Maternal mental health has significant impact on child development. Emotionally healthy parents/caregivers are more likely to promote a nurturing and safe environment for their infant. In turn, emotional problems can contribute to a less functional environment for an infant. You can reduce the stigma by discussing the prevalence of mental health issues and reminding parents of the importance of staying healthy for their child. It is important to stress that although the birth of a baby is a wonderful experience, it is important not to overlook the stress that often follows when parenting a newborn, and to discuss the life changes that come with this responsibility. Importantly, this stress can take a toll on any parent’s mental health and her interactions with the child. Depression, in particular, is relatively common in the postpartum period. About 10 to 20% of all new mothers experience various degrees of postpartum depression. It is important to screen for maternal depression, refer mothers identified with depression for care, and to follow-up during subsequent visits to determine her emotional state.

INFANT BONDING AND ATTACHMENT

Parents’ feelings about their babies help shape how they parent. Parents and caregivers may not immediately feel bonded with their baby—this is okay and may be normal. Once parents/caregivers begin to care for the child, they should begin to feel more comfortable with parenting their newborn and begin to show their love for the baby as they get to know one another. It is important to be aware of parents/caregivers who fail to provide stimulation, emotional support and nurturance in addition to providing for the child’s basic needs. Other indications of bonding to be aware of whether both parents or caregivers enjoy holding their baby and making eye contact with him/her. Help parents/caregivers understand the importance of asking for help when they need it, including fathers/male caregivers as they also may feel an intense role strain when their natural family support system is not available to them.

CARE MANAGEMENT

GREEN LIGHT
The Edinburgh Postnatal Depression Scale (EPDS) described below should be given to all mothers, new or “experienced” to assess if the mother is depressed. If the mother scores less than 9, the additional assessment questions listed below should be asked, focusing on the positive and providing additional guidance. In addition, the Postpartum Depression brochure should be given to provide the mother with additional information.

Assessment
• Are you enjoying being a parent?
• Is the father available to support his partner?
• Is the father engaging with the baby?
• Do you feel like you have the help you need from your partner or others to care for your baby?
• What do you and your partner do for fun?
• What do you enjoy doing with your baby?
• Is having a baby what you and your partner thought it would be like?
• What annoys or frustrates you/partner most about your baby?

**Anticipatory Guidance**
- **Postpartum Depression:** Many mothers feel sad, tired and overwhelmed after their baby is born. If you find this happening frequently or you are using drugs or alcohol to feel better, it is best to get some help with it.
- Most parents feel better, and enjoy their baby even more, if they have some time away from their baby. This may be difficult at first, but if you are able to do things that you find fun, you will have more energy for – and enjoyment with – your baby.
- Reading & singing to your child makes them happy and helps them to feel connected. Encourage parents to read a book to their baby as a bedtime routine.
- Remind them that the father needs to spend time bonding with the child as well. Having the baby lie on her father’s chest and look up into his face is a good activity in the first month.
- Remind the parent/caregiver that you cannot spoil a baby by holding it too much. Spending time playing and talking during quiet, alert states helps strengthen the parent-child relationship by building trust between you and your baby.

**YELLOW LIGHT**
If the mother scores less than 9 on the Edinburgh Postnatal Depression Scale but you feel that the mother may be experiencing some difficulty with parenting and doesn’t appear to have support, a referral to her primary care physician/obstetrician should be provided. A follow-up phone call should be placed to see if the mother has seen her primary care doctor or gone to another resource. Make notes in the chart to cue you to follow-up in subsequent visits.

If you have concerns about infant bonding and attachment:
• Administer a child development assessment to gather more information
• Referral to Early Intervention services
• Referral to a therapeutic day care, if available.

**RED LIGHT**
If scores fall between 9-13 on the Edinburgh Postnatal Depression Scale, or if the mother scores 1 or more for question number 10, consider:
• A referral to her primary care physician/obstetrician and/or a Mental Health provider/agency.
• Referral for home visitation

If you feel that the baby may be in danger, call Child Protective Services.
“Postpartum Depression” brochure

This brochure, developed by MedEd (www.meded.org), with support from the National Institutes of Mental Health, has helpful information about the signs and symptoms of postpartum depression, and what mothers can do if they need help. (Available in English and Spanish.)

Edinburgh Postnatal Depression Scale

The Edinburgh Postnatal Depression Scale (EPDS) was developed in 1987 by J.L. Cox, J.M. Holden and R. Sagovsky and presented in the article, “Detection of postnatal depression: development of the 10-item Edinburgh Postnatal Depression Scale” in the British Journal of Psychiatry, 150,782-876. It is a valid and reliable screening tool that can be used to detect postnatal depression in moms. The test can usually be completed in less than five minutes. Please refer to the instructions that accompany the tool for information on how to score it. Validation studies have utilized various threshold scores in determining which women were positive and in need of referral. Cut-off scores ranged from 9-13 points. Therefore, to err on safety’s side, a woman scoring 9 or more points or indicating any suicidal ideation (that is if she scores 1 or higher on question #10) should be referred immediately for follow-up. Even if a woman scores less than 9, if staff feels the client is suffering from depression, a referral should be made.

Refresh. Renew. Recharge Poster

This poster can be placed in the waiting room or exam room in the practice. It can serve as a prompt for practices to discuss with parents the need for parents to take time away from their baby occasionally. (Available in English and Spanish)

Have You Read to your Baby Today? Button

This button can be worn by all of the staff in the practice. It can be a trigger for staff to ask questions about reading and to encourage parents to read to their children on a regular basis. In addition to enhancing language development, reading can help parents bond with their child or can be used as part of a bedtime routine. A family trip to the library also allows parents to interact with other families in their community, which may improve a parent’s mental health.