



PARTICIPANT HANDOUTS

CHAMPS Perinatal Mental Health Series: Perinatal Mood Disorders and Screening

Thank you for attending today's training. By doing so, you are strengthening the ability of your community-based and patient-directed health center to deliver comprehensive, high-quality primary health care services.

Presented by:

Emely Romero, LCSW, IBCLC, PMH-C, [Colorado Perinatal Mental Health Project](#)

Live Event Date/Time:

Thursday, May 28, 2026

12:00–1:00PM Mountain Time /1:00–2:00PM Central Time

Target Audience:

This series is intended for Region VIII health center medical and behavioral health providers as well as nurses, care coordinators, other clinical roles, and those who support the mental health and wellbeing of pregnant and postpartum individuals and their families.

Event Overview:

This session introduces perinatal mood and anxiety disorders (PMADs) across pregnancy and the postpartum period. It covers the use of validated screening tools (EPDS, PHQ-9, GAD-7) in primary care to identify clinically significant symptoms and highlights strategies for early identification and prevention in integrated care settings.

Learning Objectives:

At the end of this session, participants will:

1. Identify common perinatal mood and anxiety disorders (PMADs) and their prevalence across pregnancy and the postpartum period.
2. Apply validated screening tools — including the EPDS, PHQ-9, and GAD-7 — in primary care settings and interpret results to differentiate normative adjustment from presentations warranting clinical intervention.
3. Describe evidence-informed prevention and early identification strategies for PMADs within integrated primary care settings.

CONTENTS

Page 2:	CHAMPS Archives Description of CHAMPS Description of The Birth Squad/CO PMHP Speaker Biography
Pages 3-30:	Slides

CHAMPS Archives

This event will be archived online. This online version will be posted within two weeks of the live event and will be available for at least one year from the live presentation date. For information about all CHAMPS archives, please visit <https://champsonline.org/events-trainings/distance-learning/online-archived-champs-distance-learning-events>.

Description of CHAMPS

Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII federally-designated Community Health Centers so they can better serve their patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, and the collection and dissemination of regional data. Staff and board members of [CHAMPS Organizational Members](#) receive targeted benefits in the areas of business intelligence, networking and peer support, recognition and awards, recruitment and retention, training discounts and reimbursement, and more.

For over 40 years, CHAMPS has been an essential resource for Community Health Center training and support! Be sure to take advantage of CHAMPS' programs, products, resources, and other services. For more information about CHAMPS, please visit www.CHAMPSonline.org. The Happenings box in the middle of the CHAMPS home page highlights the newest CHAMPS offerings, while the CHAMPS Membership box on the lower part of the home page lists current benefits for CHAMPS Organizational Members.

Description of The Birth Squad/CO PMHP

The Birth Squad/Colorado Perinatal Mental Health Project (CO PMHP) is a Colorado-based nonprofit dedicated to improving access to comprehensive perinatal mental health care for prenatal and postpartum individuals and their families. Through clinical training, community outreach, and cross-sector partnerships, CO PMHP works to close the gap between screening and care by building a robust perinatal support network that meets families where they are.

Speaker Biography

Emely Romero is an English and Spanish speaking Licensed Clinical Social Worker (LCSW) with a Perinatal Mental Health Certification (PMH-C) through Postpartum Support International and an International Board Certified Lactation Consultant (IBCLC). As a first generation Mexican American, Emely is passionate about supporting the individuals within her community and providing culturally responsive care. Emely is a mom of two and enjoys watching anime, weightlifting, and reading.



PERINATAL MENTAL HEALTH SERIES: EVIDENCE-BASED PRACTICE ACROSS THE CONTINUUM OF CARE

May 28: Perinatal Mood Disorders and Screening
Emely Romero, LCSW, IBCLC, PMH-C

June 4: Treatment, Continuum of Care, and Integrated Practice
Celeste St. John-Larkin, MD, PMH-C

June 11: Trauma, Loss, Family Systems, and Resources
Tatiana Turo-Handy, PsyD, PMH-C

The AAFP has reviewed Perinatal Mental Health Series: Evidence-Based Practice Across the Continuum of Care and deemed it acceptable for up to 3.00 Live AAFP Prescribed credit(s). Term of Approval is from 05/28/2026 to 06/11/2026. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



Perinatal
Mental Health
PROJECT

**Perinatal Mood
Disorders &
Screening**

Emely Romero, LCSW, IBCLC, PMH-C

Hello, I'm Emely



About me

- Licensed Clinical Social Worker and International Board Certified Lactation Consultant
- Bilingual Mental Health Professional with CO PMHP
- Owner of Luna Arc Counseling and Lactation
- Mom to 2 boys
- Postpartum Anxiety Survivor

No conflict of interest noted



Learning Objectives

1. Identify common perinatal mood and anxiety disorders (PMADs) and their prevalence across pregnancy and the postpartum period, including their disproportionate impact on BIPOC communities.
2. Apply validated screening tools — including the EPDS, PHQ-9, and GAD-7 — in primary care settings and interpret results to differentiate normative adjustment from presentations warranting clinical intervention.
3. Describe evidence-informed prevention and early identification strategies for PMADs within integrated primary care settings.



Poll

How confident do you feel in your
knowledge of PMADs?



Perinatal Mental Health in the US



- **Perinatal Mood Disorders are the most common complication of childbirth**
- **20% (1 in 5) of women are impacted**
- **Untreated PMH conditions are the leading cause of maternal mortality**, accounting for 23% of pregnancy related deaths
- **75% of mothers impacted by PMH conditions remain untreated**, increasing the risks of long-term impact on mothers, children, and families



Overview of Perinatal Mood Disorders

Postpartum Depression

- Most common
- Symptoms: feeling hopeless, lack of energy, scary thoughts about self/baby, crying, feeling scared of being alone, feelings of overpowering guilt or sadness

Perinatal Anxiety

- Much less discussed than perinatal depression; but often coincide with depressive symptoms and can be just as distressing.
- Symptoms: fatigue, irritability, tension, concentration difficulties, sleep problems, and excessive, distressing worries with specific themes – fetal wellbeing, maternal wellness, illness in partner/spouse, fears of parental mortality
- Obsessive Compulsive Disorder (OCD) and Perinatal Panic Disorders
- According to a recent research, 1 in 5 pregnant women experience at least one type of anxiety disorder.

Bipolar

- Symptom presentations include: Periods of severely depressed mood and irritability, Manic (or hypomanic) episodes that include feelings of elation, rapid speech, little need for sleep, racing thoughts, trouble concentrating, continuous high energy, overconfidence, impulsiveness, poor judgment, distractibility, and grandiose thoughts.
- In more severe cases, delusions (often grandiose, but can include paranoid) and hallucinations.

Overview of Perinatal Mood Disorders

Postpartum Psychosis

- A rare condition that occurs in approximately 1 to 2 out of every 1,000 deliveries.
- In addition to mood symptoms, women may experience hallucinations (seeing, hearing, touching, smelling things that are not real), delusions (having false or strange beliefs, often with religious themes), or paranoia.
- **Is considered a medical emergency**

Substance Use:

- Polysubstance use is not uncommon during the perinatal period.
- About 5% of pregnant women report using substances
- Use of alcohol, marijuana, tobacco, illicit drugs, and/or prescription (including opioid)

Disparities in Prevalence of PMADs



POLICY CENTER
FOR Maternal Mental Health

Disparities

- People of color have an increased risk for MMH disorders, like depression:
 - Up to 30% of American Indians & Alaskan Natives suffer from PPD.²²
 - Up to 40% of Black and Latina moms suffer from PPD, twice the rate of their White counterparts.²³
- Latina and Black women are 57% and 41%, respectively, less likely to start treatment for maternal depression than White women.
- There was a 280% increase in PPD diagnoses for Asian American and Pacific Islanders from 2010-2021.²⁴
- Those living in rural communities are 21% more likely to develop PPD compared to women living in urban communities.²⁵

What we know: Substance Use

Alcohol Use Disorder:

- Approximately 5% of pregnant women ages 18 to 49 reported binge drinking in the past 30 days.
- A 2022 survey of pregnant women found: 14% (or 1 in 7) of pregnant women reported current drinking and about 5% (or 1 in 20) reported binge drinking in the past 30 days.

Marijuana Use:

- Self-reported marijuana use during pregnancy ranges from 2% to 5% but is significantly higher (15–28%) among young, urban, and socioeconomically disadvantaged women.

Illicit Drug Use and Opioid Use Disorder:

- 5% of pregnant women aged 15–44 reported current illicit drug use.
- Illicit drug use during pregnancy varies significantly with age. Teenaged pregnant women (ages 15–17) have the highest rates at 20.9%, followed by young adult women (18–25) at 8.2%, and adult women (26–44) at 2.2%.





Screening in Primary Care

What do you use?



Screening Recommendations

No consensus on timing but routine screening is endorsed by ACOG AAP & AAFP

Postpartum Support International recommends screening at:

- **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**), 2 week mood check visits?
- Repeated screening at **6 and/or 12 months in OB and primary care**
- **1, 2, 4 & 6 month pediatric visits**



Screening Tools



There is no screener for Postpartum Psychosis
It is diagnosed through a psychiatric evaluation

- **Edinburgh Postnatal Depression Scale (EPDS)** -
Most widely used
-Available in over 37 languages
-10 questions
-Scoring range: 0-30
- **Generalized Anxiety Disorder-7 (GAD-7)**
- **Patient Health Questionnaire -9 (PHQ-9)**
- **Primary Care Post-Traumatic Stress Disorder (PC-PTSD5)**
- **Mood Disorder Questionnaire (MDQ)**
-MDQ needs to be done **1** time in perinatal period for all Individuals (onset possible in perinatal period & 1 in 5 who screen positive for depression may have bipolar)



EPDS Scoring



Scoring of Screening Tools for Emotional Changes

A Depression (EPDS)

Please circle one of the four answers that comes closest to how you have felt in the past 7 days, not just how you feel today.

I have been able to laugh and see the funny side of things*	→	0 As much as I always	1 Not quite so	2 Definitely not so	3 Not at all	Grand total
I have looked forward with enjoyment to things*		0 As much as I ever ..	1 Rather less	2 Definitely less ..	3 Hardly at all	
I have blamed myself unnecessarily when things when wrong		3 Yes, most of the ...	2 Yes, some of	1 Not very often	0 No never	
I have been anxious or worried for no good reason*		0 No, not at all	1 Hardly ever	2 Yes, sometimes	3 Yes, very ...	
I have felt scared or panicky for no good reason		3 Yes, quite a lot	2 Yes, ...	1 No, not much	0 No, not at all	
Things have been getting on top of me		3 Yes, most of the time I haven't been	2 Yes, sometimes	1 No most of the time I have coped	0 No, I have been coping as	
I have been so unhappy that I have had difficulty sleeping		3 Yes, most of the ..	2 Yes, ...	1 Not very often	0 No, not at all	
I have felt sad or miserable		3 Yes, most of the. ...	2 Yes, quite ...	1 Not very often	0 No, not at all	
I have been so unhappy that I have been crying		3 Yes, most of the ..	2 Yes, quite ...	1 Only occasionally	0 No, never	
The thought of harming myself has occurred to me		3 Yes, quite often	2 Sometimes	1 Hardly ever	0 Never	
Column totals		_____	_____	_____	_____	

Scoring: Sum the columns and then sum the column totals. A score ≥ 10 and/or a non-zero response on the last question (self-harm question in red) is a positive screen. Use *Assessing Perinatal Mental Health*, "Depression" section for treatment options.



EPDS Scoring

Edinburgh Postnatal Depression Scale (EPDS)- 10 questions

- **Postpartum Depression**

Screened for in EPDS questions 1, 2, 6, 7, 8, 9, 10

- **Postpartum Anxiety**

Screened for in EPDS questions 3, 4, & 5

*Question 10 screens for Suicide

- Scoring range: 0-30
- Possible depression 10-12
- Probable depression: 13-18
- Severe: Score above 19
- Item 10: Self-harm question- anything more than 0
- A score > 10 suggests minor or major depression may be present and further evaluation is recommended (thresholds vary by setting).

*Looks at frequency of symptoms over last 2 weeks



PHQ9 Scoring



Scoring of Screening Tools for Emotional Changes

B Anxiety (GAD-7)

Circle one of the four answers that indicates: Over the **past 2 weeks**, how often have you been bothered by any of the following problems?

Feeling nervous, anxious or on edge	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Not being able to stop or control worrying	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Worrying too much about different things	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Trouble relaxing	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Being so restless that it is hard to sit still	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	Grand total
Becoming easily annoyed or irritable	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Feeling afraid, as if something awful might happen	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Column Totals					
If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult	

Scoring: Sum the ratings for the 7 items. A score ≥ 5 is a positive screen. Use *Assessing Perinatal Mental Health*, "Anxiety" section for treatment options.



PHQ9 Scoring

Patient Health Questionnaire (PHQ-9)- 9 Questions

- Range 0-27
- Minimal to no depression: 0-4
- Mild depression: 5-9
- Moderate depression: 10-14
- Moderately Severe depression: 15-19
- Severe depression: Greater than 20

*Looks at frequency of symptoms over last 2 weeks



Moderate to Severe scores are indicators for further evaluation



GAD7 Scoring



Scoring of Screening Tools for Emotional Changes

B Anxiety (GAD-7)

Circle one of the four answers that indicates: Over the **past 2 weeks**, how often have you been bothered by any of the following problems?

Feeling nervous, anxious or on edge	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Not being able to stop or control worrying	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Worrying too much about different things	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Trouble relaxing	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Being so restless that it is hard to sit still	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	Grand total
Becoming easily annoyed or irritable	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Feeling afraid, as if something awful might happen	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day	
Column Totals					
If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult	

Scoring: Sum the ratings for the 7 items. A score ≥ 5 is a positive screen. Use *Assessing Perinatal Mental Health*, "Anxiety" section for treatment options.



GAD7 Scoring

Generalized Anxiety Disorder Screener (GAD-7)- 7 Questions

- Range 0-21
- Mild: 5-9
- Moderate: 10-14
- Severe: Greater than 15

*Looks at frequency of symptoms over last 2 weeks



Moderate to Severe scores are indicators for further evaluation



MDQ Scoring

Bipolar disorder (MDQ)

Keep going.... Circle the letter that indicates: Has there **ever been a period of time in your life** when you were not your usual self and...

	NO	YES
...you felt so good or so hyper that other people thought you were not your normal self, or you were so hyper that you got into trouble?	N	Y
...you were so irritable that you shouted at people or started fights or arguments?	N	Y
...you felt much more self-confident than usual?	N	Y
...you got much less sleep than usual and found you didn't really miss it?	N	Y
...you were much more talkative or spoke much faster than usual?	N	Y
...thoughts raced through your head, or you couldn't slow your mind down?	N	Y
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	N	Y
...you had much more energy than usual?	N	Y
...you were much more active or did many more things than usual?	N	Y
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	N	Y
...you were much more interested in sex than usual?	N	Y
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	N	Y
...spending money got you or your family into trouble?	N	Y
Please place a check mark in the NO or YES column to answer the following two questions:		
If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	N	Y
Have any of your blood relatives (i.e., children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	N	Y

Scoring: Total the number of Y responses above the grey bar containing the text beginning with "Please place a ...". A **score ≥ 7** is a positive screen. Use *Assessing Perinatal Mental Health*, "Bipolar disorder" section and *Assessment and Management of Bipolar Disorder and Psychosis* for treatment options.



MDQ Scoring

Mood Disorder Questionnaire (MDQ)- 15 items

- 3 criteria:
 - 7 or more “yes” to first 13 questions
 - Yes to symptom co-occurrence
 - Moderate or serious functional impairment



Moderate to Severe scores are indicators for further evaluation



MDQ Scoring

C Posttraumatic Stress Disorder (PC-PTSD-5)

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- A serious accident or fire
- A physical or sexual assault or abuse
- An earthquake or flood
- A war
- Seeing someone be killed or seriously injured
- Having a loved one die through homicide or suicide

Have you ever experienced this kind of event? Please circle the response that indicates your answer:	0 NO	1 YES
--	-------------	--------------

If NO, you are finished. Thank you for completing this survey! If YES, please continue: If NO, score is 0

In the past month, have you...

have had nightmares about the event(s) or thought about the event(s) when you did not want to?	0 NO	1 YES
--	-------------	--------------

tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of	0 NO	1 YES
---	-------------	--------------

been constantly on guard, watchful, or easily startled?	0 NO	1 YES
---	-------------	--------------

felt numb or detached from people, activities, or your surroundings?	0 NO	1 YES
--	-------------	--------------

felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may	0 NO	1 YES
--	-------------	--------------

Number of YES responses _____

Scoring: If the first item response is NO, the score is 0. If the first item response is YES, sum the number of YES for the last five questions. A score ≥ 3 indicates a positive screen for PTSD. Use *Assessing Perinatal Mental Health*, "PTSD" section to consider treatment options. Consider administering the PCL-C.



PC-PTSD-5 Scoring

Primary Care Post-Traumatic Stress Disorder (PC-PTSD5)- 5 items

- Range 0-5
- If initial question is “no”
- 3 more: Further evaluation recommended
- Greater than 4: Probable PTSD

Moderate to Severe scores are indicators for further evaluation



Using Screeners

- EPDS
- Combined EPDS, Mood Disorder Questionnaire (MDQ), Generalized Anxiety Disorder-7 (GAD-7), Primary Care Post-Traumatic Stress Disorder (PC-PTSD5)
- Combined PHQ-9, Mood Disorder Questionnaire (MDQ), Generalized Anxiety Disorder-7 (GAD-7), Primary Care Post-Traumatic Stress Disorder (PC-PTSD5)
- Combined PHQ-9, Mood Disorder Questionnaire (MDQ), Generalized Anxiety Disorder-7 (GAD-7), Primary Care Post-Traumatic Stress Disorder (PC-PTSD5)



Connect
with us



 (303) 970-0464

 emely@copmhp.org

 www.copmhp.org

References

EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS) J. L. Cox, J.M. Holden, R. Sagovsky From: British Journal of Psychiatry (1987), 150, 782-786.

Psychosis Symptom Checklist: Policy Center for Maternal Mental Health
<https://policycentermmh.org/app/uploads/2024/04/PolicyCenterforMaternalMentalHealthsPsychosisSymptomChecklistPSC2.28.2022.pdf>

Primary Care PTSD Screen for DSM-5 (PC-PTSD-5). National Center for PTSD
<https://www.ptsd.va.gov/professional/assessment/documents/pc-ptsd5-screen.pdf>

Screening for Perinatal Depression – ACOG. (2016, October 29)

ACOG Committee Opinion No. 757: Screening for Perinatal Depression. Obstet Gynecol. 2018 Nov;132(5):e208-e212.
doi: 10.1097/AOG.0000000000002927. PMID: 30629567.

References

Policy Center for Maternal Mental Health. (2025, March). Substance Use Disorder and Maternal Mental Health [Fact Sheet]. <https://www.doi.org/10.69764/SUDF2025>

Policy Center for Maternal Mental Health. (2026, April). Maternal Mental Health[Fact Sheet]. <https://policycentermmh.org/maternal-mental-health-fact-sheet/>

Prince MK, Daley SF, Ayers D. Substance Use in Pregnancy. [Updated 2023 Jul 21]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2026 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK542330/>

GAD-2 and GAD-7: Spitzer, RL, et al. A Brief Measure for Assessing Generalized Anxiety Disorder. Arch Int Med. 2006; 166(10):1092-1097
PC-PTSD-5: Prins A, et al. The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and Evaluation Within a Veteran Primary Care Sample. J Gen Intern Med. 2016;31(10):1206-1211. doi:10.1007/s11606-016-3703-5

<https://static1.squarespace.com/static/637b72cb2e3c555fa412eaf0/t/69c6b26e593ad155cc51772d/1774629487450/Marc+h+2026+-+Fact+Sheet+-+Maternal+Mental+Health+Overview.pdf>

Thank you for joining us for the first session in the Perinatal Mental Health Series!



To view the **event archive** of this and other past CHAMPS events, visit:
<http://champsonline.org/events-trainings/distance-learning/online-archived-champs-distance-learning-events>

To learn about other **upcoming CHAMPS events**, visit:
<http://champsonline.org/events-trainings/distance-learning/upcoming-live-distance-learning-events>

You must evaluate today's session to receive Continuing Medical Education (CME) Credits. CME will be awarded at the conclusion of the series.



The Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS) provided financial support for this program. The award totaled \$863,984 and provided 80% of total overall CHAMPS costs. The contents are those of the author(s). They may not reflect the policies of HRSA, HHS, or the U.S. Government.

