Advancing Perinatal Mental Health: Policy and Toolkit for Oregon

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Abstract

Perinatal mental health disorders represent a significant public health concern with profound consequences for maternal, infant, and family well-being. In Oregon, mental health conditions are the leading cause of pregnancy-related mortality, yet the state lacks a standardized, statewide policy for perinatal mental health screening. The absence of formal guidance contributes to missed opportunities for early identification, timely intervention, and prevention of adverse outcomes. The purpose of this project was to develop an evidence-based policy proposal for universal perinatal mental health screening in Oregon and to create a comprehensive provider toolkit to support implementation. The policy was guided by the Data-Driven Policy Analysis Framework, current literature, and national guidelines. The proposed policy outlines standardized screening time points across the perinatal period, recommended validated screening tools, documentation standards, and referral pathways. The accompanying toolkit includes screening tools, implementation and practice resources, training and education opportunities, and lists of crisis and community resources. The policy and toolkit were presented to academic staff and students, followed by a voluntary evaluation survey. Survey results indicated strong support for statewide policy adoption, increased provider confidence, and high perceived utility of the toolkit in clinical practice. This project demonstrates the feasibility and potential impact of a standardized perinatal mental health screening policy in Oregon. Adoption of this policy may improve early detection, reduce maternal morbidity and mortality, enhance equity in care, and support healthier outcomes for mothers and infants statewide.

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Problem Description

For a considerable number of women, the transition to motherhood signifies a pivotal milestone and represents a critical phase for emotional well-being, as it may be a time characterized by heightened vulnerability to mental health disorders (Dagher et al., 2021). A decline in a woman's mental health during the perinatal phase can impact her well-being, as well as that of her infant and family. Perinatal depression (PND), as well as other mental health disorders, can decrease a woman's likelihood of attending prenatal and postnatal appointments and is correlated with an increased risk of obstetric complications, including pre-eclampsia, hemorrhage, premature delivery, and stillbirth, as well as a heightened risk of suicide. Infants may also be at increased risk of difficulty in feeding and in bonding with their parents if the woman experiences a decline in her mental health (World Health Organization, 2022).

PND is defined as a significant depressive episode that happens during pregnancy or within the first 12 months after giving birth. PND is considered one of the most common reproductive complications (Yang et al., 2022). According to a national review conducted in 2005, the prevalence of both major and minor depression within the United States ranges from 8.5% to 11% during pregnancy and from 6.5% to 12.9% during the initial postpartum year (Dagher et al., 2021). The global impact of PND has been estimated to affect approximately 20% of women during the perinatal period (Moreira et al., 2023). This prevalence underscores the critical need for support related to perinatal mental health on a global scale (World Health Organization, 2022).

Developing a policy to screen for mental health conditions during the perinatal period was deemed essential for the early identification and management of concerns that could lead to adverse maternal and infant outcomes. At the time of this project, Oregon continued to lack a standardized system of care and a statewide government policy for screening pregnant women for perinatal mental

health conditions. A link on the Oregon Health Authority website led users to a nonexistent page, underscoring a gap in accessible, actionable guidance for providers. Although the website provided national and international crisis hotline numbers and links to community mental health services by county across Oregon (Oregon Health Authority, n.d.), these resources did not substitute for a formal, systematic screening policy. This persistent gap was identified as a significant practice and policy problem. The purpose of this project was to address this need by developing a proposed policy for perinatal mental health screening in Oregon and creating an evidence-based toolkit to guide providers.

Available Knowledge

Between 2018 and 2021, a total of 69 deaths occurred among women who were pregnant or in the postpartum period in Oregon. Of these deaths, 32 (46%) were classified as pregnancy-related, defined as deaths occurring during pregnancy or within one year of the end of pregnancy that resulted from pregnancy-related complications, a sequence of events initiated by pregnancy, or the exacerbation of preexisting conditions due to the physiological effects of pregnancy. Notably, 23 (72%) of pregnancy-related deaths were determined to be potentially preventable. Mental health conditions alone were identified as the leading underlying cause of pregnancy-related deaths in Oregon, accounting for 41% of cases. These findings highlight that preventing maternal mortality extends beyond the management of obstetric complications and requires early identification of mental health risks, timely intervention for substance use disorders, and consistent access to comprehensive support services throughout the perinatal period (Oregon Health Authority, 2025).

A systematic review by Nguyen and Pengpid (2025) highlights the effectiveness of early psychosocial and psychological interventions in reducing the risk of PND and other mental health challenges among at-risk women. Early screening for mental health conditions facilitates timely detection and intervention, which is critical for improving maternal mental health outcomes. Perinatal mental health screenings typically involve the use of validated self-report questionnaires that assess

depressive symptoms; women who score above a designated threshold are referred for further clinical evaluation to confirm a diagnosis. The United States Preventive Services Task Force (USPSTF) recommends routine screening for depression in both pregnant and postpartum individuals using the 10-item Edinburgh Postnatal Depression Scale (EPDS), a widely endorsed and frequently utilized tool in perinatal care settings (Levis et al., 2020).

The American College of Obstetricians and Gynecologists (ACOG) has advocated for the strong consideration of universal screening for mental health conditions among all perinatal and postpartum women. The recommendation is to screen at least once during the perinatal period for depression and anxiety and again in the postpartum period. ACOG additionally recommends a comprehensive evaluation of physical, social, and psychological well-being during a postpartum visit conducted within 12 weeks of childbirth. Women with a history of depression or positive screening may require more frequent monitoring and follow-up care to promote full remission. There are many validated tools available for screening various mental health conditions. While ACOG does not endorse specific instruments, it lists several options suitable for screening. To screen for depression, ACOG references the EPDS, or the Patient Health Questionnaire-9 (PHQ-9), both comprising nine questions. For anxiety screening, the General Anxiety Disorder 7 Scale (GAD-7), which includes seven questions, is noted. To assess Posttraumatic Stress Disorder (PTSD), the Primary Care PTSD Screen (PC-PTSD), a four-question tool, and the Post-Traumatic Stress Disorder Checklist for Civilians (PCL-C), containing seventeen questions for further PTSD screening. Additionally, for bipolar disorder, the Mood Disorder Questionnaire (MDQ), comprising fourteen questions, is also mentioned (American College of Obstetricians and Gynecologists, 2025).

Rationale

The early identification of maternal mental health conditions enables healthcare providers to initiate services that can prevent future complications for both the mother and infant. Nevertheless,

these issues are frequently overlooked in clinical settings, with signs often remaining unnoticed or concealed. Validated screening instruments for maternal depression are available, and their implementation enhances the likelihood of detecting mental health concerns. Regrettably, routine screening for maternal mental health is not consistently conducted (Oregon Health Authority, 2010).

Emerging meta-analytic evidence indicates that early identification and intervention for perinatal depression, as well as other mental health conditions, can yield substantial health benefits for mothers and their children. Integrating screening programs into routine perinatal care can serve as a pivotal strategy for early detection, accurate diagnosis, and referral to appropriate treatment services (Waqas et al., 2022). Other organizational and systemic barriers, including limited time, managed care policies, competing priorities, insurance reimbursement challenges, and scope-of-practice restrictions, may further impede these efforts. A policy that requires universal and regular screening for maternal mental health disorders can both promote awareness and ensure that problems are identified early (Oregon Health Authority, 2010).

To effectively address these barriers, a policy and toolkit were created to improve maternal mental health outcomes. The project modeled the Data-Driven Policy Analysis Framework as the guiding tool. The Data-Driven Policy Analysis Framework provided a structured, evidence-based approach to identifying, collecting, analyzing, and taking action to improve health outcomes.

Goals/Objectives

The objective was to formulate a policy for Oregon to enhance screening for perinatal mental health conditions, accompanied by a comprehensive toolkit for healthcare providers. This policy and toolkit were subsequently presented to staff and students in an academic environment to increase awareness of the issue and to elucidate the rationale for developing the proposed policy and toolkit.

Context

While the problem description section has outlined the urgent need for perinatal mental health screening in Oregon, it is important to note that similar policy initiatives in other states have demonstrated significant improvements in maternal and infant outcomes when systematic screening is implemented (Byatt et al., 2015; Robbins et al., 2023). States adopting universal screening policies have reported higher identification rates of perinatal mood and anxiety disorders, more timely referrals, and improved access to care, particularly among Medicaid populations (Byatt et al., 2015). National organizations such as the USPSTF and ACOG provide strong, evidence-based recommendations for screening, but state-level adoption remains patchy (Robins et al., 2023). Oregon's lack of a formal policy leaves significant gaps, especially for high-risk and underserved populations.

Implementation

To address these identified barriers, a policy proposal and provider toolkit were developed to improve maternal mental health outcomes through practice and system-level change. The project was guided by the Data-Driven Policy Analysis Framework, which provided a structured, evidence-based approach to problem identification, data analysis, and action planning to improve health outcomes. The initial phase involved a comprehensive review of the literature, which demonstrated that perinatal mental health screening in Oregon lacks a formal state-level policy and instead relies on national guidelines. The subsequent phase focused on data analysis and preparation for disseminating the proposed policy and the accompanying provider toolkit via a virtual presentation within an academic setting. A total of 108 faculty members and Doctor of Nursing Practice (DNP) students were invited via email. Among those invited, fifteen participants attended the virtual presentation. Evaluation of the project included the administration of an optional post-presentation survey to assess attainment of learning objectives, changes in self-reported confidence in managing perinatal mental health concerns, and perceptions regarding the need to implement a statewide perinatal mental health screening policy

in Oregon. If the project is to advance beyond its current phase, future steps would focus on developing strategies to promote policy adoption and identifying practical mechanisms for implementation at both the local and state levels.

Feasibility

The likelihood of policy adoption is favorable in Oregon, given bipartisan support for maternal mental health and alignment with national priorities (Byatt et al., 2015). Funding may be needed for provider training and IT infrastructure, but federal grants are increasingly available for maternal mental health initiatives (Robbins et al., 2022). Stakeholders include healthcare providers, hospital systems, Medicaid and private insurers, advocacy organizations, and affected families. Early and ongoing engagement will be critical for buy-in (Byatt et al., 2015).

Utility

The policy and toolkit are useful to both providers and patients. For Providers, standardized screening protocols such as the EPDS and others mentioned in the available knowledge section of this paper can increase confidence and efficiency in identifying and managing perinatal mental health disorders (Levis et al., 2020). For Patients, universal screening will help ensure early detection and intervention, reducing risks of untreated depression and anxiety for mothers and adverse outcomes for infants (Byatt et al., 2015).

Benefits and Risks

The benefits of Oregon adopting this policy include improved detection and treatment rates, which will reduce maternal and infant morbidity and mortality and enhance family well-being. Risks include potential provider resistance and patient stigma, but these are outweighed by the anticipated improvements in health outcomes (Byatt et al., 2015).

Cost/Benefit Analysis

Cost-benefit analyses indicate positive returns within 3 to 5 years, driven by reduced emergency care and improved long-term outcomes for children. Some costs include time invested in introducing the policy to CCOs and to health care providers in both primary and mental health care. The benefit is long-term savings from reduced complications, lower rates of emergency care, and improved early interventions. Economic analyses show that perinatal mental health screening programs are cost-effective, with benefits significantly exceeding costs (Carlson et al., 2025; Wisner et al., 2013).

Measures

Project outcomes were measured using an optional post-presentation survey administered following dissemination of the presentation. At the conclusion of the presentation, attendees were invited to complete a feedback survey; 7 of the 15 responded. All respondents (100%) indicated that the learning objectives were clearly met. Participants were also asked to rate their pre-presentation comfort level in treating perinatal mental health conditions; 29% reported feeling very confident, 43% confident, 14% somewhat confident, and 14% not confident. Overall, the presentation received a mean score of 3.9 out of 5 for its effectiveness in increasing confidence related to treating perinatal mental health conditions. Additionally, all respondents (100%) expressed a perceived need for Oregon to adopt a policy, and 86% reported that they would be able to utilize the proposed policy and accompanying toolkit in their clinical practice. A complete list of survey questions is provided in Appendix B.

Ethical Considerations

Designing and implementing a perinatal mental health screening policy in Oregon necessitates close attention to diversity, equity, and the broader social determinants of health. Ethically, there is a responsibility to ensure that screening protocols do not reinforce existing disparities or exclude vulnerable groups but rather serve to reduce barriers and ensure access for all (Waqas et al., 2022).

Social determinants of health, such as income, education, stable housing, food security, and equitable healthcare access, shape both the risk for perinatal mental health problems and a patient's ability to get help. Rural communities often face compounded risks, including fewer mental health providers, longer distances to care, higher poverty rates, and cultural stigmas associated with mental illness, as well as limited access to reliable internet connections. These realities require the policy to prioritize equity: for example, screening tools and referral materials should be available in multiple languages and accommodate a range of literacy levels. If the screenings are forms filled out by patients themselves, they would ideally be written at the 6th-grade level. Screening should not depend on insurance status nor ability to pay (Dama & Lieshout, 2023; Waqas et al., 2022).

Additionally, culturally sensitive and trauma-informed approaches are ethically necessary. Providers should be trained in recognizing and responding appropriately to the diverse backgrounds, traditions, and trauma histories present in Oregon's communities. These include Indigenous, Latinx, and immigrant populations. Building trust with patients and respecting their values is critical; otherwise, screening risks alienating those most in need or even deepening mistrust in the healthcare system (Dama & Lieshout, 2023).

Equity also means that positive screening results must trigger timely, accessible, and affordable pathways to follow-up care. For communities facing resource shortages, this might include establishing telehealth options, partnering with community organizations, or creating clear crisis protocols. Not addressing positive screens or offering referrals that are not realistically accessible would be ethically inadequate and may even exacerbate disparities (Dama & Lieshout, 2023).

Furthermore, engaging stakeholders throughout policy development and implementation is ethically essential. This includes listening to community voices, such as patients and local leaders like healthcare providers. Screening should not be contingent on insurance coverage or the ability to pay, to ensure that screening protocols are suitable and tailored to the specific needs of rural families. In doing

so, the policy serves not just as a tool for early detection but as an active step toward health equity and justice in maternal and infant health (Dama & Lieshout, 2023; Waqas et al., 2022).

Achievements and Challenges

The expected outcomes of the project were to reduce maternal morbidity, strengthen parent-infant bonding, and achieve long-term cost savings through early prevention of mental health conditions by creating a policy for Oregon to increase screenings, as well as a toolkit for providers that created ease of access to education, resources, and referrals. To accomplish this, a presentation was prepared that provided data on current perinatal mental health care, along with an introduction to the proposed policy and toolkit. At the end of the presentation, an optional survey was offered to all fifteen participants to gather data on treating perinatal mental health and the need for Oregon to adopt a policy. The challenges identified during the presentation included a limited participation of only fifteen individuals, with merely seven of those completing the survey.

To advance this initiative, the policy would be submitted to the state of Oregon for review. The Oregon Health Authority (OHA) is the primary stakeholder in this process. A potential obstacle involves contacting OHA, as previous outreach efforts have not received a response.

Recommendations and Conclusions

Advancing perinatal mental health through a comprehensive state policy and provider toolkit represents an essential step toward improving maternal and infant health outcomes. The absence of a formalized, statewide screening policy leaves many families without adequate identification, support, or treatment for perinatal mental health conditions. The proposed policy directly addresses this gap by establishing structured, evidence-based screening practices and equipping providers with practical tools to ensure early detection, timely intervention, and appropriate referral pathways.

The benefits of this initiative extend beyond individual patient care. By standardizing perinatal mental health screening, Oregon can strengthen its public health infrastructure, improve coordination

between healthcare systems, and generate valuable data to inform future interventions and funding decisions. Ultimately, the policy not only advances clinical practice but also embodies a broader commitment to health equity and social justice. By prioritizing the mental health of mothers during one of the most vulnerable yet transformative periods of their lives, it is essential to ensure that every woman, regardless of background or geography, receives the compassionate and comprehensive care they deserve.

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Appendix A

	July	Aug	Sep	Oct	Nov	Dec	Jan-Mar
Complete mock IRB determination for approval			x				
Finalize policy and toolkit				x			
Prepare for dissemination of project					x		
PDSA cycle 1: Present project and introduce policy and toolkit to APRN faculty and students in an academic setting						x	
Final data analysis						x	
Write sections 13-17 of final paper						x	
Prepare for project dissemination							x

Appendix B

1. The learning objectives of this session were clear and well-explained.
    a. Rated on a Likert scale of 1-5
2. What was your level of confidence in managing perinatal mental health prior to the presentation?
    a. Rated on a Likert scale of 1-5
3. This presentation increased my confidence in addressing perinatal mental health.
    a. Rated on a Likert scale of 1-5
4. There is a clear need to adopt a perinatal screening policy in Oregon.
    a. Rated on a Likert scale of 1-5
5. I will be able to apply the knowledge acquired and utilize the toolkit in my daily professional practice.
    a. Rated on a Likert scale of 1-5
6. Any suggestions, comments, questions, or feedback are welcome and appreciated.
    a. Open-ended opportunity to submit feedback.

Appendix C

1. All respondents (100%) indicated that the learning objectives were clearly met.
2. What was your level of confidence in managing perinatal mental health prior to the presentation; 29% reported feeling very confident, 43% confident, 14% somewhat confident, and 14% not confident.
3. This presentation increased my confidence in addressing perinatal mental health; a mean score of 3.9 out of 5
4. I will be able to apply the knowledge acquired and utilize the toolkit in my daily professional practice; 86% reported that they would be able to utilize the proposed policy and accompanying toolkit in their clinical practice.
5. I will be able to apply the knowledge acquired and utilize the toolkit in my daily professional practice; all respondents (100%) expressed a perceived need for Oregon to adopt a policy
6. Any suggestions, comments, questions, or feedback are welcome and appreciated.
    - “I really appreciate the inclusion of education/training options in the toolkit. I'll definitely be using this later!”
    - “Great job, thank you! Saving this for future reference.”
    - “Haven't had a chance to look at the toolkit yet, but if you include SUD screening, please consider some type of destigmatization training for providers”

Appendix D

PERINATAL MENTAL HEALTH POLICY

Purpose
To ensure that all pregnant and postpartum individuals receive timely, equitable access to mental health screening, support, and treatment; promoting optimal outcomes for parents and infants.

Scope
This policy applies to all public health agencies, healthcare providers, and contractors delivering perinatal care within the jurisdiction.

Policy Statement
It is the policy of this agency to promote early identification, prevention, and responsive management of perinatal mental health disorders for all individuals during pregnancy and the first-year post-birth.

Definitions

- *Perinatal Period*: From conception through 12 months postpartum.
- *Perinatal Mental Health Disorders*: Includes, but is not limited to, depression, anxiety, bipolar disorder, and postpartum psychosis.

Procedures

A. Screening and Identification

1. All individuals receiving perinatal care shall be screened for depression, anxiety, and other mental health disorders using a validated tool (e.g., Edinburgh Postnatal Depression Scale) at least once during pregnancy and at least once within 12 months after delivery.
2. Screening will be culturally and linguistically appropriate. Interpreter services must be provided as necessary.

B. Referral and Access to Care

1. Any individual identified as at risk must be referred to appropriate mental health services within seven (7) days of a positive screening result.
2. Individuals at acute risk (e.g., suicidal ideation, psychosis) require immediate referral to emergency or crisis mental health services.
3. Referrals and follow-up attempts must be documented in the patient record.

C. Integrated Care Coordination

1. Agencies must establish protocols for coordination between maternity care, primary care, pediatric care, and behavioral health services.

2. Care coordinators may be assigned to support communication and smooth transitions.

D. Provider Training and Public Education

1. All relevant staff must complete annual training on perinatal mental health assessment, cultural humility, trauma-informed care, and stigma reduction.
2. Educational materials on perinatal mental health, signs and symptoms, and available resources should be accessible to patients and their families.

E. Support Services and Community Engagement

1. Individuals must have information and access to a range of mental health support services, such as counseling, support groups, and social services.
2. Engagement and partnerships with community organizations serving diverse populations are encouraged to enhance reach and inclusion.

F. Monitoring and Quality Improvement

1. Data will be collected on screening rates, referrals, service utilization, and patient outcomes, while protecting privacy.
2. Policies and procedures will be reviewed and updated regularly based on data, evidence, and feedback from service users.

Responsibilities

- Program and clinical leads are responsible for ensuring implementation and ongoing compliance.
- All staff are required to respect patient confidentiality and provide equitable, non-discriminatory care.

Appendix E

Perinatal Mental Health Toolkit

This toolkit is intended to assist healthcare providers, mothers, and families in efficiently screening, recognizing, and addressing perinatal mental health disorders. It offers evidence-based screening tools, practical implementation resources, and training and educational materials to facilitate the systematic and sustainable integration of maternal mental health care, along with resources that can be offered to families for supplementary support.

Evidence-Based Screening Tools

Tool	Purpose	Description	Access/Source
Edinburgh Postnatal Depression Scale (EPDS)	Screens for depression and anxiety during pregnancy and postpartum	10-item self-report scale; validated globally for perinatal use	Edinburgh Postnatal Depression Scale (EPDS)
Patient Health Questionnaire (PHQ-9)	Screens for depressive symptoms	9-item self-report scale; can be used during prenatal and postpartum visits; brief and simple	PHQ-9 (Patient Health Questionnaire-9)
Generalized Anxiety Disorder 7-item (GAD-7)	Screens for perinatal anxiety disorders	7- item self-report scale; complements depression screening; easy for clinical settings	GAD-7 (General Anxiety Disorder-7)
Mood Disorder Questionnaire (MDQ)	Screens for possible bipolar symptoms	15-item self-report questionnaire that screens for bipolar disorder.	MDQ - Mood Disorder Questionnaire

Antenatal and Postnatal Mental Health Diagram	Principles of care, questionaire, and diagram to access for depression and anxiety during the perinatal period	Tailored version of PHQ-9 and GAD-7 screening tools to access if further screening or referral is needed	Antenatal and postnatal mental health: recognising depression and anxiety disorders

Implementation and Practice Resources

Organization / Resource	Focus Area	Key Materials and Uses	Access/Source
Centers for Disease Control and Prevention (CDC) – Maternal Mental Health	Public health surveillance, data, and policy	Offers data dashboards, infographics, and policy briefs	CDC Activities: Improving Maternal Mental Health Care
National Institute for Health and Care Excellence (NICE)	**Antenatal and postnatal mental health**	**Clinical management and service guidance**	Recommendations | Antenatal and postnatal mental health: clinical management and service guidance
Massachusetts General Hospital Center for Women's Mental Health	Virtual webinar held every Wednesday	Offering questions around clinical cases, and sharing resources to guide decision-making and patient care.	Virtual Rounds at the CWMH - MGH Center for Women's Mental Health
American College of Obstetricians and Gynecologists (ACOG)	**Guide for Integrating Mental Health Care into Obstetric Practice**	Offers implementation strategies for mental health screening, assessment, treatment, referral, monitoring, and follow-up through a three-	Guide for Integrating Mental Health Care into Obstetric Practice | ACOG

		phase process: plan, implement, and sustain.	
American College of Obstetricians and Gynecologists (ACOG)	**Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum**	To assess the evidence regarding safety and efficacy of psychiatric medications to treat mental health conditions during pregnancy and lactation	Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum | ACOG

Training and Education Opportunities

Training Program / Organization	Description	Access/Source
Postpartum Support International (PSI) Perinatal Mental Health Certification (PMH-C)	Professional certification in perinatal mood and anxiety disorders.	Training | Postpartum Support International (PSI)
American College of Obstetricians and Gynecologists (ACOG) online learning	ACOG online learning opportunities for many topics related to perinatal mental health.	Courses | ACOG Online Learning
The National Association of Nurse Practitioners in Women's Health (NPWH)	A four-part perinatal mental health webinar series covering identification, management, and treatment options, including medication and integrative approaches and patient-centered care. Utilizing evidence, case studies, and practical guidance to help clinicians provide comprehensive, culturally responsive care.	Perinatal Mental Health Resources
American Society of Addiction Medicine (ASAM)/ASAM eLearning	Treatment of Opioid Use Disorder for Pregnant Patients: An 8 hour online course that provides education for providers to identify, assess, diagnose, and manage pregnant and postpartum patients with opioid use disorder (OUD).	ASAM eLearning: Treatment of Opioid Use Disorder for Pregnant Patients

Quick Reference Contact List For Providers

Organization	Description	Contact/Website
Oregon Health Authority	Mental Health services by county	Oregon Health Authority : Crisis Lines : Suicide Prevention 1-833-943-5746 Maternal Mental Health Hotline Champions | MCHB
Postpartum Support International's Perinatal Psychiatric Consult Line	Non-emergency support and provider consultation. Available to all clinicians at no cost throughout the United States	1-503-218-3818 https://postpartumsupportinternational.simplybook.me/v2/
National Library of Medicine-LactMed	The database provides information on drugs and chemicals exposure during breastfeeding, including levels in breast milk and infant blood, potential adverse effects, and suggested therapeutic alternatives.	Drugs and Lactation Database (LactMed®) - NCBI Bookshelf

988 Suicide & Crisis Lifeline	Immediate crisis intervention	988 (nationwide)

Resources for Patients

Organization	Description	Contact/Website
National Alliance on Mental Illness (NAMI)	Information on mental health during pregnancy	Mental Health During Pregnancy
Postpartum Support International (PSI)	List of PSI services and link to PSI HelpLine	Get Help | Postpartum Support International (PSI)
National Maternal Mental Health Hotline (HRSA)	Maternal Mental Health Hotline	1-833-852-6262 Maternal Mental Health Hotline Champions | MCHB
988 Suicide & Crisis Lifeline	Immediate crisis intervention	988 (nationwide)
SAMHSA National Helpline	Mental health and substance use support	1-800-662-HELP (4357)