

# TLC Moms Toolkit

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# Contents

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<b>Introduction</b> .....	03
<b>Surgeon General’s Message</b> .....	04
<b>Key Messages</b> .....	06
<b>Brochure: Facts for Pregnant and Postpartum Women</b> .....	15
<b>Brochure: Facts for Prescribing Practitioners</b> .....	18
<b>Conversation Guide: Pregnant or Recently Pregnant Women</b> .....	21
<b>Conversation Guide: Partners, Friends, and Family</b> .....	23
<b>Fact Sheet: Maternal Mental Health Conditions</b> .....	26
<b>Fact Sheet: Preparing for Your Medical Appointments</b> .....	31
<b>Fact Sheet: Women with Mental Health and Substance Use Conditions Who are Planning to Become Pregnant</b> .....	33
<b>Fact Sheet: Pregnant Women with Mental Health and Substance Use Conditions</b> .....	36
<b>Fact Sheet: Women Who Develop Mental Health or Substance Use Conditions Within a Year of Giving Birth</b> .....	39
<b>Fact Sheet: Facts for Prescribing Practitioners: Women Who Want to Get Pregnant</b> .....	42
<b>Fact Sheet: Facts for Prescribing Practitioners: Pregnant and Postpartum Women</b> .....	45
<b>Infographic: Pregnancy Depression and Anxiety Action Plan</b> .....	49
<b>Infographic: Is it the Baby Blues or Postpartum Depression?</b> .....	51
<b>Download Individual Files</b> .....	53
<b>Thank You</b> .....	56

# Introduction

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In Louisiana, maternal mental health is a critical pillar of family stability and community health. With nearly 1 in 8 new mothers experiencing postpartum depression, the Office on Women's Health and Community Health launched TLC Moms to ensure no mother or caregiver navigates the emotional complexities of parenthood alone.

TLC Moms addresses perinatal mood and anxiety disorders, the most common complication of childbirth, by centering the power of **Talking, Listening, and Caring**. This initiative is a commitment to reducing the stigma surrounding maternal mental health and providing a clear path toward emotional wellness for Louisiana families.

The materials contained within the TLC Moms Toolkit are designed to be easily integrated into waiting rooms, clinical consultations, and community outreach programs, ensuring that life-saving information is always within reach. Please use these resources to foster a culture of compassion and proactive intervention. By standardizing the way we talk about and treat maternal mental health, we can transform preventable outcomes into prevented tragedies.

Together, we can ensure that every mother in Louisiana receives the dignity, care, and support she deserves before, during, and after pregnancy — **because every mom deserves TLC.**

# Surgeon General's Message

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As a mother and as a physician, I know that the journey of bringing life into this world is one of the most profound experiences a woman can have. But it can also be far from the perfect pictures posted on social media.

The month of May marks both National Women's Health and Mental Health Awareness Month. While these themes are highlighted now, for us at the Louisiana Department of Health,

this isn't just a monthly topic — it's our daily focus.

Perinatal mental health challenges can overwhelm a woman during pregnancy and in the year after birth. It is more than just being tired. It's the feeling of isolation, a heavy cloud of sadness, the racing heart of anxiety, or the feeling that you just aren't yourself anymore.

The reality is that perinatal depression and related mood

## TLC Moms Toolkit

disorders affect 10% to 20% of new and expectant mothers. Despite how common this is, too many women do not receive the care they need due to stigma, limited screening, insufficient education, or barriers to support services.

If you are feeling overwhelmed, or if you or a loved one is struggling mentally and emotionally, know that you are not alone. Asking for help is not a sign of weakness; it is an act of love for your child and yourself. Whether you are in a bustling city or a quiet rural parish, support is within reach.

If you need immediate emotional support, just call or text 988 anytime, or visit [Louisiana988.org](https://Louisiana988.org). It's free. It's confidential. It's available 24/7. You can also call or text the National Maternal Mental Health Hotline at 833-TLC-MAMA.

My commitment is to ensure you are seen, heard, and truly supported. We are working every day to bridge the gaps, because

**[ldh.la.gov/TLCMoms](https://ldh.la.gov/TLCMoms)**

your health isn't just a statistic — it is the very foundation of our state's future.

A healthy mother is the heart of a healthy home. When a mother thrives, her entire household thrives with her, and that makes Louisiana stronger for everyone.

Lean on us, lean on your community, and remember: You are never alone. There is hope, there is help, and a brighter day is ahead.

**Dr. Evelyn Griffin**

*Louisiana Surgeon General*



# Key Messages

# TLC Moms Toolkit

## Perinatal Women

Pregnancy and a new baby can bring a range of emotions. Many new and expecting parents feel overwhelmed, sad, anxious, or exhausted at different times during the perinatal period (the period that starts with pregnancy and extends at least 12 months after birth). Mental health disorders are common for parents to experience anytime during this period and include depression, anxiety, substance misuse, and psychosis.

### You are not alone:

- Perinatal depression includes depression that occurs during pregnancy and in the weeks after childbirth. Most episodes of perinatal depression begin within four to eight weeks after the baby is born.<sup>[2]</sup>
- Perinatal mood and anxiety disorders are among the most common complications that occur in pregnancy or in the first 12 months after delivery.
- Up to 1 in 5 women experience a perinatal mental health disorder like perinatal depression.

### Recognize the signs:

- Are you experiencing extreme sadness, anxiety, and fatigue that may make it difficult to carry out daily tasks, including caring for yourself or others?
- Are you experiencing mood changes and feelings of anxiety or unhappiness that are severe or last longer than two weeks after childbirth?

### Take care of yourself:

- Connect with other moms through moms' groups in your community or online.
  - **Postpartum Support International (PSI)** can help you locate groups in your area. | [postpartum.net](https://www.postpartum.net)

**[Idh.la.gov/TLCMoms](https://www.idh.la.gov/TLCMoms)**

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- **Postpartum Progress** offers a private online community where you can connect with other moms, no matter where you live.  
[postpartumprogress.com](http://postpartumprogress.com)
- Make time for yourself. Do something you enjoy.
- Be realistic. You don't have to do everything. You don't have to have a perfect home. Just do what you can and leave the rest.
- Ask for help. Don't be afraid to ask for help from family and friends, whether caring for the baby or doing household chores.
- Rest when the baby rests.
- Be with others.
  - Seek out other adults who can provide comfort and company.
  - Regularly create a special time for you and your partner or you and a friend to be together.

## A healthier you, a healthier family:

- Your health and well-being are essential, not just for you but for your child. By staying substance-free, you're creating a healthier and brighter future for both of you.
- Stay committed to your goals. We believe in your ability to achieve your long-term goals. Every day you stay substance-free is a step closer to realizing your dreams and providing the best life for you and your child.
- We understand that the journey to stay substance-free can be challenging. Remember, you are not alone. Many people care about you and are here to support you every step of the way.

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## Families and Caregivers

### Recognize the signs

- Partners and family members are often the first to see signs of depression or anxiety during a loved one's pregnancy or after the baby is born.

**[Idh.la.gov/TLCMoms](http://Idh.la.gov/TLCMoms)**

# TLC Moms Toolkit

- A person experiencing perinatal depression usually has several of these symptoms. The symptoms and their severity may change:
  - Feeling sad or having a depressed mood
  - Loss of interest or pleasure in activities once enjoyed
  - Loss of hope or no longer feels excited about the future
  - Changes in appetite
  - Trouble sleeping or sleeping too much
  - Loss of energy or increased fatigue
  - Increase in purposeless physical activity (e.g., inability to be still, pacing, handwringing) or slowed movements or speech — these actions must be severe enough to be observable by others
  - Feeling worthless or guilty
  - Difficulty thinking, concentrating, or making decisions
  - Thoughts of death or suicide
  - Crying for no reason
  - Lack of interest in the baby, not feeling bonded to the baby, or feeling very anxious about/around the baby
  - Feelings of being a bad mother
  - Fear of harming the baby or oneself

## Show your support

- Reassure them: This is not their fault. They are not alone. They will get better.
- Encourage them to talk about their feelings and listen without judgment.
- Help with housework before they ask you.
- Encourage them to take time for self-care.
  - Breaks are a necessity. Fatigue is a major contributing factor to worsening symptoms.
  - Don't expect them to complete all household tasks just because they are home all day.
- Be realistic about what time you'll be home, and come home on time.

**[Idh.la.gov/TLCMoms](http://Idh.la.gov/TLCMoms)**

# TLC Moms Toolkit

- Help them reach out to others for support and treatment.
- Schedule some dates with them and work together to find a babysitter.
- Offer simple affection and physical comfort. Understand it is normal for them to have a low sex drive with depression.
- Do what you can to make sure they eat regularly throughout the day.
  - Low blood sugar results in low mood and frustration.
  - Have healthy and easy snacks on hand.
- Keep lines of communication open. Verbalize your feelings instead of distancing from them.
- Ask them how you can help right now. If they don't know, make some suggestions.

## Start the conversation

- Identify an appropriate time and place. Consider a private setting with limited distractions, such as at home or on a walk.
- Express your concerns. Ask how they are feeling and describe the reasons for your concern.
- Offer to help. Provide reassurance that mental disorders are treatable. Help them locate and connect to treatment services.
- Be patient. Recognize that helping your loved one doesn't happen overnight.
- What to say:
  - "I know everyone is focused on the baby; I want to hear about you."
  - "I notice you are having trouble sleeping, even when the baby sleeps. What's on your mind?"
  - "I know a new baby is stressful, but I'm worried about you. You don't seem like yourself. Tell me how you are feeling."
  - "I really want to know how you're feeling, and I will listen to you."

# TLC Moms Toolkit

## Providers

### Screening and diagnosis

- The **Louisiana Provider-to-Provider Consultation Line (PPCL)** is a no-cost provider-to-provider telephone consultation and education program to help pediatric and perinatal health care providers address their patients' behavioral and mental health needs.  
[ldh.la.gov/bureau-of-family-health/ppcl](http://ldh.la.gov/bureau-of-family-health/ppcl) | 833-721-2881
  - Perinatal depression contributes to long-lasting and even permanent consequences for the physical and mental health of parents and children, including poor family functioning, increased risk of child abuse and neglect, delayed infant development, perinatal obstetric complications, challenges with breastfeeding, and costly increases in health care use.
  - The American College of Obstetricians and Gynecologists (ACOG) recommends that screening for perinatal depression and anxiety occur at the initial prenatal visit, later in pregnancy, and at postpartum visits using a standardized, validated instrument. | [acog.org](http://acog.org)
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## TLC Moms

- TLC Moms is an initiative of the Louisiana Department of Health's Office on Women's Health and Community Health that offers support, resources, and a path to mental and emotional wellness for moms, families, and caregivers experiencing pregnancy- or postpartum-related depression and anxiety.
- Encouraging the power of talking, listening, and caring, TLC Moms embodies this commitment by providing support and resources for those navigating the emotional ups and downs of parenthood, from expectant mothers to those caring for newborns.
- If you or someone you know is experiencing depression or anxiety related to pregnancy or a recent birth, TLC Moms can help you mentally and emotionally on your parenting journey.

**[ldh.la.gov/TLCMoms](http://ldh.la.gov/TLCMoms)**

# TLC Moms Toolkit

- Share our resources, talk openly about maternal mental health, and help us create a nurturing and supportive space for mothers and those caring for moms and babies.

## Louisiana 988

### Help and hope are here

- The Louisiana 988 helpline is the Louisiana Department of Health's commitment to ensuring everyone in Louisiana has access to quality emotional and mental health services, providing immediate emotional support whether you had a tough day, are overwhelmed, anxious, depressed, experiencing issues around alcohol or drugs, having thoughts of suicide, or anything in between.
- It's free, confidential, and available 24/7.
- Just call or text 988 or chat at [Louisiana988.org](https://Louisiana988.org).
- You will quickly get a response from a 988 specialist who will listen, treat you with empathy, help you work through whatever you're dealing with, and connect you with local resources.
- Numerous studies have shown that the helpline works. Most callers are significantly more likely to feel less depressed, less suicidal, less overwhelmed, and more hopeful after speaking to a 988 specialist.
- Most people receive the help they need right there in the moment.

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## Mental Health Professionals

- Local Governing Entities (LGEs) are local organizations across Louisiana that provide mental health and substance use care within their regions. | [ldh.la.gov/LGE](https://ldh.la.gov/LGE)
- LGEs provide services including:
  - Screening and assessment
  - Emergency crisis care
  - Individual evaluation and treatment
  - Medication administration and management

**[ldh.la.gov/TLCMoms](https://ldh.la.gov/TLCMoms)**

# TLC Moms Toolkit

- Clinical casework services
  - Specialized services for children and adolescents
  - Specialized criminal justice services
  - Specialized services for the elderly
  - Pharmacy services
  - There are 10 LGEs across Louisiana, each serving a region:
    - **Region 1: Greater New Orleans**  
Metropolitan Human Services District, New Orleans  
[www.mhsdla.org](http://www.mhsdla.org)
    - **Region 2: Capital Area**  
Capital Area Human Services District, Baton Rouge | [cahsd.org](http://cahsd.org)
    - **Region 3: South Central**  
South Central Louisiana Human Services Authority, Houma  
[www.sclhsa.org](http://www.sclhsa.org)
    - **Region 4: Acadiana**  
Acadiana Area Human Services District, Lafayette | [aahsd.org](http://aahsd.org)
    - **Region 5: Southwest**  
Imperial Calcasieu Human Service Authority, Lake Charles  
[imcalhsa.org](http://imcalhsa.org)
    - **Region 6: Central**  
Central Louisiana Human Services District, Alexandria | [clhsd.org](http://clhsd.org)
    - **Region 7: Northwest**  
Northwest Louisiana Human Services District, Shreveport  
[nlhsd.org](http://nlhsd.org)
    - **Region 8: Northeast**  
Northeast Delta Human Services Authority, Monroe  
[nedeltahsa.org](http://nedeltahsa.org)
    - **Region 9: Northshore**  
Florida Parishes Human Services Authority, Hammond | [fphsa.org](http://fphsa.org)
    - **Region 10: Jefferson Parish**  
Jefferson Parish Human Services Authority, Metairie | [jphsa.org](http://jphsa.org)
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# TLC Moms Toolkit

## Additional Resources for Moms, Families, and Caregivers

- **PPCL Family Resources** | [ldh.la.gov/bureau-of-family-health/PPCL-Families](https://ldh.la.gov/bureau-of-family-health/PPCL-Families)
- **LDH Partners for Healthy Babies** | 800-251-BABY (2229) or [1800251baby.org/parent](https://1800251baby.org/parent)
- Support organizations:
  - **Postpartum Support International:** Call/text 800-944-4773
  - **National Maternal Mental Health Hotline:** Call/text 833-852-6262
  - **National Alliance on Mental Illness:** Call 800-950-6264 or text “helpline” to 62640
- Connect with other moms through moms’ groups in your community or online:
  - **Postpartum International (PSI)** | [postpartum.net](https://postpartum.net)
  - **Postpartum Progress** | [postpartumprogress.com](https://postpartumprogress.com)

TLC Moms Toolkit

# Brochure

Facts for Pregnant and  
Postpartum Women

2 pages

[Idh.la.gov/TLCMoms](http://Idh.la.gov/TLCMoms)

## Remember ...

- If you are experiencing mental health or substance use symptoms, seek help from a mental health provider and your primary care provider.
- Any decision about medications should be made carefully by you and your provider.
- Allow your pregnancy care team and mental health provider to contact each other.
- Connect to family, friends, and the community for support and help during and after pregnancy.
- Get involved in decision-making about your treatment plan.
- Consider whether you may benefit from additional counseling or support groups.
- Learn about safe breastfeeding practices.
- **If you have suicidal thoughts or concerns for your immediate safety, call 911.**

## Resources

### National Institute on Drug Abuse

[nida.nih.gov](http://nida.nih.gov)

### National Institute on Alcohol Abuse and Alcoholism

[niaaa.nih.gov](http://niaaa.nih.gov)

### MGH Center for Women's Mental Health

[womensmentalhealth.org/specialty-clinics](http://womensmentalhealth.org/specialty-clinics)

### Postpartum Support International

[postpartum.net](http://postpartum.net)

### MotherToBaby

[mothertobaby.org](http://mothertobaby.org)

### National Maternal Mental Health Hotline

[mchb.hrsa.gov/national-maternal-mental-health-hotline](http://mchb.hrsa.gov/national-maternal-mental-health-hotline)

### CDC Hear Her Campaign

[cdc.gov/hearher/index.html](http://cdc.gov/hearher/index.html)

### National Alliance on Mental Illness

[nami.org](http://nami.org)

### Louisiana 988

[Louisiana988.org](http://Louisiana988.org)



### Contact us

628 N. 4th St.  
Baton Rouge, LA 70802  
Phone: 225-219-2160  
Email: [OWHCH@la.gov](mailto:OWHCH@la.gov)  
Website: [ldh.la.gov/WomensHealth](http://ldh.la.gov/WomensHealth)



## Resources

### National Institute on Alcohol Abuse and Alcoholism

[niaaa.nih.gov](http://niaaa.nih.gov)

### MGH Center for Women's Mental Health

[womensmentalhealth.org/specialty-clinics](http://womensmentalhealth.org/specialty-clinics)

### Postpartum Support International

[postpartum.net](http://postpartum.net)

### MotherToBaby

[mothertobaby.org](http://mothertobaby.org)

### National Maternal Mental Health Hotline

[mchb.hrsa.gov/national-maternal-mental-health-hotline](http://mchb.hrsa.gov/national-maternal-mental-health-hotline)

### CDC Hear Her Campaign

[cdc.gov/hearher/index.html](http://cdc.gov/hearher/index.html)

### National Alliance on Mental Illness

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### Louisiana 988

[Louisiana988.org](http://Louisiana988.org)

Talk • Listen • Care

# TLC MOMS

## Facts for Pregnant and Postpartum Women

with Mental Health and/or Substance Use Conditions



If you have mental health conditions such as depression or anxiety or use substances such as tobacco or alcohol and are pregnant or are planning to conceive, you should talk to your doctor before becoming pregnant or as soon as you learn that you are pregnant.

Most people with mental health or substance use conditions have healthy babies, especially when they get the right treatment and care. Early diagnosis and management of postpartum mental health and substance use conditions are vital for the health of you and your baby.



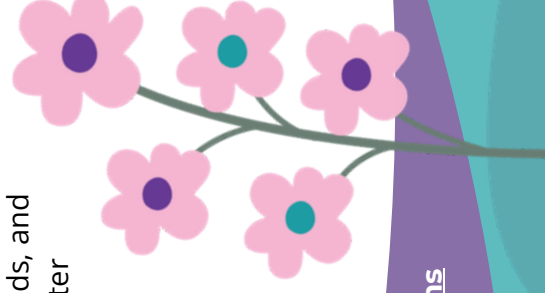
## —Talk · Listen · Care— TLC MOMS

### *Your provider should know ...*

- Your current and past medical history, including mental health and substance use conditions
- Your goals for your mental health and well-being
- Your pregnancy history, including infertility or pregnancy loss and other medical complications
- Your current and past medication names and dosages and any side effects
- Treatments that have helped you the most with mental health and substance use
- Any economic or financial issues, including housing stability, food security, job security, and health insurance
- The support you should expect from your partner, family, friends, and community during and after pregnancy
- Your breastfeeding plans

### *Ask your provider ...*

- How will treatment for my mental health or substance use challenges affect me?
- What mental health symptoms might I experience during pregnancy and postpartum?
- What are the risks and benefits of my current medicines during pregnancy and breastfeeding?
- What risks are associated with not continuing my current medications or other treatments?
- What other treatments might be helpful during my pregnancy and postpartum?
- Are there any resources that would be helpful? Who can help me find them?



TLC Moms Toolkit

# Brochure

## Facts for Prescribing Practitioners

2 pages

[Idh.la.gov/TLCMoms](http://Idh.la.gov/TLCMoms)



### **Resources for providers**

**Louisiana Provider-to-Provider Consultation Line**

[ldh.la.gov/page/ppcl](http://ldh.la.gov/page/ppcl)

**CDC Health Care Professionals**

[cdc.gov/hearher/hcp/overview/index.html](http://cdc.gov/hearher/hcp/overview/index.html)

**MGH Center for Women's Mental Health**

[womensmentalhealth.org/specialty-clinics-old](http://womensmentalhealth.org/specialty-clinics-old)

**Perinatal Psychiatry Access Program**

[umassmed.edu/lifeline4moms/Access-Programs](http://umassmed.edu/lifeline4moms/Access-Programs)

**Food and Drug Administration**

[fda.gov/drugs/development-resources/pediatrics-and-maternal-health](http://fda.gov/drugs/development-resources/pediatrics-and-maternal-health)

### **Resources for patients**

**CDC Planning for Pregnancy**

[cdc.gov/pregnancy/about/index.html](http://cdc.gov/pregnancy/about/index.html)

**Before, Between & Beyond Pregnancy**

[beforeandbeyond.org](http://beforeandbeyond.org)

**CDC Hear Her Campaign**

[cdc.gov/hearher/index.html](http://cdc.gov/hearher/index.html)

**Postpartum Support International**

[postpartum.net](http://postpartum.net)

**National Maternal Mental Health**

**Hotline**

[mchb.hrsa.gov/national-maternal-mental-health-hotline](http://mchb.hrsa.gov/national-maternal-mental-health-hotline)

**National Alliance on Mental Illness**

[nami.org](http://nami.org)

**Louisiana 988**

[louisiana988.org](http://louisiana988.org)



### **Contact us**

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Website: [ldh.la.gov/WomensHealth](http://ldh.la.gov/WomensHealth)



— Talk • Listen • Care —

# TLC MOMS

# Facts for Prescribing Practitioners

Women Who are Planning to Conceive, Pregnant, or Postpartum



Many women with mental health or substance use conditions have healthy pregnancies and babies. However, these conditions can complicate pregnancy and may have harmful effects on pregnant and postpartum women and their infants when left undetected, undiagnosed, or untreated.

Patients need to understand the risks and benefits involved with taking or not taking medications and make decisions in collaboration with a practitioner.

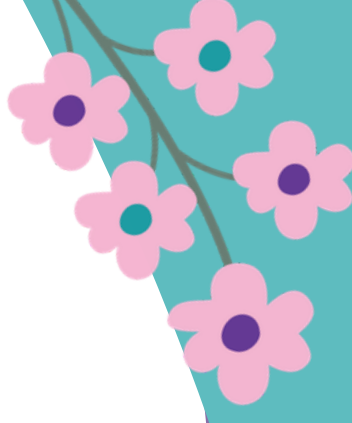
### *Information to collect from patients*

- Any concerns about becoming pregnant or becoming a parent
- Current and past pregnancy history, including previous attempts to get pregnant, infertility, miscarriages, fetal or infant losses, and medical, obstetrical, or mental health complications during/after pregnancy
- Current and past prescribed or over-the-counter medications, supplements, and any side effects
- Available support system (e.g., family, friends, community)
- Economic issues, including housing stability, food security, and job security
- Current or past relationship conflicts and history of intimate partner violence
- Current and past alcohol, smoking, vaping, or other substance use
- Other health practitioners involved in their mental health care (e.g., social worker, counselor, faith-based advisor)
- Other clinicians involved in their medical care (e.g. OB/GYN)
- Any culture-specific preferences or needs (e.g., interpreter)

# TLC MOMS

### *Remember to ...*

- Actively listen, validate, and address the woman's concerns and feelings and encourage them to reach out if they have concerns or experience symptoms.
- Discuss the risks and benefits of starting, stopping, or continuing psychotropic medications during pregnancy. **If you are not a practitioner familiar with prescribing psychotropics during pregnancy, we recommend that you consult with a psychiatrist or other prescribing practitioner with expertise in this area.**
- Obtain consent to release information to obstetrical and/or primary care practitioners.
- Refer to support services or support groups based on the woman's needs.
- Provide pregnancy and postpartum psychoeducation.
- Discuss the advantages and disadvantages of breastfeeding.



# Conversation Guide

Pregnant or Recently  
Pregnant Women

1 page

# Conversation Guide: Pregnant or Recently Pregnant Women



**You know your body best.** If you experience something unusual or worrying you, **don't ignore it.** Learn about urgent warning signs and how to talk to your health care provider.

## During pregnancy

If you are pregnant, it's important to pay attention to your body and talk to your health care provider about anything that doesn't feel right. If you experience any of the urgent maternal warning signs below, get medical care immediately.

## After pregnancy

Your new baby needs a lot of attention and care — and so do you. It's normal to feel tired and have some pain, particularly in the first few weeks after having a baby, but there are some symptoms that could be signs of more serious problems.

### Tips



- Bring this conversation starter and any additional questions you want to ask to your provider.
- Be sure to tell them that you are pregnant or have been pregnant within a year.
- Tell the doctor or nurse what medication you are currently taking or have recently taken.
- Take notes and ask more questions about anything you didn't understand.

✂️ ----- Tear this panel off and use this guide to help you start the conversation. -----

### Urgent maternal warning signs

**If you experience any of these warning signs, get medical care immediately.**

- Severe headache that won't go away or gets worse over time
- Dizziness or fainting
- Thoughts about harming yourself or your baby
- Changes in your vision
- Fever of 100.4° F or higher
- Extreme swelling of your hands or face
- Trouble breathing
- Chest pain or fast-beating heart
- Severe nausea and throwing up (not like morning sickness)
- Severe belly pain that doesn't go away
- Baby's movement stopping or slowing down during pregnancy
- Vaginal bleeding or fluid leaking during pregnancy
- Heavy vaginal bleeding or leaking fluid that smells bad after pregnancy
- Swelling, redness, or pain of your leg
- Overwhelming tiredness

*This list is not meant to cover every symptom you might have. If you feel like something just isn't right, talk to your health care provider.*

### Use this guide to help start the conversation

- Thank you for seeing me. I am/was recently pregnant. The date of my last period/delivery was \_\_\_\_\_ and I'm having serious concerns about my health that I'd like to talk to you about.
- I have been having \_\_\_\_\_ (symptoms) that feel like \_\_\_\_\_ (describe in detail) and have been lasting \_\_\_\_\_ (number of hours/days)
- I know my body and this doesn't feel normal.

### Sample questions to ask

- What could these symptoms mean?
- Is there a test I can have to rule out a serious problem?
- At what point should I consider going to the emergency room or calling 911?

Notes: \_\_\_\_\_

# Conversation Guide

Partners, Friends, and  
Family

2 pages

# Conversation Guide: Partners, Friends, and Family



**Talking, listening, and caring** could help save her life. **Act quickly.** If you need additional support, don't be afraid to ask for help.

## How can you help?

If a pregnant or recently pregnant woman expresses concerns about any symptoms she is having, **take the time to hear her.** Listening and acting quickly could help save her life.

- Learn the urgent maternal warning signs.
- Listen to her concerns.
- Encourage her to seek medical help. If something doesn't feel right, she should reach out to her provider. If she is experiencing an urgent maternal warning sign, she should get medical care right away. Be sure that she says she is pregnant or was pregnant within the last year.
- Offer to go with her to get medical care and help her ask questions.
- Take notes and help her talk to a health care provider to get the support she needs.
- Support her through follow-up care.



## Urgent maternal warning signs

**If someone who is pregnant or was pregnant within the last year has any of these symptoms, she should get medical care immediately.**

- Severe headache that won't go away or gets worse over time
- Dizziness or fainting
- Thoughts about harming yourself or your baby
- Changes in your vision
- Fever of 100.4° F or higher
- Extreme swelling of your hands or face
- Trouble breathing
- Chest pain or fast-beating heart
- Severe nausea and throwing up (not like morning sickness)
- Severe belly pain that doesn't go away
- Baby's movement stopping or slowing down during pregnancy
- Vaginal bleeding or fluid leaking during pregnancy
- Heavy vaginal bleeding or leaking fluid that smells bad after pregnancy
- Swelling, redness, or pain of your leg
- Overwhelming tiredness

*This list is not meant to cover every symptom a woman might experience during or after pregnancy. Learn more about urgent maternal warning signs at [ldh.la.gov/TLCMoms](http://ldh.la.gov/TLCMoms).*

## **Talk. Listen. Care.**

Pregnancy complications can happen up to a year after birth. If your loved one shares that something doesn't feel right, support her to get the care and answers she may need. Learn the urgent warning signs that need immediate medical attention.

### **Ready to talk?**

- Identify an appropriate time and place. Consider a private setting with limited distractions such as at home or on a walk.
- Express your concerns. Ask how she is feeling and describe the reasons for your concern.
- Acknowledge her feelings and listen openly, actively, and without judgment.
- Offer to help. Provide reassurance that mental disorders are treatable. Help her locate and connect to treatment services. Visit [ldh.la.gov/page/5091](https://ldh.la.gov/page/5091) for information on treatment and resources.
- Be patient. Recognize that helping your loved one doesn't happen overnight.



## **Start the conversation**

Here are some talking points to help with the conversation:

### **During pregnancy**

- It's hard to tell what's normal with everything that's changing right now. It's better to check if there's anything you are worried about.
- It's important that we share this information with your doctor and make sure everything is OK.
- I am here for you. Let's talk to a health care provider to get you the care you need.

### **After pregnancy**

- I know everyone is focused on the baby; I want to hear about you.
- It's normal to feel tired and have some pain after giving birth, but you know your body best. If something is worrying you, you should talk to your doctor.
- Although your new baby needs a lot of attention and care, it's important to take care of yourself, too.
- I notice you are having trouble sleeping, even when the baby sleeps. What's on your mind?
- I know a new baby is stressful, but I'm worried about you. You don't seem like yourself. Tell me how you are feeling.
- You are not alone. I hear you. Let's talk to a health care provider to get you the care you need.

TLC Moms Toolkit

# Fact Sheet

## Maternal Mental Health Conditions

4 pages

[Idh.la.gov/TLCMoms](http://Idh.la.gov/TLCMoms)



# Maternal Mental Health Conditions



Maternal mental health conditions, such as postpartum depression and anxiety, are common and can significantly impact a mother's well-being and her child's development. Recognizing the signs of distress is crucial, as early intervention and support can make a profound difference in a mother's recovery and overall health. If you or someone you know is struggling, know that help is available and seeking it is a sign of strength.

## ***Baby blues***

- Normal period of transition
- Typically include emotional sensitivity, weepiness, and/or feeling overwhelmed
- Likely associated with the significant changes in hormones in the immediate postpartum period
- Resolves without treatment within two to three weeks following childbirth

## ***Anxiety disorders***

- Feeling easily stressed, worried, overwhelmed, or tense
- Panic attacks, including shortness of breath, rapid pulse, dizziness, or chest or stomach pain
- Fear of going crazy or dying
- Intrusive or scary thoughts; thoughts of harming self or baby
- Fear of going outside
- Sleep disturbances; difficulty falling or staying asleep, even if baby is sleeping

## ***Depression***

- Change in appetite, sleep, energy, motivation, and/or concentration
- Negative thinking including guilt, helplessness, hopelessness, and worthlessness
- Irritable, angry, rageful
- Lack of interest in the baby
- Low self-care
- Intrusive or scary thoughts; thoughts of harming self or baby

## ***Obsessive-compulsive disorder***

- Disturbing, repetitive, intrusive thoughts which may include thoughts of harming self or baby; these thoughts cause the individual great distress
- Compulsive behaviors, such as checking, in response to intrusive thoughts or in an attempt to make the thoughts stop or go away



### **Substance use disorder (SUD)**

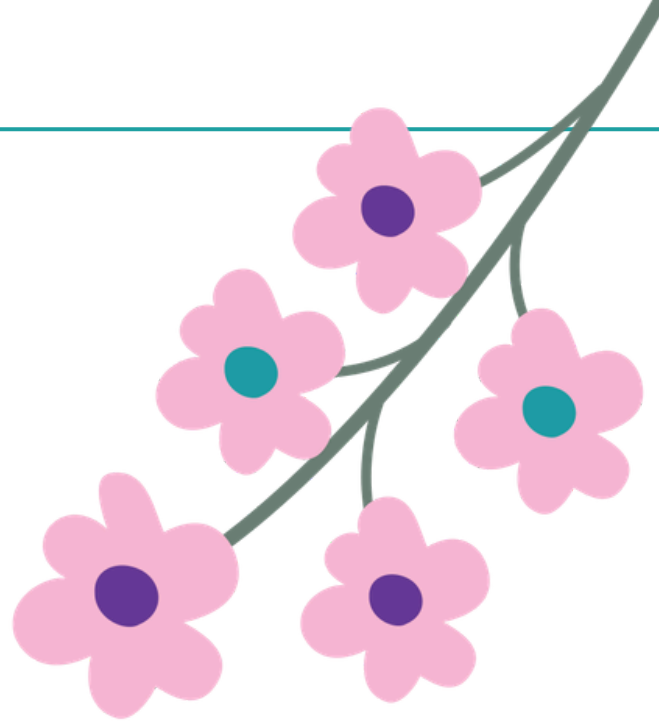
- Most-frequently used substances: tobacco, alcohol, marijuana, cocaine, and opioids
- Women are at the highest risk for SUD during reproductive years, especially if access to mental health services is limited.
- Most women who use substances often decrease their use during pregnancy. Those who can quit on their own usually do so, which is the distinguishing factor between substance use and SUD.

### **Post-traumatic stress disorders**

- Change in cognition, mood, and/or arousal associated with traumatic events, typically around childbirth
- Avoidance of stimuli associated with the traumatic event
- Feeling constantly keyed up or on guard

### **Bipolar disorder**

- Manic or hypomanic episodes alternate with depressive episodes
- Unusual shifts in mood, energy, activity levels, and ability to carry out day-to-day tasks
- Women with bipolar disorder are extremely vulnerable to recurrence during pregnancy and have an increased risk for postpartum depression and psychosis.



### **Psychosis — MEDICAL EMERGENCY**

- Most significant and least frequent mental health condition occurring during the perinatal period
- Increases the risk of infanticide and/or suicide
- Symptoms include delusions, hallucinations, paranoia, rapid mood swings, cognitive impairment, focus on death, and reckless behavior.
- Thoughts do not cause the individual distress.
- Onset is sudden, usually within one to two weeks following childbirth.
- **The mother should be under the care of a medical provider or taken to the emergency department for assessment and care.**

### **Women experiencing maternal mental health conditions might say ...**

- "Having a baby was a mistake."
- "I'm afraid to be alone with my baby."
- "I'm such a bad mother. My baby and family would be better off without me."
- "I want to run away."
- "I'm exhausted but can't sleep, even when the baby sleeps."
- "I'm not bonding with my baby."
- "I feel like I'm drowning."
- "I was so embarrassed to say I have postpartum depression. It felt dirty, like a contagious disease."

## **Consequences of untreated maternal mental health conditions**

### **On mothers**

Women with untreated maternal mental health conditions during pregnancy are more likely to:

- Have poor prenatal care
- Use substances such as alcohol, tobacco, or drugs
- Experience physical, emotional, or sexual abuse

Women with untreated maternal mental health conditions postpartum are more likely to:

- Be less responsive to their baby's cues
- Have fewer positive interactions with their baby
- Experience breastfeeding challenges
- Question their competences as mothers

### **On children**

Infants born to mothers with untreated maternal mental health conditions are at higher risk for:

- Preterm birth, small for gestational size, low birth weight
- Stillbirth
- Longer stay in the neonatal intensive care unit
- Excessive crying

Untreated maternal mental health conditions in the parent can increase the risk for:

- Impaired parent-child interactions
- Behavioral, cognitive, and emotional delays in the child
- Adverse childhood experiences (potentially traumatic events that occur between the ages of 0 and 17)

### **On parents**

Parents who are depressed or anxious are more likely to:

- Make more trips to the emergency department or doctor's office
- Find it challenging to manage their child's chronic health conditions
- Not adhere to guidance for safe infant sleep and car seat usage

## **Who is at increased risk for maternal mental health conditions?**






- Women with personal or family history of mental illness
- Women of color
- Women who live in low-income neighborhoods
- Military service members and their spouses
- Women veterans
- Immigrant mothers
- Women with a baby in the neonatal intensive care unit
- Women who lack social support, especially from their partner
- Women who have experienced birth trauma or previous sexual trauma in their lifetime

## **Barriers to accessing care**

- Feelings of shame, stigma, and guilt
- Expense and/or lack of access to health care
- Social biases in the health care system
- Logistical challenges, such as lack of transportation or childcare
- Distrust of the health care system
- Fear that Child Protective Services or immigration agencies will become involved
- Fear of being considered a "bad mom"
- Racial, cultural, and religious beliefs

### Caring for maternal mental health conditions

Most maternal mental health conditions are temporary and treatable. Almost all women who experience maternal mental health conditions can recover from a combination of self-care, social support, therapy and/or counseling, and medication.

Self-care	Peer and social support
 <p>Basic self-care — such as regular and adequate sleep, nutrition, and exercise — may be challenging during the first few days and weeks with an infant but are necessary to recover from the physical and emotional demands of pregnancy and childbirth.</p> <ul style="list-style-type: none"> <li>• <b>SLEEP.</b> Getting four to five hours of uninterrupted sleep is one of the most effective, least expensive things a new mom can do to start feeling better.</li> <li>• <b>NUTRITION.</b> Lactating moms should eat and drink every time the baby eats to maintain calorie intake and hydration.</li> <li>• <b>MOVEMENT.</b> Light exercise (stretching, walking) and getting outdoors every day can have a significant positive impact on mood.</li> <li>• <b>LIGHT.</b> Going outdoors for 20 to 60 minutes or using bright light therapy can help with perinatal depression.</li> <li>• <b>TIME FOR ONESELF.</b> Taking even a few minutes to recharge and rejuvenate — such as taking an uninterrupted shower — can increase feelings of well-being.</li> </ul>	 <p>New mothers can feel isolated and alone during the intense period of caring for a newborn. Social support is vital during this time and can include emotional support, companionship, information and resources, and tangible support such as preparing meals or running errands.</p>
	<h4>Mindfulness and mindful breathing</h4>
	 <p>Mindfulness-based interventions have shown to be helpful with stress, anxiety, and depression in perinatal women.</p>
	<h4>Therapy and counseling</h4>
	 <p>Counseling during the perinatal period is often short-term, pragmatic, and focused on symptom relief and coping skills. Cognitive behavioral therapy and interpersonal therapy are evidence-based therapeutic techniques proven supportive during the perinatal timeframe.</p>
	<h4>Medication</h4>
	 <p>Sometimes medication is required to treat maternal mental health conditions. Fortunately, there are safe and effective medications to manage mood during pregnancy and lactation. Decisions about medication are best made in consultation with obstetric and psychiatric providers.</p>

# Fact Sheet

## Preparing for Your Medical Appointments

1 page



# Preparing for Your Medical Appointments



 LOUISIANA  
**DEPARTMENT OF HEALTH**  
Office on Women's Health and Community Health

Talk · Listen · Care  
**TLC MOMS**

Consulting a mental health provider might be overwhelming, at least for the first time. That's why it's essential to prepare before appointments. It also allows you to advocate for yourself and take an active role in your care. Research shows that active participation in your treatment plan leads to better care and mental health outcomes.

- Learn more about your condition. This will help you better understand your diagnosis and treatment and allow you to participate in your care. Some useful and reliable websites include:
  - **American Psychiatric Association:** [psychiatry.org](https://www.psychiatry.org)
  - **National Institute on Mental Health:** [nimh.nih.gov](https://www.nimh.nih.gov)
  - **National Institute on Drug Abuse:** [nida.nih.gov](https://www.nida.nih.gov)
  - **National Institute on Alcohol Abuse and Alcoholism:** [niaaa.nih.gov](https://www.niaaa.nih.gov)
- Assemble your complete medical history, including prior diagnosis, symptoms, and a list of current and past medications and over-the-counter supplements with doses and side effects.
- List your questions and concerns ahead of time. You might find it challenging to speak up at the doctor's office.
- Try to get to your appointment early or on time to reduce stress and give yourself time to prepare.

- Ask for a shared decision-making approach. You can ask your provider if they will include your thoughts and priorities when making your treatment plan.
- Tell your provider about your hopes and goals for treatment.
- Ask questions and seek clarification on words your provider is using that you don't understand or on diagnoses or treatments they are recommending.
- Tell your provider if you are concerned that you may not be able to follow certain treatment recommendations for any reason, such as cost or inconvenience, so you can find solutions together.



# Fact Sheet

Women with Mental Health and Substance Use Conditions Who are Planning to Become Pregnant

2 pages



# Women with Mental Health and Substance Use Conditions Who are Planning to Become Pregnant



If you have mental health conditions such as depression or anxiety, or use substances such as tobacco or alcohol and plan to conceive, you should talk to your doctor before becoming pregnant or as soon as you learn that you are pregnant. Most people with mental health or substance use conditions have healthy babies, especially when they get the right treatment and care.

## **What my provider should know about me** (mental health provider, primary care practitioner, gynecologist)

- My current and past medical history
- My current and past history of mental health conditions and use of substances, including alcohol
- My current diagnosis of mental health conditions
- My life circumstances and concerns
- My goals for my mental health and well-being
- My pregnancy history (including the history of trying to get pregnant, infertility or pregnancy loss, and other medical complications)
- Any other medical conditions
- My current and past medication names and dosages and any side effects
- My current and past vitamins, supplements, and over-the-counter medication names and any side effects
- Medications or other treatments that have helped me the most with my mental health and substance use

- Any economic or financial issues, including housing stability, food security, and job security
- If I don't have health insurance or have concerns about my health insurance
- The kind of support I should expect from family, partner, friends, and community during and after pregnancy
- If I am planning to breastfeed my newborn
- If any life changes happen during this pregnancy

## **What should I ask my provider?**

- How will treatment for my mental health or substance use conditions help me?
- What mental health symptoms might I experience when I get pregnant?
- How do I know if I need therapy or other mental health treatment?
- What are the chances of my mental health condition getting worse?
- What are the risks and benefits of my current medications during pregnancy and breastfeeding?
- What risks are associated with not continuing my current medications or other treatments?
- What other medication or non-medication treatments might be helpful during my pregnancy?
- Are there any support groups you recommend that I join?
- Are there any resources that would be helpful, and who can help me find them?

## Things to do

- Talk to your mental health and other health care providers once you start to plan a pregnancy or as soon as you learn that you are pregnant.
- Discuss how to prepare for your pregnancy with your mental health and other health care providers (e.g., primary care practitioner).
- Learn more about your mental health conditions. Being knowledgeable can help you stick to your treatment plan. Some useful and reliable websites include:
  - **American Psychiatric Association:** [psychiatry.org](https://www.psychiatry.org)
  - **National Institute on Mental Health:** [nimh.nih.gov](https://www.nimh.nih.gov)
  - **National Institute on Drug Abuse:** [nida.nih.gov](https://www.nida.nih.gov)
  - **National Institute on Alcohol Abuse and Alcoholism:** [niaaa.nih.gov](https://www.niaaa.nih.gov)
- Discuss your treatment options with your mental health and other health care providers. Any decision about your medications should be made carefully by you and your providers.
- When you first meet your pregnancy care team, let them know:
  - Your current and past mental health conditions, and
  - What medicines, supplements, and other treatment approaches have been helpful.
- Provide your pregnancy care team and mental health provider with information about how to contact each other, with your permission, to allow them to better coordinate your care.
- Remember that getting the mental health treatment and support you need is the best thing you can do for yourself and your baby.
- If you have suicidal thoughts or concerns for your immediate safety, call 911.



## More information

- **MGH Center for Women's Mental Health:** [womensmentalhealth.org/specialty-clinics](https://www.womensmentalhealth.org/specialty-clinics)
- **Postpartum Support International:** [postpartum.net](https://www.postpartum.net)
- **MotherToBaby:** [mothers-to-baby.org](https://www.mothers-to-baby.org)
- **National Maternal Mental Health Hotline:** [mchb.hrsa.gov/national-maternal-mental-health-hotline](https://www.mchb.hrsa.gov/national-maternal-mental-health-hotline)
- **CDC Hear Her Campaign:** [cdc.gov/hearher/index.html](https://www.cdc.gov/hearher/index.html)
- **National Alliance on Mental Illness:** [nami.org](https://www.nami.org)

# Fact Sheet

## Pregnant Women with Mental Health and Substance Use Conditions

2 pages



# Pregnant Women with Mental Health and Substance Use Conditions



If you have a mental health or substance use condition and are pregnant, there are important steps that you can take to have a healthy pregnancy and baby. Mental health and substance use conditions can be treated with counseling, medicines, and recovery support during pregnancy, along with good prenatal care. Regular communication between the health care professionals treating your mental health and substance use conditions and those supporting your pregnancy is very important.

## ***What my provider should know about me (mental health provider, primary care practitioner, gynecologist)***

- My current and past medical history
- My current and past history of mental health conditions and use of substances, including tobacco and alcohol
- My current and past diagnoses and mental health challenges
- My life circumstances and conditions
- My goals for my mental health and well-being
- My pregnancy history (including infertility or pregnancy loss and other medical complications)
- Any other medical problems
- My current and past medication names and dosages, and any side effects
- My current and past vitamins, supplements, and over-the-counter medication names, and any side effects
- Medications or other treatments that have helped the most with my mental health and substance use

- Any economic or financial issues, including housing stability, food security, and job security
- If I don't have health insurance or have concerns about my health insurance
- The kind of support I should expect from family, partner, friends, and community during and after pregnancy
- If I am planning to breastfeed my newborn

## ***What should I ask my provider?***

- How will treatment for my mental health or substance use challenges impact me?
- What mental health symptoms might I experience during pregnancy?
- How do I know if I need therapy or other mental health treatment?
- How do I expect my mental health symptoms to change throughout pregnancy?
- What are the risks and benefits of my current medicines during pregnancy and breastfeeding?
- What risks are associated with not continuing my current medications or other treatments?
- What other medication treatments or non-medication treatments might be helpful during my pregnancy?
- Are there any support groups you recommend that I join?
- Under what circumstances would my provider reach out to Child Protective Services?

## Things to do

- Talk to your mental health and other health care providers as soon as you learn that you are pregnant.
  - Discuss your treatment options with your mental health and other health care providers. The benefits of continuing medications may outweigh the risk of stopping medications. Any decision about medications should be made carefully by you and your provider.
  - When you first meet your pregnancy care team, let them know:
    - Your current and past mental health conditions, and
    - What medicines, supplements, and other treatment approaches have been helpful.
  - Learn more about your mental health conditions. Being knowledgeable can help you stick to your treatment plan. Some useful and reliable websites include:
    - **American Psychiatric Association:** [psychiatry.org](https://www.psychiatry.org)
    - **National Institute on Mental Health:** [nimh.nih.gov](https://www.nimh.nih.gov)
    - **National Institute on Drug Abuse:** [nida.nih.gov](https://www.nida.nih.gov)
    - **National Institute on Alcohol Abuse and Alcoholism:** [niaaa.nih.gov](https://www.niaaa.nih.gov)
  - Provide your pregnancy care team and mental health provider with information about how to contact each other, with your permission, to allow them to better coordinate your care.
  - Reach out to family, friends, and the community for support and help during and after pregnancy.
  - Consider taking a second opinion if you feel your needs are not met.
  - Get involved in decision-making about your treatment plan.
- Inform your provider if you have any transportation issues.
  - Let your provider know if you have difficulty scheduling and/or keeping appointments.
  - Consider whether you might benefit from additional counseling or support groups.
  - Ask about safe sleep practices and the advantages and disadvantages of breastfeeding.
  - Learn about safe breastfeeding practices:
    - Discuss the risk and benefits of medications with your provider.
    - Inquire about relevant educational resources and support groups.
  - Practice self-care: Manage stress with tools such as meditation or yoga, a healthy diet, exercise, and enough sleep.
  - If you have suicidal thoughts or concerns for your immediate safety, call 911.


## More information

- **MGH Center for Women's Mental Health:** [womensmentalhealth.org/specialty-clinics](https://www.womensmentalhealth.org/specialty-clinics)
- **Postpartum Support International:** [postpartum.net](https://www.postpartum.net)
- **MotherToBaby:** [mothers-to-baby.org](https://www.mothers-to-baby.org)
- **National Maternal Mental Health Hotline:** [mchb.hrsa.gov/national-maternal-mental-health-hotline](https://www.mchb.hrsa.gov/national-maternal-mental-health-hotline)
- **CDC Hear Her Campaign:** [cdc.gov/hearher/index.html](https://www.cdc.gov/hearher/index.html)
- **National Alliance on Mental Illness:** [nami.org](https://www.nami.org)


# Fact Sheet

Women Who Develop  
Mental Health or  
Substance Use  
Conditions Within a  
Year of Giving Birth

2 pages



# Women Who Develop Mental Health or Substance Use Conditions Within a Year of Giving Birth



The arrival of a new baby is often a joyous time for pregnant women and their families, but it can also be very stressful. You may experience lots of changes to your physical, emotional, and mental health. During the year after delivery, individuals can be vulnerable to a range of mental and substance use conditions. Early diagnosis and management of postpartum mental health and substance use conditions are vital for the health of the mother and the baby. About 15% of mothers experience postpartum psychiatric conditions like depression, anxiety, or psychosis. These mental health conditions can significantly impact all aspects of a mother's life and interactions, including with the infant, partner, and family.

## ***What my provider should know about me (mental health provider, primary care practitioner, gynecologist)***

- My current and past medical history
- My current and past history of mental health conditions and use of substances, including tobacco and alcohol
- My current and past diagnoses and mental health challenges
- My life circumstances and conditions
- My goals for my mental health and well-being
- My pregnancy history (including infertility or pregnancy loss and other medical complications)
- Any other medical conditions
- My current and past medication names and dosages, and any side effects
- My current and past vitamins, supplements, and over-the-counter medication names

- Medications or other treatments that have helped the most with my mental health and substance use
- Any economic or financial issues, including housing stability, food security, and job security
- If I don't have health insurance or have concerns about my health insurance
- The kind of support I should expect from family, partner, friends, and community during and after pregnancy
- If I am breastfeeding my newborn

## ***What should I ask my provider?***

- How will treatment for my mental health or substance use challenges impact me?
- What mental health symptoms might I experience during postpartum?
- How do I know if I need therapy or other mental health treatment?
- What are the risks and benefits of my current medicines while breastfeeding?
- What risks are associated with not continuing my current medications or other treatments?
- What other medication treatments or non-medication treatments might be helpful during postpartum?
- Are there any support groups you recommend that I join?
- Are there any resources that would be helpful, and who can help me find them?
- Under what circumstances would my provider reach out to Child Protective Services?

## Things to do

- If you are experiencing mental health or substance use symptoms, seek help from a mental health provider. Also, contact your primary care provider.
- Discuss your treatment options with your mental health and other health care providers. The benefits of continuing medications may outweigh the risk of stopping medications. Any decision about medications should be made carefully by you and your provider.
- Learn more about your mental health conditions. Being knowledgeable can help you stick to your treatment plan. Some useful and reliable websites include:
  - **American Psychiatric Association:** [psychiatry.org](https://www.psychiatry.org)
  - **National Institute on Mental Health:** [nimh.nih.gov](https://www.nimh.nih.gov)
  - **National Institute on Drug Abuse:** [nida.nih.gov](https://www.nida.nih.gov)
  - **National Institute on Alcohol Abuse and Alcoholism:** [niaaa.nih.gov](https://www.niaaa.nih.gov)
- Seek support from your partner, family, friends, and community for childcare.
- Consider taking a second opinion if you feel your needs are not met.
- Get involved in decision-making about your treatment plan by talking to your health care providers.
- Inform your provider if you have any transportation issues.
- Let your provider know if you have difficulty scheduling and/or keeping appointments.
- Consider whether you might benefit from additional counseling or support groups.
- Learn about safe sleep practices and the advantages and disadvantages of breastfeeding.

- Learn about safe breastfeeding practices:
  - Discuss the risk and benefits of medications with your provider.
  - Inquire about relevant educational resources and support groups.
- Practice self-care: Manage stress with tools such as meditation or yoga, a healthy diet, exercise, and enough sleep.
- If you have suicidal thoughts or concerns for your immediate safety, call 911.

## More information

- **MGH Center for Women's Mental Health:** [womensmentalhealth.org/specialty-clinics](https://www.womensmentalhealth.org/specialty-clinics)
- **Postpartum Support International:** [postpartum.net](https://www.postpartum.net)
- **MotherToBaby:** [mothersmilk.com](https://www.mothersmilk.com)
- **National Maternal Mental Health Hotline:** [mchb.hrsa.gov/national-maternal-mental-health-hotline](https://www.mchb.hrsa.gov/national-maternal-mental-health-hotline)
- **CDC Hear Her Campaign:** [cdc.gov/hearher/index.html](https://www.cdc.gov/hearher/index.html)
- **National Alliance on Mental Illness:** [nami.org](https://www.nami.org)



# Fact Sheet

## Facts for Prescribing Practitioners: Women Who Want to Get Pregnant

2 pages



# Facts for Prescribing Practitioners: Women Who Want to Get Pregnant



## **This fact sheet is for mental health practitioners who are caring for women with mental health or substance use conditions who want to become pregnant.**

Many women with mental health or substance use conditions have healthy pregnancies and babies. However, these conditions can complicate pregnancy and may have harmful effects on pregnant and postpartum women and their infants when left undetected, undiagnosed, or untreated. They are one of the leading causes of maternal mortality and pregnancy-related deaths, exceeding all other causes of death during the perinatal period. Of these deaths, an estimated 84% are preventable. In addition, untreated mental and substance use conditions during and after pregnancy can affect factors such as pre-term births, small-for-gestational-age offspring, parent-child bonding, and breastfeeding. Women with mental and substance use conditions who want to become pregnant might have concerns and questions about their symptoms and treatment during pregnancy.

### **Information to collect from your patient**

- Current and past medical history
- Any concerns about becoming pregnant or becoming a parent
- Current and past pregnancy history, including previous attempts to get pregnant, infertility, miscarriages, fetal or infant losses, and medical, obstetrical, or mental health complications during pregnancy

- Current and past psychiatric history
- Current and past prescribed or over-the-counter medications, vitamins, and supplements, and any side effects
- Current and past alcohol, smoking or vaping (tobacco and marijuana), and other substance use
- Available support system (e.g., family, friends, community)
- Economic or financial issues, including housing stability, food security, and job security
- Current or past relationship conflicts and history of intimate partner violence
- If they have other health practitioners involved in their mental health care (e.g., social worker, counselor, faith-based advisor)
- If they have other health practitioners involved in their medical care (e.g., primary care practitioner, obstetrician/gynecologist)
- Any culture-specific preferences or needs (e.g., need for an interpreter)

### **Things to do**

- Actively listen, validate, and address the woman's concerns and feelings and encourage them to reach out if they have concerns or experience symptoms.
- Discuss the importance of mental health care during pregnancy and the postpartum period.



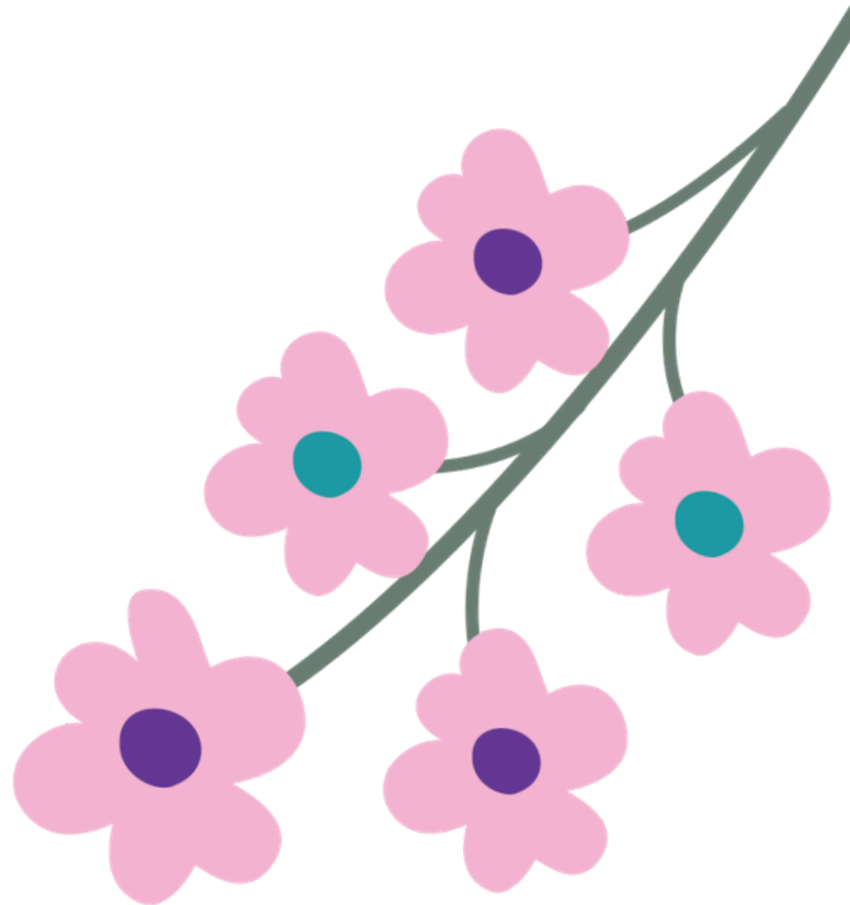
- Discuss the risks and benefits of starting, stopping, or continuing psychotropic medications during pregnancy. If you are not a practitioner familiar with prescribing psychotropics during pregnancy, we recommend that you consult with a psychiatrist or other prescribing practitioner with expertise in this area.
- Discuss the risks of alcohol, tobacco, and other substance use during pregnancy and advise that there are potential interactions with current medications.
- Provide psychoeducation on mental health and pregnancy.
- Obtain consent to release information to obstetrical and/or primary care practitioners.
- Provide follow-up on a treatment plan to the primary care practitioner and recommend preconception counseling.
- Refer to support services (e.g., social worker) or support groups (e.g., National Alliance on Mental Illness) based on the woman's needs.
- Encourage self-care: Manage stress with tools such as meditation or yoga, a healthy diet, exercise, and enough sleep.

### Resources for you

- **Postpartum Support International:** [postpartum.net](https://postpartum.net)
- **Perinatal Psychiatry Access Program:** [umassmed.edu/lifeline4moms/Access-Programs](https://umassmed.edu/lifeline4moms/Access-Programs)
- **MGH Center for Women's Mental Health:** [womensmentalhealth.org/specialty-clinics-2/postpartumpsychniatric-disorders-2](https://womensmentalhealth.org/specialty-clinics-2/postpartumpsychniatric-disorders-2)
- **MotherToBaby:** [mothertobaby.org](https://mothertobaby.org)
- **Food and Drug Administration:** [fda.gov/drugs/development-resources/pediatrics-and-maternal-health](https://fda.gov/drugs/development-resources/pediatrics-and-maternal-health)

### Resources to share with your patients

- **CDC Planning for Pregnancy** [cdc.gov/pregnancy/about/index.html](https://cdc.gov/pregnancy/about/index.html)
- **Before, Between & Beyond Pregnancy — Women's Health Matters** [beforeandbeyond.org](https://beforeandbeyond.org)
- **CDC Hear Her Campaign:** [cdc.gov/hearher/index.html](https://cdc.gov/hearher/index.html)
- **Postpartum Support International:** [postpartum.net](https://postpartum.net)
- **MGH Center for Women's Mental Health:** [womensmentalhealth.org/specialty-clinics](https://womensmentalhealth.org/specialty-clinics)
- **National Maternal Mental Health Hotline:** [mchb.hrsa.gov/national-maternal-mental-health-hotline](https://mchb.hrsa.gov/national-maternal-mental-health-hotline)
- **National Alliance on Mental Illness:** [nami.org](https://nami.org)



# Fact Sheet

## Facts for Prescribing Practitioners: Pregnant and Postpartum Women

3 pages



# Facts for Prescribing Practitioners: Pregnant and Postpartum Women



## **This fact sheet intends to help mental health practitioners guide pregnant and postpartum women with mental health or substance use conditions.**

Studies show that up to 20% of women cope with mental health conditions during pregnancy and the postpartum period. These conditions include anxiety and depression, bipolar disorders, posttraumatic stress, obsessive-compulsive disorders, and substance use. Women sometimes discontinue or avoid taking medication to reduce the potential risks to the fetus. This may not be the safest option because untreated psychiatric illness in the mother can harm both the mother and the baby. Therefore, it is important for patients to understand the risks and benefits involved with taking or not taking medications and make decisions in collaboration with a practitioner.

### ***Information to collect from your patients***

- Current and past medical history
- Current and past pregnancy history, including previous attempts to get pregnant, infertility, miscarriages, fetal or infant losses, and medical, obstetrical, or mental health complications during pregnancy
- Current and past psychiatric history
- Current and past prescribed or over-the-counter medications, vitamins, and supplements, and any side effects
- Available support system (e.g., family, friends, community)
- Economic or financial issues, including housing stability, food security, and job security

- Current or past relationship conflicts and history of intimate partner violence
- Current and past alcohol, smoking or vaping (tobacco and marijuana), and other substance use
- If they have other health practitioners involved in their mental health care (e.g., social worker, counselor, faith-based advisor)
- If they have other clinicians involved in their medical care (e.g., primary care practitioner, obstetrician/gynecologist)
- Any culture-specific preferences or needs (e.g., need for an interpreter)

### ***Things to do***

- Actively listen, validate, and address the woman's concerns and feelings, and encourage them to reach out if they have concerns or experience symptoms.
- Discuss the risks and benefits of starting, stopping, or continuing psychotropic medications during pregnancy. If you are not a practitioner familiar with prescribing psychotropics during pregnancy, we recommend that you consult with a psychiatrist or other prescribing practitioner with expertise in this area.
- Monitor the patient's mental health symptoms and substance use and discuss the results with the patient.
- Contact and establish a rapport with their obstetrical and/or primary care practitioner.

- Obtain consent to release information to obstetrical and/or primary care practitioners.
- Discuss medical history, current medications, and risks and benefits of starting, stopping, or continuing medications through pregnancy and postpartum.
  - Do not stop or switch psychotropics just because the patient is pregnant or breastfeeding, with rare exceptions (e.g., Depakote or Divalproex sodium).
  - Discontinuing medication late in pregnancy may not be advisable.
  - If a patient is pregnant and the medication they are taking is working, generally, the benefits of continuing the medication may outweigh the risks of stopping or changing medications.
  - If initiating a new medication, be guided by the medications the patient has responded well to in the past and medications with the lowest risk profile.
  - Prescribe the lowest effective dose possible, yet avoid prescribing subtherapeutic doses.
  - Minimize polypharmacy if at all possible.
  - Consider reinforcing medication treatments with nonpharmacological (e.g., psychotherapy) treatments to reduce the risk of exacerbation of illness.
- Advise patients not to stop medications on their own without consulting you.
- Involve patients in the decision-making process.
- Refer patients for prenatal care as it helps maintain a healthy pregnancy.
- Refer to support services (e.g., social workers) or support groups (e.g., National Alliance on Mental Illness) based on the person's needs.
- Provide pregnancy and postpartum psychoeducation.
- Discuss the risks of alcohol, tobacco, and other substance use during pregnancy and advise that there are potential interactions with current medications.
- Discuss the advantages and disadvantages of breastfeeding and how it impacts the mother's sleep.
- Discuss the advantages of getting help at night (e.g., from a family member or night nurse) with the newborn so the mother gets better sleep.
- Encourage self-care: Manage stress with tools such as meditation or yoga, a healthy diet, exercise, and enough sleep.

### Resources for you

- **CDC Pregnant and Postpartum Women:** [cdc.gov/hearher/pregnant-postpartum/index.html](https://cdc.gov/hearher/pregnant-postpartum/index.html)
- **CDC Healthcare Professionals:** [cdc.gov/hearher/hcp/overview](https://cdc.gov/hearher/hcp/overview)
- **Before, Between & Beyond Pregnancy — Women's Health Matters:** [beforeandbeyond.org](https://beforeandbeyond.org)
- **Postpartum Support International:** [postpartum.net](https://postpartum.net)
- **MGH Center for Women's Mental Health:** [womensmentalhealth.org/specialty-clinics](https://womensmentalhealth.org/specialty-clinics)
- **Perinatal Psychiatry Access Program:** [umassmed.edu/lifeline4moms/Access-Programs](https://umassmed.edu/lifeline4moms/Access-Programs)
- **MotherToBaby:** [mothertobaby.org](https://mothertobaby.org)
- **Food and Drug Administration:** [fda.gov/drugs/development-resources/pediatrics-and-maternal-health](https://fda.gov/drugs/development-resources/pediatrics-and-maternal-health)

### *Resources to share with your patients*

- **CDC Planning for Pregnancy**  
[cdc.gov/pregnancy/about/index.html](https://cdc.gov/pregnancy/about/index.html)
- **Before, Between & Beyond Pregnancy — Women's Health Matters**  
[beforeandbeyond.org](https://beforeandbeyond.org)
- **CDC Hear Her Campaign:**  
[cdc.gov/hearher/index.html](https://cdc.gov/hearher/index.html)
- **Postpartum Support International:**  
[postpartum.net](https://postpartum.net)
- **MGH Center for Women's Mental Health:**  
[womensmentalhealth.org/specialty-clinics](https://womensmentalhealth.org/specialty-clinics)
- **National Maternal Mental Health Hotline:**  
[mchb.hrsa.gov/national-maternal-mental-health-hotline](https://mchb.hrsa.gov/national-maternal-mental-health-hotline)
- **National Alliance on Mental Illness:**  
[nami.org](https://nami.org)



TLC Moms Toolkit

# Infographic

## Pregnancy Depression and Anxiety Action Plan

1 page

[Idh.la.gov/TLCMoms](http://Idh.la.gov/TLCMoms)



# Pregnancy Depression and Anxiety Action Plan

Having a baby brings a mix of emotions, including feeling sad and feeling overwhelmed. Many women experience deeper signs of depression and anxiety before and after birth. Be prepared. **Watch for the signs.**

## If you ...

- Feel like you just aren't yourself
- Have trouble managing your emotions
- Feel overwhelmed but are still able to care for yourself and your baby

## If you ...

- Have feelings of intense anxiety that hit with no warning
- Feel foggy and have difficulty completing tasks
- Feel "robotic," like you are just going through the motions
- Have little interest in things that you used to enjoy
- Feel very anxious around the baby and your other children
- Have scary, upsetting thoughts that don't go away
- Feel guilty and feel like you are failing at motherhood

## If you ...

- Feel hopeless and total despair
- Feel out of touch with reality (you may see or hear things that other people don't)
- Feel that you may hurt yourself or your baby

## You may be experiencing mood swings that happen to many pregnant women and new moms.

### These feelings typically go away after a couple of weeks.

- Take special care of yourself. Get your partner to watch the baby, get a babysitter, or team up with another mom to share childcare so that you can rest and exercise.
- Continue to watch for the signs of depression and anxiety in the purple and teal sections below. If things get worse, find someone to talk to. Talk to a health care provider if you feel unsure.

## You may be experiencing postpartum depression and anxiety.

### These feelings will not go away on their own.

- Get help. Contact your health care provider or visit a clinic.
- Call or text Louisiana **988** for free and confidential emotional support, 24/7.
- Call **855-24-CARE5 (855-242-2735)** or visit [LouisianaCrisisConnect.org](https://LouisianaCrisisConnect.org) to access the Louisiana Crisis Hub. It's free and available 24/7.
- Call Postpartum Support International at **800-944-4PPD (4773)** to speak to a volunteer who can provide support and resources in your area.
- Talk to your partner, family, and friends about these feelings so they can help you.

## Get help now!

- Call **911** for immediate help.
- Call or text Louisiana **988** for free and confidential emotional support, 24/7.
- Call **855-24-CARE5 (855-242-2735)** or visit [LouisianaCrisisConnect.org](https://LouisianaCrisisConnect.org) to access the Louisiana Crisis Hub. It's free and available 24/7.
- Call the Substance Abuse and Mental Health Services Administration's National Helpline at **800-662-HELP (4357)** for 24-hour free and confidential help in English and Spanish.



# Infographic

## Is it the Baby Blues or Postpartum Depression?

1 page



## Is it the baby blues or postpartum depression?

### Baby Blues

Pull away and want to be alone

Feel angry, moody, cranky or anxious

Lose interest in work or favorite hobbies, or choose to work more

Get frustrated or sad

Feel hopeless or overwhelmed

Have trouble sleeping or making decisions

### Postpartum Depression

Baby blues that don't go away after two weeks

Include thoughts of harming yourself or your baby

Get worse

Make it hard for you to take care of your baby

Make it hard to do everyday chores

Crying, anxiety or worrying a lot



**When should you call a healthcare provider?**

Call your provider if you have any of the symptoms of baby blues or postpartum depression.



# Download Individual Files

[ldh.la.gov/TLCMoms](http://ldh.la.gov/TLCMoms)

# TLC Moms Toolkit

## Brochures

### ***Facts for Pregnant and Postpartum Women***

[ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Brochure---Pregnant-and-Postpartum-Women.pdf](https://ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Brochure---Pregnant-and-Postpartum-Women.pdf)

### ***Facts for Prescribing Practitioners***

[ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Brochure---Prescribing-Practitioners.pdf](https://ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Brochure---Prescribing-Practitioners.pdf)

## Conversation Guides

### ***Pregnant or Recently Pregnant Women***

[ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Conversation-Guide-Pregnant-and-Postpartum.pdf](https://ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Conversation-Guide-Pregnant-and-Postpartum.pdf)

### ***Partners, Friends, and Family***

[ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Conversation-Guide-Partners-Friends-Family.pdf](https://ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Conversation-Guide-Partners-Friends-Family.pdf)

## Fact Sheets

### ***Maternal Mental Health Conditions***

[ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Maternal-Mental-Health-Conditions.pdf](https://ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Maternal-Mental-Health-Conditions.pdf)

### ***Preparing for Your Medical Appointments***

[ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Fact-Sheet-Medical-Appointments.pdf](https://ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Fact-Sheet-Medical-Appointments.pdf)

### ***Women with Mental Health and Substance Use Conditions Who are Planning to Become Pregnant***

[ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Fact-Sheet-Planning-Pregnancy.pdf](https://ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Fact-Sheet-Planning-Pregnancy.pdf)

### ***Pregnant Women with Mental Health and Substance Use Conditions***

[ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Conversation-Guide-Pregnant-and-Postpartum.pdf](https://ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Conversation-Guide-Pregnant-and-Postpartum.pdf)

**ldh.la.gov/TLCMoms**

# TLC Moms Toolkit

## Fact Sheets (cont.)

***Women Who Develop Mental Health or Substance Use Conditions Within a Year of Giving Birth***

[ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Fact-Sheet-Postpartum.pdf](https://ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Fact-Sheet-Postpartum.pdf)

***Facts for Prescribing Practitioners: Women Who Want to Get Pregnant***

[ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Fact-Sheet-PP-Getting-Pregnant.pdf](https://ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Fact-Sheet-PP-Getting-Pregnant.pdf)

***Facts for Prescribing Practitioners: Pregnant and Postpartum Women***

[ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Fact-Sheet-PP-Pregnant-and-Postpartum.pdf](https://ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Fact-Sheet-PP-Pregnant-and-Postpartum.pdf)

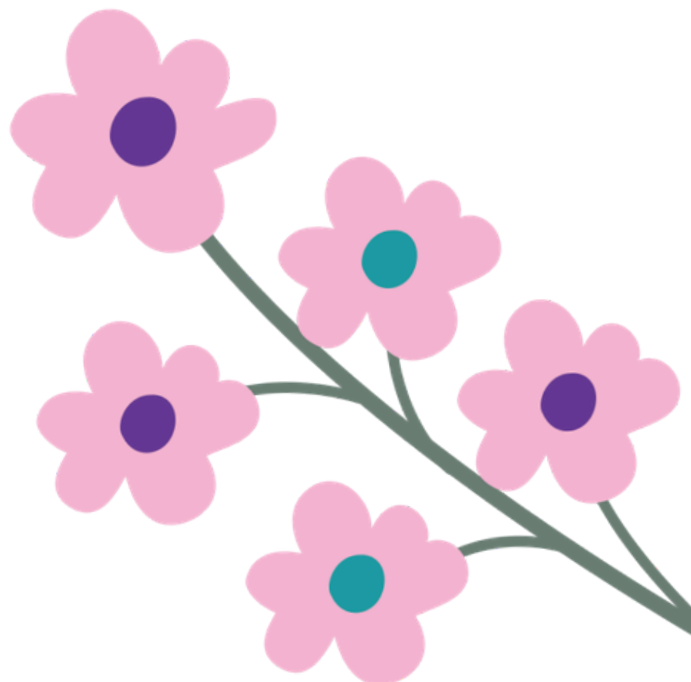
## Infographics

***Pregnancy Depression and Anxiety Action Plan***

[ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Pregnancy-Depression-and-Anxiety-Action-Plan.pdf](https://ldh.la.gov/assets/OWHCH/TLCMoms/TLC-Moms-Pregnancy-Depression-and-Anxiety-Action-Plan.pdf)

***Is it the Baby Blues or Postpartum Depression?***

[ldh.la.gov/assets/OWHCH/TLCMoms/BabyBlues\\_PostpartumDepression\\_2025.PNG](https://ldh.la.gov/assets/OWHCH/TLCMoms/BabyBlues_PostpartumDepression_2025.PNG)



# Thank You

We appreciate your commitment to the health and well-being of Louisiana's mothers. By using this toolkit, you are providing a vital lifeline for pregnant and postpartum women navigating the complexities of mental health. Your dedication to fostering supportive environments ensures that every mother feels seen, heard, and empowered to seek the care she deserves. Together, we are building a stronger, healthier foundation for our families and our communities.



## Contact Us!



[ldh.la.gov/TLCMoms](https://ldh.la.gov/TLCMoms)



[owhch@la.gov](mailto:owhch@la.gov)

*Start the conversation.  
Because every mom needs TLC.*