

Indianapolis Healthy Babies – Fetal Infant Mortality Review

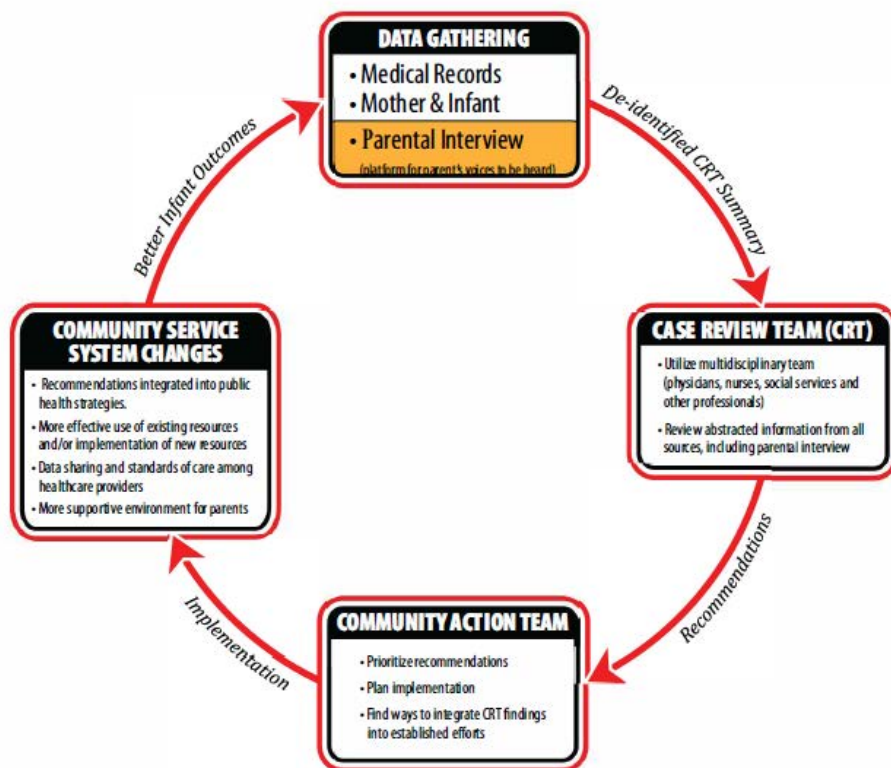
Recommendations and Resources from the Maternal Mental Health Community Action Team/Community Action Network Work Group

According to data from Mental Health America, between 7% and 20% of women experience perinatal mood and anxiety disorders (PMADs) beginning during pregnancy or in the first year after giving birth. With approximately 4 million live births in the United States each year, this equates to 600,000 women experiencing PMADsⁱ. These statistics do not include women who miscarry or have stillbirths. If those numbers are included, the estimate is closer to 900,000 annually. While perinatal mental health can affect individuals from all backgrounds, data shows that certain factors can increase a person’s risk, including low socioeconomic status, adolescent age, African American race, recent immigrant status, lack of social support, prior history of depression, and a history of sexual or physical violence. Rates as high as 25% to 50% have been recorded in these instances.ⁱⁱ According to the Blue Dot Project, an organization that aims to raise awareness of maternal mental health disorders, less than 15% of women experiencing a perinatal mental health disorder will receive treatment.ⁱⁱⁱ As numbers of depression and anxiety continue to increase in teen girls, we can expect to see more women suffering from perinatal mental health disorders in the future.

PMADs have been linked to negative fetal and infant outcomes, as well as higher rates of maternal mortality. Data from the 2020 Indiana Maternal Mortality Review found that 38% of all maternal deaths “definitely or probably” had a mental health condition involved.^{iv} Fetal exposure to poor maternal mental health has shown to be associated with an increased risk for harmful birth outcomes, including low birth weight and preterm birth^v. Children with parents experiencing perinatal mental health conditions are often reported to have higher rates of developmental delays, behavioral disorders, and poor academic performance.^{vi} Untreated maternal mental health disorders are estimated to cost the U.S. \$14.2 billion annually.^{vii}

The Fetal Infant Mortality Review (FIMR) program at the Marion County Public Health Department studies risk factors related to fetal and infant loss. FIMR is an action-oriented process whose goal is to improve maternal child services and resources in the community. FIMR offers a strategic method to impact fetal and infant mortality by following the Continuous Quality Improvement (CQI) process. We abstract cases of fetal and infant deaths through analysis of vital records data, medical records, and information collected from police reports, DCS reports, and/or de-interviewed parental interviews. The information is presented to a multidisciplinary case review team. During case review, the team looks at factors that could have contributed to the fetal or infant death – mother’s physical health, mental health, social determinants, neighborhood health, access to care, referrals, and utilization of community resources and so on. Data from these cases is entered into the National Center for Fatality Review and Prevention (NCFRP) case reporting system.

The case review team recommendations are then taken to the community action team, who compiles the information into efforts for systems change.



In 2022, based on findings and recommendations from the FIMR case review team, we formed the maternal mental health work group to address a common thread in many fetal and infant deaths – perinatal mental health. This work group is made up of members from public health, home visitation, social work, federally qualified health centers, large hospital systems, as well as county and state government.

Data entered into the NCFRP database from 2018 through 2022 shows a high number of mothers who experience a stillbirth or the loss of their infant have some kind of mental health complication involved with their case, even before experiencing the loss. This number is higher

than the overall national average for perinatal mood and anxiety disorders. Mental health complications were the number one comorbidity in our FIMR cases, more common than preeclampsia, gestational diabetes, preterm labor, short interval pregnancy, or teen pregnancy.

Mental Health/Stress	Percentage Seen in Fetal and Infant Loss Cases
History of Mental Illness	40.7%
Depression/mental illness during pregnancy	32.6%
Depression/mental illness in the postpartum period	40.1%
Multiple stresses	51.5%

- N = 346

The maternal mental health work group has been meeting regularly for the past year to discuss ways in which our collective organizations can address the perinatal mental health crisis. Recently, a lot of hard work has gone into raising awareness and allocating more funding at both the state and federal levels. Additionally, there are many programs dedicated to supporting families experiencing a perinatal mental health concern, but the increasing need for services is putting strain on these programs. Our work group has compiled a list of recommendations and resources to aid providers, parents, and families in connecting persons suffering from a perinatal mental health disorder with treatment. Through these recommendations, we hope to destigmatize mental health disorders, increase provider awareness of available resources, eliminate barriers to treatment, and connect more families to adequate perinatal mental health treatment.

Recommendations

1. Increase awareness and education on perinatal mental health for all providers interacting with the perinatal population. (Including hospital systems, OBGYNs, Pediatricians, Family Physicians, home based services, community mental health agencies, etc.)
2. Standardize the assessment/screening/referral process throughout the prenatal and postpartum period in Indiana to ensure that all agencies align and communicate for an efficient integrated health system.
 - The US Preventive Services Task Force recommends maternal depression screening and intervention be fully implemented in obstetrics and pediatrics. There is evidence that screening alone can have clinical benefits, but initiation of treatment or referrals will offer the most benefit^{viii}
 - Examples of validated screening tools include the Edinburgh Postnatal Depression Screening tool (EPDS), the PHQ-2, and PHQ-9. The EPDS has been validated for use

during pregnancy as well and is available in 50 different languages.

- At this time, no standard screening schedule exists, but one half of postpartum depression begins during pregnancy, and women with a personal or family history of depression are at increased risk, making the prenatal period an ideal time for screening and prevention, which may be done easily with maternal depression screening instruments^{ix}.
 - Postpartum Support International recommends screening on the following timeline: First prenatal visit, at least once in second trimester, at least once in third trimester, six-week postpartum obstetrical visit (or at first postpartum visit), repeated screening at 6 and/or 12 months in OB and primary care settings, and at the 3, 9, and 12 month pediatric visits.^x
 - Included with this document is an example for healthcare teams to utilize when creating a follow-up plan for a positive depression screening. It is on page 21 titled “You’ve Completed a Depression Screen. Now What?”
3. More training/ongoing education opportunities for healthcare and mental health professionals who interact with perinatal individuals and their families on recognizing the importance of and signs and symptoms of PMADs.
 - Increased incentives from employers for completing the perinatal mental health certification and/or scholarship opportunities being presented to qualified professionals to be able to pursue that certification.
 - As an addendum to this document, we have included a list of resources and training opportunities available to professionals who work with the perinatal population.
 4. Share updated and accurate material to providers, clients, families, and communities about perinatal mental health and resources available to them such as postpartum.net, relevant handouts on perinatal mental health, National Maternal Mental Health hotline, etc. (Updated materials are available but languages are limited)
 5. Increase number of mental health providers who are certified in perinatal mental health especially:
 - Multilingual providers and providers who represent the different cultures and ethnicities of the communities they are serving.
 - Increase providers who accept Medicaid - This would include increasing Medicaid reimbursement rates and eliminating barriers and difficulty getting certification to accept Medicaid.
 6. Co-locate mental health services with OB, pediatric, and family practice services - this can be a licensed social worker or other licensed mental health professional, a psychiatric NP, or other professionals with appropriate training and awareness of perinatal mental health.

7. Share findings, needs, and recommendations with Indiana lawmakers.
- Currently, 10 states have created laws to promote screening for depression during pregnancy and the postpartum period. More information on the impact of that legislation can be found in this article from Seleni:
<https://seleni.squarespace.com/advice-support/2018/3/14/do-laws-on-postpartum-depression-screening-help-women-ght4k>

Resources for Patients and Families

Indianapolis Area Support Groups for Perinatal Mental Health

IU Health: Virtual, Mondays 10:00-11:30 am, Thursdays 6:30-8:00 pm. Call 317-948-7308 for registration information.

Ascension St. Vincent: Virtual, Tuesdays 10:00-11:30 am. Call 317-582-7150 for registration information.

Community Health Network: Virtual, Tuesdays 11:00 am. Call 317-621-7998 for registration information.

Riverview Hospital, Noblesville: In-person, 1st & 3rd Thursdays 10:00 - 11:00 am. Email obeducation@riverview.org for more information.

*Please contact the organization in advance. Days and times subject to change.

Local Maternal Mental Health Resources

The best way to get connected to maternal mental health counseling services is through your OBGYN, but there are community mental health centers listed to connect with additional counseling services/support:

- **Ascension St. Vincent:**
 - **Ascension St. Vincent Primary Care Center:** If you have established care at the Primary Care Center, you can contact the LCSW at (317) 338-7516.
 - **Ascension St. Vincent Women's Hospital:** If you are delivering here, you will meet with a social worker upon delivery to assess any needs or if you have concerns related to your mental health prior to discharging, please request to speak to a social worker. Their phone number is (317) 415-8111.
 - **Ascension St. Vincent Stress Center:** Provides mental health services and deliver personalized behavioral and mental health treatment and have specialty programs for women experiencing perinatal mood and anxiety disorders. They are open 24/7 and you can contact them at (317) 338-4800.

- **Community Health Network:**
 - **Behavioral and Mental Health Services:** you can call for an appointment: (800) 662-3445 or (317) 621-5700. Here is their website: <https://www.ecommunity.com/services/mental-behavioral-health>. There is a behavioral health consultant at each hospital and outpatient OBGYN office that can support and assess perinatal mood and anxiety disorders.
- **Franciscan Health:**
 - A nurse navigator (317) 528-5224 is a great point of contact if you have concerns related to signs and symptoms of perinatal mood and anxiety disorders and they can connect you with a referral to the behavioral health center and their online virtual support groups.
- **Eskenazi Health:**
 - If you are delivering at Eskenazi Health, you can contact a Maternal Child Health Care Specialist, upon admission at (317) 880-5791 or (317)-605-8713 to get connected with resources and referrals.
 - For mental health support during outpatient clinic appointments, please contact social work at (317) 880-5792 or (317) 501-7823.
 - **Sandra Eskenazi Mental Health Center:**
 - To make an appointment, please call (317) 880-8491
 - For the crisis line, call (317) 880-8485.
- **IU Health:**
 - **Perinatal Mood Disorder Program:** Please call 317-962-8191 to learn more information about services and support groups.
 - **Riley Maternity Tower:** Offer virtual support groups, for more information please contact (317) 948-7401.
 - **Maternal and Fetal Medicine Center:** If you have any needs related to mental health and you are a patient at the maternal and fetal medicine outpatient center you can contact (317) 948-0153.

Community Based Maternal Health Counseling Services

(Located in most Marion County zip codes; health insurance coverage may vary):

- **Adult and Child:** Various locations throughout Indianapolis, please call (317) 882-5122.
- **Aspire:** Please call (317) 574-1254 for more information.
- **Marion County Public Health Department Social Work Department:** Have staffed licensed and licensed clinical social workers who have training in perinatal mental health and are located at various locations. For more information, please call: (317) 221-2364 or (317) 221-8950.

Local Online Resources

- **MOMS Helpline Indiana** has a mother’s helpline which is an important resource for ensuring that every Indiana mom and baby is healthy and happy. The website is <https://www.momshelplineindiana.com/>. If you have any questions or need information about a particular resource that is not listed on our website, please feel free to call 1-844-MCH-MOMS (1-844-624-6667) 6667 (M-F, 7:30 a.m. – 5 p.m. EST). Access MOMS Helpline by text message at 844-666-7898 (844-MOMSTXT) for English and 844-737-6262 (844-SER-MAMA) for Spanish.

Online Resources

- **Maternal Mental Health NOW:** A free web-based pregnancy and postpartum emotional wellness app with helpful information and resources. This website also provides an online emotional wellness self-help toolkit Available in English and Spanish: <https://mycare.mmhnow.org/>.
- **National Maternal Mental Health Hotline:** 1-833-943-5746 (1-833-9-HELP4MOMS)
- **Postpartum Support International:** The leading organization for maternal mental health that provides online support groups, a helpline, helpful information and resources for mothers, their partners, and extended family members. For more information, please visit: <https://www.postpartum.net/>. And for Spanish, please visit: <https://www.postpartum.net/en-espanol/>.
- **Postpartum Progress:** the world’s most widely read blog dedicated to maternal mental health. For more information, please visit: <https://postpartumprogress.com/>.
- **The 4th Trimester Project:** Expert-written resources and information for mothers and their families related to postpartum and mental health: For the website in English, please visit: <https://newmomhealth.com/> and for the website in Spanish, please visit: <https://www.saludmadre.com/>.

Online Support Groups

- **Postpartum Support International:** Direct link to their 30+ support groups: <https://www.postpartum.net/get-help/psi-online-support-meetings/>. Phone call and texting available to speak with someone right away.
 - Call 1-800-944-4773 and press #1 para Español or #2 for English
 - Text 800-944-4773 for English or text 971-203-7773 para Español

Resources For Providers

- **American College of Obstetrics and Gynecologists Perinatal Mental Health Toolkit**
 - ACOG recognizes the importance of educational tools to help ob-gyns and other women’s health care professionals address perinatal mental health conditions. To this end, ACOG is sharing the Lifeline for Moms Perinatal Mental Health Tool Kit™, developed by the UMass Chan Medical School and reviewed by members of ACOG’s Maternal Mental Health Expert Work Group, to provide actionable information, algorithms, and clinical pearls to support detection, assessment, and treatment of perinatal mood and anxiety disorders.
 - Link: <https://www.acog.org/programs/perinatal-mental-health?emci=efb4f095-f305-ee11-907c-00224832eb73&emdi=0d9e793e-ea06-ee11-907c-00224832eb73&ceid=10046519>
- **American College of Obstetrics and Gynecologists Guide for Integrating Mental Health Care into Obstetric Practice**
 - The Lifeline for Moms Guide for Integrating Mental Health Care into Obstetric Practice, developed by members of the Lifeline for Moms Program at UMass Chan Medical School, provides strategies for operationalizing mental health screening, assessment, treatment, referral, monitoring, and follow-up in obstetric practices. It provides a step-by-step process for implementing a three-phase approach: **plan**, **implement**, and **sustain**. **Communication** isn’t listed as a specific step throughout this process, but it remains, as in all quality improvement (QI) initiatives, critical, and must happen during every stage of the process.
 - Link: <https://www.acog.org/programs/perinatal-mental-health/integrating-mental-health-care-into-ob-practice-guide?emci=efb4f095-f305-ee11-907c-00224832eb73&emdi=0d9e793e-ea06-ee11-907c-00224832eb73&ceid=10046519>
- **Alliance for Innovation on Maternal Health Perinatal Mental Health Conditions Safety Bundles**
 - <https://saferbirth.org/psbs/perinatal-mental-health-conditions/?emci=efb4f095-f305-ee11-907c-00224832eb73&emdi=0d9e793e-ea06-ee11-907c-00224832eb73&ceid=10046519>
- **Postpartum Support International (PSI)**
 - PSI brings together families, communities, and professionals working to support families during pregnancy, pregnancy loss, and the postpartum period.
 - For a list of provider resources, trainings, and support, visit <https://www.postpartum.net/professionals/>. This includes their certification programs and a psychiatric consult line for providers <https://www.postpartum.net/professionals/perinatal-psychiatric-consult-line/>
- **Seleni Institute**
 - Trainings for certification and ongoing education on perinatal mental health. Discounts and scholarships are available at different times throughout the year. <https://www.seleni.org/>

- **The Postpartum Stress Center**
 - Offers a training center and information to providers and families on perinatal mental health. “Our objective is to provide support and treatment for the pregnant or postpartum woman and her family as well as guidance for her treating physician or therapist. We are committed to providing excellent clinical care and education to both our clients and professionals who seek our expertise”. <https://www.postpartumstress.com/>
- **Policy Center for Maternal Mental Health (Formerly 2020 Mom)**
 - Policy and think tank leader on maternal mental health. Has multiple resources, educational, and advocacy materials for providers. <https://www.2020mom.org/>
- **CHAMP**
 - Indiana Consultation for Healthcare Providers in Addiction, Mental Health, and Perinatal Psychiatry
 - CHAMP is a free adult and perinatal psychiatry access program through IU School of Medicine designed to support frontline providers in treating mental health in their patients. Information on how to utilize this service is included on pages 18 and 19.
- **AAP Guidance on Incorporating Perinatal Mental Health Screening into Pediatric Practice**
 - “A healthy baby requires healthy parents, and pediatricians who spend a little time now screening for depression and connecting parents to treatment can create a lifetime of positive benefits for the child.”
 - AAP’s resource guide can be found here: <https://www.aap.org/en/patient-care/perinatal-mental-health-and-social-support/integrating-postpartum-depression-screening-in-your-practice-in-4-steps/>. A conversation guide for pediatric providers is included on page 22 (English) and 23 (Spanish) of this document.

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- ^x Postpartum support international (2023). Screening recommendations. <https://www.postpartum.net/professionals/screening/>



PERINATAL MOOD AND ANXIETY DISORDERS (PMADS)

Perinatal: Anytime during pregnancy through the first year postpartum



SYMPTOMS



Feelings of guilt, shame or hopelessness



Feelings of anger, rage, or irritability, or scary and unwanted thoughts



Lack of interest in the baby or difficulty bonding with baby



Loss of interest, joy or pleasure in things you used to enjoy



Disturbances of sleep and appetite



Crying and sadness, constant worry or racing thoughts



Physical symptoms like dizziness, hot flashes, and nausea



Possible thoughts of harming the baby or yourself



TREATMENT OPTIONS

Counseling

Medication

Support from others

Exercise

Adequate sleep

Healthy diet

Bright light therapy

Yoga

Relaxation techniques

RISK FACTORS



History of depression, anxiety, OCD



Pregnancy or delivery complications, infertility, miscarriage or infant loss



Abrupt discontinuation of breastfeeding



Thyroid imbalance, diabetes, endocrine disorders



Premenstrual Syndrome (PMS)



History of Abuse



Lack of support from family and friends



Financial stress or poverty



Unwanted or unplanned pregnancy



TRASTORNO DEL ESTADO DE ÁNIMO Y ANSIEDAD EN LA ETAPA PERINATAL

Etapa perinatal: se refiere a cualquier tiempo durante el embarazo y el primer año de posparto o puerperio



SÍNTOMAS



Tener sentimientos de culpa, vergüenza y desesperación



Tener sentimiento de enojo, ira, irritabilidad, miedo o pensamientos no deseados



No tener interés en el bebé o tener dificultad de apegarse al bebé



Falta de interés, alegría, o placer en hacer cosas que solías hacer



Interrupción en el sueño y el apetito



Estar llorando y tener tristeza, preocupación constante o pensamientos acelerados



Tener síntomas físicos incluyendo mareos, bochornos, y náusea



Tener posibles pensamientos de lastimar a tu bebé o a ti misma



OPCIONES DE TRATAMIENTO

Consejería

Medicamento

Apoyo social de alguien más

Ejercicio

Rutina saludable de dormir

Dieta saludable

Terapia de luz

Yoga

Técnicas de relajación

FACTORES DE RIESGO



Tener antecedente de episodios de depresión, ansiedad, History of depression, anxiety, TCO



Complicaciones en el embarazo o en el parto, infertilidad, aborto espontáneo o pérdida infantil



Parar de dar pecho a tu bebé repentinamente



Tener imbalances en la tiroides, diabetes, o trastorno endocrinólogo



Síndrome premenstrual



Tener antecedentes de abuso



Falta de apoyo de la familia o amigos.



Estrés financiero o pobreza



Haber tenido un embarazo no planeado o querido.

Not Feeling Like Yourself? Let's Talk About It.



**Always
Free — 24/7**



**Support &
Resources**



**Confidential
Call & Text**



**60+
Languages**



**Don't wait. Reach out today.
1-833-TLC-MAMA (1-833-852-6262)**

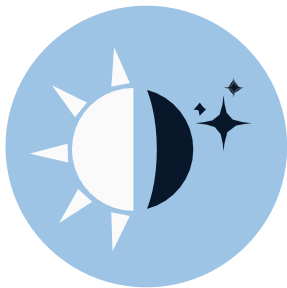
¿No te sientes como tú misma?

Vamos a platicar al respecto.



**Línea Nacional
de Asistencia
a la Salud
Mental Materna**

HRSA
Health Resources & Services Administration



**Siempre
gratis — 24/7**



**Apoyo y
recursos**



**Llamadas y
mensajes
confidenciales**



**Más de
60 idiomas**



**No esperes. Conéctate hoy mismo.
1-833-TLC-MAMA (1-833-852-6262)**



We Can Help with Perinatal Mental Health

Having a baby is supposed to be an amazing experience—the best moment of your life. Everyone says, “You must be so happy!”

But what if you’re not? What if you’re depressed, anxious, or overwhelmed? What if your partner or friends are worried about you, but you just don’t know how to talk about it?

You’re not alone. Postpartum Support International can help you get better.

Many people face mental health challenges during the perinatal period—pregnancy, post-loss, and the 12 months postpartum. In fact, perinatal mental health (PMH) disorders are the most common complication of childbearing in the U.S.

Although most people are familiar with postpartum depression, there are several other forms of PMH disorders, including anxiety, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar disorder, and psychosis. They can affect parents of every culture, age, income, and race. Please see the back of this sheet for a complete list of PMH disorders.

Left untreated, PMH disorders can lead to premature or underweight births, impaired parent-child bonding, and learning and behavior problems later in childhood. They can even raise the risk of maternal mortality. The good news is that support and resources are available and can help prevent these complications.

PSI Can Help

Postpartum Support International (PSI) can connect you with the support and help you need. Whether it’s simply talking with others who have been where you are or finding a professional who can provide treatment, PSI is there for you. For 35 years, we’ve provided resources and programs to help give new families the strongest and healthiest start possible.

(Turn this sheet over to learn more about our programs.)

Ask Yourself

- Are you feeling sad or depressed?
- Do you feel more irritable or angry with those around you?
- Are you having difficulty bonding with your baby?
- Do you feel anxious or panicky?
- Are you having problems with eating or sleeping?
- Are you having upsetting thoughts that you can’t get out of your mind?
- Do you feel as if you are “out of control” or “going crazy?”
- Do you feel like you never should have become a parent?
- Are you worried that you might hurt your baby or yourself?

Any of these symptoms, and many more, could mean that you have a perinatal mental health disorder.

The good news is that you can get treatments that will help you feel like yourself again. **There is no reason to continue to suffer. Go to postpartum.net for more information.**

1 IN 5
women and 1 in 10
men experience
depression or anxiety
during the perinatal
period.



Perinatal Mental Health Disorders

PMH Disorders

The perinatal period includes pregnancy, post-loss, and the 12 months postpartum.

Perinatal Depression

Symptoms may include feelings of anger, sadness, irritability, guilt, lack of interest in your baby, changes in eating and sleeping habits, trouble concentrating, hopelessness, and sometimes even thoughts of harming your baby or yourself.

Perinatal Anxiety

Symptoms may include extreme worries and fears, often over the health and safety of your baby. Some people have panic attacks, which can include shortness of breath, chest pain, dizziness, numbness and tingling, and a feeling of losing control.

Perinatal Obsessive Compulsive Disorder (OCD)

Symptoms may include repetitive, upsetting, and unwanted thoughts or mental images (obsessions),

and/or the need to avoid triggers to certain things over and over (compulsions).

Postpartum Post-Traumatic Stress Disorder

This is often caused by a traumatic or frightening childbirth or past trauma. Symptoms may include flashbacks of the trauma with feelings of anxiety and the need to avoid things related to that event.

Bipolar Mood Disorders

Many people are diagnosed for the first time with bipolar depression or mania during pregnancy or afterward. A bipolar mood disorder can appear as severe depression.

Perinatal Psychosis

Symptoms may include the inability to sleep, seeing images or hearing voices that others can't. You may believe things that aren't true and distrust those around you or have periods of confusion, mania, depression, or memory loss. This condition is uncommon but dangerous, so it is important to seek professional help immediately.

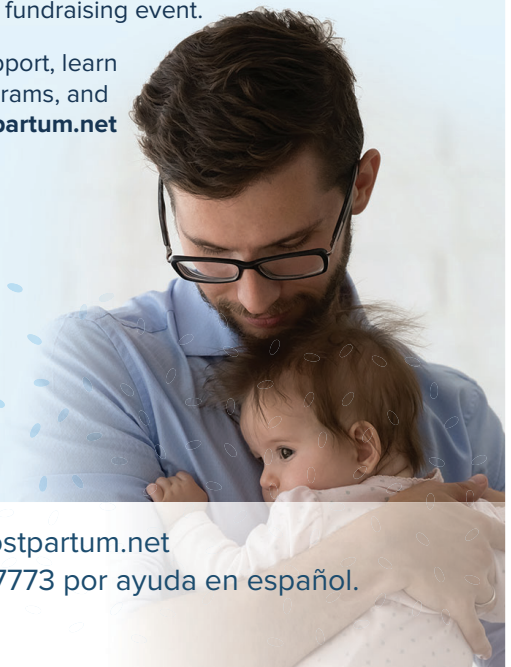
PSI Programs

PSI offers a wealth of resources for a wide range of needs, situations, and audiences. Our key programs for affected individuals and families include:

- > **PSI HelpLine**, a toll-free phone number 1-800-944-4773 anyone can call for basic information, support, and resources. Support via text message is also available at 800-944-4773 and 971-203-7773 (Español).
- > **Peer Support**, over 30 Online Support Groups available five days a week, a Peer Mentor Program that pairs individuals in need with a trained volunteer who has also experienced and fully recovered from a PMH disorder.
- > **Chat with an Expert**, facilitated by licensed mental health professionals, these sessions provide an opportunity to seek general information about PMH disorders from a PSI expert.
- > **Online Provider Directory** (psidirectory.net) that helps individuals and families quickly and easily connect with qualified perinatal mental health providers in their area.

- > **Climb Out of the Darkness**, an international community event that brings together survivors, providers, and supporters in the world's largest PMH awareness and fundraising event.

You can also find support, learn more about our programs, and get involved at postpartum.net



Call the PSI HelpLine at 1-800-944-4773 (English and Spanish) or visit postpartum.net
Text "Help" to 800-944-4773 for English. Mande un mensaje a 971-203-7773 por ayuda en español.

April 2023



Your Partner in Perinatal Mental Health

If you work in mental health, maternal health, or an affiliated profession, you most likely have patients or clients who experience perinatal mental health (PMH) disorders. A frequent complication of childbearing, they affect 800,000 people a year in the US.

But are you confident that you can recognize and diagnose them? Do you feel comfortable treating these patients—or know which specialists you can refer them to?

Postpartum Support International (PSI) can help. We have a wide variety of resources and training programs designed to improve understanding and care.

A Widespread Problem. A Proven Partner.

Perinatal mental health (PMH) disorders can appear anytime during pregnancy, post-loss, and 12 months after postpartum. In the U.S., one in five mothers and one in ten fathers experience postpartum depression. PMH disorders affect people of every age, race, ethnicity, income, and culture.

PMH disorders include depression, anxiety, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar mood disorders, and psychosis.

Left untreated, PMH disorders can lead to premature or underweight births, impaired parent-child bonding, and learning and behavior problems later in childhood. They can even raise the risk of maternal mortality. The good news is that support and resources are available and can prevent these complications.



We have trained
**MORE THAN
40,000**
providers
like you.

**ONLY
25%**
of those impacted are
identified and receive
treatment.

For 35 years, Postpartum Support International (PSI) has been a global leader in improving awareness and treatment of PMH disorders. We work in over 50 countries to connect experts and patients, boost scientific knowledge and emotional understanding, and to develop and deliver effective interventions.

PSI and You

PSI helps train and certify professionals who support families during pregnancy, pregnancy loss, and the postpartum period. From on-demand resources such as a psychiatric consult line, an online provider directory, and educational webinars and videos, to specialty trainings and the first-ever PMH certification, PSI is your partner in advancing knowledge and improving care.

Summaries of our key programs are on the back. More information is available at postpartum.net

PSI has resources and trainings for a wide variety of people working in mental health, maternal health, or affiliated professions. Key programs are listed here.

Resources

> Perinatal Psychiatric Consult Line

A service provided by PSI for medical professionals who have questions about mental health care related to perinatal patients and pre-conception planning. The consult line (1-877-499-4773) is staffed by reproductive psychiatrists who are members of PSI and specialists in the treatment of PMH disorders. The service is free and available by appointment.

> Frontline Provider Trainings

This 2-part series helps frontline healthcare providers (e.g., obstetricians/gynecologists, family practice physicians, internists, nurse practitioners, midwives, physician assistants, and nurses) develop the skills necessary to assess patients for PMH disorders, provide treatment with medication, and/or connect individuals to additional resources and care. Training is provided by PSI perinatal psychiatric experts with a curriculum developed specifically for primary healthcare providers. Options include both live and on-demand webinars as well as onsite trainings tailored to your team and setting.

> Certification in Perinatal Mental Health

The Perinatal Mental Health Certification (PMH-C), the first of its kind, was launched by PSI in 2018; more than 3,000 people have been certified since. It creates a structure for professional education and evaluation and a standardization of training and experience. Developed in partnership with Pearson VUE, the PMH-C curriculum builds on existing evidence-based PMH certificate trainings, adding an advanced-training component.

> Perinatal Mental Health Alliance for People of Color

PMHA-POC works to increase the capacity of perinatal professionals to better support individuals, families, and communities of color around PMH disorders.



LEARN MORE

about our professional programs and resources at postpartum.net/professionals.

> PSI Annual Conference

The PSI conference provides an opportunity to meet, learn together, and share ideas with others involved in the field of perinatal mental health.

> PSI Provider Directory

An online directory of qualified perinatal mental health professionals and support groups in the U.S., Canada, U.K., and other countries. Specialized providers are able to join the registry as a mental health provider, a healthcare provider, childbirth professional, or support group. You can tailor your listing to reach potential clients, and share practice announcements, new programs, and groups, and more.

> Screening Tools

Because PMH disorders are so common yet so often overlooked, PSI recommends universal screening of all pregnant and postpartum individuals using evidence-based tools such as the Edinburgh Postnatal Depression Screen or Patient Health Questionnaire. Both tools are free, easily self-administered, and translated into many languages.

> Other Trainings

PSI develops and delivers a variety of in-person and online trainings. Some are topic-specific (e.g. perinatal loss, psychotherapy, and psycho-pharmacology), while others are designed to provide CEs and/or count toward completion of the PMH-C certification.

> Membership

PSI's membership program provides unique opportunities for healthcare providers, researchers, students, and community supporters to engage in activities that help advance perinatal mental health.

We are proud to have members in all 50 states and more than 50 other countries. Learn more at postpartum.net/join-us/become-a-member.

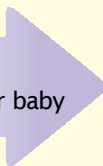
Your patients can call the PSI HelpLine for support and resources at **1-800-944-4773** (English and Spanish), text "help" to 800-944-4773 (English) or 971-203-7773 (Spanish), or **visit postpartum.net**.

Action Plan for Depression and Anxiety Around Pregnancy

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



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 child care so that you can rest and exercise.
- Continue to watch for the signs of depression and anxiety in the yellow and red sections below. If things get worse, find someone to talk to. Talk to a health care provider if you feel unsure.

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

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 Postpartum Support International at **1-800-944-4PPD (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.

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

Get help now!

- Call **9-1-1** for immediate help.
- Call the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)** for free and confidential emotional support—they talk about more than suicide.
- Call the Substance Abuse and Mental Health Services Administration's National Helpline at **1-800-662-HELP (4357)** for 24-hour free and confidential mental health information, treatment, and recovery services referral in English and Spanish.

Depression and Anxiety Happen. Getting Help Matters.

To learn more, visit nichd.nih.gov/MaternalMentalHealth.
To find a mental health provider in your area, call **1-800-662-HELP (4357)**.



Eunice Kennedy Shriver National Institute
of Child Health and Human Development



You've Completed A Depression Screen. Now What?

- No matter the total score, have a conversation with the parent about their responses.
 - Does this feel accurate to you?
 - Does it represent how you have been feeling?
 - Are you surprised?
- Go over any positive or higher scoring questions individually. Ask:
 - How long have you been feeling this way?
 - What has been contributing to these feelings?
 - How have you noticed these feelings impacting your day-to-day life or your interactions with your child(ren)?
 - What do you feel like you need most right now?
 - What does your support system look like at home?
- Based on the total score or parent's responses, follow your organization's protocols to appropriately address and respond to the parent's needs. These can include:
 - Providing education and information on perinatal mental health
 - Providing information for local and online/virtual support groups or other supportive online resources
 - Providing the National Maternal Mental Health Hotline or the Postpartum Support International Warmline
 - Offering to facilitate a referral to a licensed mental health provider
 - If applicable, offer and discuss medication options or offer to facilitate a referral to a provider who can address that need
 - If applicable and appropriate, offering to educate and include the parent's partner on perinatal mental health and how they can support.
- In instances where there are concerns for suicidality, follow organization protocols to immediately connect client with mental health provider for assessment to assist in determining acuity and need for crisis services. If no in-house or local resources are available, contact the National Suicide Hotline (988) or facilitate transportation to the closest emergency room. If there are concerns for perinatal psychosis, it should be treated as a medical emergency.

Feeling very sad or anxious?

Have you been feeling overwhelmed and extra anxious since having your baby? Or even while you were pregnant?

Feeling depressed is common, and you can get help to cope.



Isn't it just "baby blues"?

Postpartum depression is more intense than "baby blues" and lasts longer, up to a year after the baby is born. If you feel really sad or anxious or hopeless, and it's hard to get through your day, talk to your pediatrician during your baby's visit or call their office.

Is this really a priority?

Yes. The way you feel affects your whole family. Untreated depression can impair your ability to bond with and care for your baby. A healthy baby needs a healthy you. You are important too!

Shouldn't I just tough it out?

Parenting is hard, and everyone needs help sometimes. Spending a little time taking care of yourself now will benefit you and your baby for a lifetime. Untreated depression can be stressful for the baby and may slow their brain growth and language development.

Do other people feel like this?

It's common to struggle, and many people can feel depressed or anxious after giving birth. Plus, COVID-19 has made this an extra lonely and anxious time for everyone, especially pregnant people and new parents.

How can I get help?

Talk to your doctor or to your baby's pediatrician. Your pediatrician wants to know and can help you find resources to help you feel better.

Still have questions?

Talk to your pediatrician. We are here to help you, your baby and your family thrive. You can also call Postpartum Support International **1-800-944-4773**. If you are considering harming yourself or your baby, call the suicide hotline **1-800-273-8255**, text HOME to **741741** or call **9-1-1**.

For help when it's needed, call or text the National Maternal Mental Health Hotline **1-833-9-HELP4MOMS** (1-833-943-5746). TTY Users can use a preferred relay service or dial 711 and then **1-833-943-5746**.



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®



healthychildren.org

Powered by pediatricians. Trusted by parents.
from the American Academy of Pediatrics

¿Se siente muy triste o ansiosa?

¿Se ha sentido abrumada y muy ansiosa desde que tuvo a su bebé? ¿O incluso durante el embarazo? Sentirse deprimida es normal y puede recibir ayuda para enfrentarlo.



¿No es esto solamente “tristeza posparto”?

La depresión posparto es más intensa que la “tristeza posparto” y dura más tiempo, hasta un año después del nacimiento del bebé. Si se siente muy triste, ansiosa o desesperada y le cuesta llegar al final del día, hable con su pediatra durante la visita de control del bebé o llame a su oficina.



¿Es esto realmente una prioridad?

Sí. La forma en que se siente afecta a toda su familia. La depresión no tratada puede dañar su capacidad para cuidar y para establecer un vínculo con su bebé. Un bebé sano necesita que usted esté sana. Usted también es importante.

¿No debería simplemente aguantar?

Criar a los niños es duro y todos necesitamos ayuda a veces. Dedicar un poco de tiempo a cuidarse ahora le beneficiará a usted y a su bebé durante toda la vida. La depresión no tratada puede ser estresante para el bebé y puede retrasar su crecimiento cerebral y el desarrollo de su lenguaje.

¿Otras personas se sienten así?

Este problema es común, muchas personas pueden sentirse deprimidas o ansiosas después de dar a luz. Además, el COVID-19 ha hecho que este sea un momento de mayor soledad y ansiedad para todos, especialmente para las personas embarazadas y los nuevos padres y madres.

¿Cómo puedo obtener ayuda?

Hable con su médico o con el pediatra de su bebé. Su pediatra quiere estar al tanto y puede ayudarlo a encontrar recursos para que se sienta mejor.

¿Todavía tiene preguntas?

Hable con su pediatra. Estamos aquí para ayudarlo a usted, a su bebé y a su familia a prosperar. También puede llamar a Postpartum Support International (Apoyo Posparto Internacional) al **1-800-944-4773**.



Si está pensando en hacerse daño a sí misma o a su bebé, llame a la línea de prevención nacional de suicidio al **1-800-273-8255**, envíe el mensaje de texto “HOME” al **741741**, o llame al **911**.

Si necesita ayuda, llame o envíe un mensaje de texto a la Línea Nacional de Salud Mental Materna al **1-833-9-HELP4MOMS** (1-833-943-5746). Los usuarios de TTY/TTD pueden utilizar un teléfono de texto o marcar el **711** y luego el **1-833-943-5746**.



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

ALL ABOUT CHAMP!

CHAMP is a FREE adult & perinatal psychiatry access program through the IU School of Medicine designed to support frontline providers in treating mental health in their patients.

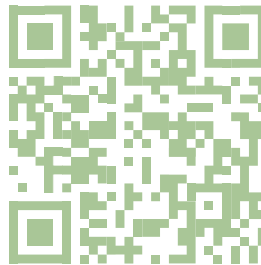
Our mission is to partner with primary care providers across the state to deliver high-quality mental health & substance use treatment for adult patients.



Our Website



Register Here



We Provide:

*Same day
provider-to-psychiatrist
consultation line*

*Help with medication
management, diagnosis,
screening & treatment
planning*

*Community referral support
Educational opportunities*

We Serve:

*Any health care provider in
the state of Indiana who
works with adult patients.*

Contact Us!

M-F: 9am–5pm est.

317-274-2400

CHAMP@iu.edu



SCHOOL OF MEDICINE
DEPARTMENT OF PSYCHIATRY

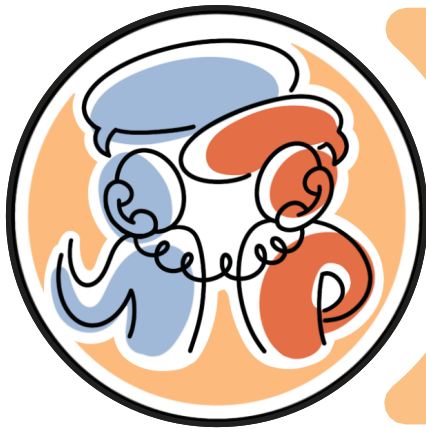


CHAMP

How does it work?

Indiana Consultation for Healthcare Providers in Addiction, Mental Health, & Perinatal Psychiatry

START HERE: Provider needs consultation



CALL CHAMP!

317-274-2400

We offer free psychiatric consultations to healthcare providers M-F: 9am-5pm.

CONNECT WITH NAVIGATOR!

We'll register you right away & schedule a consultation with a psychiatrist within 30 minutes (or at your specified availability).



RECEIVE ASSISTANCE

Speak to psychiatrist and then we will email you a summary of the consultation and additional resources if desired.



Substance Use and Pregnancy: What You Need to Know

It is important to start prenatal care as soon as you know you are pregnant. This gives you and your baby the best chance at a healthy pregnancy and birth. We hope this information can help you understand what to do if you or someone you know is pregnant and using substances.

In Indiana, the law says healthcare providers have to ask all pregnant individuals questions about substance use. Some providers might do a urine drug screen. The reason for this is to help you and your baby get the right treatment.

- Healthcare providers cannot report the results of a positive screen while pregnant to police or Department of Child Services (DCS) unless they have the patient's written consent or a court order.
- However, healthcare providers can report to DCS if your baby has a positive drug screen at birth. Being involved in recovery services can help when it comes to your DCS case.

Medication assisted therapy (MAT) is safe during pregnancy and recommended by the American College of Obstetrics and Gynecology.

- Stopping your prescribed methadone or buprenorphine during pregnancy without care from a provider can be dangerous for mom and baby. Always talk to your OB provider before changing or stopping these medications.
- In most cases, the benefits of using MAT outweigh the risks of stopping substance use while pregnant. Although your baby may experience withdrawal symptoms, this is a treatable condition.
- Testing positive for methadone or buprenorphine is not illegal if you are receiving it from a treatment program.

Families and friends should be aware that Narcan can be used on pregnant individuals in case of an overdose.

Marijuana, while legal in some states, is still illegal in Indiana. A positive test at birth may result in a DCS report.

- Research suggests marijuana can have harmful effects on your growing baby, but studies are still being done. Because the possible harms are not known, it is not recommended to use marijuana during pregnancy.

Talk to your OB provider about all medications you are taking. Many medications, including benzos, amphetamines, and stimulants, may have harmful effects on your growing baby. Never take a prescription medication that is not written for you.

Nicotine from tobacco smoke passes through the placenta of a pregnant person to their baby.

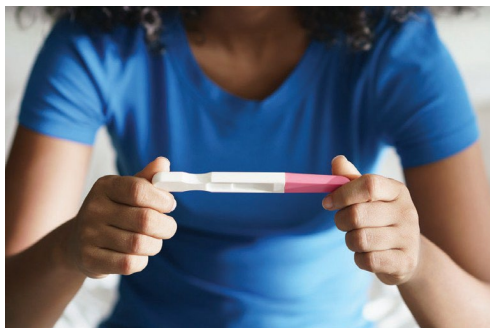
- Health risks include a baby with low birth weight, learning problems, behavior problems, and higher risk for SIDS.
- The more tobacco a pregnant person uses, the greater the chance of health problems for their child.
- E-cigarettes/vapes and smokeless tobacco also have nicotine and are unsafe during pregnancy.

Drinking alcohol, in any amount, can cause permanent, lifelong harm to your growing baby including learning disabilities and physical defects. It is recommended that you stop drinking alcohol during pregnancy.

The earlier you talk with your healthcare provider about your substance use, the better chance you and your baby have for a healthy pregnancy and delivery. There are people who want to help you and your baby be safe.



Resources for Pregnant Individuals With Substance Use Disorder



CHOICE Program – Community Hospital East offers care to pregnant individuals struggling with substance use disorder. This program is designed to help each patient get into a treatment program to support the path to recovery. The CHOICE program is covered by most pregnancy-related insurance, including Medicaid. Call **317-355-1482** or visit www.ecommunity.com/CHOICE.

Eskenazi Health Circle of Recovery for Families – Services for pregnant individuals with substance use disorders. The program has a family-centered approach and provides a primary care home for patients, in addition to substance use disorder treatment. Services are ongoing throughout pregnancy and beyond, building long-term relationships between families and the health care team. Call **317-880-5950** or the 24-hour crisis line at **317-880-7666**.

IU Health Riley Maternal Recovery Program – A self-referral program for pregnant individuals using substances to initiate prenatal care, medication assisted therapy, mental health care, and other services during pregnancy. Call **317-944-7010** to enroll.

Indiana Pregnancy Promise Program – A free, voluntary program for pregnant Medicaid members who use opioids or have used opioids in the past. The program connects you to prenatal and postpartum care, other physical and mental health care, and treatment for opioid use disorder. The Pregnancy Promise Program provides support during the prenatal period and for 12 months after the end of pregnancy. Through these supports and relationships, the program provides hope to parents and babies and sets a strong foundation for their future. It now offers a childcare benefit for all enrollees. Enroll or refer someone at www.in.gov/fssa/promise.

Recovery Assist Platform – An online directory from the Marion County Public Health Department to find resources and support for persons with substance use disorder. Search for providers by the type of service, populations they serve, location, payment options and more. Visit www.recoveryassistplatform.com for more information.

Substance Use Outreach Services (SUOS) from the Marion County Public Health Department – Substance use case management, free/low cost STI testing, and referrals for support services. SUOS can link you to providers for treatment, as well as provide financial assistance for treatment programs. Call **317-221-4618** or **317-221-4628**.

Intouch Outreach (ITOR) – Offers peer recovery and community support services to individuals and families in need. Visit www.intouchoutreach.org for more information.

MOMS Helpline – Resource and referral system for Indiana moms, children, and families. Help with referrals to programs such as WIC, Medicaid, home visiting, prenatal care, pediatricians, dentists, food stamps, and more. Call **1-844-624-6667** for more information.

National Maternal Mental Health Hotline – Provides 24/7, free, confidential support before, during, and after pregnancy. The Hotline offers phone or text access to professional counselors, resources, referrals to local and telehealth providers and support groups. Call or text **1-833-943-5746**.

Tobacco Quitline – Assistance with tobacco cessation. Call **1-800-QUIT-NOW (1-800-784-8559)**.





GRIEF SUPPORT IN THE INDIANAPOLIS AREA

Open Arms – Community Health Network

Support group for parents at any stage in the bereavement process. Meets the third Thursday of every month from 7 – 9pm at Community Health Network-Northeast Professional Building 3rd Floor, Conference Room A, 7250 Clearvista Drive, Call (317) 621.5275

Healing Hearts – Eskenazi Hospital

Bereavement Support Group that meets from 6-8 pm at Eskenazi Hospital (720 Eskenazi Avenue) on the 2nd Wednesday of every month, in the 8th floor conference room, 300A, within the hospital. (this is NOT the Labor and Delivery floor). No fees and no registration are required. For questions: Call (317) 880.8898

Memories to Hold – Franciscan Health

Offers support to families who have lost a child due to ectopic pregnancy, miscarriage, stillbirth or neonatal death. This group meets from 7 to 9 pm on the second Tuesday of each month, with the exception of December, at the Franciscan Health Indianapolis Campus, Conference Room 1, near Entrance #6, 8111 S. Emerson Ave, Indianapolis. For more information call (317) 528.5199

Pathways Support Program – IU Health Riley

Care for families who face serious complications with their unborn baby, or experience a loss of a pregnancy through miscarriage, stillbirth, and death soon after birth. Call (317) 948-7207 or pathways@iuhealth.org. Access to Riley Grief Guide: text **grief** to **22999** or visit www.rileychildrens.org/griefguide

Ascension St. Vincent Women’s Hospital Bereavement Support

Ascension St. Vincent Women’s Hospital bereavement program assists families with their grief journey by providing ongoing emotional and spiritual support through telephone contact, literature, counseling and support group meetings. Contact bereavementrn@stvincent.org or call (317) 415.7494 for more information. The Parent Support Group meets the first Thursday of the month at 8550 Naab Road in Room 201 from 7- 9pm.

Marion County Public Health Department (MCPHD): Social Work Department Social Workers provide home visits, assessments, follow-ups, and short-term home-based counseling services to Marion County residents who have experienced a perinatal loss. Call (317) 221.8950

Shades of Becoming a Mom is a Christian, non-profit organization that provides resources, guidance, and support primarily to Black women grieving the loss of a baby in pregnancy or infancy. We serve to alleviate cultural barriers experienced by Black women during pregnancy, after delivery, and throughout the grief process. Text or call for support: 317-689-7006 or email shadesofbecomingamom@gmail.com

(OVER)



HELPFUL BOOKS ABOUT GRIEF AND LOSS

When Pregnancy Fails - Susan Borg & Judith Lasker

The Bereaved Parent Harriet - Sarnoff Schiff

Empty Cradle, Broken Heart: Surviving the Death of Your Baby - Deborah Davis

Help, Comfort, and Hope After Losing Your Baby in Pregnancy or the First Year - Hannah Lothrop

Empty Arms - Pam Vredevelt

In October of every year there is a **Walk to Remember** for Central Indiana families who have experienced the loss of an infant. For more information & to register go to:

<https://www.franciscanhealth.org/news-and-events/events/memories-hold-walk-remember>

More information is at the website. The Walk is open to all families in Central Indiana regardless of where their infant was delivered.

INTERNET AND PHONE RESOURCES

Amos' Anchors:

The Anchor to Indianapolis Area & Online Grief Resources for Parents Facing the Storm of Pregnancy Loss, Stillbirth, or Infant Loss.

www.AmosAnchors.org

First Candle SIDS/SUID Support Group

This is First Candle's online support group forum for parents and loved ones affected by the sudden, unexpected death of a baby. This includes SIDS/SUID or any cause of sudden infant death.

<https://www.facebook.com/groups/150905431768092/>

A Blog for Fathers When a Baby Dies

A blog for dads to share thoughts, experiences, and support created by author Tim Nelson.

<http://www.fathersgrievinginfantloss.blogspot.com/>

Miscarriage, Stillbirth, and Infant Loss Blog Directory

This blog is maintained by volunteers to act like a "telephone book" for blogs dealing with the loss of a baby.

www.babylossdirectory.blogspot.com/

CLIMB: Center for Loss in Multiple Birth, Inc.

CLIMB provides parent-to-parent support for all who have experienced the death of one or more of our twins or higher gestation at any time from conception through birth, infancy, and early childhood. They also provide support and information for extended families, caregivers, twins and multiples organizations.

<http://www.climb-support.org/>

SPALS: Subsequent Pregnancy After a Loss Support

SPALS is a place for mutual self-help – a place to receive and provide support by exchanging experiences each other facing similar circumstances. Subscribers to SPALS strive to support each other through subsequent pregnancies by discussing issues that often arise in a pregnancy after a loss.

www.spals.com/home/index.html

National Maternal Mental Health Hotline

24/7 free, confidential hotline in English and Spanish

1-833-HELP4MOMS (1-833-943-5746)

National Suicide Prevention Hotline – call or text 988