

A Menu of Prevention and Treatment Options for Maternal Mental Health

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Prevention Strategies & Treatment Options	Limited to no symptoms	Mild symptoms	Moderate symptoms	Severe symptoms
– Self-care, including sleep hygiene and grooming as desired	x	x	x	x
– Nutrition including adequate omega-3 fatty acids, vitamin D, folate (5-MTHF), ¹ B12 ² (methylcobalyn) choline ³	x	x	x	x
– Exercise (30 mins a day 3 days or more a week) Exercise that raises your heart rate, including walking, jogging, dancing, swimming, yoga, and cycling, has been proven to reduce anxiety and depression. ⁴ 30 mins can be broken up into small timeframes like 10 mins 3 x a day.	x	x	x	x
– Mother-baby support for infant crying, sleep or feeding problems Fussy Baby Network www.erikson.edu/fussy-baby-network <u>Sleep</u> What to Expect.com https://www.babycenter.com/baby/crying-colic/different-baby-cries_40009946 Lactation consultant and/or pediatrician to examine baby difficulty around sleep, feeding and fussiness	x	x	x	x
– Support for basic needs Find resources by zip code at: www.auntbertha.com	x	x	x	x

Prevention Strategies & Treatment Options	Limited to no symptoms	Mild symptoms	Moderate symptoms	Severe symptoms
– Complementary/alternative therapies (bright light therapy, acupuncture, massage, meditation)	x	x	x	x
– Reduce isolation by getting outdoors/outside of the home	x	x	x	x
– Reduce isolation by socializing and through community support (including receiving emotional support from partner, friends, family, or others)	x	x	x	x
– Practical support (from partner*, friends, family*, or postpartum doula with household duties and baby/child care)	x	x	x	x
– Parenting classes and/or mother and baby parenting groups or if available through your county, home visiting	x	x	x	x
– Support groups for depression/anxiety		x	x	x
– Prevention for those at risk Therapy: CBT, IPT These interventions must be covered without a diagnosis by commercial insurers under the ACA and may also be covered state Medicaid programs	x			
– Therapy for mother (i.e. CBT, IPT, ERP, EMDR) – Dyadic therapy for mother/baby (PCIT, CPRT, CPP, TF-CBT, attachment-focused, etc.) ⁵ – Couples therapy (co-parenting, shared logistics)		x	x	x
BluesAway® Shakes -	x			

	May Reduce Symptoms of Baby Blues			
Prevention Strategies & Treatment Options	Limited to no symptoms	Mild symptoms	Moderate symptoms	Severe symptoms
<ul style="list-style-type: none"> – Consider medication including zuranolone for postpartum depression and/or or traditional SSRIs or anti-depressants for postpartum and prenatal depression (Prescribers, see ACOG CPG figure 1 and figure 2 regarding titrating and screen for Bipolar Disorder before prescribing SSRIs/anti-depressants.) <p>www.mothersbaby.org provides facts about drug safety during pregnancy and lactation.</p>		X	X**	X**
<ul style="list-style-type: none"> – Consider an intensive outpatient treatment program (IOP)*** or partial hospitalization program (PHP)**** 			X**	X**
<ul style="list-style-type: none"> – Consider inpatient hospitalization when safety or ability to care for self is a concern 			X	X**

Treatment options in each column may overlap.

***This may include fathers or grandparents taking job-protected unpaid leave under the Family Medical Leave Act.**

****Strongly consider.**

*****Partial hospitalization programs (PHPs)**, also called “day programs” or “day treatment programs,” refer to outpatient programs that patients attend for six or more hours a day, every day or most days of the week. These programs, which are less intensive than inpatient hospitalization, may focus on psychiatric illnesses and/or substance abuse. They will commonly offer group therapy, educational sessions, and individual counseling. A PHP may be part of a hospital’s services or be offered from a separate “freestanding facility.” Find a listing here: <https://www.postpartum.net/get-help/intensive-perinatal-psych-treatment-in-the-us/>

******Intensive outpatient programs (IOPs)** are similar to PHPs, but are only attended for three to four hours and often meet during evening hours to accommodate working persons. Most IOPs focus on either substance abuse or mental health issues. IOPs may be part of a hospital’s services or be offered through a separate “freestanding facility.” Find a listing here: <https://www.postpartum.net/get-help/intensive-perinatal-psych-treatment-in-the-us/>

This menu of prevention and treatment options was first adapted by 2020 Mom (now the Policy Center for Maternal Mental Health) from the MCPAP for Moms Adult Provider Toolkit in 2014 to note the range of overlapping evidence-based prevention and treatment options that are available. This menu was modified in 2023 to include 5-MTHF folate, choline, types of evidence therapies, parenting classes/mother-baby groups, zolranalone, IOPs, and PHPs. It has been clinically reviewed by OB/Gyns Tiffany Moore Simas, MD, and Amanda Yeaton-Massey, MD.

References

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