

Screening and Treatment for Perinatal Mental Health (SSW 79745 – 01 (52746))

Fall 2025

Instructor: Paige Bellenbaum, LCSW, PMH-C

Email: paige.bellenbaum@hunter.cuny.edu

Time: Wednesday, 2PM – 3:50PM

Phone: 646-228-2381

Office Hours: Email to schedule

Dates: August 27th – December 17th

Location: Silberman

Course Description

Mental illness is the leading causes of maternal death in the U.S. Perinatal mood and anxiety disorders (PMADs) impact up to 1 in 5 new and expectant mothers and birthing people, yet 80% of all cases go undiagnosed and untreated due to shame, fear, and limited resources. For the first time in history, policies and programs are being implemented in the field of perinatal mental health designed to improve outcomes. However, the clinical workforce remains limited in their understanding of perinatal psychiatric conditions, and how to best support and treat this population effectively.

The overall goal of this course is to introduce students to advanced practice knowledge and the skills necessary to recognize perinatal mood and anxiety disorders (PMADs) in pregnant and postpartum people while implementing best practices in screening, assessment, referral and treatment interventions. Students will gain a comprehensive understanding of perinatal mental health and the complexities of the parent / infant dyad. Special attention and emphasis will include marginalized communities that experience PMADs at higher rates than the general population.

Course Objectives

Students will complete the semester with a foundational grasp on the following aspects of perinatal mental health:

- The historical expectations and pressures that surround contemporary motherhood/parenthood and how this narrative can contribute to PMADs.
- Risk factors associated with PMADs.
- Diagnostic criteria for perinatal mood and anxiety disorders including perinatal depression, anxiety, OCD, PTSD and postpartum psychosis.
- The prevalence of PMADs particularly for marginalized communities.
- The correlation between PMADs and maternal mortality and morbidity.

- The intersection of trauma and PMADs including early childhood physical/sexual abuse, IPV and birth trauma, and trauma informed best practices.
- PMAD prevention, screening, assessment and treatment best practices.
- PMAD psychopharmacology.
- New and emerging interventions in the field of perinatal mental health treatment.
- Federal, State and Local policies and initiatives aimed at improving perinatal mental health outcomes.
- Gaps and opportunities in PMAD awareness, education, screening, resources, and treatment.
- Available PMAD resources for perinatal people and how to refer clients to care.

Required Textbooks

- Shoshana, B. & Indman, P. (2024). *Beyond the Blues: Understanding and Treating Prenatal and Postpartum Depression and Anxiety, 6th Edition*. Las Vegas: Histria Books.
- Group for the Advancement of Psychiatric Committee on Gender and Mental Health. (2020) *Postpartum Mental Health Disorders: A Casebook*. New York: Oxford University Press.
- Kleinman, K. & Waller, H. (2023). *The Perinatal Patient: A Compassionate Approach to Treating Postpartum Depression, Anxiety and Related Disorders*. Wisconsin: PESI Publishing.

Copies of each book will be available in the library at all times.

Attendance Policy

1. Class attendance is required (more than **2** unexcused absences may result in a grade of NC). Please inform professor before class if you will not be in class and make plans to make up missed work if necessary.
2. Classes missed for religious reasons are excused: a. Religious policy: Any student who is unable, because of his/her religious beliefs to attend classes on a particular day or days shall, because of such absence, be excused. It is necessary to inform the professor in advance so that a plan can be made to make up the work missed as a result of the absence(s).
3. On-time class attendance is expected and appreciated.
4. Each unexcused absence from class will affect the final grade.

COURSE WORK & PATH TO LICENSURE

Licensing Support Central is a resource accessible through Brightspace, within the Student Information Corner. Students are urged to review materials available there as they proceed through the course curriculum. There are many tools available for students' own use to consolidate learning and prepare for the national ASWB exam to become a LMSW.

HUNTER COLLEGE/SSSW POLICIES

Accommodations for Students with Disabilities

The Office of AccessABILITY provides accommodations in accordance with the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. The students who are eligible for reasonable accommodations during classroom, testing, and or internships include those with any psychiatric, physical, learning, medical or temporary conditions that limits their overall academic functioning. All information is kept confidential and only released with the students' written permission.

If you have any of the conditions listed above, or you are not sure if you qualify for accommodations, please contact the office for further information and a meeting with a counselor. **Please note, in order to receive an accommodation, you must provide current and appropriate [documentation](#).** Registering **early in the semester** with the Office of AccessABILITY will ensure your accommodations in a timely manner so your condition won't affect your academic progress. The office is located in room East 1214 of Hunter College at 68th Street, phone: (212) 772-4857. fax: (212) 650-3449. VP: (646-755-3129).

Hunter College Academic Integrity/Dishonesty

Academic integrity is a guiding principle of the Hunter College learning community because all students should have the opportunity to learn and perform on a level playing field.

Academic dishonesty includes, but is not limited to, cheating, plagiarism, obtaining an unfair advantage, and falsifying records or documents (see examples) whether intentional or not.

Hunter College upholds the right to promote academic integrity on its campus as an educational institution of the City University of New York. The College has the responsibility to review all charges of academic dishonesty and implement sanctions, including, but not limited to, failing the course, official transcript notation, suspension or expulsion from the College when it has been determined that academic dishonesty did occur. Please click here to see a full list of disciplinary sanctions.

For more information on Hunter College's Academic Integrity Policy, please click [here](#).

Professional Code of Conduct

Students are expected to comply with the College's policies and regulations outlined in the [Campus Code of Conduct](#) and Student Handbook.

In accordance with the emphasis on ethical conduct in the social work profession, students are expected to incorporate the highest ethical standards in every element of their work and to conduct themselves in ways that manifest the maturity and emotional stability necessary to function as professionals.

Examples of poor academic performance and misconduct that will subject the student to disciplinary action or dismissal from the program include the following:

1. Violations of the College policy on Academic Integrity (e.g., plagiarism).
2. Behavior determined to be a violation of College or School policies or regulations.
3. Behavior determined to be a violation of the profession's ethics (e.g., the NASW Code of Ethics).
4. Behaviors that do not meet professional expectations and standards, which include generally accepted standards of professional conduct, personal integrity, or emotional stability.
5. Behaviors determined to be unprofessional conduct towards colleagues, faculty, or staff.

Class meets:

8/27/25, 9/3/25, 9/10/25, 9/17/25, **9/24/25 NO CLASS, 10/1/25 NO CLASS**, 10/8/25, 10/15/25, 10/22/25, 10/29/25, 11/5/25, 11/12/25, 11/19/25, 11/26/25, 12/2/25, 12/10/25, **(12/17/25 Hold)**

Assignments

(Please see end of syllabus for assignment details)

Grading

35% Mid-term (**Due Wednesday, October 22nd**)

45% Final Paper (**Due Wednesday, December 17th**)

20% In-class participation

Course Descriptions

Course 1 – The Transition to Motherhood / Parenthood

- The motherhood/parenthood narrative: expectations vs reality
- The concept of “maternal/parental instinct”
- The state of perinatal care in the U.S.
- Ghosts in the Nursery: What parents can bring with them in their new role
- Understanding the dyad – mother/birthing parent and baby attachment and bonding

Required Readings:

Waller, H., & Kleiman, K. (2023). *The Perinatal Patient: A compassionate approach to treating postpartum depression, anxiety, and related disorders* (softcover ed.). Wisconsin: PESI Publishing.

Chapter 1 and 2

Sacks, A. (2017, May 8). The birth of a mother. *The New York Times*. <https://www.nytimes.com/2017/05/08/well/family/the-birth-of-a-mother.html>

Free Access:

https://www.nytimes.com/2017/05/08/well/family/the-birth-of-a-mother.html?unlocked_article_code=1.xU4.UMXt.iJ6FuzTucsy7&smid=url-share

Katz, S. (2016, May 9). "Good enough" mother. *Psychology Today*. <https://www.psychologytoday.com/us/blog/suffer-the-children/201605/what-is-good-enough-mother>

Cherry, K. (2020, April 30). What is attachment theory? *Verywell Mind*. <https://www.verywellmind.com/what-is-attachment-theory-2795337>

U.S. Department of Health and Human Services. (2021). Parent under pressure: The U.S. Surgeon General's advisory on the mental health and well-being of parents.

<https://www.hhs.gov/sites/default/files/parents-under-pressure.pdf>

Dow, J. et Al. (2025) Trends and Disparities in Maternal Self-Reported Mental and Physical Health. *JAMA International Medicine*. <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2834318>

Improving Maternal Well Being: A Matresence Education Pilot Study for New Mothers: https://mhnpijournal.biomedcentral.com/articles/10.1186/s40748-025-00203-0?fbclid=PAQ0xDSwLdzTdIeHRuA2FlbQIxMQABpxU6OzPMLQpvgLALCnQjiTYonxi3GBPFb-0IRU7LuQAJgMuox6DsOAUJ92HP_aem_hBkYgdPzN5ZiawkUuL4Xqg

Course 2 – What are Perinatal Mood and Anxiety Disorders?

- What are PMADs?
- Why are PMADs important
- Who experiences PMADs
- How birthing people describe their PMADs
- Benefits of PMAD treatment

Required Readings:

Beyond the Blues: *Understanding and Treating Prenatal and Postpartum Depression and Anxiety*, 6th Edition: **Forward - page 32**

Waller, H., & Kleiman, K. (2023). *The Perinatal Patient: A compassionate approach to treating postpartum depression, anxiety, and related disorders* (softcover ed.). Wisconsin: PESI Publishing.
Chapter 4

Maternal Mental Health Leadership Alliance. (n.d.). Maternal mental health overview fact sheet. Retrieved from <https://www.mmhla.org/fact-sheets>

Byatt, N., Carter, D., Deligiannidis, K. M., & Meltzer-Brody, S. (2018). Perinatal mood and anxiety disorders. *The Journal for Nurse Practitioners*, 14(6), 412–417.
[https://www.npijournal.org/article/S1555-4155\(18\)30134-X/fulltext](https://www.npijournal.org/article/S1555-4155(18)30134-X/fulltext)

Misri, S., Abizadeh, J., Sanders, S., & Swift, E. (2015). Perinatal generalized anxiety disorder: Assessment and treatment. *Journal of Women's Health*, 24(9), 762–770.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC4589308/#:~:text=Despite%20the%20frequent%20manifestation%20of,disorders%2C%20not%20for%20anxiety%20disorders.&text=Applying%20the%20DSM%2D5%20criteria,minimum%20duration%20of%20one%20month.&text=Problematically%20for%20diagnosis%2C%20physical%20symptoms,make%20diagnosing%20perinatal%20GAD%20difficult.&text=These%20worries%20become%20disabling%20if,area%20of%20the%20mother's%20life.>

Course 3 – PMAD Risk Factors, Prevalence, Adverse Impacts if Untreated

- PMAD risk factors / protective factors
- The prevalence of PMADs
- The adverse impacts of Untreated PMADs

Required Readings:

Waller, H., & Kleiman, K. (2023). *The Perinatal Patient: A compassionate approach to treating postpartum depression, anxiety, and related disorders* (softcover ed.). Wisconsin: PESI Publishing.

Chapter 6

Group for the Advancement of Psychiatry (2020). *Postpartum Mental Health Disorders: A casebook*.

Chapter 2: Risk Factors for Postpartum Depression.

Henshaw, C., & Edwards, R. (2016). Identifying the women at risk of antenatal anxiety and depression: A systemic review. *PubMed*.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC4879174/#:~:text=The%20most%20relevant%20factors%20asociated,pregnancy%20complications;%20and%20pregnancy%20loss.>

Kinsella, M. T., & Monk, C. (2009). Impact of maternal stress, depression, and anxiety on fetal neurobehavioral development. *Behavioral Medicine Program, Department of Psychiatry, Columbia University Medical Center*.

<https://static1.squarespace.com/static/5d642b9e7bbe5f00015507ef/t/65243e7afe6982010a2baf6f/1696874106995/Kinsella+%26+Monk+%282009%29.pdf>

Mathematica. (2021). Societal costs of untreated perinatal mood and anxiety disorders in the United States. <https://www.mathematica.org/publications/societal-costs-of-untreated-perinatal-mood-and-anxiety-disorders-in-the-united-states>

Paul, R. H., & Kauffman, S. (2021). Prevalence of PMADs in both mothers and fathers. *JAMA Network Open*, 4(10), e2137643. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2793548>

Haight, S. C., Daw, J. R., Martin, C. L., Sheffield-Abdullah, K., Verbiest, S., Pence, B. W., & Maselko, J. (2024). Racial and ethnic inequities in postpartum depressive symptoms, diagnosis, and care in 7 US jurisdictions. *Health Affairs*, 43(4).

[https://www.healthaffairs.org/doi/10.1377/hlthaff.2023.01434#:~:text=Postpartum%20depressive%20symptoms%20affected%20approximately,White%20people%20\(11%20percent\).](https://www.healthaffairs.org/doi/10.1377/hlthaff.2023.01434#:~:text=Postpartum%20depressive%20symptoms%20affected%20approximately,White%20people%20(11%20percent).)

Kozhimannil, K. B., Trinacty, C. M., Busch, A. B., Huskamp, H. A., & Adams, A. S. (2011). Racial and ethnic disparities in postpartum depression care among low-income women. *Psychiatric Services*, 62(6), 619–625. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3733216/>

Course 4 – Diagnostic Criteria for Perinatal Mood and Anxiety Disorders Part 1

- The Baby Blues
- Diagnostic criteria for PMADs including
 - Perinatal Depression
 - Perinatal Anxiety
- Miscarriage and Loss

Required Readings:

Beyond the Blues **Chapter 3**

Group for the Advancement of Psychiatry (2020). Postpartum Mental Health Disorders: A casebook - **Chapter 3, Chapter 4, Chapter 5.**

Sit, D. K., & Wisner, K. L. (2009). The identification of postpartum depression. *Clinical Obstetrics and Gynecology*, 52(3), 456–468.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC2736559/#:~:text=In%20the%20Diagnostic%20and%20Statistical,and%20suicidal%20ideation%20or%20plan.>

Carlson, K. & Mughal, S. (2025) Perinatal Depression. *NIH*
<https://www.ncbi.nlm.nih.gov/books/NBK519070/>

Gavin, N. I., et al. (2017). Perinatal anxiety disorder. *PMC*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC4589308/>

Cuenca, D. (2023). Pregnancy loss: Consequences for mental health. *Frontiers in Global Women's Health*, 3, 1032212. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9937061/>

Maternal Mental Health Leadership Alliance. (n.d.). Perinatal Loss and Maternal Mental Health - fact sheet. Retrieved from <https://www.mmhla.org/fact-sheets>

Course 5 – Diagnostic Criteria for Perinatal Mood and Anxiety Disorders Part 2

- Perinatal Obsessive Compulsive Disorder
- Post Traumatic Stress Disorder
- Postpartum Psychosis

Required Readings:

Group for the Advancement of Psychiatry (2020). Postpartum Mental Health Disorders: A casebook - **Chapter 6, Chapter 7, Chapter 8.**

Maternal Mental Health Leadership Alliance. (n.d.). Birth Trauma and Maternal Mental Health - fact sheet. Retrieved from <https://www.mmhla.org/fact-sheets>

Nabors, L., & Wenzel, A. (2022). Perinatal OCD. *PMC*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10323687/>

Miller, L. J., & Sweeney, C. W. (2017). PTSD in the perinatal period. *PMC*. [https://pmc.ncbi.nlm.nih.gov/articles/PMC5599312/#:~:text=2016\).,to%20examine%20the%20conditions%20longitudinally.](https://pmc.ncbi.nlm.nih.gov/articles/PMC5599312/#:~:text=2016).,to%20examine%20the%20conditions%20longitudinally.)

Casey, P. J., & McCarthy, M. (2018). Recognizing and managing postpartum psychosis. *PMC*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6174883/>

Maternal Mental Health Leadership Alliance. (n.d.). Pregnancy and Postpartum Psychosis - fact sheet. Retrieved from <https://www.mmhla.org/fact-sheets>

Course 6 - PMAD Screening, Assessment and Treatment Part 1

- Best practices in screening and assessment for PMADs:
 - Perinatal Depression screening / assessment / therapeutic modalities
 - Perinatal Anxiety screening / assessment / therapeutic modalities
 - Perinatal OCD screening / assessment / therapeutic modalities
 - Perinatal PTSD Screening / assessment / therapeutic modalities
 - Perinatal Psychosis screening/assessment / therapeutic modalities

Required Reading

Beyond the Blues Chapter 6

Waller, H., & Kleiman, K. (2023). *The Perinatal Patient: A compassionate approach to treating postpartum depression, anxiety, and related disorders* (softcover ed.). Wisconsin: PESI Publishing.

Chapter 7

Gaynes, B. N., Gavin, N., & Lozano, P. (2014). Comparative performance of Patient Health Questionnaire-9 and Edinburgh Postnatal Depression Scale for screening antepartum depression. *Journal of Clinical Psychiatry*, 75(7), e732–e738.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC4040145/#:~:text=Both%20the%20PHQ%2D9%20and,with%20anxiety%20during%20early%20pregnancy.>

Sapra, A., Bhandari, P., Sharma, S., Chanpura, T., & Lopp, L. (2020). Using Generalized Anxiety Disorder-2 (GAD-2) and GAD-7 in a primary care setting. *Cureus*, 12(5), e8224
<https://pmc.ncbi.nlm.nih.gov/articles/PMC7306644/>

EPDS: <https://policycentermmh.org/app/uploads/2024/04/edinburghscale.pdf>

PHQ-9: <https://policycentermmh.org/app/uploads/2024/04/PHQ9idddate08.03.pdf>

Perinatal Anxiety Screening Tools:

<https://womensmentalhealth.org/posts/screening-for-perinatal-anxiety-using-pass-the-perinatal-anxiety-screening-scale/>

Downloadable PASS:

<https://drsarahallen.com/wp-content/uploads/2015/10/PerinatalAnxietyScreeningScale2.pdf>

GAD-7: <https://policycentermmh.org/app/uploads/2024/04/PHQ9idddate08.03.pdf>

Obsessive Compulsive Inventory – 4:

<https://policycentermmh.org/app/uploads/2024/04/OCI4FORM.pdf>

Obsessive Compulsive Inventory – 12:

<https://policycentermmh.org/app/uploads/2024/04/OCI-12-scaled.jpg>

PTSD PCL5 Checklist:

https://www.ptsd.va.gov/professional/assessment/documents/PCL5_Standard_form.pdf

PCL5 Scoring:

<https://www.ptsd.va.gov/professional/assessment/documents/using-PCL5.pdf>

Birth Trauma Scale:

https://policycentermmh.org/app/uploads/2024/04/DevelopmentofaMeasureofPostpartumPTSD_TheCityBirthTraumaScale.pdf

Columbia Suicide Severity Rating Scale:

<https://policycentermmh.org/app/uploads/2024/04/SAFE-TProtocolwithC-SSRS.pdf>

Mood Disorder Questionnaire (MDQ): <https://policycentermmh.org/app/uploads/2024/04/mdq.pdf>

Course 7 – PMAD Screening, Assessment and Treatment Part 2

- Treatment best practices:
 - Psychoeducation and prevention best practices
 - Peer support
 - Clinical Support Groups
 - Outpatient treatment - therapy / medication management
 - Perinatal Intensive Outpatient Program
 - Perinatal Partial Hospital Program
 - Inpatient Hospital
 - Mother Baby Units

Required Readings:

Beyond the Blues - **Chapter 7**

Group for the Advancement of Psychiatry (2020). Postpartum Mental Health Disorders: A casebook - **Chapter 12, Chapter 13.**

Maternal Mental Health Leadership Alliance. (n.d.). Components of health and wellness for pregnant and postpartum people. fact sheet. Retrieved from <https://www.mmhla.org/fact-sheets>

Werner, E. et Al. (2024). (2024). Preventive Interventions for PMADs: A review of selected programs. *Science Direct, Volume 48, Issue 6.*
<https://www.sciencedirect.com/science/article/pii/S0146000524000788?via%3Dihub>

Dennis, C.-L., & Dowswell, T. (2013). *Psychosocial and psychological interventions for preventing postpartum depression. Cochrane Database of Systematic Reviews, (2),* Article CD001134.
<https://doi.org/10.1002/14651858.CD001134.pub3>

Barrera, A. Z., Morris, S. Y., & Ruiz, A. (2022). Mothers and Babies Online Course: Participant Characteristics and Behaviors in a Web-Based Prevention of Postpartum Depression Intervention. *Frontiers in Global Women's Health, 3,* Article 846611. <https://doi.org/10.3389/fgwh.2022.846611>

Stephenson, L. A., Macdonald, A. J. D., Seneviratne, G., Waites, F., & Pawlby, S. (2018). *Mother and Baby Units matter: Improved outcomes for both. BJPsych Open, 4(3),* 119–125.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC6020269/>

Huang, R., Yan, C., Tian, Y., Lei, B., Yang, D., Liu, D., & Lei, J. (2020). *Effectiveness of peer support intervention on perinatal depression: A systematic review and meta-analysis. Journal of Affective Disorders, 276,* 788–796. <https://pubmed.ncbi.nlm.nih.gov/32738663/>

The Rose Program (Reach Out, Stay Strong, Essentials for Mothers and Newborns)
<https://www.womenandinfants.org/rose-program-postpartum-depression>

Meltzer-Brody, S., & Jones, I. (2015). Optimizing the treatment of mood disorders in the perinatal period. *Dialogues in Clinical Neuroscience, 17(2),* 207–218. <https://pmc.ncbi.nlm.nih.gov/articles/PMC4518703/>

Intensive Perinatal Mental Health Programs in the United States: A Call to Action
<https://psychiatryonline.org/doi/full/10.1176/appi.ps.202100384>

Leis, J. A., & Ghosh, S. (2024). New treatments: Opportunities and challenges for perinatal mood and anxiety disorders. *Psychiatry Research, 319,* 114053. <https://doi.org/10.1016/j.psychres.2024.114053>

Maternal Mental Health Leadership Alliance. (n.d.). Perinatal Psychiatric Access Programs fact sheet. Retrieved from <https://www.mmhla.org/fact-sheets>

Course 8 – PMADs and Partners / Families

- The role that partners and other family members / friends can play in recognizing and supporting a loved one experiencing a PMAD
- Partners/dads and PMADs
- Resources for partners

Required Readings:

Beyond the Blues – **Chapter 4 and 5**

New Yorker Magazine:

<https://www.newyorker.com/science/annals-of-psychology/a-husband-in-the-aftermath-of-his-wifes-unfathomable-act>

Maternal Mental Health Leadership Alliance. (n.d.). *Paternal mental health*. Retrieved from <https://www.mmhla.org/fact-sheets>

Paulson, J. F., & Bazemore, S. D. (2010). Postpartum depression in fathers: A systematic review. *Archives of General Psychiatry*, 67(10), 1032-1039. <https://doi.org/10.1001/archgenpsychiatry.2010.127>

McGowan, J. E., & Henneman, L. (2021). Father's perspectives on family relationships and mental health treatment participation in the context of maternal postpartum depression. *Frontiers in Psychology*, 12, Article 705655. <https://doi.org/10.3389/fpsyg.2021.705655>

O'Hara, M. W., & Swain, A. M. (2021). Screening fathers for postpartum depression. *Journal of Clinical Psychiatry*, 82(1). <https://doi.org/10.4088/JCP.20f13506>

Temporal Association Between Maternal Depression and Paternal Postpartum Depression: <https://www.sciencedirect.com/science/article/abs/pii/S0749379725000777>

Postpartum and Paternal Depression: Identification, Risks, and Resources:

https://www.sciencedirect.com/science/article/abs/pii/S002964652100013X?dgcid=raven_sd_recommender_email

Course 9 – Disparities in Perinatal Mental Health

- Black Mothers/Birthing People and Perinatal Mental Health
- Latina and Hispanic Mothers/Birthing People and Perinatal Mental Health
- LGBTQ+ and Perinatal Mental Health

Recommended Readings:

Watch Aftershock: <https://www.aftershockdocumentary.com/>

Maternal Mental Health Leadership Alliance. (n.d.). *Black women, birthing people and maternal mental health*. Retrieved from <https://www.mmhla.org/fact-sheets>

Black Mamas Matter Alliance. (2022). *Black maternal mental health*. Retrieved from <https://blackmamasmatter.org/wp-content/uploads/2022/08/Factsheet-Black-Maternal-Mental-Health.pdf>

Hinton, I. D., & Smith, J. (2022). Black perinatal mental health: A review. *Frontiers in Public Health*, 10, Article 9098970. <https://doi.org/10.3389/fpubh.2022.9098970>

Policy Center for Maternal Mental Health. (n.d.). *Latina and Hispanic maternal mental health: Issue brief*. Retrieved from <https://policycentermmh.org/latina-and-hispanic-maternal-mental-health-issue-brief/>

Leis, J. A., & Ghosh, S. (2022). Diagnosing and treating perinatal depression and anxiety in Spanish speaking and Latina/Latinx women in the US. In *Perinatal Mental Health: A Clinician's Guide* (pp. 150-164). Springer. https://doi.org/10.1007/978-3-031-57824-3_9

Maternal Mental Health Now. (2022). *Queer and trans perinatal mental health toolkit*. Retrieved from <https://www.maternalmentalhealthnow.org/wp-content/uploads/2022/08/MMHN-QueerTrans-PMH-Toolkit-2.pdf>

McManus, D. R., & D'Amico, R. (2022). LGBTQ and perinatal mental health: A review. *Journal of Psychosomatic Obstetrics & Gynecology*, 43(1), 1-9. <https://doi.org/10.1080/0167482X.2022.2036062>

Reese, T. (2021). Trystan Reese: Trans gestation, gender roles in parenting, medical self-advocacy, and love languages podcast. Retrieved from <https://podcasts.apple.com/us/podcast/trystan-reese-trans-gestation-gender-roles-in-parenting/id1463217912?i=1000455571432>

Paltiel, A. D., & Koller, J. (2020). Reproductive identity. *American Psychologist*, 75(5), 688-698. <https://doi.org/10.1037/amp0000664>

Course 10 - Trauma and PMADs

- Attachment Theory
- The impact of physical, sexual, birth and racial trauma in the perinatal period
- IPV and perinatal mental health
- The impact of trauma on mother/baby attachment and bonding

Required Readings:

Cherry, K. (2023, November 13). *Attachment styles and how they impact relationships*. Verywell Mind. <https://www.verywellmind.com/attachment-styles-2795344>

Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. *Journal of the American Academy of Child Psychiatry*, 14(3), 387-421. Retrieved from <https://frcnca.org/wp-content/uploads/2017/03/Ghosts-in-the-nursery-paper-copy.pdf>

Lieberman, A., Padron, E., Van Horn, P., Harris, W. (2005) Angels in the Nursery: The Intergenerational Transmission of Benevolent Parental Influences. *Infant Mental Health Journal: Infancy and Early Childhood*. Vol. 26, Issue 6. 504-520.

<https://www.seedpsychological.com/s/Angels-in-the-Nursery.pdf>

Trauma Training and Consultation (TTAC). (n.d.). *Trauma informed care recorded training: Partners in fourth trimester care: Supporting maternal mental health through trauma-informed perinatal support*. Retrieved

from <https://www.ttacny.org/trainings/partners-in-fourth-trimester-care-supporting-maternal-mental-health-through-trauma-informed-perinatal-support/>

Barlow, A., & Barlow, D. H. (2019). Associations of postpartum mother-infant bonding with maternal childhood maltreatment and postpartum mental health. *BMC Pregnancy and Childbirth*, 19(1), Article 242. <https://doi.org/10.1186/s12884-019-2426-0>

Fraiberg, S. (Producer). (2017). *Ghosts in the nursery* [Video]. YouTube. https://www.youtube.com/watch?v=e7HxuTZ7A_E

Maternal Mental Health Leadership Alliance. (n.d.). *Birth trauma and maternal mental health*. Retrieved from <https://www.mmhla.org/fact-sheets>

Metzger, I. (n.d.). *Racial trauma guide*. Retrieved from <https://www.drishametzger.com/racial-trauma-guide>

Howard, L. M., Oram, S., Galley, H., Trevillion, K., & Feder, G. (2013). Domestic violence and perinatal mental disorders: A systematic review and meta-analysis. *PLOS Medicine*, 10(5), e1001452. <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001452>

Goldstein, D. (2024, December 9). Homicide leading cause of pregnancy death. *The New York Times*. Retrieved from <https://www.nytimes.com/interactive/2024/12/09/opinion/pregnant-women-homicide.html?rsrc=fl&smid=url-share>

Course 11 – Perinatal Mental Health Forensics

- Perinatal infanticide and filicide
- Infanticide and the U.S. legal system
- Infanticide and the courtroom in other countries

Required Readings:

McKee, G. B., & O'Connor, V. (2004). Maternal infanticide associated with mental illness. *Psychosomatics*, 45(4), 289-292. <https://doi.org/10.1176/appi.psy.45.4.289>

Oates, M. (2016). Mental illness, infanticide and neonaticide. In *The Wiley Blackwell Handbook of Psychopathology* (pp. 349-368). Wiley-Blackwell. <https://doi.org/10.1002/9781118929803.ewac0349>

Lutz, A. (2018, September 10). When giving birth leads to psychosis, then to infanticide. *The Atlantic*. Retrieved from <https://www.theatlantic.com/family/archive/2018/09/postpartum-psychosis-infanticide-when-mothers-kill-their-children/569386/>

Kolbert, E. (2018, March 12). A husband in the aftermath of his wife's unfathomable act. *The New Yorker*. Retrieved from <https://www.newyorker.com/science/annals-of-psychology/a-husband-in-the-aftermath-of-his-wifes-unfathomable-act>

MassLive. (2025, January 24). *It's been 2 years since Lindsay Clancy's children were killed: What to know*. MassLive.
<https://www.masslive.com/news/2025/01/its-been-2-years-since-lindsay-clancys-children-were-killed-what-to-know.html>

Course 12 – Maternal Mortality and Morbidity

- Maternal mortality in the U.S.
- Perinatal suicide and overdose
- Prevention, early intervention and the role of Doula's in decreasing maternal mortality rates
- NYC and NYS recommendations to improve maternal mortality outcomes

Required Readings:

Centers for Disease Control and Prevention. (n.d.). *About maternal mortality review committees*. Retrieved from [https://www.cdc.gov/maternal-mortality/php/mmrc/index.html#:~:text=Maternal%20mortality%20review%20committees%20\(MMRCs,of%20the%20end%20of%20pregnancy](https://www.cdc.gov/maternal-mortality/php/mmrc/index.html#:~:text=Maternal%20mortality%20review%20committees%20(MMRCs,of%20the%20end%20of%20pregnancy).

New York City Department of Health and Mental Hygiene. (2024). *Pregnancy associated mortality in New York City, 2021*. Retrieved from <https://www.nyc.gov/assets/doh/downloads/pdf/data/maternal-mortality-annual-report-2024.pdf>

New York State Department of Health. (2022). *NYS report on pregnancy associated deaths in 2018 – 2020*. Retrieved from https://www.health.ny.gov/community/adults/women/maternal_mortality/docs/maternal_mortality_review_2018-2020.pdf

Center for Disease Control and Prevention. *Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 38 U.S. States, 2020*.
<https://www.cdc.gov/maternal-mortality/php/data-research/index.html>

Davis, E. M., Shapiro, M. E., Morris, J., & Hinton, I. D. (2021). A way forward in the maternal mortality crisis: Addressing maternal health disparities and mental health. *Archives of Women's Mental Health*, 24(5), 675-684. <https://doi.org/10.1007/s00737-021-01161-0>

Course 13 – PMADs and Policy

- A historical overview of federal, state and local policies pertaining to perinatal mental health
- Policies that have made a significant impact on improving perinatal mental health outcomes
- What is still needed to better support perinatal people on a macro level and where do we go from here
- Federal, state and local PMAD resources and services

Required Readings:

Mottola, M. F., & Huth-Bocks, A. C. (2023). Perinatal mental health: The need for broader understanding and policies that meet the challenges. *Health Affairs*, 42(2), 155 - 162.

<https://doi.org/10.1377/hlthaff.2023.01455>

Moore, J., McLemore, M., Glenn, N., Zivin, K. (2021) Policy Opportunities to Improve Prevention, Diagnosis and Treatment of Perinatal Mental Health Conditions. *Health Affairs*, Vol. 40, No. 10.

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.00779>

Substance Abuse and Mental Health Services Administration. (2021). *National strategy to improve maternal mental health care*. Retrieved

from <https://www.samhsa.gov/sites/default/files/mmh-strategy.pdf>

Centers for Disease Control and Prevention. (n.d.). *About maternal mortality review committees*.

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from [https://www.cdc.gov/maternal-mortality/php/mmrc/index.html#:~:text=Maternal%20mortality%20review%20committees%20\(MMRCs,of%20the%20end%20of%20pregnancy.](https://www.cdc.gov/maternal-mortality/php/mmrc/index.html#:~:text=Maternal%20mortality%20review%20committees%20(MMRCs,of%20the%20end%20of%20pregnancy.)

2020 Mom. (2024). *2023 state maternal mental health legislation report*. Retrieved

from <https://www.2020mom.org/blog/2024/2023-state-maternal-mental-health-legislation-report#:~:text=In%202023%2C%2014%20States%20and,SC%2C%20TX%2C%20HI%2C%20WA>

Maternal Mental Health Leadership Alliance. (n.d.). *MMH federal legislative history*. Retrieved

from <https://www.mmhla.org/legislative-history>

Maternal Mental Health Leadership Alliance. (n.d.). *MMHLA National Maternal Mental Health Hotline*.

Retrieved from <https://www.mmhla.org/fact-sheets>

Maternal Mental Health Leadership Alliance. (n.d.). *Advocating for Maternal Mental Health*. Retrieved

from <https://www.mmhla.org/fact-sheets>

Course 14 – Final Course Review and Placeholder in the event we are running behind!

Assignments

Mid Term Assignment (Due October 22nd, 2025)

Identify a case example of a new or expecting birthing person that experienced a PMAD. This could be a client from your field placement, a person you know, a case that was covered in the press, a case study from one of the readings, or I can provide a case examples upon request. Please organize your paper with the following categories:

- **Client Case Presentation / Bio/psycho/social:** Provide a comprehensive case presentation of the client including as much bio/psych/social information as possible
- **Client Risk Factors:** Identify client risk factors that may have contributed to the development of a PMAD including history of trauma

- **Client Protective Factors:** Identify protective factors that exist for the client and strengths-based characteristics
- **Trauma:** Describe how trauma may have contributed to the onset of the client's PMAD
- **Cultural Considerations:** What cultural considerations apply to the client's experience
- **Social Determinants of Health:** Identify the role of social determinants of health (SDOH) and how these factors may have contributed to the client's illness
- **Client Diagnosis:** Apply diagnostic criteria to the pt's presentation and identify a potential diagnosis based on presenting symptoms
- **Untreated Impacts:** Identify the potential adverse impacts if the client's PMAD is untreated
- **Client PMAD support:** Identify potential educational and supportive practices that were put in place and/or could have been put in place to contribute to a more positive outcome for this client.

Please note: the assignment is due on **October 22nd, 2025**. Students are expected to use **headings** in order to organize and structure the assignment. Additionally, this paper should be **6 - 8 pages long**. **APA style**, with **5 – 7 references from the readings**.

Final Assignment (Due December 17th, 2025)

PMAD Screening, Assessment, Treatment Intervention, and Macro Level Policy

Using the identified client from the previous assignment, identify what best screening, assessment and treatment interventions you would apply to ensure this client receives appropriate PMAD treatment and support. On a macro level, identify what policies exist or are needed to ensure these interventions are available to all perinatal people experiencing a PMAD.

- **Psychoeducation:** What PMAD psychoeducation would you provide to this client, at what stage in the perinatal period, and what entity (type of provider, institution, etc.) could best provide this information and why?
- **Prevention:** What prevention intervention would you provide for this client and why.
 - Please explain the prevention intervention in detail citing data to suggest the efficacy of the intervention.
- **Screening / Assessment:** What screening/assessment instruments would you administer for this client and why.
- **Treatment / Modality Intervention:** Based on the diagnosis of this client, what level of treatment (s) and modalities would you recommend and why.
 - Please include a detailed description of the identified treatment (s) and cite data to support the efficacy of this level of treatment (s).
 - Please include a detailed description of preferred clinical modalities and cite data to support the efficacy of these modalities regarding the client's diagnosis.
- **Barriers to Treatment:** Identify any barriers to treatment for this client, what obstacle did they / may they encounter that make it difficult for them to access care.
- **Resources:** What local/state resources are available to provide this type of treatment for this client?

- **Macro Policy:** Applying a macro level lens, what local/state/or federal PMAD policy exists to support this client - or - what policy would you propose that would better support this client?

Please note: the final assignment is due on **December 17th, 2025**. Students are expected to use **headings** in order to organize and structure the assignment. Additionally, this paper should be **8 - 10 pages long. APA style, with 5 – 7 references from the readings.**

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Table 1: Maternal Mental Health Snapshot

Number of births – 2022 (1)	419,104	
PRAMS postpartum depression rate (2)	12.7% (State data is not available; 12.7% is national average)	
Number impacted (estimate)	12.7% x 419,104 births	53,226 impacted (est)
Number untreated (estimate 75% remain untreated) (3)	75% x 53,226 impacted	39,920 untreated (est)
Cost of untreated MMH conditions (estimate \$32,000 per mother-infant dyad) (4)	\$32,000 x 39,920 untreated	\$1.3 billion (est)

(1) Centers for Disease Control and Prevention. National Vital Statistics Report. Births: Final Data for 2022. [LINK](#)

(2) Centers for Disease Control and Prevention. Pregnancy Risk Assessment Monitoring System. 2022. [LINK](#)

(3) Byatt et al. *Obstetrics & Gynecology* 126(5):1048-1058, November 2015. [LINK](#)

(4) Luca et al. *American Journal of Public Health* 110(6):888-89, June 2020. [LINK](#)

Table 2: Facts & Figures (2022)

Population Overview	State		National	
Population (5)	39,142,414		340,110,988	
Number of Live Births (6)	419,104		3,667,758	
Births By Race and Ethnicity (6)	Number	Percent	Number	Percent
American Indian / Alaska Native	1,297	<1%	25,631	<1%
Asian	56,915	14%	218,994	6%
Black	20,050	5%	511,439	14%
Native Hawaiian / Pacific Islander	1,601	<1%	9,833	<1%
White	110,370	26%	1,840,739	50%
Hispanic	203,312	49%	937,421	26%
Important Indicators	State		National	
Births Financed by Medicaid (7)	40%		41%	
Births Financed by Private Insurance (7)	53%		51%	
Cesarean Section Rate (8)	31%		32%	
Preterm Birth Rate (9)	9%		10%	
PRAMS Postpartum Depression Rate (10)	Data not available		13%	
Infant Mortality Rate (11)	4.11 / 1,000 live births		5.6 / 1,000 live births	
Maternal Mortality Rate (12)	10.5 / 100,000 live births		22.3 / 100,000 live births	

(5) United States Census Bureau. [LINK](#)

(6) Centers for Disease Control and Prevention. National Vital Statistics Report. Births: Final Data for 2022. [LINK](#)

(7) KFF. State Health Facts. Birth by Source of Payment for Delivery. 2022. [LINK](#)

(8) Centers for Disease Control and Prevention. National Center for Health Statistics. Cesarean Delivery Rate by State. 2022. [LINK](#)

(9) Centers for Disease Control and Prevention. National Center for Health Statistics. Percentage of Births Born Preterm. 2022. [LINK](#)

(10) Centers for Disease Control and Prevention. Pregnancy Risk Assessment Monitoring System. 2022. [LINK](#)

(11) Centers for Disease Control and Prevention. National Center for Health Statistics. Infant Mortality by State. 2022. [LINK](#)

(12) Centers for Disease Control and Prevention. National Center for Health Statistics. Maternal Deaths. 2022. [LINK](#)

Funding for MMHLA's State Fact Sheets is provided by



Table 3: Maternal Mental Health Information and Resources

Academic Centers	Cedars-Sinai & UCLA - Reproductive Psychology Program LINK UC San Diego - Women's Reproductive Mental Health Care (Behavioral & Mental Health) (Gynecology) LINK UC San Francisco - Perinatal Wellness Program LINK
CVS Health MinuteClinic®	Licensed therapists are trained in treating MMH conditions and are available in person and virtually LINK
Coalition	California Coalition for Perinatal Mental Health & Justice LINK California Maternal Mental Health Task Force LINK
Perinatal Psychiatry Access Program	Los Angeles County: PROMISE - Perinatal Resources to Optimize Mental Health Interventions and Substance Use Treatment Excellence; (833)374-4664 LINK
Postpartum Support International (PS) Chapter	PSI California Chapter LINK
Policy Center for Maternal Mental Health Report Card	Report Card (Grade B+) LINK
Psychiatry Fellowship Program	Stanford University Medicine – Department of Psychiatry and Behavioral Sciences – Psychiatry Residence with Specialization in Reproductive Psychiatry LINK UCLA Psychiatry Residency Training Program - Women's Mental Health Concentration LINK UCSF Adult Psychiatry Residency Training Program - Area of Distinction in Women's Mental Health LINK
Substance Use During / Following Pregnancy	Mother & Baby Substance Exposure Initiative LINK Perinatal Directory - Publicly Funded Substance Use Disorder Programs for Women and Children (2024) LINK Substance Use Disorder Perinatal Practice Guidelines (2024) LINK
Treatment: Inpatient Program	N/A
Treatment: Outpatient Program	El Camino Health Maternal Outreach Mood Services (MOMS) Program LINK Hoag Center Maternal Mental Health Program LINK Huntington Health Maternal Wellness Program LINK Sharp Healthcare Intensive Outpatient Program LINK UCLA Health Perinatal Intensive Outpatient Program LINK UC San Diego Maternal Mental Health Program LINK
Other	Maternal Mental Health NOW LINK Perinatal Mental Health Collaborative (Santa Clara) LINK Postpartum Education for Parents (Santa Barbara) LINK Postpartum Mental Health Alliance (San Diego) LINK Postpartum Support Center (Marin County) LINK

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Table 4: Medicaid Policies Impacting Maternal Health

Medicaid expansion (13)	Yes
Medicaid pregnancy-related extension (14)	Yes
Medicaid coverage for doula services (15)	Actively reimbursing
Medicaid coverage for home visiting services (16)	No
Medicaid coverage for maternal depression screening (MDS) at well-child visits (WCV) (17)	Recommends MDS Screening Medicaid reimburses G8431 at \$29.68 & G8510 at \$10.70
Medicaid State Fact Sheet	KFF Medicaid State Fact Sheet LINK
Medicaid Transforming Maternal Health (TMAH) Model	Yes LINK
(13) KFF. Status of Medicaid Expansion Decisions. Nov 2024. LINK (14) KFF. Medicaid Postpartum Coverage Extension Tracker. Jan 2025. LINK (15) Georgetown University McCourt School of Public Policy. State Momentum on Medicaid Doula Coverage. Apr 2024. LINK (16) National Academy for State Health Policy. Medicaid Reimbursement for Home Visiting. May 2023. LINK (17) National Academy for State Health Policy. Medicaid Policies for Caregiver and Maternal Depression Screening During Well Child Visits. Mar 2023. LINK	

Table 5: Additional Maternal-Child Health Information

Child Psychiatry Access Program	Child & Adolescent Psychiatry Portal (CAPP) LINK
Coalition / Commission / Task Force	California Health Collaborative - Maternal Wellness Program LINK
Department of Public Health	Maternal, Child, and Adolescent Division LINK Select Dashboards: • Maternal Mental Health LINK • Perinatal Mental Health Conditions at Delivery LINK • Prenatal Substance Use Disorder LINK
March of Dimes Information	State Summary LINK ; Report Card (Grade: B-) LINK
Maternal Health Center of Excellence	PRHISM at Stanford University LINK
Maternal Mortality Review Committee	California Pregnancy-Associated Mortality Review LINK
MIECHV Home Visiting Information	California MIECHV Program FY 2023 LINK
Perinatal Quality Collaborative	California Perinatal Quality Care Collaborative LINK
Title V Block Grant	AMCHP Title V State Profile LINK
University of Michigan State Profile	National Perinatal Mental Health Dashboard LINK ; State Profiles LINK

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