

What constitutes a Perinatal Medical Emergency?

Are you a healthcare provider seeking assistance for a client?

Each year new mothers are hospitalized against their will traumatizing them, separating them from their babies and jeopardizing the breastfeeding relationship. It is essential that healthcare providers are able to correctly determine when these women are actually a risk to themselves or their infants, and help them find appropriate treatment.



Commonly reported, **Non-Emergency** Symptoms*:

- Tearfulness and sadness
- Irritability
- Feeling inadequate
- Scary, intrusive thoughts that won't go away
- Nervousness and anxiety
- Overwhelm
- Sleep and eating changes
- Feeling like the baby or partner would be better off without her
- Suicidal ideation **WITHOUT** a plan - thinking about death for self or loved ones is not uncommon

Symptoms* that may indicate a **CRISIS**:

- Seeing or hearing things that aren't there
- Mom is not making sense to you
- Flat affect as she describes a plan to hurt herself, her baby or someone else
- Delusions
- Manic behavior
- **Active SUICIDE intention** or plan

Active SUICIDE intention or plan is rare among mothers but constitutes an emergency whether or not it is accompanied by psychotic symptoms.

*Symptoms listed are examples and not a comprehensive list.

The mother with obsessive-compulsive thoughts needs **support** so that she is not always alone, another adult to help care for the baby to allow mom a chance to rest, and possibly medication to reduce the frequency of the intrusive thoughts. **These interventions can make all the difference!**

As a healthcare provider you have the right to consult with someone who has knowledge about perinatal mood and anxiety disorders. *PRIOR* to using emergency medical intervention as a first line of defense, please consider listening and gathering information. The following resources are available to help you and the mom take appropriate steps to emotional wellness.

KNOW YOUR FACTS: Perinatal anxiety/depression is NOT perinatal psychosis! Approximately 20% of mothers will experience depression or anxiety to some degree during pregnancy and in the year following childbirth. Only 1-2 in 1000 will experience psychosis.

Resources for mothers or providers:

If this is not an emergency, you can guide your client to the numbers below or use them as a resource yourself to discuss the situation that you are concerned about:

1. Call community expert on maternal mental health, Chuck Chiverton PhD to discuss the situation at hand. (520) 325-9498, Extension 707.
2. Tucson Postpartum Depression Coalition (TPDC) maintains an informational website and provides brochures about perinatal mood and anxiety disorders and a list of local resources. www.tucsonpostpartum.com. info@mothersoasis.org
3. The AZ Warmline is a voicemail system staffed by volunteers to provide phone support to mothers and families. Volunteers will listen and answer your questions about perinatal mood and anxiety disorders. Messages are checked daily and calls returned by the next day. Call: (888)434-MOMS (6667). Seven days a week, 9 AM-8 PM. Spanish and English.
4. Medication use during pregnancy and lactation. Call: Dee or Chris. MothertoBaby AZ. University of AZ College of Pharmacy. (520)626-3410.

If this is an emergency and you do not feel your client is safe, please call the crisis center: (520) 622-6000 (24 hours/day) or send her to the nearest emergency room.

These recommendations are brought to you by the **Tucson Postpartum Depression Coalition (TPDC)** and a consortium of TPDC partners seeking solutions to assist healthcare providers, mothers and families to find knowledgeable and appropriate care regarding pregnancy and postpartum adjustment and mood disorders. We hope to reduce unnecessary hospitalizations and separation of mother and baby by providing community based resources that might offer a more appropriate intervention. Since 2005, the TPDC, a 501(c)(3) nonprofit organization, has raised awareness about perinatal mood and anxiety disorders, provided community and professional education, and opened a support center for perinatal women. TPDC encourages you to incorporate this document into your standard of care of the perinatal woman.

For opportunities to educate your staff or parent/mother group about perinatal mood and anxiety disorders, or to receive our educational trifold, please contact info@mothersoasis.org and a volunteer will reply to your request.