



2022 REPORT

MATERNAL MENTAL HEALTH SURVEY

INYO COUNTY PERINATAL TASKFORCE

With funding from First 5 California – Home Visiting Coordination. September 2022

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GENERAL SUMMARY

First 5 Inyo County adopted a new five-year strategic plan in 2019, highlighting the need for and investing in home visiting and maternal mental health supports. The Inyo County Perinatal Taskforce convened in 2019 following the adoption of the new strategic plan. In 2020, the Perinatal Taskforce implemented a maternal mental health matrix in an effort to help connect clients to services, and brought the Postpartum Support International training to Bishop, CA, training over 30 local providers in postpartum mood disorders.

First 5 California Home Visiting Coordination funding was awarded to Inyo County in 2020 to help create a sustainable, unified system that supports families with the home visiting and family support services they need. This catalytic funding was meant to promote increased coordination and collaboration, helping Inyo County strengthen local early childhood development and family support systems, including home visiting, and collect information about policy- and process-related successes and challenges, with the goal of promoting policies, processes, and requirements that support local efforts.

First 5 Inyo County utilized the Home Visiting Coordination funding to strengthen the Perinatal Taskforce, adopting a vision and mission, and completing this needs assessment to assess maternal mental health needs in Inyo County.

Perinatal Taskforce Vision: *Improve health outcomes of mothers and infants through connection, education, and evaluation*

Perinatal Taskforce Mission: *provide a professional space for colleagues to connect and share information and educate each other to improve health outcomes of mothers and infants.*

The survey was conducted throughout the month of May 2022 and received 31 responses. Promotion included flyers and in-person events, asking residents of Inyo County to share their experiences. The survey was anonymous and available in both English and Spanish. The majority of respondents were residents of north county, and all survey responses were in English. Half of respondents were birth parents of children ages 24 months or greater.

The purpose of the survey was to assess the access to Pre and Post Natal Maternal Mental Health services, identify providers in the County that have been utilized, satisfaction of services rendered, and most importantly, the ability to access help when needed.

This survey found that there is a huge need for maternal mental health services, and many birth parents do not access them. Furthermore, the mental health services that people do receive are not addressing their needs.

In general, this survey showed that respondents are reporting a need for maternal mental health support and services in Inyo County. Utilizing the First 5 You & Me Under Three Home Visiting program to provide individual support and outreach to families and coordinate group connections where birthing parents can meet is extremely needed.



Inyo County Public Health reported 166 births in Inyo County in 2021-22. Almost 50% of births are covered by Medi-Cal.

BACKGROUND

Up to one in five, or 20 percent, of new or expectant mothers will experience a mental health disorder during pregnancy or the first year following childbirth. These disorders include depression, anxiety, and the less prevalent but most severe of the disorders, postpartum psychosis. (Gavin NI, 2005) (Fairbrother N, August 2016) (Ryan D, 2005) Maternal depression is the most common complication of pregnancy in the United States (surpassing gestational diabetes and preeclampsia combined). (Practice, 2015) (DeSisto CL, June 2014) (Ananth CV, Nov 2013) (Stewart DE, Published October 2003) (Sontag-Padilla L, 2013)

All women are at risk of maternal stress and Maternal Mental Health (MMH) disorders. However, due to the social determinants of health (the conditions in which people are born, live, and work), (World Health Organization, 2014) the prevalence can soar up to 50 percent among those living in poverty. (Dolbier CL, 2013) (Chung EK, 2004)

Untreated MMH disorders significantly and negatively impact the short- and long-term health and wellbeing of affected women and their children. Symptoms lead to adverse birth outcomes, impaired maternal-infant bonding, poor infant growth, childhood emotional and behavioral problems, and significant medical and economic costs. (Stein A, 2014) (Hobel CJ, 2008) (Diaz JY, 2010) Despite these consequences, screening for MMH disorders is not routine across health systems. (Marcus SM, 2003) Even when MMH disorders are detected, treatment occurs in less than 15 percent of identified cases. (Byatt N, 2015)

Currently, there is not an identified, in person, resource specific to MMH services other than Inyo County Mental Health. However, those services are income dependent. A toll-free phone number is provided to an individual who expresses that they are feeling “down” or “sad”. Very few primary care providers are conducting depression screenings during pre- and post-natal visits.

Services that are typically rendered (if any) is individual talk therapy. We were unable to locate an active support group. With the closure of Northern Inyo NEST (Newborn Evaluation Support and Testing) program there is a loss of a valuable connection that birth parents would receive at the time of discharge from the hospital after delivery. This provided birth parents with much needed information regarding the hormone changes, emotional, and depression.



METHODOLOGY

POPULATION AND SAMPLE

The survey was promoted to the community via flyers. The flyer contained information inviting community members to participate in the survey, a QR code linking to the online survey, and details on the length and incentive. A picture of the flyer is seen below.

Specific outreach events were selected to increase the chance of reaching the target population of birthing parents and their significant others. Additionally, flyers were delivered to places that families are in attendance, like agency lobbies and preschools.

Prevention staff attended in order to offer the survey in-person via tablets at the following outreach events throughout the month of the survey:

- Choo Choo Swap Meet on May 7, 2022
- ROSS (Residential Opportunities and Self-Sufficiency program) Collaboration meeting on May 12, 2022
- Death Valley Academy “End of the Year Celebration” on June 1, 2022

The survey size was selected based on previous survey response rates. Staff selected 45 survey responses as an optimistic average.

SURVEY DESIGN

SURVEY

The survey contained 14 questions for recipients that reside within Inyo County. This survey was offered in both English and Spanish via Survey Monkey utilizing the same QR code. 100% of the survey's that were submitted chose English. There were no responses submitted utilizing the Spanish option.

QUESTIONS

Questions to determine if the respondent themselves or their partner experienced any type of MMH issues before or after pregnancy. If the respondent replied “yes” then the respondent was asked where they sought services, and the quality of services. Regardless of the respondent answered “yes” or “no” to experiencing MMH issues the next question asked if they would and what their preference of services would be. Respondents were also asked how they would most comfortably receive those services. The survey allowed for an opportunity for respondents to provide feedback on what they felt would be helpful and improve services for MMH in Inyo County.



SURVEY PROCEDURES

During the outreach events, a tablet was utilized to collect surveys. There was also a QR code on the flyer and available to respondents who were not able to complete the survey during the event. The survey was also shared on social media platforms (Facebook, Instagram, etc.). Flyers with the survey information were distributed to all preschools, daycares and parenting classes as well as posted on community bulletin boards.

For participating in the survey respondents were given the opportunity to select 1 of 2 books that are focused on self-help/care. Participants were able to choose either “Good Moms Have Scary Thoughts: A Healing Guide to the Secret Fears of New Mothers” by Karen Kleiman or “Breathe, Mama, Breathe: 5 Minute Mindfulness for Busy Moms” by Shonda Moralis. To give the book to the respondent and remain anonymous, there was a question added to the survey asking for the respondent’s phone number and permission to text. We texted the respondents thanking them for their participation and the address where they could pick up their book. The majority of the Good Moms have Scary Thoughts books were chosen by respondents that took the survey at home (not at an event). For in person completion of the survey, we had the book options available on site and were distributed at the moment of completion. The respondents were able to remain anonymous because access to the responses was not available in the field. This report includes the survey instrument as Appendix A.

ANALYSIS

Survey responses were aggregated and analyzed, with a summary of each question following in the Survey Results section. A detailed table of all questions, containing the percentages of each response, is included in Appendix A. For each question, percentages were calculated for each answer option to see the distribution of responses and determine any trends. Staff grouped responses by common themes to provide more statistical significance for questions that had many different answer options for participants to choose from. A weighted average was used to determine how most respondents perceived the usefulness of their services received for questions that prompted respondents to rate their services on a scale from one to five. Question seven asked for open ended responses. Staff utilized a qualitative analysis technique by categorizing by common themes.



SURVEY RESULTS

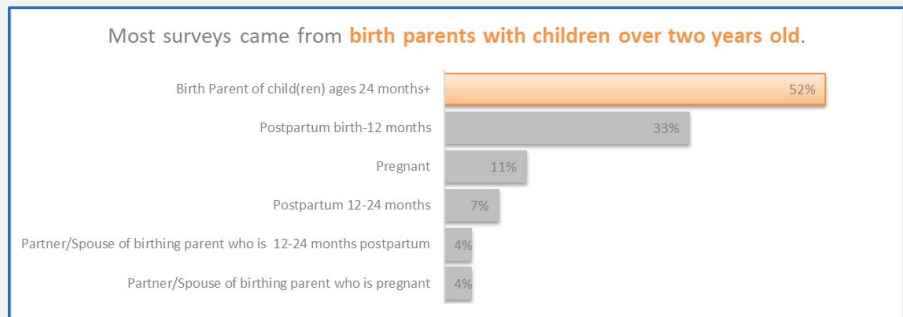
In total, 31 surveys were successfully completed. The goal was 45 surveys, yielding a 77 percent response rate. All were completed in English, with most respondents living in North County. The survey’s high response rate can be attributed to the outreach and the respondent’s desire to share their personal experiences. The following pages detail the results of each survey question. Graphs do not show answers that received zero responses.

Survey results show:

- The majority of respondents struggled with their mental health before or after the birth of their child.
- Most respondents receive no maternal mental health services or go to the Women’s Health Clinic.
- The average perception is that services received are somewhat unhelpful.
- Most respondents seek mental and emotional support from therapists or counselor.
- Most respondents would advocate for Group Connections to influence change.
- Most respondents prefer to receive information via email.
- The majority of respondents prefer in-person services.
- Financial concerns and lack of time or resources are the main barriers to scheduling mental health services.
- The majority of respondents preferred the book about mindfulness.

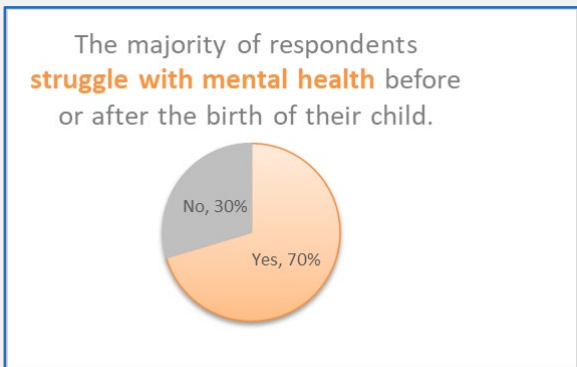
RESPONDENT STATUS

Most respondents were birth parents of children ages 24 months or higher. One third of respondents were postpartum birth to 12 months. Eleven percent of respondents were pregnant at the time of the survey.



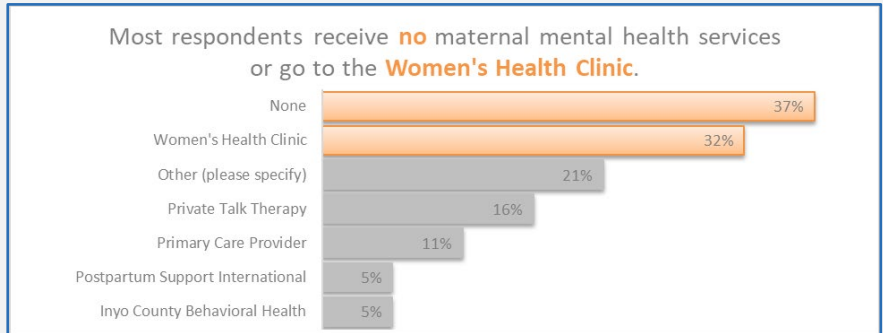
RESPONDENTS EXPERIENCE WITH MENTAL HEALTH

Respondents were asked if they had ever struggled with their Mental Health before or after the birth of their child. Overwhelmingly, responses were yes. Less than one third of responses were no. Four respondents skipped or declined to answer.



RESPONDENTS SOURCE FOR MENTAL HEALTH SERVICES

Respondents were asked if they had received MMH services to select from a list of providers/resources. The results showed that many respondents did not seek any type of support. Some of respondents received services from the Women’s Health clinic and some selected “other”. Four responses to “other” are as follows:

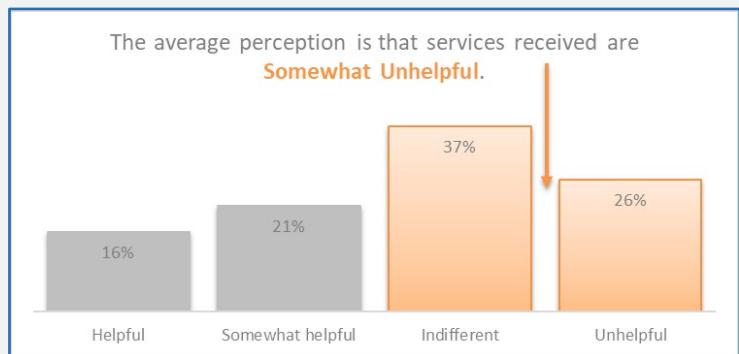


- Nothing was offered
- Friends and Family
- Virtual out of the area
- NEST program

A few respondents stated they received services from private talk therapy or from their primary care provider.

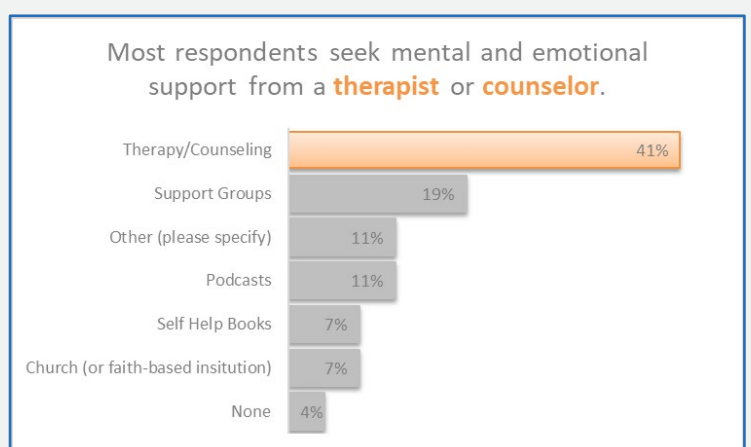
SATISFACTION WITH THE SERVICES RECEIVED

Respondents were asked to rate the quality of MMH services they received. Most of the responses indicated they were indifferent, and many indicated the services they received were unhelpful. Some respondents said services were helpful or somewhat helpful. The weighted average was 2.79 on a scale of 1 to 5, with 1 being unhelpful and 5 being helpful.



RESPONDENTS SOURCE FOR EMOTIONAL/MENTAL HEALTH OUTSIDE OF FAMILY AND FRIENDS

Respondents were if considering support for their emotional/mental health (outside of their family or friends), where they were most likely to turn for support. Most indicated turning to therapy and counseling for support. Some turned to support groups, podcasts, church, and self-help books. Some respondents indicated “other” including husband, friends, and helplines or virtual counseling.



RESPONDENTS FEEDBACK REGARDING NEEDED CHANGES

Respondents were asked if they could influence change in the way that mother's receive care for their emotional and mental health in Inyo County, what change they would advocate for. The qualitative answers were grouped into five categories: 1) identification & referral; 2) removing shame & stigma; 3) group connections; 4) in-person individual services like counseling; and 5) concrete supports like child care.

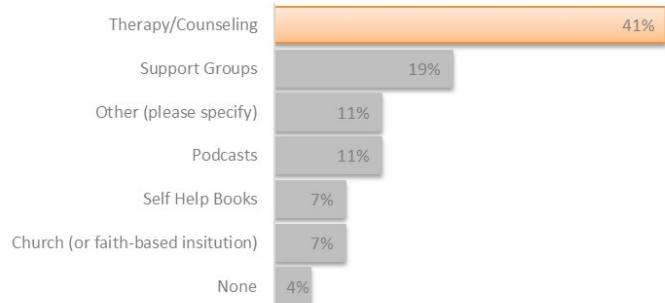
The majority of respondents would advocate for some type of group connection. Two examples of their responses include:

- "More arranged meet ups/play dates/support groups for parents with young children"
- "Multiple mom gatherings throughout the week. Like a mom paint night or karaoke, something to help get us out."

Many respondents would advocate for increased identification of maternal mental health needs, and referral to services and support. Two examples of their responses include:

- "More support and identification post-natal support. It becomes all about the baby and mothers are forgotten completely. And there is limited actual services for those that need the help."
- "Expanded post-natal assessment of women by their primary care providers at each wellness visit they have and at each well-baby visit they attend with their children."

Most respondents seek mental and emotional support from a **therapist or counselor**.



Some respondents would advocate for removing shame and stigma around identification and receiving services. Two examples of their responses include:

- "Moms to able to acquire care with feeling the shame of needing it."
- "Don't say it's just an overreaction"

Some respondents would advocate for individual in-person services like counseling. Two examples of their responses include:

- "More access and info for therapy"
- "Advocate for in person services in the area and more availability to resources from hospitals, doctors and community"

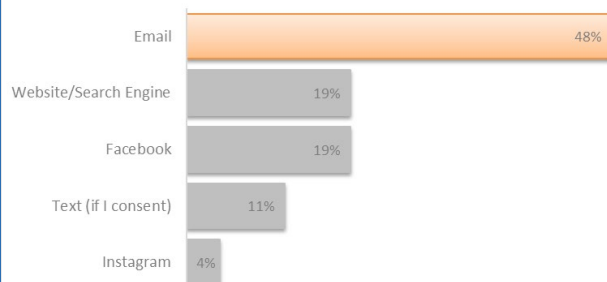
Some respondents would advocate for concrete supports like child care. Two examples of their responses include:

- "Support in child care to help manage self-care. Self-care including yoga, meditation, access to in home help."
- "Community support, meals, home help, babysitting help"

RESPONDENTS PREFERRED METHOD FOR OBTAINING INFORMATION

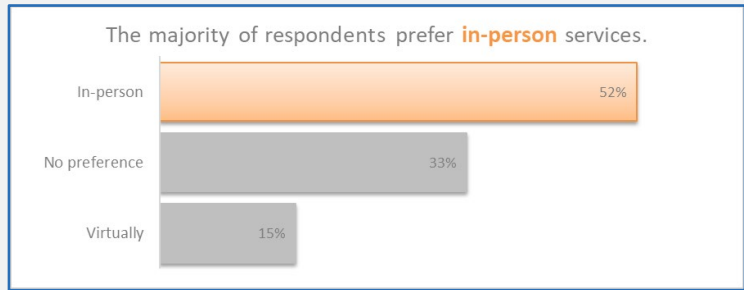
Respondents were asked their preferred method of finding and getting information. Almost half of respondents chose email, with secondary choices including Facebook, website/search engine, and texting with consent was their preference.

Most respondents prefer to receive information via **email**.



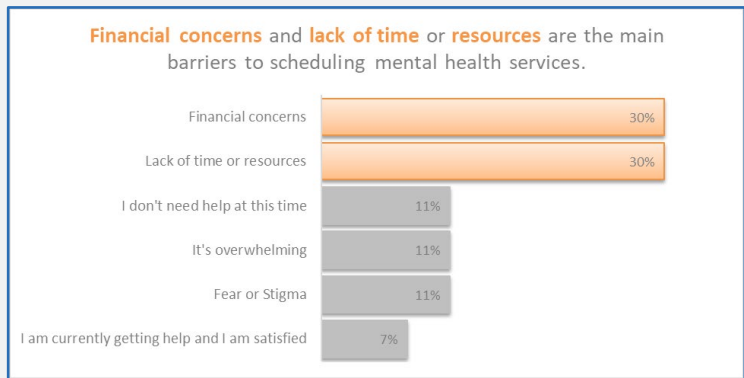
RESPONDENTS PREFERENCE FOR MEETING LOCATIONS

Respondents were asked how they felt about meeting with a therapist virtually versus in-person. Half responded that they would prefer to meet in person while some people preferred to meet virtually. One third had no preference.



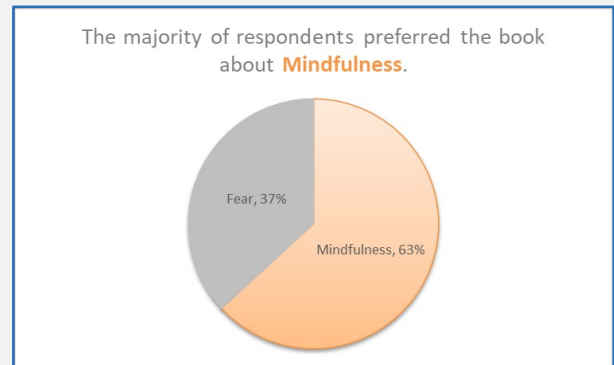
RESPONDENTS BARRIERS TO ACCESSING SERVICES

The next question asked respondents if they were open to therapy, coaching, or other similar services, what kept them from scheduling. Most respondents said that they were worried about finances or experienced a lack of time or resources. Other barriers included not needing help at this time, feeling overwhelmed, a fear of stigma of reaching out, and currently receiving help and being satisfied.



RESPONDENTS PREFERRED BOOK CHOICE

Books were provided to respondents for completing the survey. Most people chose, "Breathe, Mama, Breathe: 5 Minute Mindfulness for Busy Moms" by Shonda Moralis. Some chose, "Good Moms Have Scary Thoughts: A Healing Guide to the Secret Fears of New Mothers" by Karen Kleiman.



CONCLUSIONS

In conclusion, Inyo County is severely lacking in support and services for pre- and post-natal birth parents. When an individual does seek services, they are often made to feel as though they are overreacting or given a phone number to call. Birth parents want face-to-face contact and interaction to improve their overall wellbeing both physically and mentally. Many birthing parents reported that they wanted help and wanted to be screened more. Maternal Mental health needs are not identified until after the need is gone.

Inyo County has a long way to go to show that the mental health of birthing parents is important and worthy of our attention. This report is significant as it raises up the voices of birth parents, telling real stories of how the current services available are falling short supporting families. This is the first time that a needs assessment of this topic has been conducted. As a baseline, this report is critically important to inform many programming efforts across divisions and agencies. This report sets the stage for further engagement strategies. Inyo County needs to develop a plan to support our birth parents and families better.

DISCUSSION

BARRIERS

In The survey was available in both English and Spanish. All survey responses were in English. This report does not reflect challenges or access to MMH services for Spanish speaking clients in Inyo County.

Half of survey respondents were birth parents of children ages 24 months or greater. Third of survey respondents were birth parents of children ages birth to 12 months. This report does not reflect challenges or access to MMH services equally across stages, considering pregnant birth parents, and birth parents of children ages 12 to 24 months.

The geographic home of survey respondents was skewed towards North County (Chalfant, Round Valley, Bishop, Wilkerson, Big Pine). Some respondents reported residing in South County (Independence, Lone Pine, Olancho). Some respondents also reported currently being homeless and utilizing services in Inyo County. We did not receive any responses from Southeast County residents (Death Valley, Tecopa, Shoshone). Staff did attend an event in Southeast County and provided information regarding the survey to attendees. Internet accessibility could have been a barrier to respondents' ability to participate. This report does not reflect well the challenges or access to MMH services facing residents of South and Southeast County.

All the questions experienced some respondents "skipping" or declining to answer. In future surveys, it would be worthwhile to explore the verbiage of the questions to ensure that there is clarity in the intent of the question.



LESSONS LEARNED

It is important to note that during the outreach events in which the survey was presented there was a high level of emotional responses from individuals completing the survey. Staff members would provide comfort and support if a respondent became visibly upset during the process of answering the survey questions. Often the respondent would verbally share their experiences, with the outward appearance of being distressed. Staff would offer to step aside with the individual and allow them to talk about their experiences. It was extremely challenging to maintain confidentiality at a public event while keeping the individual dignity and respect intact. For future surveys it is strongly suggested that there be a designated private area for individuals to complete the survey or that the respondent may remove themselves from the public view.

NEXT STEPS

Birth parents in Inyo County are severely lacking in access to prenatal and post support and services. This report will be presented to the Inyo County Perinatal Taskforce, the First 5 Inyo County Commission, and partners who serve this population. First 5 Inyo County staff will utilize this report in funding justifications and program design. Critical questions to consider include how the local You & Me Home Visiting program can support the maternal mental health of our birth parents, and how could Taskforce members support the requests for group connections, increased identification, and access to individual counseling services.



AUTHORS AND CONTRIBUTORS

Special thank you to Stephanie Rubio, Prevention Specialist, assigned to First 5 California Home Visiting Coordination activities from April to June 2022 who took the lead on this project: designing the survey, implementing the data collection and analysis, and writing this report.

Additional thanks to Katelyne Lent, Prevention Specialist with the First 5 You & Me Home Visiting Program and Marissa Whitney, Public Health Nurse supervisor with MCAH (Maternal Child Adolescent Health), for support and advice. Thank you to Kristen Pfeiler, Administrative Analyst with the HHS PIQA (Program Integrity and Quality Assurance) team, for technical editing and review. Thank you to Serena Johnson, First 5 Director, for project guidance.

Thank you for sharing photos to Kristen Pfeiler, Shenja Benninger, Tara Miller, Stephanie Rubio, Alexeya Williams, Serena Johnson, and Micaela Muro.

APPENDIX A: 2022 MATERNAL MENTAL HEALTH SURVEY RESPONSES, ^{1,2}

1 Confidence Level = .90

2 Response Rate = 77%

1. Would you prefer to take this survey in English or Spanish? Answered: 19 Skipped: 12 TOTAL 19

Answer Choices	Responses	Total
English	100.00%	19
Spanish	0.00%	0
Total		19

2. Please select the option that best describes where you live. Answered: 29 Skipped: 2 TOTAL 29

Answer Choices	Responses	Total
I live in South East County (Death Valley, Tecopa, Shoshone)	0.00%	0
I live in South County (Independence, Lone Pine, Olancho)	3.45%	1
I am currently homeless and utilize services in Inyo County	3.45%	1
I live outside of Inyo County	6.90%	2
I live in North County (Chalfant, Round Valley, Bishop, Wilkerson, Big Pine)	86.21%	25
Total		29

3. Please select the option that best describes you. Answered: 27 Skipped:4 TOTAL 27

Answer Choices	Responses	Total
Pregnant	11.11%	3
Postpartum birth-12 months	33.33%	9
Postpartum 12-24 months	7.41%	2
Birth Parent of Child(ren) ages 24 months+	51.85%	14
Partner/Spouse of birthing parent who is pregnant	3.70%	1
Partner/Spouse of birthing parent who is birth-12 months postpartum	0.00%	0
Partner/Spouse of birthing parent who is 12-24 months postpartum	3.70%	1
Total		27

4. Do you or have you struggled with your Mental Health before or after the birth of your child? Answered: 27
Skipped: 4 TOTAL 27

Answer Choice	Responses	Total
Yes	70.37%	19
No	29.63%	8
Total		27

5. Did you receive Maternal Mental Health Services from any of the following (select all that apply) Answered: 19 Skipped: 12 TOTAL 19

Answer Choices	Responses	Total
Inyo County Behavioral Health	5.26%	1
Women's Health Clinic	31.58%	6
My Church (or faith-based institution)	0.00%	0
Primary Care Provider	10.53%	2
Postpartum Support International	5.26%	1
Private Talk Therapy	15.79%	3
NIHD Rehabilitation Services	0.00%	0
I did not seek support	36.84%	7
Other (please specify)*	21.05%	4
Total		19

**"Other" responses:

1. nothing was offered
2. Friends and family
3. Virtual out of area
4. NEST

6. Please rate the services you received. Answered: 19 Skipped 1

Answer Choices	Responses	Total
Not Helpful	26.32%	5
Somewhat helpful	10.53%	2
Neutral	36.84%	7
A little helpful	10.53%	2
Helpful	15.79%	3
Total Weighted Average		2.79



7. Did you receive Maternal Mental Health Services from any of the following (select all that apply) Answered: 19 Skipped: 12 TOTAL 19

Answer Choices	Responses	Total
Therapy/Counseling	40.74%	11
Life Coach	0.00%	0
My Church (or faith-based Institution)	7.41%	2
Podcasts	11.11%	3
Self Help Books	7.41%	2
I would rather not seek support	3.70%	1
Support Groups	18.52%	5
Other (please specify)*	11.11%	3
Total		27

**Other" responses:

1. Husband
2. Friends
3. Helplines/virtual counseling

8. If you could influence change in the way that mother's receive care for their emotional and mental health in Inyo County what change would you advocate for? Answered: 21 Skipped: 10 TOTAL 21

1. "More support and identification post natal support. It becomes all about the baby and mothers are forgotten completely. And there is limited actual services for those that need the help."
2. "None"
3. "Moms to able to aquire care with feeling the shame of needing it."
4. "Follow ups should be done for some period of time for mothers. To help them find resources or just to make sure their mental health is doing well"
5. "More arranged meet ups/play dates/support groups for parents with young children"
6. "Multiple mom gatherings throught the week. Like a mom paint night or karaoke, something to help get us out. "
7. "Group activities andclasses."
8. "Counseling"
9. "Support in child care to help manage self care. Self care including yoga, meditation, access to in home help. "
10. "Maybe some mom groups or some kind of supportive events like picnics or walks so we can talk together but not feel confined."
11. "More support groups"
12. "Offering more private virtual services and more moms groups/gatherings"
13. "I would say someone to come talk to you at the hospital to let you know all your options"
14. "Expanded post-natal assesment of women by their primary care providers at each wellness visit they have and at each well-baby visit they attend with their children."
15. "Don't say it's just an over reaction"
16. "Community support, meals, home help, babysitting help"
17. "More access and info for therapy"
18. "Advocate for in person services in the area and more availability to resources from hospitals, dr.s and community"
19. "Free mental health therapy, virtual support groups, mom's group"
20. "More emotional support for one another"
21. "Advertising so people know there is help out there"

**Other" responses:

1. Husband
2. Friends
3. Helplines/virtual counselina

9. How do you prefer/finding getting information? Answered: 27 Skipped: 4 TOTAL 27

Answer Choices	Responses	Total
Email	48.15%	13
Text (If I consent)	11.11%	3
Facebook	18.52%	5
Instagram	3.70%	1
Twitter	0.00%	0
Pinterest	0.00%	0
TikTok	0.00%	0
Website/Search Engine	18.52%	5
Total		27

10. Covid19 has prodded most healthcare professionals to offer virtual care. How do you feel about meeting with a therapist virtually? Answered: 27 Skipped: 4 TOTAL 27

Answer Choices	Responses	Total
Meeting virtually is ideal for me and makes it easier to access care	14.81%	4
Meeting Virtually and meeting in person are the same to me. I feel neutral	33.33%	9
I prefer to meet in person	48.15%	13
I avoid meeting virtually when possible	3.70%	1
Total		27



11. If you are open to therapy, coaching, or other similar services what keeps you from scheduling? Answered: 27 Skipped: 4 TOTAL 27

Answer Choices	Responses	Total
Lack of time	14.81%	4
I feel overwhelmed with taking the first step	11.11%	3
I am worried about finances	29.63%	8
I'm worried what others will think of me if they discover I am seeking help	0.00%	0
I'm afraid to be vulnerable with a professional	3.70%	1
I have not had a positive experience with a previous therapist/coach	3.70%	1
I have been having difficulty finding a professional I connect with	0.00%	0
I don't need help at this time	11.11%	3
I am currently getting help and I am satisfied	7.41%	2
I feel as I should be able to handle this on my own	3.70%	1
I feel unsupported and judged for seeking help	0.00%	0
I live in an area that does not have access to a specialized therapist	3.70%	1
Lack of childcare, feeling as if I cannot bring my children to session	11.11%	3
Other (please specify)*	0.00%	0
Total		27

**Other" responses:
There were no "other" responses submitted

12. As a thank you for completing this survey we have a gift for you. Please select which book you would like to receive. Answered: 19 Skipped: 12 TOTAL 19

Answer Choices	Responses	Total
Good Mom's Have Scary Thoughts: A Healing Guide to the Secret Fears of New Mothers By: Karen Kleiman	36.84%	7
Breathe, Mama, Breathe: 5 Minute Mindfulness for Busy Moms By: Shonda Moralis	63.16%	12
Total		19

13. If you are not completing this survey at an event please list your phone number to arrange pick up of your gift. Answered: 15 Skipped: 16 TOTAL 15

Answer Choices	Responses	Total
Phone number	100.00%	15
Total		15
Answer Choices	Responses	Total

14. If the number listed above is a cell phone, is it ok to send you a text? Answered 27 Skipped: 4 TOTAL 27

Answer Choices	Responses	Total
Yes	66.67%	18
NO	33.33%	9
Total		27

APPENDIX B: REFERENCES

1. IGavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T. Perinatal depression: a systematic review of prevalence and incidence. *Obstet Gynecol.* 2005;106(5 Pt 1):1071-83. doi:10.1097/01.AOG.0000183597.31630.db.
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