentimientos de culpabilidad o inadecuación
- Dificultad para aceptar la maternidad

**Consulte a su médico de inmediato si tiene:**

- Pensamientos de lastimarse a usted misma o a su bebé
- Ataques de pánico
- Teme que no pueda cuidar a su bebé
- "Baby blues" que duran más de dos semanas
- Pensamientos irracionales, como ver u oír cosas que no existen

**¿NECESITA AYUDA AHORA MISMO?**
Llame al 1-800-944-4773 o mande un texto al 503-894-9453
Posparto Apoyo Internacional para encontrar recursos locales

**MIRE NUESTRO VIDEO:**
www.cdph.ca.gov/MaternalMentalHealth

Maternal, Child & Adolescent Health
mcah

## No está sola

Una de cada cinco mujeres de California tiene síntomas de depresión durante o después del embarazo. Mujeres Afro-Americanas y Latinas se ven afectadas más, así como mujeres que no tienen el apoyo de familiares y amigos. Es importante saber que esto le puede suceder a cualquier mujer sin importar la edad, los ingresos, la cultura o la educación.

## El tratamiento es bueno para la mamá, el bebé y toda la familia

La depresión durante el embarazo puede causar problemas, como el parto prematuro. La depresión después del nacimiento del bebé puede dar lugar a problemas de lactancia materna y a la capacidad de las madres de vincularse con sus bebés. La depresión en cualquier momento durante el embarazo o el primer año del bebé puede causar problemas matrimoniales y también puede afectar el vínculo entre la madre y el bebé-familia, lo que puede aumentar el riesgo de problemas mentales y emocionales a largo plazo en los niños.

## La mayoría de las mujeres que reciben tratamiento se recuperan completamente

Más y más proveedores de atención médica están examinando para depresión como parte de la atención prenatal y posparto. Sin embargo, no espere a que se realice el examen si muestra síntomas más allá de los “baby blues” normales. Cuanto antes reciba tratamiento, mejor.

## La ayuda está disponible

Pedir ayuda es un signo de fuerza. Si tienes algún síntoma, ahora es el momento de ir con un profesional de confianza que pueda guiarte a través del tratamiento. Hable con su familia y amigos para obtener apoyo. Recuerde, no hizo nada para causar esto, y no hay vergüenza en pedir ayuda, para su bienestar y la salud de su bebé. Para obtener más información y recursos de salud mental materna, visite: www.cdph.ca.gov/MaternalMentalHealth

**¿NECESITA AYUDA AHORA MISMO?**

Llame al 1-800-944-4773 o mande un texto al 503-894-9453
Posparto Apoyo Internacional para encontrar recursos locales

# SUPPORTING FATHERS' MENTAL HEALTH

## Did you know?

- **One in 10** fathers get Paternal Postpartum Depression (PPPD);
- Up to **16 percent** of fathers suffer from an anxiety disorder during the perinatal period.

**Helping dads be at their best—physically and mentally—during early childhood has a big impact on children's health.**

## Studies show that FATHER INVOLMENT LEADS TO CHILDREN WHO:

are more **ready for school**

have a **better vocabulary**

have **better social skills**

are better able to **regulate their emotions**

## FATHER INVOLVEMENT HELPS MOMS TOO

- It increases both parents' confidence
- It helps both parents be more responsive to their baby
- It decreases mothers and fathers' potential for mental health issues

## How Can Health Professionals Help Fathers?

1. Screen for paternal depression during well-child visits
2. Connect dads with resources and interventions


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NICHQ
National Institute for Children's Health Quality

# About Us

**Every Woman OC** is a resource for anyone who is thinking of becoming pregnant, is pregnant, or has a new baby. Our goal is to provide you with information and resources necessary to experience pregnancy and parenting in a safe and healthy way.

**www.everywomanoc.org**

The Orange County Perinatal Council (OCPC) is dedicated to supporting optimal perinatal health and wellness for Orange County's women and babies – before, during and after birth.

For additional information, visit
**www.everywomanoc.org**
or contact the Health Referral Line
at (800) 564-8448.

# Every Woman OC

Women in the preconception, prenatal, and postpartum periods can find information regarding:

- Medical Services
- Healthy Eating and Exercise
- Healthy Mind and Relationships
- Substance Use
- Home and Work Environment
- Infant Care

For additional information, visit **www.everywomanoc.org** or contact the Health Referral Line at (800) 564-8448.



## Thinking About Getting Pregnant

Taking good care of your body and mind will prepare you for pregnancy and give your baby a healthy start.

Even if you decide not to become pregnant now or in the future, this information will help you to live a healthy lifestyle.



## Pregnant

If you are pregnant, it's important to start planning and making healthy choices for your growing family.

The decisions you make now will help your baby have a happy, healthy life.



## After Giving Birth & Baby's 1st Year

The postpartum period refers to the first six weeks after childbirth. It is a period of healing and adjustment.

During these weeks, you'll bond with your baby and have a post-delivery checkup with your doctor. Take care of your baby and yourself by making good choices and staying healthy.

# Acerca de nosotros

**Cada Mujer OC** es un recurso para cualquier persona que está pensando en embarazarse, o está embarazada o tiene un nuevo bebé. Nuestro objetivo es proporcionarle información y los recursos necesarios para una experiencia segura y saludable de embarazo y de la crianza de los hijos.

**www.sp.everywomanoc.org**

El consejo Perinatal Council del Condado de Orange, (OCPC por sus siglas en inglés) tiene el compromiso de apoyar a las mujeres y los bebés del Condado de Orange para que gocen de bienestar y de óptima salud perinatal.

Para obtener información adicional, visite **www.sp.everywomanoc.org** o comuníquese con la Línea de Referencia de Salud llamando al (800) 564-8448.

# Cada Mujer OC

Las mujeres en las etapas de preconcepción, prenatal y posparto pueden encontrar información sobre:

- Servicios médicos
- Alimentación saludable y ejercicios
- Mente sana y relaciones
- Consumo de sustancias
- Entorno laboral y del hogar
- Cuidado del bebé

Para obtener información adicional, visite **www.sp.everywomanoc.org** o comuníquese con la Línea de Referencia de Salud (Health Referral Line) llamando al (800) 564-8448.



## Pensando en quedar embarazada

Cuidar bien de su cuerpo y mente la preparará para el embarazo y le dará a su bebé un comienzo saludable.

Incluso si decide no quedar embarazada ahora ni en el futuro, esta información la ayudará a vivir un estilo de vida saludable.



## Embarazada

Si está embarazada, es importante comenzar a planear y tomar decisiones saludables para su familia.

Las decisiones que tome ahora contribuirán a que su bebé tenga una vida feliz y saludable.



## Después de dar a luz y el primer año del bebé

El período de posparto se refiere a las primeras seis semanas después del parto. Es un período de recuperación y adaptación.

Durante estas semanas, usted formará un vínculo emocional con su bebé y se hará un chequeo después del parto con su médico. Cuide a su bebé y de sí misma al tomar buenas decisiones y mantenerse saludable.

# S.A.N.A.R LA MENTE PARA MEJORAR TU VIDA

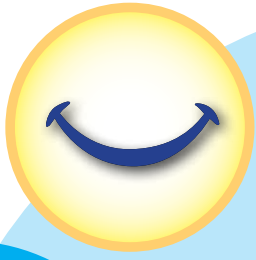
FIRST 5 ORANGE COUNTY
CHILDREN & FAMILIES COMMISSION

SAELI
Santa Ana Early Learning Initiative

**S**

**S**iempre piensa que tu puedes

**S**onreír – cada día es un grito de esperanza.



**A**

**A**cepta Ayuda

**A**prendiendo a salir adelante juntos

**R**

**R**enacer de ti ala vida

**R**ápido puedes pedir ayuda

## La depresión y la ansiedad son difíciles para las families

**N**

**N**unca te rindas

**N**adie te puede impedir salir adelante

**N**o estás solo

**A**

**A**ctúa pronto

**A**garra fuerzas de tu corazón y mente

Help Me Grow
ORANGE COUNTY

Para ayudar al bebé o los niños durante esta vez, visite HelpMeGrowOC.org o llame al **1-866-476-9025**

PSI POSTPARTUM SUPPORT INTERNATIONAL

Para ayudar a un padre o miembro de la familia, llame PSI HelpLine:
**1-800-944-4773**
#1 En Español or #2 English
Text in English: **800-944-4773**
Text en Español: **971-203-7773**

**Depression and anxiety are hard on families.**
**Stress from COVID-19 can make these worse.**

1 in 5 moms and 1 in 10 dads in OC are affected during their baby's first year.

# The best gift you can offer is the help to H.E.A.L

## Hope

Let them know they are not alone and they WILL get better.

## Empathy

Listen and don't judge.
Understand his/her feelings — it's not wrong to feel.

## Action

Help them rest.
Bring food. Clean up.
Help with the baby.

## Local Help

Tell them the sooner they get help, the better for themselves and their baby.

If things get worse, call a doctor or 9-1-1

Help Me Grow Orange County

**To learn how to help the baby during this time, visit HelpMeGrowOC.org or call 1-866-476-9025**

NAMI Orange County

**To help a parent or family member, visit NAMIOC.org or call the OC Warmline at 714-991-6412.**

FIRST 5 ORANGE COUNTY
CHILDREN & FAMILIES COMMISSION

To learn more visit postpartum.net

Special thanks to the following members of the Orange County Perinatal Mood and Anxiety Disorders Collaborative Steering Committee without which this toolkit could not have been possible:

| | |
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National Collaborative for Infants & Toddlers™
Powered by the Pritzker Children's Initiative

**Pritzker Children's Initiative (PCI)**

The Pritzker Children's Initiative (PCI), a project of the J.B. and M. K. Pritzker Family Foundation, is committed to building a promising future for our country by investing in and supporting solutions in early childhood development for children prenatal to age three, with the goal of every child reaching kindergarten ready to learn.

**The National Collaborative for Infants and Toddlers (NCIT)**

Funded through the Pritzker Children's Initiative, NCIT brings together national partners, early childhood leaders, philanthropy, policymakers and practitioners inside and outside state and local government to create and strengthen promising policies and programs, and share what works, so that more states and communities can support the healthy development of our youngest children. I would suggest using the positioning statement from the NCIT framework, here's how it reads: The National Collaborative for Infants and Toddlers is committed to advancing policies and programs to ensure all families have the support they need to give their infants and toddlers a strong foundation for success in school and life.  To learn more, visit NCIT.org.

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