

## Every Mother Matters: Maternal Mental Health Awareness.

[View this email in your  
browser](#)



**MATERNAL  
MENTAL  
HEALTH MONTH**  
MAY

*by Jennifer Butler,*

May marks Maternal Mental Health Awareness Month, a time to spotlight the emotional and psychological well-being of mothers during pregnancy and the postpartum period. In Georgia, this issue is particularly urgent, as maternal mental health disorders significantly impact maternal mortality rates and the overall health of families. Maternal mental health encompasses a wide spectrum of emotional and psychological conditions that can affect individuals during pregnancy and up to one year postpartum. These conditions may vary in severity, duration, and impact on the patient, infant, and the family. Early identification and appropriate support are essential for recovery and well-being.



### **Key Maternal Mental Health Conditions:**

#### Postpartum Depression (PPD).

- Prevalence: Affects approximately 1 in 7 new mothers.
- Onset: Typically begins within the first few weeks to months postpartum, but can develop any time during the first year.
- Symptoms: Persistent sadness, hopelessness, or emptiness; Loss of interest in previously enjoyed activities; Difficulty bonding with the baby; Fatigue or lack of energy; Changes in appetite or sleep patterns; Feelings of worthlessness or guilt; Thoughts of self-harm or harming the baby (in severe cases.)

#### Anxiety Disorders

- Types: Includes generalized anxiety disorder, panic disorder, and social anxiety.
- Onset: Can occur during pregnancy or postpartum.
- Symptoms: Excessive worrying, often about the baby's health and safety; Restlessness, irritability; Racing thoughts; Panic attacks (shortness of breath, heart palpitations, dizziness); Physical symptoms like headaches, nausea, or muscle tension.

#### Post-Traumatic Stress Disorder (PTSD).

- Cause: Often linked to traumatic birth experiences, such as emergency C-sections, loss

- of control during labor, infant complications, or infant death.
- Symptoms: Flashbacks or nightmares of the birth; Avoidance of reminders (e.g., hospital settings, discussion of childbirth); Hypervigilance or being easily startled; Emotional numbing or detachment.



### **Key Maternal Mental Health Conditions (continued):**

#### Obsessive-Compulsive Disorder (OCD)

- Onset: Often postpartum but can begin during pregnancy.
- Symptoms: Intrusive, unwanted thoughts (often about harm coming to the baby); Compulsive behaviors aimed at reducing anxiety (e.g., excessive cleaning, checking); Awareness that thoughts are irrational, yet unable to stop them; High levels of distress related to obsessions.

#### Bipolar Disorder (Perinatal Onset or Pre-existing)

- Onset: May be pre-existing, worsen during pregnancy/postpartum, or first presentation during this period.
- Types: Bipolar I and II, characterized by cycles of mood elevation and depression.
- Symptoms:
  - Manic Episodes: Elevated or irritable mood; Increased energy and decreased need for sleep; Grandiosity or inflated self-esteem; Risk-taking behavior; Rapid speech and racing thoughts
  - Depressive Episodes: Low mood, fatigue; Hopelessness; Suicidal ideation

- Risks: Higher risk of postpartum psychosis, particularly if not well-managed during pregnancy.

### Postpartum Psychosis

- Onset: Sudden and severe, typically within the first 1–2 weeks postpartum (often within 72 hours).
- Prevalence: Rare (1 to 2 per 1,000 births), but a psychiatric emergency.
- Symptoms: Delusions (false beliefs, often about the baby); Hallucinations (seeing or hearing things that aren't there); Severe confusion and disorientation; Rapid mood swings (mania or depression); Paranoia; Impaired judgment
- Risk Factors: Personal or family history of bipolar disorder or previous postpartum psychosis.
- Urgency: Requires immediate medical intervention, often hospitalization, to ensure the safety of mother and baby due to an increased risk of suicide and/or filicide. (American College of Obstetricians and Gynecologists, 2018; Modak et al., 2023; Raza & Raza, 2023)



These disorders are not limited to the postpartum period; many individuals experience symptoms during pregnancy as well. Untreated, they can lead to complications such as preterm birth, low birth weight, lower breastfeeding rates, reduced infant-mother bonding, and developmental delays in children (Simpson, 2022).

In Georgia, maternal mental health is not just a personal struggle—it's a public health crisis. Between 2019 and 2021, the Georgia Department of Public Health (DPH) identified mental health conditions as one of the leading causes of preventable pregnancy-related deaths. During that time, 15 mothers lost their lives due to complications from depression, anxiety, bipolar disorder, psychosis, or substance use disorders, and 13 of those deaths happened after childbirth in the critical postpartum period. A statewide survey found that 41% of Georgians recognize the connection between mental health and maternal mortality, yet deep disparities persist (Emory University, 2023). These tragic outcomes are often linked to the silent burden of untreated mental health issues, which can diminish a person's ability to advocate for themselves. This makes it essential for healthcare providers to not only screen every patient but also offer meaningful pathways to care. Equally critical is the commitment to follow-up. Timely phone calls, texts, check-ins, appointment reminders, or even reaching out to a trusted family member can be life-saving, especially for those with a known history of mental health disturbances. Ensuring consistent, compassionate outreach helps maintain the connection to care and affirms that support doesn't end, for no one should fall through the cracks during one of the most vulnerable times in their life.

Effective treatment for maternal mental health disorders typically involves a combination of approaches tailored to an individual's needs. Therapy is often a key component, with evidence-based methods such as Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and trauma-informed care helping individuals manage symptoms and develop coping strategies. Medication, including antidepressants and anti-anxiety prescriptions, may also be used, with close monitoring to ensure safety during pregnancy and breastfeeding. Support groups play a powerful role by offering peer-led environments where mothers can share experiences and find connection, reducing feelings of isolation. Additionally, community resources such as case management services and home visits can be vital for those facing barriers to care, including limited mobility or access to transportation. Together, these treatment options provide a comprehensive path to recovery and support during the perinatal period.

#### Georgia Statewide Support:

- Healthy Mothers, Healthy Babies Coalition of Georgia: Public Resource Portal; Pickles and Ice Cream Georgia Free online childbirth education classes Free online peer support groups. [www.hmhbga.org](http://www.hmhbga.org)

- Georgia Birth Advocacy Coalition: Resources for doula support, education, maternal mental health, refugee support, and lactation consultants. Also offers pregnancy or childbirth legal help & advocacy, discrimination in maternity care, and data on pregnancy & childbirth <https://georgiabirth.org/>
- Georgia Council for Recovery: Warm line to support parents with Substance Abuse Disorder and a directory to find a recovery community organization. A maternal peer support program to connect parents with infants in the NICU to peer support services. <https://gasubstanceabuse.org/>
- Postpartum Support International – Georgia Chapter (PSI-GA): Offers peer support, educational resources, and financial assistance for therapy through the Georgia Fund for Perinatal Mental Health. <https://psichapters.com/ga/>
- PEACE for Moms: A psychiatric access program providing free consultations to healthcare providers treating pregnant or postpartum individuals. <https://www.peace4momsga.org/>
- Mental Health America of Georgia (MHA Georgia): Offers seminars on maternal mental health, including screenings and treatment options to support providers caring for maternal patients. <https://www.mhageorgia.org/>

### National Support

- National Maternal Mental Health Hotline: Call 1-833-TLC-MAMA (1-833-852-6262) or 24/7 confidential support in English, Spanish, and over 60 other languages. <https://mchb.hrsa.gov/programs-impact/national-maternal-mental-health-hotline/maternal-mental-health>
- National Suicide Prevention Lifeline: Call 988 for immediate assistance.

Addressing maternal mental health in Georgia requires a comprehensive, coordinated effort that connects care, education, policy, and community. It begins with early mental health screenings integrated into routine prenatal and postpartum visits, ensuring the timely identification of those in need. Education plays a vital role not only for healthcare providers but also for patients and their families, thus empowering them to recognize symptoms and seek help without hesitation. Policy advocacy is essential to expanding access to care, particularly for mothers living in rural areas and obstetrical deserts where resources are scarce. At the community level, fostering open dialogue helps break down stigma and builds a culture of support. Together, these strategies reinforce the critical importance of maternal mental health and highlight the

urgent need for action to safeguard the well-being of mothers and families across Georgia.

## References

- American College of Obstetricians and Gynecologists (2018). Screening for Perinatal Depression. Committee Opinion No. 757. *Obstetrics & Gynecology*, 132(5), 208-212.
- Georgia Department of Public Health. (n.d.). Georgia 2019 - 2021 maternal mortality [Fact sheet]. <https://dph.georgia.gov/maternal-mortality>
- Emory University (2023). New survey reveals insight into Georgia's maternal health crisis.
- Emory News Center. <https://shorturl.at/w63C1>
- Modak, A., Ronghe, V., Gomase, K. P., Mahakalkar, M. G., & Taksande, V. (2023). A Comprehensive Review of Motherhood and Mental Health: Postpartum Mood Disorders in Focus. *Cureus*, 15(9), e46209. <https://doi.org/10.7759/cureus.46209>
- Raza, S. and Raza, S. (2023) Postpartum Psychosis [Internet]. StatPearls. <https://www.ncbi.nlm.nih.gov/books/NBK544304>.
- Simpson, K. R. (2022). Maternal mental health. *MCN: The American Journal of Maternal/Child Nursing*, 47(1), 59.

[Reserve Your Conference Seat Now](#)



[Reserve Your Room Now](#)

---

Copyright © 2025 Georgia Perinatal Association, All rights reserved.

Want to change how you receive these emails?

You can [update your preferences](#) or [unsubscribe from this list](#)

