



Peninsula Maternal Mental Health Coalition

The Peninsula Maternal Mental Health Coalition will address perinatal mood and anxiety disorders (PMADs) in a coordinated, comprehensive, community-wide manner. The goal is that **all** childbearing women in the Peninsula Region (Hampton / Newport News / Yorktown / Fort Eustis) will receive information about PMADs and have access to help.

Postpartum depression and other perinatal mood and anxiety disorders (PMADs) are the MOST COMMON complication of pregnancy and childbirth, affecting 1 in 5 women from conception to baby’s first birthday. Left untreated, PMADs can have long-term negative impact on mother, baby, and entire family. Fortunately, there are evidence-based interventions to successfully identify and treat women for these illnesses.

Approximately 5,000 babies are born in the Peninsula Region each year; at least 1,000 families will be affected by PMADs. The cost of NOT treating PMADs is \$22,000 per mother/infant dyad. For the Peninsula Region, this amounts to \$22 million in lost wages and productivity for the mother and addressing poor birth and health outcomes for the baby.

KEY OUTCOMES	SPECIFIC STEPS
<p>1. Treatment options are in place and accessible</p> <ul style="list-style-type: none"> • FREE social support (telephone, email, support groups) • Therapy (trained psychotherapists) • Medication management (psychiatric prescribers) <p>2. Maternal-child healthcare providers are knowledgeable about PMADs so they can discuss, educate, and screen</p> <p>3. Childbearing women are screened routinely during pregnancy and first year postpartum and connected with resources for recovery</p>	<ol style="list-style-type: none"> 1. Identify and convene stakeholders in maternal-child and mental health 2. Educate Coalition members about PMADs 3. Build resources for recovery 4. Conducting a gap analysis to compare how PMADs are currently being addressed vs. how they SHOULD be addressed 5. Preparing a Plan of Actions and Milestones to ensure all childbearing women receive information about PMADs, are screened routinely for them, AND have access to help

Coalition Members		
Hospital administrators and staff		Maternal-child healthcare providers
<ul style="list-style-type: none"> • Women’s Services • NICU • Behavioral health 		<ul style="list-style-type: none"> • Obstetricians and midwives • Pediatricians • Family physicians • Hospitalists, private practice, clinic
Birth and Postpartum Professionals		Community and Nonprofit Resources
<ul style="list-style-type: none"> • Doulas • Lactation consultants • Childbirth educators 		<ul style="list-style-type: none"> • Early Impact Virginia programs • March of Dimes
Government Agencies		Mental Health Resources and Providers
<ul style="list-style-type: none"> • WIC Breastfeeding Coordinator • Department of Public Health • Department of Social Services 		<ul style="list-style-type: none"> • Community Services Board • Individual Providers • Psychiatrists • Psychotherapists
Coalition Curriculum		
The Coalition Curriculum is 8 hours of instruction, discussion, role-playing, brainstorming.		
Topic #1	Kick-off and Coalition Introduction	<ul style="list-style-type: none"> • Discuss purpose and goals of Coalition • Introduce Coalition members • Ask for commitment
Topic #2	Overview of Perinatal Mood and Anxiety Disorders	<ul style="list-style-type: none"> • Spectrum of illnesses • Signs and Symptoms • Predictors and Risk Factors • Risks of Untreated PMADs
Topic #3	The Path to Wellness	<ul style="list-style-type: none"> • Self-care • Social support • Talk therapy • Medication
Topic #4	Talking to childbearing women about PMADs	<ul style="list-style-type: none"> • Education • Screening • Support
feTopic #5	Creating a Comprehensive Care Framework	<ul style="list-style-type: none"> • Describe the desired goal • Document current state • Conduct gap analysis • Create Plan of Actions and Milestones
Topic #6	Wrap up, Next Steps	