



Screening for Postpartum Depression in WIC

Welcome to the Screening for Postpartum Depression in WIC training. During this training you will review how and when WIC staff are to implement screening for postpartum depression, assignment of risk factors 361 and 357, and nutrition education information.



Screening for Postpartum Depression in WIC

Objectives:

Identify the best time for administering and evaluating the screening tool in WIC.

Discuss documentation and follow up requirements for WIC participants screened and/or referred.

Describe when to assign Risk Factor 361 Depression and/or Risk Factor 357 Drug Nutrient Interactions.

Describe one way to educate WIC women who have been assigned Risk Factor 361 Depression.

The objectives for this part of the training are that:

Attendees will identify the best time for administering and evaluating the screening tool in WIC.

Attendees will discuss documentation and follow up requirements for WIC participants screened and/or referred.

Attendees will describe when to assign Risk Factor 361 Depression and/or Risk Factor 357 Drug Nutrient Interactions.

Attendees will describe one way to educate WIC women who have been assigned Risk Factor 361 Depression.



Getting Started??

Staff Awareness and Training

Community Partnerships

Screening

According to Value Enhanced Nutrition Assessment, many variables impact food consumption and ultimately health outcomes. Addressing depression as part of the nutrition assessment for prenatal AND postpartum women will allow for a more participant-centered nutrition intervention.

While the move is toward using the term Perinatal Mood and Anxiety Disorders (PMAD), USDA and WIC use the terminology of postpartum depression for purposes of WIC Risk Factor Assignment. The two terms are sometimes used interchangeably.

Before implementing a screening and referral process to address postpartum depression (PPD), clinics should establish partnerships with mental health providers and social service agencies. A solid network of partners provides staff with the knowledge of community resources and services available to more effectively get participants the assistance they need.

Screening should be done to determine whether a prenatal or postpartum woman is suffering from perinatal or post partum depression or is at risk for a mood disorder.



Helping Mom Reach Out

Provide

- Screening
- Resources
- Referrals

Reminder: No diagnosis is needed to seek help

It is helpful to review how WIC staff will incorporate screening into WIC visits with women participants.

Reducing the screening questions to two questions helps it seem more routine.

(Note: references and resources for WIC staff:

<http://www2.psychology.uiowa.edu/faculty/ohara/videos/>

http://mchb.hrsa.gov/research/project_info.asp?id=291

<http://mchb.hrsa.gov/research/media-podcasts-mbpopd-transcript.asp>)



Tips for Screening

Prenatal Visits

- First prenatal visit

Postpartum Visits

- First postpartum visit
- 4 to 6 week postpartum visit

During pregnancy and the postpartum period, screening for depression with a risk assessment tool at the first prenatal visit provides an opportunity to discuss the signs and symptoms of depression in pregnancy and postpartum. By increasing awareness about perinatal emotional reactions, mothers and their providers can anticipate and proactively address potential issues before they develop. These discussions can also help to normalize and decrease stigma about acknowledging emotional difficulties.

Screening frequently makes it more ‘normal’ to ask the questions. **Initially do the screening at the first prenatal visit. It is suggested that screening also be done at the first postpartum visit and the 4- to 6-week postpartum visit for breastfeeding and nonbreastfeeding women.**

Source: http://www.nhbreastfeedingtaskforce.org/pdf/breastfeeding_depression.pdf

Patient Health Questionnaire-2 (PHQ2)

Tools for Screening

Urbino et al., Behavioral and Psychological Symptoms and Assessment

Patient Health Questionnaire-2

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things.

0 = Not at all
1 = Several days
2 = More than half the days
3 = Nearly every day

Feeling down, depressed, or hopeless.

0 = Not at all
1 = Several days
2 = More than half the days
3 = Nearly every day

Total point score: _____

Information from Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screen. *Ann Intern Med*. 2003;139:67-73.

Source:
Tribble, M. (2017). *PHQ-2 Patient Health Questionnaire-2 (PHQ-2)*. Retrieved from <https://www.aapublications.org/2017/09/19/19-119/>

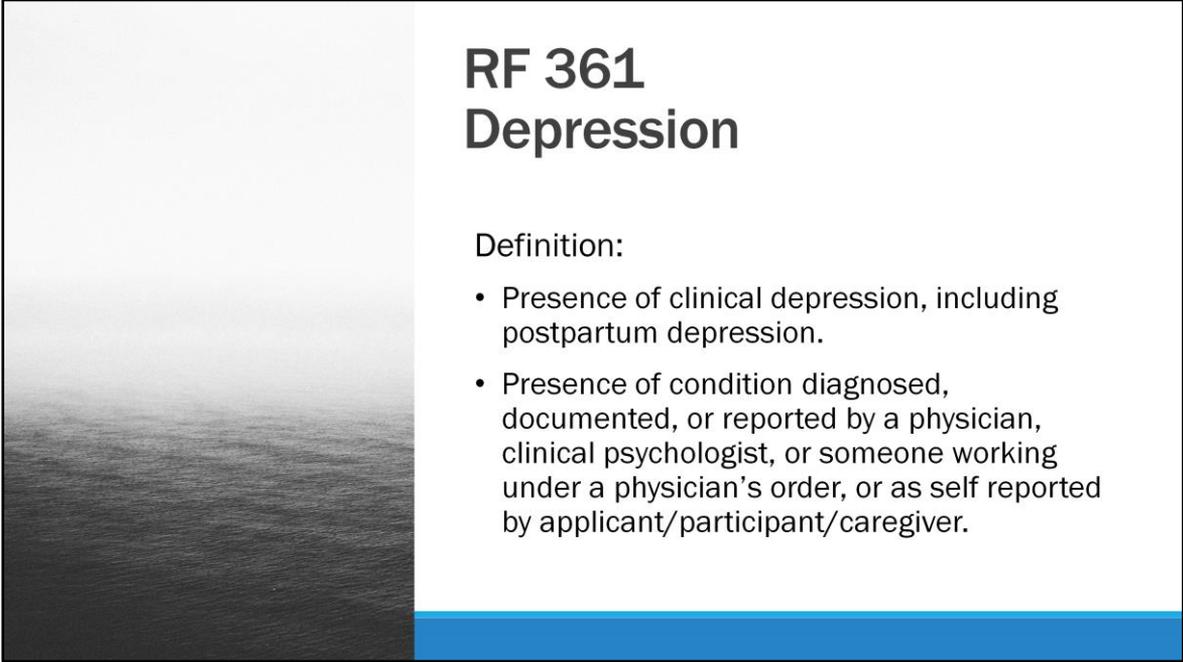
American Academy of Pediatrics
IMPROVING THE WELL-BEING OF ALL CHILDREN

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The Missouri WIC program will use the Patient Health Questionnaire – 2 (PHQ-2) to screen prenatal and postpartum women for risk of depression. **This tool may be given to participants by any certifying staff. Note: WIC certifiers cannot provide nutrition education, however, they can give and make referrals.**

The PHQ-2 helps to assess the frequency of depressed mood and anhedonia, or the loss of the capacity to experience pleasure, over the past two weeks (and also includes the first two items of the PHQ-9). The purpose of the PHQ-2 is not to establish a final diagnosis or to monitor depression severity, but rather to screen for depression in a “first step” approach. Participants who screen positive should be referred to determine whether they meet criteria for a depressive disorder. When a score is three (3) or greater, the participant should be referred to their health care provider for further screening and evaluation. Typically, a health care provider will refer to a therapist. The participant may want to take the screening tool they have completed at WIC as a reference when they go to a health care provider or therapist appointment. You may also want to put a note or ‘alert’ in MOWINS to follow up with the participant at the next WIC appointment (this would be best practice).

WIC Risk Criterion



RF 361 Depression

Definition:

- Presence of clinical depression, including postpartum depression.
- Presence of condition diagnosed, documented, or reported by a physician, clinical psychologist, or someone working under a physician's order, or as self reported by applicant/participant/caregiver.

The definition of depression for risk factor assignment purposes is the presence of clinical depression, including postpartum depression. Or, the presence of a condition diagnosed, documented, or reported by a physician, clinical psychologist, or someone working under a physician's orders. The condition may also be self-reported by applicant, participant, or caregiver.



RF 361 Depression

Assignment:

- Prenatal Women
- Breastfeeding Women
- Non-breastfeeding Women

Risk factor 361 may be assigned by certifying staff to a pregnant woman, breastfeeding woman, or nonbreastfeeding woman. Risk factor 361 should only be assigned if a health care provider has provided documentation or if the participant self-reports that she has been diagnosed with depression.

When a physician or health care provider has indicated there is a diagnosis of depression, you will need to obtain acceptable documentation or verification of diagnosis, such as on a physician's prescription pad, referral form, medical record, or other reliable documentation. A telephone order is acceptable, as long as it is documented as such in MOWINS. A written statement from the health care provider must be obtained as follow-up to a telephone order.

Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis ("My doctor says that I have/my son or daughter has...") should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis. If the applicant, participant, or caregiver self-reports health or medical conditions, document the following in MOWINS:

- a. The name and contact information of the health care provider,
- b. Whether the condition is being controlled by diet or medication.
- c. If diet, special formula, or medication has been prescribed, document the diet, formula, or drug name(s).



RF 357 Drug-Nutrient Interactions

Tricyclic antidepressants (TCAs)

- Generally viewed as safe

Selective serotonin reuptake inhibitors (SSRIs)

- Recommended as first line treatments for breastfeeding women
- Avoid Paxil during pregnancy

Monoamine oxidase inhibitors (MAOIs)

- Contraindicated for pregnant and breastfeeding women

Risk factor 357 may be assigned if a pregnant or breastfeeding woman is taking antidepressants, specifically those in the monoamine oxidase inhibitors (MAOIs) group.

Of the 3 antidepressants, Tricyclic Antidepressants (TCAs) and Selective Serotonin Reuptake Inhibitors (SSRIs) are generally viewed as safe options for pregnant and breastfeeding women.

SSRIs are used most frequently in pregnant and breastfeeding mothers. Sertraline (Zoloft) and Paroxetine (Paxil) are recommended first line treatments for breastfeeding women due to fewer side effects than other antidepressants and a once-a-day dosing schedule.

Paxil is generally discouraged during pregnancy because it has been associated with fetal heart defects when taken during the first three months of pregnancy. Infants of mothers on these medications should be monitored for sedation, agitation, irritability, poor feeding, and GI distress.

Monoamine Oxidase Inhibitors (MAOIs) are always contraindicated during pregnancy and breastfeeding because reproductive safety has not been established. Furthermore, MAOIs have many drug and diet contraindications.



Nutrition Education

Breastfeeding Education & Support

- Breastfeeding is protective of maternal mood

Reminder: WIC certifiers cannot provide nutrition education.

In addition to being beneficial to the mom and baby, successful breastfeeding can potentially provide some protection from the development of depression. WIC promotes breastfeeding as the optimal infant feeding method. The collective impact of prenatal and postpartum breastfeeding promotion and support from WIC nutrition professionals and peer counselors can help the breastfeeding mother avoid breastfeeding complications which may lead to early cessation. Breastfeeding difficulties, especially nipple pain, are a risk factor for depression and need to be addressed promptly. A systematic review of articles in 2009 found depression (or depressive symptoms) may play a role in increased breastfeeding difficulties and decreased duration with depressed mothers being more likely to stop breastfeeding earlier than their counterparts who are not depressed. The same review found breastfeeding mothers' rates of depression are lower than their nonbreastfeeding counterparts.

Breastfeeding may impact maternal mental health and influence infant outcomes in several ways. Breastfeeding is protective of maternal mood; it reduces the stress responses commonly found in the postpartum period. The hormones associated with lactation, oxytocin, and prolactin have both antidepressant and anxiolytic (anti-anxiety) effects.



Nutrition Education

Breastfeeding Education & Support

- Mothers may experience more restful sleep
- Provides benefits for infant

Breastfeeding mothers may experience more restful sleep. It is well documented that new mothers experience sleep disturbances, independent of their feeding choices. This lack of sleep can lead directly to an increase in inflammation and increase in maternal stress, which can lead to depression in the early postpartum period. Several small studies showed that breastfeeding mothers actually get more sleep than their formula-feeding counterparts. One population based study found that exclusively breastfeeding mothers experienced less disrupted sleep than those who supplemented with formula. A discussion about infant sleep patterns and expectations for parental sleep in the early postpartum period can assist mothers in setting goals for duration of breastfeeding and management of stress that accompanies new motherhood.

Breastfeeding benefits for infants are well documented. A 2010 Urban Institute brief found that WIC mothers make use of well-baby visits with their health care providers but rarely adhere to the AAP recommendations for breastfeeding. The authors suggest important messages are not being received or that these mothers face obstacles to breastfeeding, which may be even more likely if the mother is depressed. Awareness of a mother's mental health status can assist the WIC nutrition professional in providing individualized breastfeeding support. Depressed mothers should be encouraged to continue breastfeeding as it can protect infants from the harmful effects of maternal depression. Additionally, if breastfeeding is going well, it may assist in a mother's recovery from depression.

Nutrition Education

Diet rich in omega-3 fatty acids

- Anti-inflammatory properties
- Found in cold water fatty fish & plant sources

<https://www.choosemyplate.gov/moms-food-safety-fish>

<https://www.fda.gov/Food/FoodborneIllnessContaminants/Metals/ucm393070.htm>



Research shows consumption of omega-3 fatty acids correlates with low rates of mental illness. A recommended ratio of omega-6 to omega-3 fatty acids is 2:1. In the typical American diet, the ratio is approximately 15:1. Omega-6 fatty acids are pro-inflammatory. Common sources of omega-6 fatty acids include palm and soybean oils. Omega-6 and omega-3 fatty acids assist the body in making hormones. Hormones constructed with omega-3 fatty acids may be beneficial in alleviating depression as they are anti-inflammatory. Rich sources of omega-3 are found in cold water fatty fish, and some plant sources. Seafood in limited amounts can be part of a healthy diet for women who are pregnant or breastfeeding. Although fish may contain contaminants, the benefits of limited fish consumption outweigh the concerns associated with contaminants. Women should be encouraged to consume fish as recommended in the Choose My Plate information available from the USDA at the first website link on this slide. Women may also want to consult with their health care provider about dietary supplements of omega-3 fatty acids. Dietary supplements should only be consumed if the health care provider agrees that the supplements would be beneficial to the mother. The second link on this slide, from FDA and EPA, provides advice regarding eating fish. This advice is geared toward helping women who are pregnant or may become pregnant, as well as breastfeeding mothers and parents of young children.

Nutrition Education

Consumption of adequate nutrients

Inadequate intake can increase a woman's risk for depression

Tips

- Eat breakfast
- Eat a variety of foods
- Choose healthy snacks like nonfat milk, yogurt, fruit, and nuts
- Avoid alcohol consumption



Research has identified likely links between mood and nutrient deficiency for folate, Vitamin B-12, Vitamin D, calcium, iron, selenium, zinc, and omega-3 fatty acids. A recent review article investigating the link between diet adequacy and perinatal depression found that nutrient inadequacies of pregnant women who consume a typical western diet might be much more common than researchers and clinicians realize. Several studies reported inadequate intakes of omega-3 fatty acids, folate, B vitamins, iron, and calcium in pregnant women. The authors conclude that depletion of nutrient reserves throughout pregnancy can increase a woman's risk for maternal depression and recommend future research targeting the effect of nutrient status on maternal mental health. Promoting adequate consumption of nutrients through foods, as well as adequate water intake, may be a low risk and cost effective way to prevent or alleviate maternal depression. It would be prudent for the WIC nutritionist to stress the link between nutritional factors and mental health when counseling women who have or are at risk of depression.

Tips for getting adequate nutrients:

- Eat breakfast in the morning to start your day off right,
- Eat a variety of foods from all food groups, including two servings of fruit and three servings of vegetables each day,
- Choose healthy snacks like nonfat milk, yogurt, fruit, and nuts, and
- Avoid alcohol use.

Nutrition Education

Physical activity

- Anti-inflammatory
- Boosts mood

<https://health.gov/paguidelines/guidelines/chapter7.aspx>



Various studies have demonstrated that exercise is anti-inflammatory and boosts mood. Routine exercise helps individuals with depression lower inflammation over time and is a positive coping strategy for stress. Exercise can help boost mood in the short term, but it is the cumulative impact of regular exercise that can stave off depression significantly. More information about physical activity during pregnancy and the postpartum period can be obtained from the Office of Disease Prevention and Health Promotion at the website link indicated on the slide.



Referrals

- Make referrals to the
 - primary health care provider;
 - mental health programs; and
 - social service programs.
- Explain the process

Often the referral step has the greatest impact for the mother and reinforces the importance of relationships between WIC and local health and mental health sources to “push the mother in the right direction”. This is where it’s important to have those strong community connections.

Explain the process. Help the mother feel more comfortable following through with the referral. You could say something like... “When you arrive, they will ask you to fill out some paperwork, and they will want to see a copy of your Medicaid or insurance card. Then you may have to wait a while until someone can see you. The therapist will probably ask you how you are feeling and if there have been any unusual stressors in your life recently. She may ask how you’re eating or sleeping, or if you’ve been feeling irritable. These questions can help the therapist make a plan to help you feel better.”



Sources for Referrals

Gov. Eric Greitens

Missouri Department of
Health & Senior Services

Search Health

Healthy Living Senior & Disability Services Licensing & Regulations Disaster & Emergency Planning Data & Statistics Online Services

Home Visiting

Home » Healthy Living » Healthy Families » Home Visiting

- Maternal, Infant, and Early Childhood (MIECHV) Grant Program
- Building Blocks of Missouri Program
- DHSS Maternal and Child Home Visiting Map
- Healthy Families Missouri Home Visiting Program
- DHSS Home Visiting Policies and Procedures **Updated 5-1-17**
- Continuous Quality Improvement (CQI) Newsletters
- Continuous Quality Improvement (CQI) Activity Logs
- MO Home Visiting CQI Handbook
- Missouri MIECHV CQI Plan
- Missouri Home Visiting CQI Gateway

Healthy Living

- Environmental Factors
- Chronic Diseases
- Communicable Diseases
- Healthy Families
- Organ/Tissue Donation and Registry
- Women, Infants & Children (WIC)
- Genetic Disease & Early Childhood
- Food Programs

DHSS Home Visiting Program
<http://health.mo.gov/living/families/homevisiting/>

The Home Visiting Program, within the Bureau of Genetics and Healthy Childhood, includes three early childhood home visiting programs. The programs provide voluntary early childhood home visiting services prenatally and up to kindergarten entry (depending on the home visiting model), ensuring children have the opportunity to grow up healthy, safe, and ready to learn and able to become productive members of society. Home visitors with each contracted agency ensure that individual needs of enrolled participants are met, including assistance in connecting with a health care provider as needed, as well as other resources the individual or family may need. Additional information may be found on each of the individual home visiting programs by going to the website link listed here.

Missouri Department of Health & Senior Services Peter Lyskowski, Acting Director

Healthy Living Senior & Disability Services Licensing & Regulations Disaster & Emergency Planning Data & Statistics Online Services

TEL-LINK

Home » Healthy Living » Healthy Families » TEL-LINK

• [Frequently Asked Questions](#)

Get Connected to Better Health

800-TEL-LINK or 800-835-5465

TEL-LINK is the Missouri Department of Health and Senior Services toll-free information and referral line for maternal and child health care. The purpose of TEL-LINK is to confidentially provide information and referrals to Missouri



New TEL-LINK Literature

Healthy Living

- Environmental Factors
- Chronic Diseases
- Communicable Diseases
- Healthy Families
- Organ/Tissue Donation and Registry
- Women, Infants & Children (WIC)
- Genetic Disease & Early Childhood
- Food Programs

Tel-Link

<http://health.mo.gov/living/families/tellink/index.php>

(1-800-TEL-LINK or 1-800-835-5465)

TEL-LINK is the Missouri Department of Health and Senior Services’ toll-free information and referral line for maternal and child health care. The purpose of TEL-LINK is to confidentially provide information and referrals to Missouri residents concerning a wide range of health services offered in their community. The operators can immediately connect a person with community services that are available for them and their family. TEL-LINK is answered weekdays from 8 a.m. to 5 p.m. (CT). Recorded messages are taken after 5 p.m. on weekdays and throughout the day and night on weekends and state holidays. Calls will be returned during normal business hours. TEL-LINK will connect a person to alcohol and drug programs, a child care referral line, community action agencies, community health centers, crisis intervention services, dental clinics, a Down Syndrome helpline, Family Support Division, home visiting programs, hospitals, mental health treatment centers, ParentLink, prenatal referrals, statewide and national resources, transportation, ultrasound providers, and WIC local agencies.

College of Education
University of Missouri

ABOUT PARENTLINK

ParentLink

ParentLink TV

ParentLink University of Missouri

1-800-552-8522

Make a Gift
online or by mail

- ParentLink Home
- ParentLink WarmLine
- Ask a Parenting Question Online
- Request free ParentLink Materials
- ParentLink Loan Library
- Get Involved
- Advisory Board
- Tiger Family Fest

Feedback

ParentLink
<http://parentlink.missouri.edu/>
 1-800-552-8522

ParentLink’s mission is to effectively engage families in reducing adverse childhood experiences and to promote optimal development. They can provide parenting tips.

[ParentLink WarmLine](#). The WarmLine is a call center staffed with parenting experts that are available to answer any parenting question a person may have! Call toll-free at 1-800-552-8522 or local at (573) 882-7323 or [email](#) parenting questions to their parenting experts. The call center is available Monday-Friday 8:00 a.m.-10:00 p.m. and Saturdays and Sundays 12:00 p.m.-5:00 p.m.

The screenshot displays the website for the Missouri Primary Care Association (MPCA). The header includes the MPCA logo, contact information (3325 Emerald Lane, Jefferson City, Missouri 65109, 573-636-4222), and a 'Find a Health Center' button. A navigation menu contains links for HOME, ABOUT, OUR SERVICES, EVENTS, NEWS, and CONTACT. The main content area is titled 'Find your health center' and provides instructions on how to find health services. It features a search bar with the text 'ACCESS Family Care (Administration)' and a map showing a location in Jefferson City, Missouri. The footer contains the text 'Missouri Primary Care Association' and the URL <http://www.mo-pca.org/>.

The Missouri Primary Care Association can assist participants in finding the nearest community health center. There may also be free health care clinics that are available in your community.

Missouri Department of
MENTAL HEALTH

MO.gov Governor Jay Nixon Find an Agency Online Services Search

Follow Us Like Us

Crisis Assistance Alcohol and Drug Use Mental Illness Developmental Disabilities Programs

Many experience emotional distress from flooding.
Help is available.
Find the Distress Helpline for your county here.

How do I find?

- Help with Developmental Disabilities
- Help with Mental Illness**
- Help with Substance Use
- Help with Gambling Addiction
- DMH Employment Opportunities
- Mental Health First Aid
- Service Members, Veterans & their Families
- Disability Benefits 101
- Healthcare Homes

Missouri Department of Mental Health
<http://dmh.mo.gov/>

A good resource for postpartum depression mental health services is located at <http://dmh.mo.gov/>. Click on the right side of the page under “How do I find?”. Then click on “Help with Mental Illness” and a map of Missouri with the counties will be on the screen. Click on the county icon, or select the county where mental illness services are needed from the drop-down list, and a list of providers will be shown in a pop-up window.



After the referral...

Follow up!

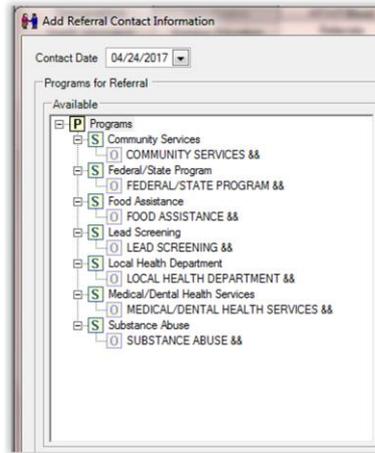
- Not every mother will follow through

Reinforce and support

Follow up to ensure the woman is receiving the necessary mental health treatment! Not every mother you refer will be ready to go to treatment. Many mothers won't go the first time they are referred. On subsequent visits with the mother, ask if she followed up on the referral and continue to encourage her to seek out treatment. If the mother did follow through on the referral, but expresses she didn't like the treatment, encourage her to try again, with a different provider or different type of treatment. Assure her treatment helps people better cope with real life problems if they can overcome their depression.

Reinforce and support the treatments and therapies prescribed by the participant's health care provider. If she was prescribed a medication, emphasize that medicines should be taken exactly as prescribed and to continue taking their medication even if they are or are not feeling better.

Documenting Referrals



The referral list within MOWINS won't change. You may use the 'Medical/Dental Health Services' selection to indicate a referral has been made and document in General Notes or SOAP Notes.

**Additional
Missouri
Resources**

**Missouri Department of
Mental Health**

**Missouri Department of
Health and Senior Services**



Crisis Assistance ▾

Alcohol and Drug Use

Mental Illness

Developmental Disabilities

Programs

Programs and Services

🏠 » Mental Illness

- Access Crisis Intervention
- Community Mental Health Liaisons
- Children's Programs and Services
- Assertive Community Treatment (ACT)
- Outpatient Community-Based Services
- Targeted Case Management
- Day Treatment/Partial Hospitalization
- Residential Services
- Inpatient (hospitalization)
- Respite
- Treatment Family Homes Program
- Community Psychiatric Rehabilitation (CPR)
- Forensic Services

Who to contact for services - [click here](#)

Mental Illness

- About Us
- How & Where to Get Help
- State Operated Facilities
- Programs & Services
- Provider Bulletin Board
- State Advisory Council
- Eating Disorders Council
- Suicide Prevention
- Initiatives
- Helpful Links
- Mental Illness Facts
- MO Behavioral Health Epidemiology Workgroup
- Behavioral Health Data Tool
- Organization & Personnel
- Block Grant

Missouri Resources

<http://dmh.mo.gov/mentalillness/progs/>

Perinatal & Postpartum Depression (PPD)

Home » Healthy Living » Healthy Families » Women's Health » Perinatal & Postpartum Depression (PPD)

- Information for Pregnant Women
- Information for New Moms
- Information for Family & Friends
- Information for Health Care Providers
- Resources
- Related Links

There's a big difference between what is known as the "baby blues" and perinatal and postpartum depressions (PPD).

For many new moms, the change in hormones, the stress of labor and delivery and the change in schedule when a new baby arrives can make them feel tired, crabby and a bit down... more commonly known as the "baby blues." Some extra pampering, a healthy diet and rest can make a



Healthy Living

Environmental Factors

Chronic Diseases

Communicable Diseases

Healthy Families

Organ/Tissue Donation and Registry

Women, Infants & Children (WIC)

Genetic Disease & Early Childhood

Food Programs

Missouri Resources

<http://health.mo.gov/living/families/womenshealth/perinataledepression/>

Missouri Resources

Missouri Department of Health and Senior Services

Postpartum Depression?

More than just the "Baby Blues"

Family and Friends Can Help
Postpartum depression is a real illness and not a sign that the new mom is weak or not working hard enough to get better. Fathers, family and friends can provide help.

- Offer words of encouragement and support
- Tell her you know how she feels and that she will get better
- Encourage her to seek therapy and medical attention
- Let her know she can still be a good mother even if she feels terrible
- Ask her what you can do to help
- Call her during the day just to check in
- Encourage her to get as much rest as possible and make sure she gets that uninterrupted sleep
- Be patient

Resources
<http://www.cdc.gov>
<http://www.helpline.org>
<http://www.womenshealth.gov>
<http://www.health.mo.gov>
1-800-TEL-LINK (835-5465)

Missouri Department of Health and Senior Services
Bureau of Genetics and Healthy Childhood
P.O. Box 170
Jefferson City, MO 65103-0170
1-800-877-6246

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
Services provided on a nondiscriminatory basis. 06.08/74

Missouri Department of Health and Senior Services

<http://health.mo.gov/living/families/womenshealth/perinataldepression/newmomsinfo.php>

The *Postpartum Depression More than the "Baby Blues"* pamphlet can be ordered on the WIC-6 in English or Spanish. The *Postpartum Mood Disorders, For Families and Dads* may also be ordered in English or Spanish through DHSS on the DH-47 Request for Literature. These pamphlets may be ordered with a limit of 50 per month. Once the supply is gone in the warehouse, the *Postpartum Mood Disorders, For Families and Dads* will no longer be available.

Other Resources



The *Postpartum Depression* brochure is from the American Psychological Association. The *Postpartum Depression Facts* brochure is from the National Institute of Mental Health (NIMH).

The image shows the top portion of the PSI website. The header includes the PSI logo (a blue circle with 'PSI' and a stylized figure) and the text 'POSTPARTUM SUPPORT INTERNATIONAL'. To the right of the logo are navigation links: 'Chat With An Expert', 'NEWS - Blog - Trainings', 'Donate', 'En Español', and 'Contact Us'. The phone number '1.800.944.4773' is displayed in purple. Below these are more navigation links: 'JOIN US', 'LEARN MORE', 'GET HELP', 'FAMILY', 'PROFESSIONALS', 'RESOURCES', and 'ABOUT PSI', followed by a search icon. The main banner features a photograph of hands clasped together, with a blue overlay containing the text 'PSI Online Support Meetings'. Below the banner is a blue bar with the URL <http://www.postpartum.net/psi-online-support-meetings/> in green text.

This website offers weekly online support meetings in English or Spanish. Join the meeting from a laptop, tablet, or phone and you're able to listen to others and share your own stories about motherhood.



Postpartum Support International
Closed Group

Join Group

Join this group to see the discussion, post and comment.

+ Join Group

MEMBERS 4,942 Members

**Postpartum Support International (PSI)
Facebook Support Group**

<https://www.facebook.com/groups/25960478598/>



Thank you!