

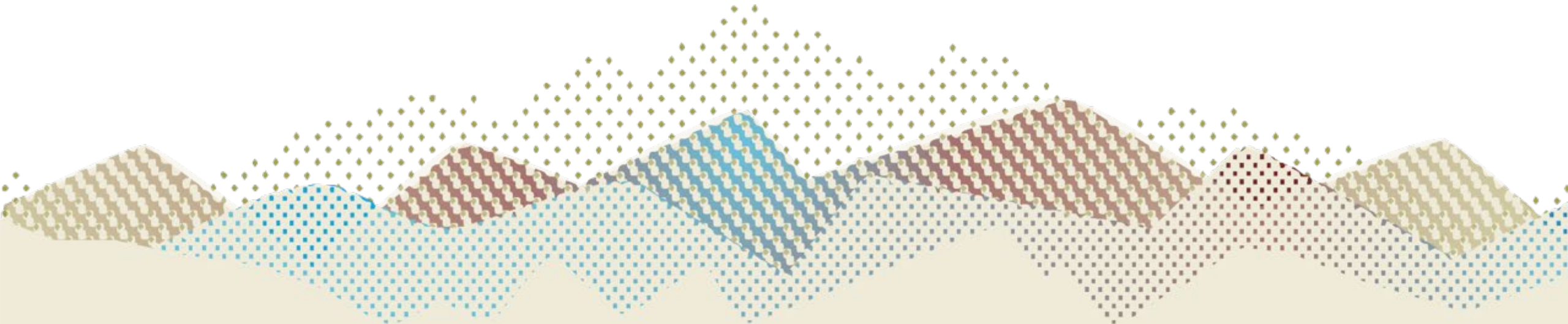


Enhancing Perinatal Support and Services

Webinar Series for Doulas and Case Managers

Perinatal / Maternal Mental Health

December 17, 2025



Agenda

- About Us
- Introductions
- Mental Health, Responsibilities, Challenges, and Facts
- Pregnancy and Postpartum Mental Health Issues
- Partnership HealthPlan Perinatal Services (PHPS)
- Edinburgh Postnatal Depression Screening (EPDS)
- County by County Resources
- Doula, Case Manager, and Perinatal Educator Roles
- Questions and Resources

About Us

Regional Offices



Mission:

To help our members, and the communities we serve, be healthy.

Vision:

To be the most highly regarded managed care plan in California.

Colleen Townsend, MD, Regional Medical Director

Regional Medical Director for Napa, Solano, and Yolo counties.

Colleen Townsend is a Family Medicine physician with over 25 years of experience in community health. She has experience in supporting patients and families across all stages and ages and many clinical settings. She practiced as a primary care provider at CommuniCare+OLE and works with postpartum families providing newborn care in the hospital setting.

Dr Townsend is a Regional Medical Director at Partnership out of the Fairfield Region and participates in the development and implementation of health plan policies and services related to pregnancy and postpartum period.



Mary Baracco, APRN, BSN, CNM, WHNP, PHN

Mary has spent her career supporting growing families. She's delivered countless babies and spent over 20 years in early childhood education. She has worked in public health maternal, child, and adolescent divisions in both Napa and Trinity counties and has worked extensively with parents experiencing perinatal mood disorders.

Mary has also had the honor of teaching and mentoring the next generation of nurses by teaching in health occupations at Napa Valley College.

She led the Napa Valley Breastfeeding Coalition as president for eight years and has more than 35 years of experience helping and supporting families with breast/chestfeeding – including 10 years as a certified lactation specialist and 20 years as an international board-certified lactation consultant.



Perinatal Mental Health

The purpose of this webinar is to:

- Review pregnancy and postpartum mental health challenges
- Discuss and review the modified Edinburgh (EPDS) screening questions and introduce Partnership HealthPlan
- Explore county by county resources for referrals that can be accessed through Partnership's Behavioral Health Department
- To discuss the doula, case manager, and perinatal educators role in recognizing the need, urgent or otherwise, for a referral to Behavioral Health or a Partnership approved licensed therapist, other resources, and the importance of follow-up.



Supporting Perinatal Maternal Health

- Doula, perinatal educators, case managers, staff in public health, WIC, or any related agency have the responsibility to be on the lookout for possible mental health concerns and refer patients when needed. This includes the birthing co-parent.
- Screening is a simple tool that can help.



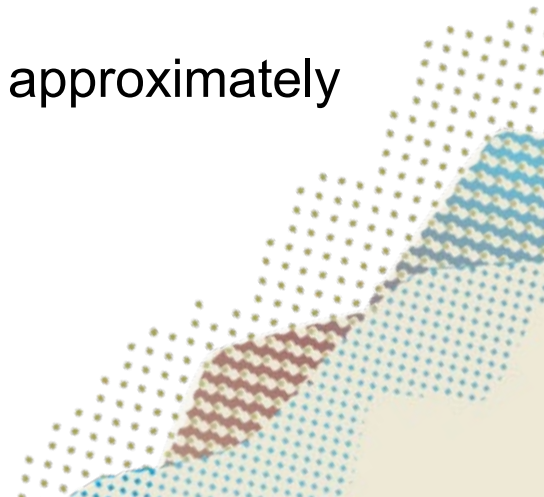
Challenges

- Racial and ethnic disparities
- Stigma associated with mental health
- Lack of qualified perinatal mental health providers
- Lack in standard of care through community-based initiatives



Statistical Perspective

- Mental health issues are experienced during the perinatal period by 1 in 5 birthing persons.¹
 - Only a small percentage receive treatment.²
- In the late postpartum (greater than six weeks) period 20% of maternal deaths are due to suicide.³
- As reported by those who give birth: 38% report mental health as the top postnatal complication.⁴
- Rural women face up to twice the incidence of perinatal maternal health issues when compared to their urban counterparts
- Men or birthing co-parents experience perinatal mood disorders at the rate of approximately 10%, most often associated with their partner's postpartum depression.



Factors influencing Mental Health Conditions in Pregnancy

- Socio-economic status or financial stability
- Support system of the pregnant person
- Health during and outcomes of prior pregnancies
- Presence of Intimate Partner Violence
- Prior Mental Health conditions
- Complications in current pregnancy
- Having some symptoms of mood disorder but not “meeting criteria”



Pregnancy and Postpartum Mental Health Issues

Baby blues, depression, anxiety, OCD, PTSD, postpartum psychosis

Mental Health in Pregnancy and Postpartum

Baby Blues

- Feeling worried, unhappy, tired, or low on energy
- Baby blues are normal
- They should only last 2-3 weeks

What to do?

- If they do not fade away, a health care provider should be contacted

Depression

- Feeling angry or irritable
- Lack of interest in the baby
- Changes in appetite
- Sleep – too much or not enough
- Feelings of guilt, shame, or hopelessness
- Possible thoughts of harming yourself or your baby

Anxiety

- Constant worry
- Sense of doom
- Unable to stop negative thoughts
- Appetite changes
- Sleep issues
- Mental and physical restlessness
- Feelings of panic and chest pain (serious)
- Anxiety can be treated

Mental Health in Pregnancy and Postpartum

Obsessive Compulsive Disorder (OCD)

- Feeling like you have to do things repeatedly
- Being overly protective of the baby
- Scary thoughts of your baby being harmed
- Moms with OCD recognize their thoughts are not normal but are not likely to act on them.

Post Traumatic Stress Disorder (PTSD)

- Results of a traumatic birth or past trauma
- Reoccurring thoughts about what happened
- Flashbacks or nightmares
- Anxiety
- Sleep disturbances
- Panic and chest pain

Postpartum Psychosis

- Delusions
- Hallucinations
- Hearing voices telling you to do bad things

Postpartum psychosis is the most serious and dangerous condition of all. The mother and her baby or children may be in immediate danger.

Do not leave the mother alone

CALL 911

California's Comprehensive Perinatal Services Program (CPSP)

- Established by the State of CA in **1984**, the program was designed to offer enhanced care, to Medi-Cal pregnant members to reduce maternal and infant illness and death
- The program provides a wide range of culturally competent services to pregnant individuals from conception through 60 days postpartum.
- Its purpose is to provide comprehensive care, including health, nutrition, mental Health and other psychosocial services to low-income pregnant and postpartum individuals on Medi-Cal.
- For the Partnership Network this is Partnership HealthPlan Perinatal Services or PHPS

1. Assessing Psycho-Social Needs by Case Managers and Doulas

- Understanding foundational needs, resources allows Case Managers, Health Educators and Doulas to support pregnant families throughout pregnancy
- CPSP Comprehensive Assessment is a TOOL for insight into the pregnant person's experience with this pregnancy, prior problems in pregnancy, family/household structure
- For Case Managers in a Perinatal Services programs, these elements, integrated into the records allow the care team to better understand the patients background, success and barriers to care.
- For Perinatal Programs, a comprehensive assessment **is required** in the first trimester in which the patient presents for care and to be reviewed for changes every trimester.
- For Doulas there is no requirement, but this tool may help shape your information gathering and documentation of your clients living, family and other psycho-social factors that may influence their approach to the pregnancy
- Questions 1-17 on the CPSP Comprehensive Assessment can be used to gather information about your patient/ client and their mental health background and resources

Useful CPSP Resources

- [PSP Provider Handbook \(PDF, 6MB\)](#)
- [Initial and Trimester Assessment \(PDF\)](#)
- [Postpartum Assessment and Individualized Care Plan \(PDF\)](#)
- <https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx#> This link will connect you with a wealth of information and has many live links to explore.
- [Title 22 CPSP Regulations \(PDF\)](#)



Edinburgh Postnatal Depression Scale (EPDS)

Edinburgh Postnatal Depression Screening (EPDS)

EPDS is an evidence-based screening tool used in pregnancy and postpartum. This tool is administered in medical offices or in the maternity care/postpartum unit of a hospital. Specific training is necessary to use the screening scale appropriately.

In response to feedback concerning the length of the original tool, a shortened three question version was developed by those at EPDS. This abbreviated version was designed to be a time-saver for postpartum care providers.

Using the EPDS

- Ask the mother to check responses that align how she is feeling in the last seven days.
- All the items must be completed.
- Care should be taken to avoid the mother discussing her answers with others.
- The mother should complete the scale herself, unless she has limited English or has difficulty with reading.
- You may ask the questions verbally while paying close attention for any yes answers and following up appropriately.
- If you are working with a trans birthing parent, you must remember all the validation for this tool was done with cis-gender women. *Refer to their OB care provider as they know them the best.*



Abbreviated EPDS Questions

The following questions have been studied for use as a brief depression screen.

1. I have blamed myself unnecessarily when things went wrong. Yes/No
2. I have been anxious or worried for no good reason. Yes/No
3. I have felt scared or panicky for no very good reason. Yes/No

*Even one **YES** answer is a positive screen.*

The following question makes this a four-question screen.

4. **The thought of harming myself (or my baby) has occurred to me? Yes/No**

If the response is **yes** – you must ask:

- 4a. **Do you have a plan?**

*A **YES** response indicates the need for an immediate referral to the person's OB/GYN or primary care provider.*

[Edinburgh Postnatal Depression Scale \(EPDS\)](#)

Who to Call?

- In your resource booklet, you should have at least two people you can call and make a referral to.
- You can also call Partnership's Behavioral Health Department **(855) 765-9703**. Tell them this is for perinatal / maternal mental health.
- If the person is expressing harmful ideation, do not leave them alone until contact has been made with a licensed psychiatric health care provider or their OB/GYN, and there is a plan in place.



Learning From High-Profile Cases

- Severe postpartum psychosis in Texas 2002: A mother drowned her five children in the bathtub while she was left alone against medical advice. She had been in long term treatment for postpartum depression and was thought to be improving.
- The self-emollition in Napa post-partum 2018: A Napa therapist who was experiencing severe postpartum depression (postpartum psychosis) took her own life. She attempted suicide recently and the baby had been removed from her custody.
- Humboldt County 2019: In a custody dispute over the newborn, a new mother shot herself in front of her husband, who was holding the infant and was refusing to give the baby to the mother.

Were these preventable tragedies?



County Resources

Referrals that can be accessed through Partnership's Behavioral Health Services Department or private therapists that are contracted with Medi-Cal and have experience with perinatal/maternal mental health.

Referrals to Behavioral Health

- If your client is experiencing a mental health emergency, please call **988**.
- If you or someone you know would like more information regarding mental health services, call Partnership Behavioral Health at **(855) 765-9703**, 24 hours a day, seven days a week.
- For Partnership contracted providers, referrals for mental health or substance use disorder services may be made through one of the following:
 - Call **(855) 765-9703**
 - Fax **(707) 914-0453** for referrals for behavioral health access or case management
 - Email BH-Access@partnershiphp.org for behavioral health access
 - Please use this referral form to refer member for mental health services

Community Resources

Members can access health education materials and community resources online at:

<https://www.partnershiphp.org/Community/Pages/Community-Resources.aspx>

COMMUNITY RESOURCES

PARTNERSHIP SERVICE AREA
We provide quality care to members in 24 Northern California counties.

Select your county below to find resources for your area.

Butte	Colusa	Del Norte	Glenn
Humboldt	Lake	Lassen	Marin
Mendocino	Modoc	Napa	Nevada
Placer	Plumas	Shasta	Sierra
Siskiyou	Solano	Sonoma	Sutter
Tehama	Trinity	Yolo	Yuba

Community Resources include:

- Support Groups
- Food
- Perinatal
- Children and Personal Care
- Disabilities
- Public assistance
- Dental
- Vision

MARIN COUNTY RESOURCES

Seasonal

Emergency Response

Children and Families

Clothing and Personal Care

Perinatal

LGBTQ+

Mental Health

Support Groups

Eureka Region Phone Numbers

Del Norte

(707) 464-7224 or (888) 446-4408

Humboldt

Adult (707) 268-2900

Children (707) 268-2800

Mendocino

(800) 555-5906

Lake

(888) 541-4578

Chico Region Phone Numbers

Butte

(530) 891-2810 or (800) 334-6622

Glenn

(800) 507-3530

Colusa

(888) 793-6580

Sutter

(530) 822-7200

Yuba

(530) 822-7200

Santa Rosa Region Phone Numbers

Sonoma

(707) 565-6900

(800) 870-8786

Marin

(888) 818-1115

Redding Region Phone Numbers

Trinity

(530) 623-1362 or (888) 624-5820

Shasta

(530) 225-5252 or (888) 385-5201

Lassen

(530) 251-8108 or (888) 530-8688

Siskiyou

(530) 841-4100

Modoc

(530) 233-6312

Tehama

(800) 240-3208

Auburn Region Phone Numbers

Plumas

(800) 757-7898 or (530) 283-6307

Sierra

(888) 840-8418

Nevada

(888) 801-1437 or (530) 265-1437

Placer

(916) 787-8860 or (888) 886-5401

Fairfield Region Phone Numbers

Napa

(707) 259-8151 or (800) 648-8650

Solano

(800) 547-0495

Yolo

(888) 965-6647 or (800) 735-2929

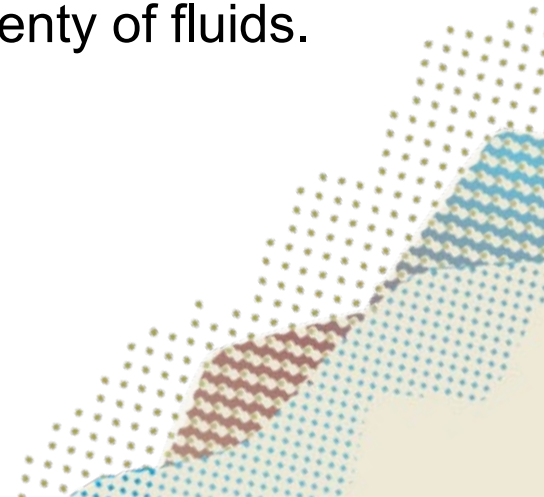


Doula, Case Managers, and Perinatal Educators Role

Recognizing When a Referral is Needed

It is important to recognize the need for a referral to a Partnership approved licensed therapist. In addition, you may want to consider the following as well:

- Is there a local new mom's support group?
- Is there a new parent/s hotline?
- Who are the therapists in your community familiar with PPD or MMH?
- Is there a breastfeeding group in your community?
- Assist with a plan to prioritize sleep.
- Remind them to eat small frequent meals or quality snacks and drink plenty of fluids.



Additional Resources

- Post Partum International
 - Phone: (800) 944-4773
- Recommended reading:
 - Down Came the Rain by Brooke Shields
- HRSA Maternal Health: Extensive information including:
 - Hot Line: (833) 852-6262 (TLC-MAMA)
 - <https://mchb.hrsa.gov/programs-impact/national-maternal-mental-health-hotline#:~:text=FAQs,too%20much%20or%20too%20little>
- American Association of Medical Colleges
 - <https://www.aamc.org/about-us/mission-areas/health-care/maternal-mental-health>
- Partnership Provider Learning Portal: Access Previous Sessions
 - Enhancing Perinatal Support and Services Webinar Series
 - <https://www.partnershiphp.org/Providers/Medi-Cal/Pages/ProviderEducationTrainingMaterials.aspx>



Wrap-Up and Questions

Post Webinar Survey

Please scan the QR code below for the post survey and to provide us with feedback

Enhancing Perinatal Support and Services Webinar Survey

December 17, 2025



Next Webinar Session

Enhancing Perinatal Support and Services Webinar Series

Date: Wednesday, January 21, 2025

Time: Noon – 1:30 p.m.

Topic: Vascular Disease

Scan the QR code below to register:



Enhancing Perinatal Support and Services Webinar Series Sessions are live!

The recordings from all sessions can be found online at:

<https://www.partnershiphp.org/Providers/Medi-Cal/Pages/ProviderEducationTrainingMaterials.aspx>

PROVIDER LEARNING PORTAL

Enhancing Perinatal Support and Services
Webinar Series

Session 1 - Basics of Prenatal Support
Survey | PowerPoint Presentation

(86 Minutes)

Session 2 - Basics of Postpartum Support
Survey | PowerPoint Presentation

(90 Minutes)

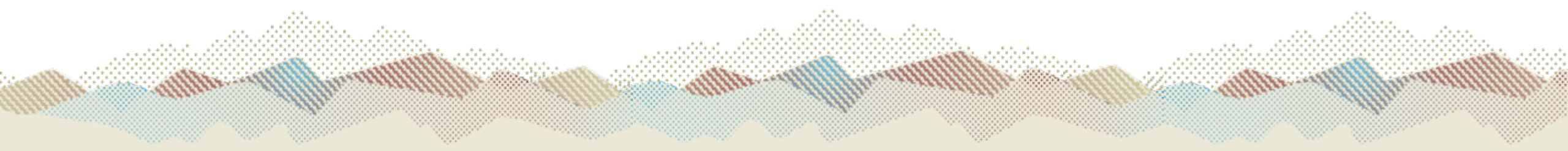
Session 3 - Early Lactation Challenges
Survey | PowerPoint Presentation

(87 minutes)



To receive a certificate, please fill out the survey after reviewing the recording.

Questions?



References

- R-1 Postpartum International
- R-2 1 Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale.
 - *British Journal of Psychiatry* 150:782-786.
- R-3 Policy Center for Maternal Mental Health. (2025, August). *Addressing Maternal Mental Health in Rural Communities: Gaps in Access, Risk Factors, and Opportunities for Policy Action* [Fact Sheet]. <http://www.doi.org/10.69764/RMMH2025>
- R-4 AAMC – American Association of Medical Colleges
 - Articles for 1, 2, 3, 4 on slide #8

Associated References for R-4

Fawcett EJ, Fairbrother N, Cox ML, White IR, Fawcett JM. The prevalence of anxiety disorders during pregnancy and the postpartum period: a multivariate Bayesian meta-analysis. *J Clin Psychiatry*. 2019;80(4):18r12527. <https://pubmed.ncbi.nlm.nih.gov/31347796/>.

Puspitasari AJ, Heredia D, Weber E, et al. (2021). Perinatal mood and anxiety disorder management in multicenter community practices: clinicians' training, current practices and perceived strategies to improve future implementation. *J Prim Care Community Health*. doi: 10.1177/2150132721996888.

Campbell J, Matoff-Stepp S, Velez ML, Cox HH, Laughon K. (2021). Pregnancy-associated deaths from homicide, suicide, and drug overdose: review of research and the intersection with intimate partner violence. *J Womens Health*. 2022; 30(2):236-244. doi.org/10.1089/jwh.2020.8875.

AAMC Center for Health Justice. From pregnancy to policy: the experiences of birthing people in the United States. <https://www.aamchealthjustice.org/media/3391/download?attachment>. Accessed September 2023.