Children's National

How We Can Support Parents

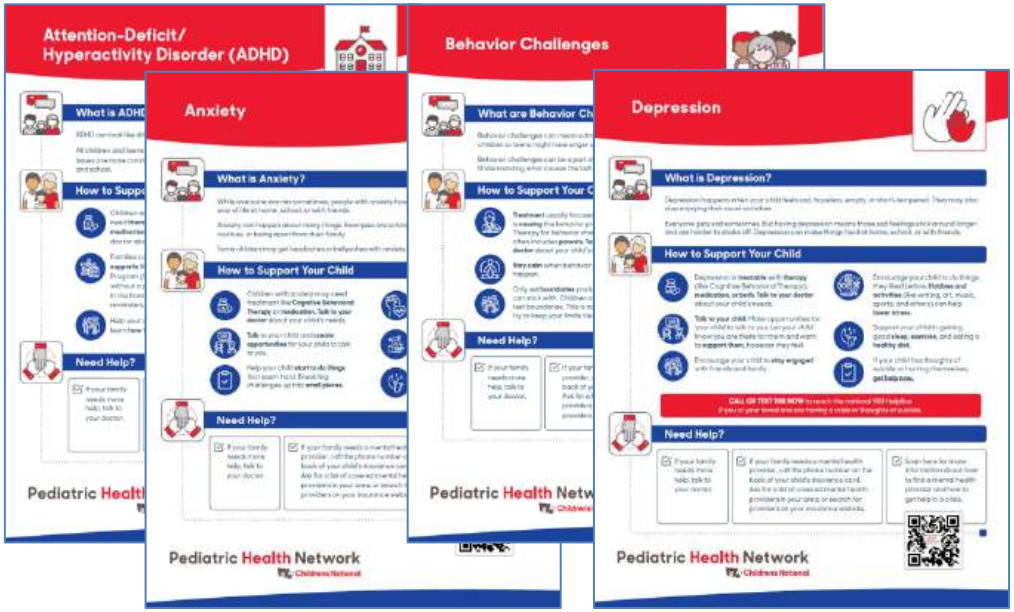
Peripartum Mood and Anxiety Disorders for Primary Care

Anniette Maldonado, PhD, BCBA, PMH-C Elana Neshkes, MD

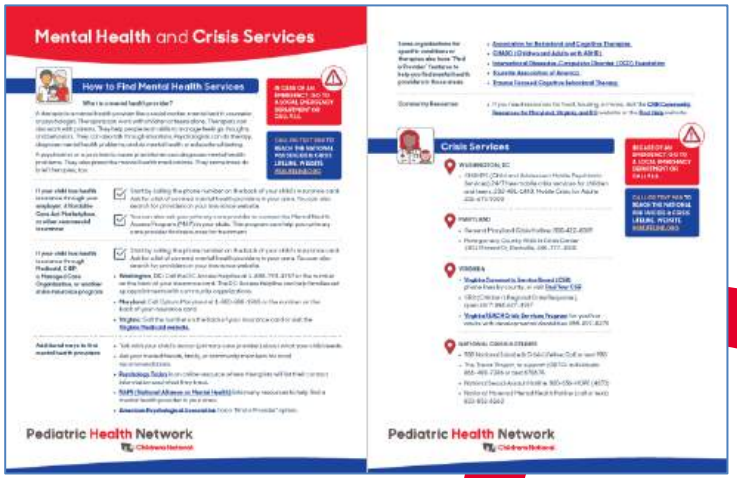
Activity	Speaker	Date/Time	Format
Depression and Safety Planning	Faith Kelley, MD Erin Sadler, PhD	Wednesday, November 12, 12:00pm-1:00pm	Webinar
Diagnosis of Young Children with Autism in the Primary Care Setting	Kelly Register-Brown, MD and Annie Inge, PhD	January 8, 2026, 8:30am-12:30pm *Includes optional follow-up cohort	Half day online workshop
PLUS: Two additional webinars in early 2026 Wednesdays at 12:00pm Content TBD			

https://pediatrichealthnetwork.org/behavioral-health-initiative/

Handouts for Patients & Families



- ADHD
- Anxiety
- Depression
- Eating Disorders
- Autism
- Behavior Challenges
- Sleep Habits
- Mealtimes & Picky Eating
- Reducing Screen Time



All handouts are freely available online

https://pediatrichealthnetwork.org/clinical-support-tools-for-providers/

NEW: Behavioral Health Peer Network
Support for PHN Integrated Behavioral Health Providers

- What: Virtual support space to connect behavioral health colleagues in primary care settings
  - Case-based discussion
  - Shared problem-solving
  - Peer support
- Who: **PHN integrated BH providers** like social workers, therapists, counselors, psychologists, PMHNPs, psychiatric nurse practitioners, psychiatrists, etc.
- When: First Wednesday of each month from 12-1pm starting **Wednesday, September 3**
- Note: Does not constitute supervision; no CEs

To receive calendar invites, complete the brief form below:
https://forms.office.com/r/TE6fVALEEH

Notes About Today's Webinar

All lines are muted throughout the presentation.

Please use the Q&A to ask questions or make comments.

We will be recording the session.

Today's recording and materials will be posted to the PHN website following the presentation:
https://pediatrichealthnetwork.org/

Continuing Education Learner Notification

Notice of Requirement for successful completion

Participants may obtain CE Contact Hours for this session if you attend the entire session and complete an evaluation within 60 days of the event. A code and link/text number will be provided at the end of the session to complete the evaluation and claim CE credit.

Credit Designation Statement

- **ACCME:** Children's National Hospital designates this live/enduring activity for a maximum of **1 AMA PRA Category 1 Credits™** for physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
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Learner Notification

Disclosure of Conflict of Interest

The planning committee and presenters have no relevant financial relationships with ineligible companies

Acknowledgement of Commercial Support

No financial nor in-kind commercial support was received for this education activity.

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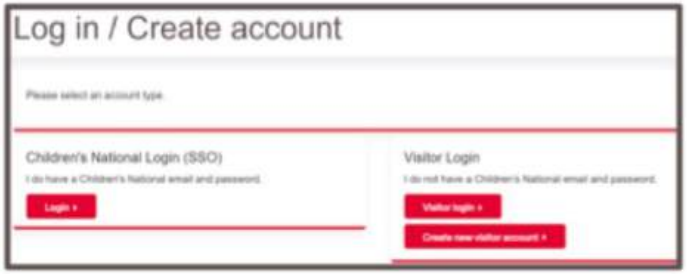
To create an account:

1. Go to https://ce.childrensnational.org
2. Click Register on the top right corner on the webpage.
3. **Be sure to enter your profession and mobile phone number where prompted.**



For participants with *@childrensnational.org* emails, use Children's National Login (SSO)

All other participants, use Create new visitor account

Today's Speakers

Anniette Maldonado
PhD, BCBA, PMH-C

Elana Neshkes
MD

Learning Objectives

1. Recognize signs and symptoms of perinatal mood and anxiety disorders and their potential impact on child and family health as observed in the pediatric primary care setting.
2. Describe psychoeducation strategies and brief, practical interventions that can be used by pediatricians during routine visits.
3. Identify resources and approaches to support shared decision-making with parents regarding treatment and referrals.

As pediatricians, we know that the newborn period is hard!

How do you support your patients' parents when they are coming in for their appointments during the newborn period?

Case Study

5 day old comes in for a hyperbilirubinemia follow up. Mom was concerned she wasn't feeding well overnight so called this AM to be squeezed in urgently before her late morning appointment.

Older sister had kernicterus with no known etiology and parents are concerned for this baby.

The baby looks great on exam. Bilirubin is elevated, but Tcbili is not increased from yesterday's bilirubin and below phototherapy threshold. The baby has gained weight and feeds well in clinic. Mom asks if the bilirubin is high because of her breastmilk and if she should switch to formula for the health of her baby.

Case Study

You ask how mom is doing with the baby at home.

Mom describes that she **can't sleep**. She is **constantly thinking** about the baby, making sure the baby is sleeping and breathing, and is **worried** that the baby will get sick from bilirubin just like her sister.

You find out later, mom was on sertraline, but stopped when she found out she was pregnant.

How can we
support this mom?

Helping Parents in these moments:

Ask them how they are doing!

Validate how hard this period is.

Encourage using "their village."

What is ***peripartum anxiety and depression***?

An anxiety or depressive disorder that can start during pregnancy, the newborn period, or up to a year after delivery.

Peripartum anxiety and depression

The most common complication of pregnancy.

Women with babies in DC

Women with babies in VA

Children's National ED

Children's National NICU

America's Health Ranking of HHS and CDC

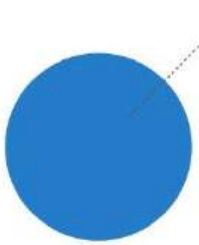
Jarvis et al 2021

Other **peripartum mood disorders**

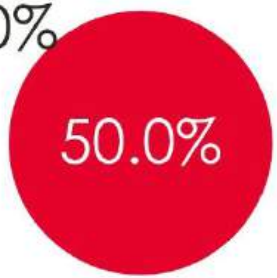
50-80% with post-partum blues

(2 days-2 weeks after birth and peaks at 3-5 DOL)

1-2/1000 with Post-partum psychosis



2-25% of dads with PPD.



50% of dads have PPD when mom has PPD

Post-partum OCD

*From the AAP Policy Statement "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" 2019

Peripartum anxiety and depression

Risk Factors

- Complications in pregnancy, delivery, or breastfeeding
- Personal history of mood, bipolar, or anxiety disorders
- Family history or prior post-partum depression
- Young age of parent
- Stopping medication when pregnant or being told they need to stop medication when pregnant
- Psychosocial stressors (financial stressors, childcare stressors, recent loss or move, barriers to care)
- Temperament of the baby
- Return to work
- Inadequate partner/social support
- Health challenges in baby or parents
- Difficult relationship with parent when a young child.

Peripartum anxiety and depression

Effects

"Long term effects can lead to cortisol levels in preschoolers and affects on anxiety later on as well as peer relationships, behavioral challenges, and poor self control, attachment." AAP Policy Statement

It is all about *attachment*.

Can the baby learn that his needs and cues are being met? Can the parent develop a relationship with the child? Can the parent feel like a **good enough parent***?*

When should you be **concerned**?

Elevated Screeners

EPDS, PHQ9, GAD7, SWYC

Difficulty bonding with baby

Feeling like a bad parent

Feeling intensely overwhelmed

Difficulty sleeping

AAP recommends screening with EPDS at 1mo, 2mo, 4mo, 6mo

"I'm not myself..."

"I can't seem to fall asleep..."

"Are you sure my baby is ok?"

Differentiating OCD and post-partum psychosis

OCD

- Scary "what if I" statements
- Mom is horrified by these thoughts and work to avoid harm or minimize triggers.
- "Sometimes new parents have scary or unusual thoughts. Are you having any scary or unusual thoughts?"
- Responds well to treatment

  Book recommendation: *Don't Drop the Baby*

Psychosis

- Delusional thoughts about the baby eg baby is a demon.
- Typically in the first two weeks after birth.
- Some may be disturbed by them, but still feel compelled to act on them.
- Always listen to your gut feeling.
- Requires urgent treatment and safety planning with family. May require hospitalization.

Lifeline for moms

Assessing Risk of Harm to Baby

Ask about unwanted or intrusive thoughts

Unwanted or intrusive thoughts, including those of harming the baby, are common (up to 70%) among postpartum women. Most women will not act on these thoughts because they are usually due to anxiety, depression, and obsessive/compulsive disorder, which is very different than thoughts of harming the baby that are due to psychosis/delusions. The following wording can be used to get information about whether these thoughts are present and how current and concerning they are.

"People often have intrusive thoughts or thoughts that seem to pop in from nowhere. Women often have thoughts about something bad happening to their baby. These thoughts can feel awful and sometimes feel as if they could be an escape from something too hard to bear. We are here to help you. We ask about these thoughts because they are so common."

- *Have you had any unwanted thoughts?*
- *Have you had any thoughts of harming your infant, either as an accident or on purpose?*
- If the patient answers yes to the above question, follow up with:
  - *How often do you have them?*
  - *How recently have you had them?*
  - *How much do they scare you?*
  - *How much do they worry you?*

Assess Risk

Assessment

LOW RISK *(symptoms more consistent with depression, anxiety, and/or OCD)*	MODERATE RISK	HIGH RISK *(symptoms more consistent with psychosis)*
Thoughts of harming baby are scary	Thoughts of harming baby are somewhat scary	Thoughts of harming the baby are comforting (ego syntonic)
Thoughts of harming baby cause anxiety or are upsetting (ego dystonic)	Thoughts of harming baby cause less anxiety	Feels as if acting on thoughts will help infant or society (e.g., thinks baby is evil and world is better off without baby)
Mother does not want to harm her baby and feels it would be a bad thing to do	Mother is not sure whether the thoughts are based on reality or whether harming her baby would be a bad thing to do	Lack of insight (inability to determine whether thoughts are based on reality)
Mother very clear she would not harm her baby	Mother is less clear she would not harm her baby	Auditory and/or visual hallucinations are present
		Bizarre beliefs that are not reality based
		Perception that untrue thoughts or feelings are real

Recommendations during the appointment

If there are not safety concerns.

One on one

- **Validate or normalize many emotions, including grief, fear, shame, and guilt**
- **Psycho-Education on frequency of mood disorders** ☆

Habits

- **Recommend decreasing unnecessary tasks as able**
- **Work on sleep hygiene**
- **Practice asking for help**
  It is ok to ask and receive!

Social Supports

- **Lean into existing support systems** ☆
- **Support or parent groups**
- **Library or play groups**
- **Community groups**

When discussing **mental health**:

Use open-ended questions to ask how the parent is doing

"How have you been feeling since coming home from the hospital? How are you balancing night time feeds and caring for your toddler?"

Use reflective listening

"Your not sure if therapy or medications are right for you or your baby."

Acknowledge and validate concerns and emotions

"It sounds like you have been doing so much. How are you coping with everything?"

Reinforce action and strengths

"Even with everything going on, you're still managing to get to appointments."

Ask permission before providing feedback or advice

"Would it be ok if we talk about depression and how it can impact moms?"

Summarize the conversation

Adapted from Lifeline "How to Talk to Your Patient About Mental Health"

Lifeline for moms

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.

Medication Advice in Pregnancy

Peripartum depression: **Risks of SSRIs**

Risks of depression to the fetus

- Prematurity
- Difficulty with mother baby attachment
- Low birth weight

WHC study of 294 African American and Latina adolescent mothers: 1/4 reporting symptoms of depression. Babies weighed 239.5g less than babies born to teen mothers without depression. They did not see an effect on gestational age.

Risks of SSRIs to the fetus

- Prematurity
- Persistent pulmonary hypertension of the newborn if exposed late in pregnancy (1/1000 to 3/1000)
- Discontinuation Syndrome after birth (most are mild and go away within weeks)

  Per study cited on LactMed, retrospective study of 5000 moms on SSRIs in pregnancy 1.5% of breastfed babies had discontinuation vs 2.3% of formula fed infants

Stopping Antidepressants in Pregnancy

Multiple studies have shown discontinuing antidepressants in pregnancy may cause another episode of depression.

Mild to Moderate Depression

- 2.1% (1st trimester) to 15.2% (2nd trimester) increased risk to women who continued on antidepressants vs decreased dosage
- 5.95x more at risk for those who discontinued

Moderate to Severe Depression

- 5x increased risk of recurrence of moderate to severe depression compared to women who continued their antidepressant

Bérard et al 2019

Mother to Baby fact sheet

https://mothertobaby.org/fact-sheets

MotherToBaby | FACT SHEET

Fluoxetine (Prozac®)

I take fluoxetine. Can it make it harder for me to get pregnant?

In animal studies, fluoxetine did not have an effect on whether the animals could get pregnant. In people, fluoxetine has been studied in females having medical treatments because they were already having a hard time becoming pregnant. In these studies, those who took fluoxetine got pregnant at the same rate as those who did not take fluoxetine.

Does taking fluoxetine increase the chance for miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. A small number of studies did not find a greater chance for miscarriage when fluoxetine was used in pregnancy.

Does taking fluoxetine increase the chance of birth defects?

Every pregnancy starts out with a 3-5% chance of having a birth defect. This is called the background risk. Fluoxetine use is unlikely to increase the chance for birth defects.

There have been many studies looking at fluoxetine and pregnancy. There are reports on over 10,000 pregnancies exposed to fluoxetine in the first trimester. The first trimester is the time in pregnancy when major birth defects can

Medication Advice For Breastfeeding Parents

Medications in Breastfeeding

- **SSRIs**

  Very well studied in breastfeeding and considered safe. LactMed cites 64 studies, many had sertraline undetectable in infant serum, though in breastmilk undetectable to 2% (mot lower). InfantRisk describes prozac and celexa as slightly higher in the breastmilk, but still low.

- **Antipsychotics**

  Generally safe, but watch for sedation, tremor in baby.

  Zyprexa is the best studied in breastfeeding. A few adverse reactions with risperidone.

  Abilify can impact milk supply

  Clozapine should be avoided. Less data for Latuda and Geodon.

- **Benzodiazepines**

  Does go through breastmilk in low levels. Study of 124 women on benzos, of those taking xanax and klonopin a few reported sedation in infants. None on ativan reported. Overall, AE rare, but all parents should watch for sedation and feeding especially at higher levels.

  Xanax can increase prolactin levels

Resources for Medications in Breastfeeding

LactMed database

Infant Risk Center
AT TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Infant Risk

Medications in Breastfeeding: New Medications

- Zuranolone (GABA-A modulator)
  - 14 day course for post-partum depression in the first year post-partum (episode starting in 3rd trimester or first month)
  - Pretty immediate improvement in depression
  - <1% in breastmilk, but only one study in breastfeeding
  - Can cause somnolence or dizziness in mom, watch for sedation in baby
- Brexanolone (GABA-A modulator)
  - Targets allopregnanolone
  - 60 hour infusion in the hospital
  - Breastfeeding may be paused while in the hospital
  - Can cause somnolence

Many women will need their ADHD medication to function. Recommend the lowest effective dose. Stimulants are preferred over non-stimulants. Some women may use immediate release to minimize effects to the baby. MGH Women's Mental Health Center

ADHD Medications & Breastfeeding			
Medication	**Relative Infant Dose**	**Pediatric Concerns**	**Infant monitoring**
Methylphenidate	0.2% to 0.4%	None reported via milk.	Agitation, irritability, poor sleep, changes in feeding, poor weight gain.
Dexmethylphenidate	Enantiomer of methylphenidate No RID data	None reported via milk.	Agitation, irritability, poor sleep, changes in feeding, poor weight gain.
Dextroamphetamines	2.5% to 7.3%	None of the infants in the studies were affected.	Agitation, hyperactivity, insomnia, decreased appetite, weight changes, tremor.
Lisdexamphetamine	1.8% to 6.2%	None of the infants in the studies were affected.	Agitation, irritability, poor sleep patterns, poor weight gain.
Atomoxetine	No RID data	None reported via milk. Atomoxetine is a lipophilic, neuroactive drug. Caution about its use during breast feeding.	Not recommended during lactation. Irritability, poor sleep, tremors, weight gain.
Bupropion	0.1% to 2%	Two cases of seizure reported, other causes for seizure not ruled out.	Sedation or irritability, seizures, not waking to feed, poor feeding, poor weight gain.
Clonidine	0.9% to 7.1%	None reported via milk. May reduce milk production by reducing prolactin secretion.	Drowsiness, lethargy, pallor, dry mouth, poor feeding, constipation, weight gain.
Guanfacine	No RID data	Low molecular weight, likely to penetrate milk at significant levels.	Not recommended during lactation.

From Infant Risk Center

In summary:

Healthy parents are more able to take care of their baby.

- The choice is not medication or no medication. The choice is between the **risk of treatment vs. the risk of no treatment.**
- When in the office, **notice** when your patient's parent's concerns seem out of proportion and **validate** their experience.
- As a pediatrician, **your words** and recommendations **make a huge difference** in supporting parents!

Resources in the area

- DC Mother Baby
- Georgetown Perinatal: outpatient and IOP
- John Hopkins: outpatient perinatal and inpatient brexanolone
- Healthy Generations for teen parents
- Mamatoto's Village: groups, lactation, doula
- DC Metro Perinatal Mental Health Collaborative Directory
  Has a therapist locator function
- Washington Center for Women's and Children's Wellness

Resources in the area

- **Postpartum Support International Perinatal Psychiatric Consult Line**
  Consult line staffed by reproductive psychiatrists
- **VMAP for Moms**
  Trainings for clinicians and consult line for physicians in Virginia
- **MGH Center for Women's Mental Health**
  Information about medications and disorders in pregnancy
  WomensMentalHealth.org
- **MotherToBaby**
  Evidence based medication fact sheets for medications in pregnancy
- **MCPAP for Moms**
  Massachusetts Child Psychiatry Action Line with Psychoeducation, handouts, and algorithms for PCPs and OBs

Hyperlinks in titles

Peripartum Depression Resources

- Postpartum Support International Patient HelpLine
  Staffed by volunteers in English and Spanish
- National Maternal Mental Health Hotline 1-833-TLC-MAMA (1-833-852-6262)
  Perinatal-trained counselors; English/Español; text enabled.
- DMV-specific, rapid access Washington, DC: DBH Access Helpline 1-888-7WE-HELP (1-888-793-4357)
  Can activate mobile crisis teams and link to urgent care same day.
- 988 Suicide & Crisis Lifeline (call/text/chat)

Claim CE Credit

Please ensure your profile is set up first and you have selected your "profession" so that the applicable CEs will generate for you to select.

Required Steps:

1. **Text Attendance Code: HAWVOH** to 301-273-7643 *or* **go to:** https://ce.childrensnational.org/code and enter **HAWVOH**
   - Ensure you complete all the steps to claim CE
   - If an evaluation is required, you will receive an email with instructions.
   - Credit can be claimed up to expiration date (60 days from live event) whether you attend in person or watch the recording.
   - The texting option has a time limit of less than 1 hour after the event has started, then the website link will have to be used.
2. **To claim credit**, ensure you complete all steps including click **Take Course/ Resume Course** and then Complete the evaluation and **Submit**, then **click Next** until you see **"You were awarded Credit."**

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