

## **Perinatal Mental Health Certification Blueprint (2018)**

1. Perinatal Mental Health Disorders (13%)
  - 1.1 Normal perinatal emotional, cognitive, and behavior changes (e.g. blues)
    - 1.1.1 Normal developmental/adjustment changes experienced
  - 1.2 Distinguishing between normal and abnormal changes
    - 1.2.1 Clinical presentation
      - 1.2.1.1 Onset
      - 1.2.1.2 Duration
      - 1.2.1.3 Severity
      - 1.2.1.4 Prevalence rates
      - 1.2.1.5 Perinatal features
  - 1.3 Types – Clinical presentations and perinatal features
    - 1.3.1 Perinatal anxiety disorders
    - 1.3.2 Perinatal depressive disorders
    - 1.3.3 Traumatic stress disorders
      - 1.3.3.1 Acute
      - 1.3.3.2 Post
      - 1.3.3.3 Complex/chronic
    - 1.3.4 OCD
    - 1.3.5 Bipolar disorders
    - 1.3.6 Perinatal psychosis
    - 1.3.7 Additional significant clinical considerations
      - 1.3.7.1 Substance use disorders/abuse/addictions
      - 1.3.7.2 Eating disorders
      - 1.3.7.3 ADHD
      - 1.3.7.4 Adjustment disorders
2. Perinatal Mental Health Risks, Protective Factors, and Interactions (10%)
  - 2.1 Medical and biological contributors
    - 2.1.1 Genetic/family history
    - 2.1.2 Personal history
      - 2.1.2.1 Sensitivity to hormonal changes
      - 2.1.2.2 Previous Perinatal Mental Health Disorders
      - 2.1.2.3 Other non-pregnancy related mental health disorders
    - 2.1.3 Epigenetic
  - 2.2 Comorbid medical conditions
    - 2.2.1 High risk pregnancy
    - 2.2.2 Pain
    - 2.2.3 Thyroid/hormones
    - 2.2.4 Diabetes
    - 2.2.5 PCOS
  - 2.3 Stress
    - 2.3.1 Negative life events

- 2.3.2 Positive life events
- 2.3.3 Perinatal specific
- 2.4 Support (perceptions of and access to)
  - 2.4.1 Professional
  - 2.4.2 Informal social
  - 2.4.3 Formal social
- 2.5 Perinatal planning
- 2.6 Sleep
- 2.7 Inflammation
- 2.8 Social determinants
  - 2.8.1 Poverty
  - 2.8.2 Minority status
- 2.9 Baby factors
  - 2.9.1 Health status
  - 2.9.2 Perception of baby's temperament
  - 2.9.3 Parent-baby synchrony
- 2.10 Trauma
  - 2.10.1 History of ACES/urban ACES
  - 2.10.2 Perinatal/pregnancy
  - 2.10.3 IPV
- 3. Effects of Untreated Perinatal Mental Health Disorders (8%)
  - 3.1 Obstetrical effects
    - 3.1.1 Reduced gestational age
    - 3.1.2 Reduced gestational weight
  - 3.2 Effects on maternal well-being
    - 3.2.1 Suicidality
    - 3.2.2 Maternal medical care
    - 3.2.3 Maternal self-efficacy
    - 3.2.4 Disrupted sleep
    - 3.2.5 Substance use
    - 3.2.6 Postpartum health effects
    - 3.2.7 Decreased breast feeding
    - 3.2.8 Excessive increase in BMI
    - 3.2.9 Inadequate nutrition
    - 3.2.10 Decreased physical activity
    - 3.2.11 Increased risk of IPV
    - 3.2.12 Occupational and other role functioning
  - 3.3 Effects on the offspring
    - 3.3.1 Parenting practices
    - 3.3.2 Fetus
    - 3.3.3 Neonate
    - 3.3.4 Infanticide
    - 3.3.5 Child

- 3.3.5.1 Attachment quality
    - 3.3.5.2 Speech
    - 3.3.5.3 Cognitive
    - 3.3.5.4 Emotional
    - 3.3.5.5 Behavioral
  - 3.4 Families
    - 3.4.1 Partners/relationships
      - 3.4.1.1 Increased relationship discord
      - 3.4.1.2 Effects on mental health of partner
    - 3.4.2 Other children have increased risk of prolonged symptomology
- 4. Screening, Assessment, and Treatment Engagement (10%)
  - 4.1 Why screen?
  - 4.2 Screening implementation models
    - 4.2.1 Essential components
      - 4.2.1.1 Cut off scores
      - 4.2.1.2 Time points
      - 4.2.1.3 Post-screen protocol
  - 4.3 Screening tools/instruments
    - 4.3.1 EPDS
    - 4.3.2 PHQ
    - 4.3.3 PDSS
    - 4.3.4 MDQ
  - 4.4 Emergency triage/care
  - 4.5 Post screen assessment
    - 4.5.1 Differential diagnosis and rule outs
      - 4.5.1.1 Thyroid
      - 4.5.1.2 Anemia
      - 4.5.1.3 Vitamin D
      - 4.5.1.4 Substance use/abuse (including caffeine)
      - 4.5.1.5 Side effects of other medications
      - 4.5.1.6 Blues versus Exhaustion
  - 4.6 Further assessment of risks/protective factors
  - 4.7 Risk of harm assessment
    - 4.7.1 Low and high risk for harm
  - 4.8 Patient-centered collaborative treatment planning and engagement
    - 4.8.1 Shared decision-making
    - 4.8.2 Definition of treatment engagement
    - 4.8.3 Follow-up
    - 4.8.4 Identifying barriers
    - 4.8.5 Motivational Interviewing
    - 4.8.6 Expectations
    - 4.8.7 Education about illness and treatment options
  - 4.9 Interdisciplinary teamwork

- 5. Social Support Interventions (8%)
  - 5.1 Support groups
  - 5.2 Peer support specialist
  - 5.3 Warmline/hotline
  - 5.4 Online/technology based support
  - 5.5 Social media support
  - 5.6 Psycho-education
  - 5.7 Home based interventions
    - 5.7.1 Night nurse
    - 5.7.2 Nanny
    - 5.7.3 Doula
    - 5.7.4 Home visitor
    - 5.7.5 Visiting nurse
  - 5.8 Spiritual support
  
- 6. Treatment: Evidence Based Psychotherapy Approaches (9%)
  - 6.1 Therapies specific to perinatal
    - 6.1.1 CBT (perfection)
    - 6.1.2 IPT (role changes)
      - 6.1.2.1 PAT
      - 6.1.2.2 Individuals
      - 6.1.2.3 Groups
    - 6.1.3 Dyadic interventions
  - 6.2 Other validated therapies (not specific to perinatal)
    - 6.2.1 Couples (CBT-C)
    - 6.2.2 Group therapy
  - 6.3 Other delivery methods
    - 6.3.1 Web-based (coached)
    - 6.3.2 Tele-health (phone/video)
  - 6.4 Core perinatal psychotherapy themes
    - 6.4.1 Birth story
    - 6.4.2 Transition to parenthood
    - 6.4.3 Grief and loss
    - 6.4.4 Communication
  
- 7. Integrative Interventions (mild to moderate) (5%)
  - 7.1 Validated for perinatal
    - 7.1.1 Light therapy
    - 7.1.2 Exercise
    - 7.1.3 Acupuncture
    - 7.1.4 Yoga
    - 7.1.5 Massage therapy
    - 7.1.6 Biofeedback/neurofeedback

- 7.1.7 Mindfulness/meditation
  - 7.1.8 Nutrition
  - 7.1.9 Sleep
- 7.2 Potentially risky interventions
- 7.3 Bibliotherapy
- 7.4 Web-based (self-guided)
  
- 8. Family Systems and Perinatal Mental Health (6%)
  - 8.1 Infant mental health
  - 8.2 Bonding and attachment
  - 8.3 Partners (effects on relationship)
  - 8.4 Current family system
  - 8.5 Families of origin
  - 8.6 Fathers
  - 8.7 LGBTQ
  - 8.8 Transition to parenthood
    - 8.8.1 Mom
    - 8.8.2 Partner
    - 8.8.3 Family
  
- 9. Psychopharmacology and Other Somatic Interventions (8%)
  - 9.1 Understanding study methodology
    - 9.1.1 Confounders
    - 9.1.2 Types of controls
    - 9.1.3 Exposure to medication – how is it measured?
    - 9.1.4 Statistical adjustment to multiple queries
  - 9.2 Framework of risks of meds versus risks of untreated illness
    - 9.2.1 Effect size/absolute versus relative risks
  - 9.3 Existence of omission bias
  - 9.4 Basics of pharmacokinetics (especially for some meds)
  - 9.5 Significant research outcomes of possible effects/non-effects of medications on fetus
    - 9.5.1 Miscarriage/still birth rate
    - 9.5.2 PPHN
    - 9.5.3 Neonatal side effects
    - 9.5.4 Congenital anomalies
    - 9.5.5 Labor timing
    - 9.5.6 Behavioral/neural developmental (Autism/IQ?)
  - 9.6 Basic categories of medications
    - 9.6.1 Antidepressants
    - 9.6.2 Anti-anxiety
    - 9.6.3 Stimulants
    - 9.6.4 Hypnotics/sleep meds
    - 9.6.5 Anti-psychotics
    - 9.6.6 Mood stabilizers

9.7 ECT

9.8 TMS

10. Socio-Culturally Informed Care (norms, values, and assumptions) (6%)

10.1 Housing/living situation

10.2 Transportation

10.3 Race and ethnicity

10.4 Cultural identity

10.5 Cultural humility

10.6 Poverty

10.7 Language

10.8 Military

10.9 Gender identity

10.10 Religion and spirituality

10.11 Disabilities

10.12 Immigrant status

11. Lactation & Feeding (6%)

11.1 Breastfeeding difficulties

11.1.1 D-MER

11.2 Myths and misconceptions

11.3 Supportive interventions

11.4 Effects of untreated perinatal mental health problems on breastfeeding

11.4.1 Trauma/PTSD

11.4.2 Depression and anxiety

11.5 Effects on perinatal mental health

11.6 Weaning effects

11.7 Feeding choice stress

11.7.1 External

11.7.2 Internal

12. Perinatal Complications and Loss (6%)

12.1 Previous perinatal trauma or loss

12.2 Previous perinatal mental health crisis

12.3 Miscarriage

12.4 Stillbirth

12.5 Neonatal death

12.6 NICU

12.7 Infertility

12.8 Obstetric complications

12.9 Birth complications

12.10 Termination

12.10.1 Medical (maternal)

- 12.10.2 Medical (fetal)
- 12.10.3 Selective reduction
- 12.10.4 Elective
- 12.11 Fetal diagnosis not compatible with life
- 12.12 Baby with special needs
- 12.13 Near death

13. Professional Self-care/Professionalism (5%)

- 13.1 Maintenance of knowledge
  - 13.1.1 Continuing education
  - 13.1.2 Resources
  - 13.1.3 Peer resources
  - 13.1.4 Consultation
  - 13.1.5 Collaborative care
- 13.2 Self-care
  - 13.2.1 Provider burnout
  - 13.2.2 Prioritizing self
- 13.3 Informed consent
- 13.4 Boundaries
  - 13.4.1 Awareness of own bias and judgments
  - 13.4.2 Awareness of counter-transference and triggers
- 13.5 Ethics
- 13.6 Reporting requirements
- 13.7 Confidentiality