



Mothers  
Strong

Building Strong Families

Innovative Community  
Solutions

2020 MOM PROJECT

# Mothers Strong Butte County

Mothers Strong was formed in May of 2014 with the following goal: *We will strengthen and promote Butte County comprehensive maternal depression systems of care available to all women and their families.* (Appendix A) In 2014 and prior, despite significant outreach and education to local medical providers, there was a continued lack of awareness, screening and adequate treatment services for mothers. We realized that it was most important to identify what the local helping resources were, make them easy to find, and educate families and the general public about PMAD, with the belief that medical providers would subsequently engage.

The Mothers Strong Collaborative meets every other month, and meetings are consistently attended by 15-20 members representing 12 large agencies and several individuals within Butte County, with a larger distribution list of 60+ professionals who choose to stay engaged via email communication.

Current key personnel include Anna Bauer, Program Manager with First 5 Butte County; Ann Dickman, Maternal, Child and Adolescent Health Director for Butte County; Gail Garcia LCSW; Jarynna Chua, MFT, Holly Kralj RN, CNM, DNP. Backbone funding for Mothers Strong is provided by First 5 Butte County in the amount of \$20-30,000 annually. The funds are utilized to pay for materials, events and education. All of the member organizations generously contribute members' staff time to the efforts of the collaborative, there are no paid staff. Many individuals participate during their personal time. We believe this element supports the sustainability of Mothers Strong, as each member is committed based on the intrinsic meaning to their own work or life.

The results of the collaborative and their impact:

- Creation of an easy to access resource list which is supported by Butte 211. The list is reviewed and updated quarterly. <http://www.helpcentral.org/mothersstrong/>
- Creation of a cadre of resource materials to be used by providers for patient awareness and referral (see appendix B).
- Comprehensive survey of Obstetrical and Pediatric offices to gather baseline data on screening practices (see appendix C).
- Provided 15 "Lunch N Learn" sessions to 110 medical providers and their staff, offering education on PMAD and how to utilize the EPDS in the clinical setting (see appendix D).
- Conducted 3 annual mothering events: 2 educational seminars and 1 inspirational walk. Each event was attended by approximately 50 mothers and their infants (see appendix E).
- Deployed a community education campaign (see appendix F).
- Creation of a Facebook page (1324 following) and a closed group for moms (113 members) to connect in a private supportive online environment. Both pages are maintained by a local "Champion Mom", and the closed group is monitored by a Licensed Clinical Social Worker [https://www.facebook.com/pg/mothersstrong/community/?ref=page\\_internal](https://www.facebook.com/pg/mothersstrong/community/?ref=page_internal) and <https://www.facebook.com/groups/752946238164803/>

Sustainable systems change is the primary goal and cornerstone of the Mothers Strong movement. Mothers Strong has worked with partners to assist them in changing their systems of care to accommodate the needs of mothers. Successes include: Butte County's largest birth hospital is

## Mothers Strong Butte County

screening all mothers in the OB unit as well as at the two OB offices that they run. This hospital has also funded a staff person working in their Mother Baby Education Department to be a Postpartum Support International Regional Representative. Butte County's second largest birth hospital has incorporated home visiting and medication services to postpartum mothers struggling with PMAD. The largest pediatric clinic is screening at each well-baby visit through the first year. Screeners are reviewed by the provider and women with scores over ten are followed by the clinic's Licensed Clinical Social Worker (LCSW). Another local health clinic has made several attempts to host a PMAD support group, one of our non-profit partners is hosting a PMAD support group in Spanish, and another partner hosts a weekly support group designed for a particularly rural community. All of these efforts are happening without any infusion of funds from Mothers Strong or elsewhere, but rather are designed to be incorporated into each organization's program model in whatever way makes sense for each organization. Mothers Strong supports these efforts with offers of training, support, marketing, education materials and continuing education scholarships for professionals. Mothers Strong has also opened a foundation account at the North Valley Community Foundation, as a sustainability measure, just in case an innovation award is granted or community members should want to donate to supporting mothers and families through Mothers Strong.

We believe that all of the achievements of Mothers Strong are scalable. Mothers Strong members have had the opportunity to speak at statewide conferences twice in the past fiscal year to promote the work of Mothers Strong and encourage others to consider starting or expanding a PMAD collaborative in their community. We were invited to speak about systems change through collective impact at the First 5 California conference in November 2016. We were then invited to speak at the statewide WIC conference in March of 2017. Our purpose for both presentations was to promote our model of collective impact and to encourage others to utilize the systems and materials that we have developed, with public dollars, to improve systems of care for mothers and families. We offer, free of charge, full access to all of our graphics, outreach, messaging, PowerPoints and other materials for communities to modify and utilize to suit their needs. While the achievements are scalable, we caution that much of the success and progress of any collaborative is directly correlated with the commitment, communication, trust, and inclusiveness between members. Transparent decision-making process, equitable distribution of work, responsibility, celebrations of success and a desire to continue to learn and grow as an organization are critical elements of our collaborative. Borrowing from the great Aristotle, Mothers Strong as a "whole is greater than the sum of its parts."

## List of Appendices

- A. Mothers Strong Goal and Core Values
- B. Medical Provider Patient Awareness and Referral Materials
- C. Provider Mapping Project
- D. Lunch and Learn Educational PowerPoint and Blue Dot Photos
- E. Mothering Events
- F. Community Education Campaign



Building Strong Families



Appendix A

# Mothers Strong Butte County



## Goal Statement

We will strengthen and promote Butte County comprehensive maternal depression systems of care available to all women and their families.

## Core Values

Building Strong Families

Input from women who live in the community where services are being offered who suffer/suffered from maternal depression

Geographic equity

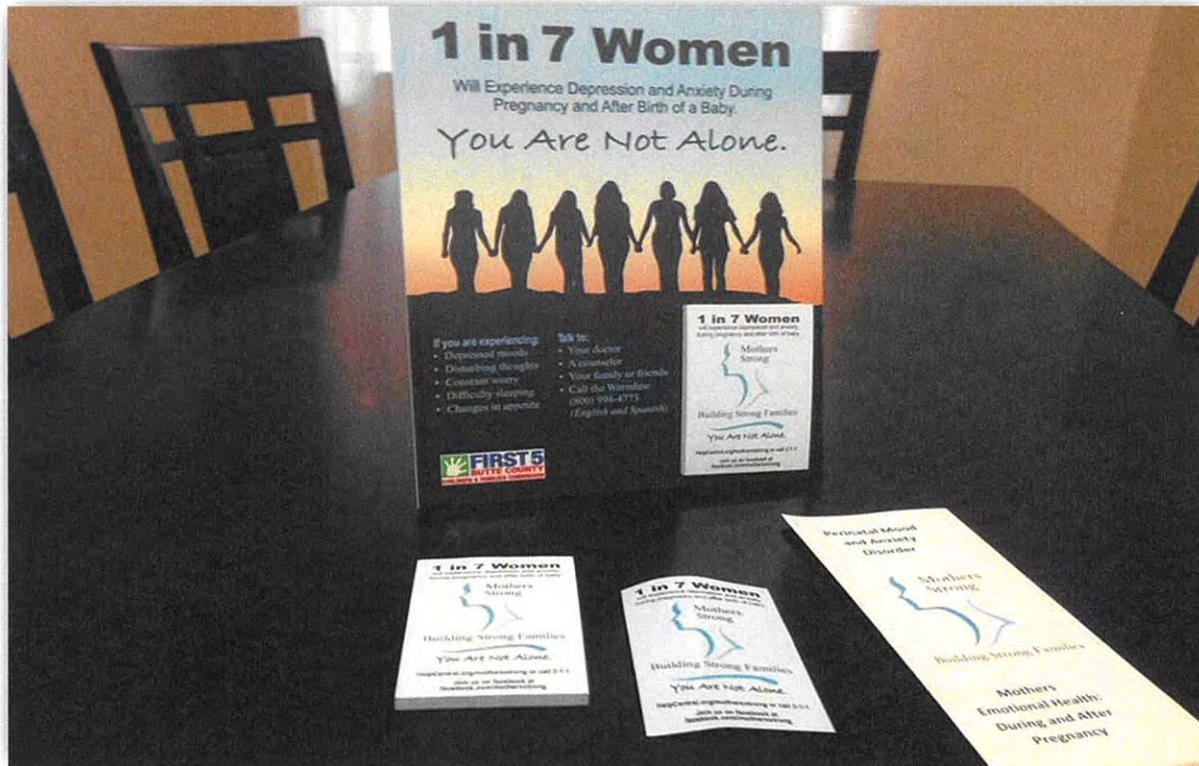
Sustainability

Utilization of existing services

De-stigmatization of PMAD

Attention to language, reading levels, and cultural values inherent in the diversity of our population

Appendix B



Materials Developed for Providers



# PERINATAL MOOD AND ANXIETY DISORDER PROVIDER MAPPING PROJECT EXECUTIVE SUMMARY

Appendix C

## PHASE 1 - 2015

### *Introduction*

Perinatal mood and anxiety disorder (PMAD) is reported to be the number one health complication of pregnancy. The number of women who suffer with mental health disturbances during pregnancy, after pregnancy, or both, has been reported to be as high as one in seven. In summer 2015, the California Health Collaborative, a nonprofit public benefit corporation, partnered with Butte County Public Health's Maternal, Child and Adolescent Health (MCAH) program to conduct Phase One of a PMADs mapping project; the goals of which are to develop system-level change and the integration of mental health with physical health. This document is a summative evaluation of Phase One of the mapping project: PMADs Clinical Office Survey.

### *Survey Findings*

Butte County MCAH staff distributed the survey tool electronically and via paper survey to all healthcare systems in the County with known OB/GYN and Pediatric Practice departments. 79 completed surveys were received with the majority from Chico (63.3%), followed by Paradise (24.1%), Oroville (24.1%) and Gridley (5%). There were several who reported "Rural" (9.0%) and "County-wide" (5%) as their area of practice. Pediatrics were strongly represented (46.8%) followed by OB-GYN (27.9%) and Family Practice (15.2%). Over one-third (36.7%) of the respondents identified their position at the agency as Practitioner with a quarter (24.1%) an RN/LVN and 15.2% a licensed MD.

Select survey findings include:

- Over half (57%) of respondents screen for PMADs (This may be multiple providers in 1-2 offices.)
- 52% of respondents who do not screen (N=34) stated that it was not in their scope of practice
- Over 80% of respondents do not prescribe anti-depression medication to pregnant or breastfeeding women; mostly (73%) because it is not in their scope of practice
- The majority of respondents (60.5%) have not received additional training to understand, recognize and/or treat PMADs
- The current practice from nearly half (46.1%) of respondents who has a pregnant or postpartum woman who presents with a mental health crisis is to refer her to a mental health professional, followed by in-house staff (32.9%) and the nearest emergency room (31.6%); 15% would call law enforcement or child protective services.

The main findings of the clinical survey indicate:

1. There is room for improvement in expanding screening protocols. Most of those who responded that they do not screen replied that it was not in their scope of practice although nearly 40% were licensed clinicians. Since the American Academy of Pediatrics suggests pediatricians screen for maternal depression as it does affect the baby, screening should ideally occur throughout the woman / infant healthcare continuum for the first year.
2. There is need for additional training. Over half (55.6%) responded that they would benefit from more training and several responded that they did not screen because there is no referral source for at risk or screen positive moms indicating yet another need for training.
3. Finally, nearly half (48.7%) of respondents report that they do not provide PMADs education. Because there are no restrictions or liabilities to providing educational materials, all healthcare providers who have an opportunity to see a pregnant or postpartum woman or her infant should, at a minimum, have PMAD educational materials in the waiting or exam room.

Results of the Clinical Office survey will be provided to healthcare providers throughout the county and trainings on PMADs education, screening and referral sources will be offered to all.

### *Conclusions*

Because the largest healthcare systems participated in the survey, Phase One of the mapping project was deemed a successful first step to determining the current healthcare provider practices relevant to PMADs screening, referral and treatment in Butte County. Although over one-third of the respondents reported to be Practitioners, there were also responses from Medical Assistants, Administrators, and Clerical / Billers; all of whom have a unique perspective and opportunity to recognize and refer women who may be suffering from PMADs to appropriate help either through direct contact or by setting clinic policy that supports the screening, referral and treatment of all pregnant and postpartum moms.

Butte County Public Health's MCAH program is in a unique position to assist healthcare practitioners and behavioral health practitioners to bridge the gap between disciplines in order to help Butte County moms and babies recover completely from PMADs.



# PERINATAL MOOD AND ANXIETY DISORDER PROVIDER MAPPING PROJECT EXECUTIVE SUMMARY

## PHASE 2 - 2016

### *Introduction*

Mothers Strong collaborative members, along with the Maternal, Child and Adolescent Health Director developed a follow up survey which was distributed via electronic and paper means to the providers that had received a Lunch & Learn training in May of 2016. The survey was distributed approximately 5 months after the trainings. 18 completed surveys were received, which represented at least one survey from every practice except one that received training. The majority were received from practices in Chico (72.2%), followed by Paradise (16%), and Oroville (11%). There were no trainings to providers in Gridley.

OB-GYN offices accounted for (77%) of the respondents with pediatric offices representing (22.2%). Over one-quarter (27.8%) of the respondents identified their position at the agency as a Practitioner with just over one third referring as an Medical Assistant or Back Office Assistant (39%) and 33.3% as Front Office/Billing.

### *Survey Findings*

Select survey findings include:

- Sixty-nine percent stated their offices screening practices had changed since the Lunch & Learn. A key comment from a pediatric practice *“Now administer the Edinburgh. Prior to Lunch & Learn, we only screened if we had a concern.”*
- Of respondents who screen, 88.89% use the Edinburgh and 11.1% are relying on an informal screen.
- Ten (76.92%) out of thirteen people responded that their offices referral practices for PMADs had changed since the Lunch & Learn.
- When asked which of the materials that were developed and distributed during the Lunch & Learn were most “useful” in their offices, Mothers Strong “pocket cards” (84.62%), followed by Butte 211 information (53.85%), another 38.46% for both the Edinburgh screening and scoring tool and the Mothers Strong Website.
- One hundred percent of the providers requested training in “addressing moms in distress.” Medication management (50%) and Billing for PMADS (37.5%) were the next two popular choices out of 5 options provided in the survey.

The main findings of the clinical survey indicate:

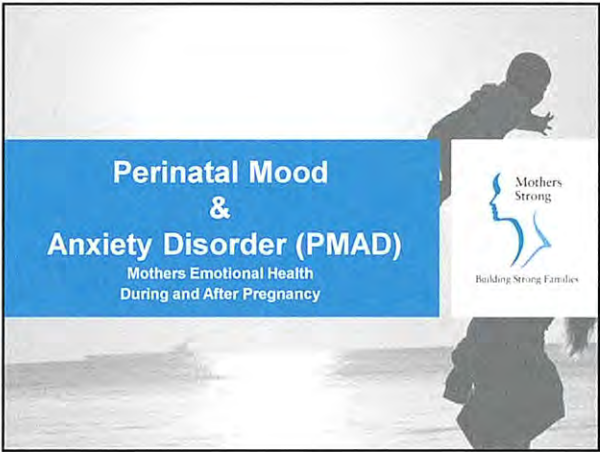
1. Training was well received and effective in accomplishing the goal of increasing the number of pediatric and OB/Midwifery offices that screen for PMADS. The largest obstetrical care provider is currently screening and working on a policy document.
2. The time spent developing resources, identifying and training therapists, collaborating with Butte 211 as a one stop referral hub was well worth the work and wait.
3. The Edinburgh “scoring tool” was a huge success in allowing screeners to be scored efficiently.
4. Offices that were trained rated the material as helpful and have asked for refills.

### *Conclusions*

Phase Two of the mapping project allowed Mothers Strong to evaluate the effectiveness of the “Professional Education Campaign.” It is beyond the scope of this document to relay the many comments that demonstrate the obvious change in attitudes, values and behaviors in many of the offices that received training.

It is now essential for Mothers Strong to continue with Lunch & Learns in the Oroville and Gridley area as well as into the Family Practice community. Another incredible need is the development of additional trainings to build the capacity of the practitioners and staff that are screening pregnant and postpartum moms. Finally, Mothers Strong must continue to build the cadre of care resources to handle the increasingly heavy case load of mothers in need of services.

Appendix D



### Butte County Estimates: 2016

- 2,484 Total Deliveries
- 1,101 Private Insurance
  - 1:7 or 157 woman on PMAD spectrum
- 1,383 Deliveries paid by Medi-Cal
  - 55.6 % of all births
  - 4:10 or 553 woman on PMAD spectrum
- 710 Women

### Scope of Problem

- Postpartum Depression and Anxiety is the No. 1 complication of childbirth, and it has a significant impact on the mother, fetus, infant, child and family
- Nationally, 1 in 7 mothers will suffer from PMAD
- Prevalence increases to 40% in low income communities.
- Not limited to pregnancy and early postpartum (can occur up to 1 or more years after birth of child)

### Symptoms of Baby Blues

- Approximately 70-80% of new mothers experience some negative feelings or mood swings after the birth of their child
- Usually occurs within 4-5 days after the birth and diminishes after two weeks
- Symptoms include:
  - Weepiness or crying for no apparent reason
  - Anxiety
  - Insomnia



## Types of PMAD

- 1 Depression
- 2 Anxiety
- 3 OCD (Obsessive-Compulsive-Disorder)
- 4 PTSD (Post-Traumatic Stress Disorder)
- 5 Postpartum Psychosis

## Depression Symptoms

- These symptoms can start anytime during pregnancy and up to one year postpartum
  - Feelings of anger and/or irritability
  - Difficulty engaging with baby
  - Appetite and/or sleep disturbance
  - Crying and sadness
  - Feelings of guilt, shame or hopelessness
  - Loss of interest, joy or pleasure in things they usually enjoy
  - Possible thoughts of self-harm
  - Suicidal thoughts

## Depression During Pregnancy & Postpartum

- 15% of women experience significant depression following childbirth and the percentage is even higher for women living in poverty
- The rate is twice as high for teen mothers
- Perinatal depression is the most common complication of childbirth

## Anxiety During Pregnancy & Postpartum

- Approx. 6% of pregnant women and 10% of postpartum women develop anxiety
- This can be experienced alone, or with depression
- Woman can also experience:
  - Panic attacks
  - Obsessive-compulsive behaviors

## Anxiety Symptoms

- Constant worry
- Feeling that something bad is going to happen
- Racing thoughts
- Disturbances of sleep and/or appetite
- Fidgeting/restlessness
- Physical symptoms like dizziness, hot flashes, and nausea

## Postpartum Psychosis

- This is the most rare form of PMAD and occurs in one out of every 1,000 deliveries, or approximately 0.1% of births
- Onset is usually sudden, often within the first two weeks postpartum

## Postpartum PTSD

- 1-6% of women experience PTSD following childbirth
- May be associated with a trauma during childbirth:
  - The trauma is based upon how the mom perceives the birth event, not how anyone else perceives the event



## Symptoms of Psychosis

- Delusions or strange beliefs
- Hallucinations (seeing or hearing things that aren't there)
- Decreased need for or inability to sleep
- Paranoia and suspiciousness
- Rapid mood swings



## Risks of Untreated PMAD

- Poor birth outcomes
  - Low birth weight
  - Prematurity
  - Small head circumference
  - Low Apgar scores
- High fetal stress levels
- Negative effect on bonding and breastfeeding
- Poor self-care, nutrition and sleep

## Why this information is so important...

- Perinatal Mood and Anxiety Disorder symptoms generally do not resolve themselves without treatment
- It can become chronic for the mother, and affect the entire family for years



## Warning Signs

- Missing appointments
- Looking unusually tired
- Requiring a support person to accompany her to appointments
- Significant weight loss or gain
- Evading questions about her own well-being
- Not willing to hold baby or not willing to let others care for the baby
- Expressing that the baby does not like her, or that she is not a good mother

## Screening

- The USPSTF, AAP and ACOG all recommend screening for maternal depression
- Screening is the first step in helping new moms get back on their feet



## Edinburgh Postnatal Depression Scale

- Consists of 10 questions asked of the mother
- Based on how the mother has felt in the past seven days (not just how they feel today)
- Maximum score is 30
- Anything 10 or greater indicates possible depression and/or anxiety and should be referred for follow-up
- Always pay attention to question #10 (suicidal thoughts)

## Recommended Frequency For Screening

### Flow Chart Edinburgh Postnatal Depression Scale

Screen mother during pregnancy, 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> trimester, then at postpartum appointment

Screen mother during Well Child Visits: 2m, 4m, 6m, 9m and 12m

(Screening can also be completed anytime provider may be concerned with mother)

## Flow Chart Edinburgh Postnatal Depression Scale

Screen mother during pregnancy, 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> trimester, then at postpartum appointment

Screen mother during Well Child Visits: 2m, 4m, 6m, 9m and 12m

(Screening can also be completed anytime provider may be concerned with mother)

**Score 0-4:** The mother is most likely doing okay. Continue to support her in the way that you are, and consider if you feel the mother may be under-reporting or if you have concerns that she needs more help than she is getting.

**Score 5-9:** There are some concerns. Utilize resources inside and outside the home to help the mother get the support she needs. Also consider if you feel the mother is under-reporting and consider referral to counseling services if necessary. Call 211 or access [www.hopewell.org/mothersstrong](http://www.hopewell.org/mothersstrong)

**10+:** Refer Mother to internal resources if available and/or talk to the mother about counseling services/support groups that are provided through Mothers Strong resource page.

Always look at question #10: If you have any question about whether the mother is a danger to herself or her child, assess further and decide with your supervisor the best action to take

- Call Behavioral Health Crisis Line 1 (800) 334-6622 or (530) 831-2810
- Call to \_\_\_\_\_
- Call to \_\_\_\_\_

## Scoring and Referral Flow Chart

**Score 0-4:** The mother is most likely doing okay. Continue to support her in the way that you are, and consider if you feel the mother may be under-reporting or if you have concerns that she needs more help than she is getting.



## Scoring and Referral Flow Chart

**Score 5-9:** There are some concerns. Utilize resources inside and outside the home to help the mother get the support she needs. Also consider if you feel the mother is under-reporting, and consider referral to counseling services if necessary. Call 211 or access resources at [www.helpcentral.org/mothersstrong](http://www.helpcentral.org/mothersstrong)

## Scoring and Referral Flow Chart

**Always look at question #10:** If you have any question about whether the mother is a danger to herself or her child, assess further, and decide with your supervisor the best action to take

a. Call Behavioral Health Crisis Line 1 (800) 334-6622 or (530) 831-2810  
b. Call to \_\_\_\_\_  
c. Call to \_\_\_\_\_

## Scoring and Referral Flow Chart

**10+:** Refer Mother to internal resources if available and/or talk to the mother about counseling services/support groups that are provided through Mothers Strong resource page.

HelpCentral.org  
**211**  
Butte County

HOME ABOUT SEARCH DATABASE DIRECTORIES LIST YOUR SERVICES NEWS CONTACT US DONATE

MOTHERS STRONG - HELP FOR POSTPARTUM DEPRESSION AND ANXIETY

**211** GET SUMMER PREPARE WITH FINDHELP

**DONATE NOW**

NEWS & EVENTS  
2015 Annual Report  
Child Income Tax Credit Information & Free Tax Preparation  
Childhood Memory Night Out  
Free Printer Tugs - Tumblers, Patches

If you have thoughts of harming yourself or your baby or if your pregnant postpartum level

## Online Resources

- Mothers Strong on Facebook
- Postpartum Support International
- Jenny's Light
- The Maternal and Child Health Library at Georgetown University
- Postpartum Dads

## Questions?

Mothers Strong thanks you!

<http://www.helpcentral.org/mothersstrong/>  
<https://www.facebook.com/mothersstrong/>



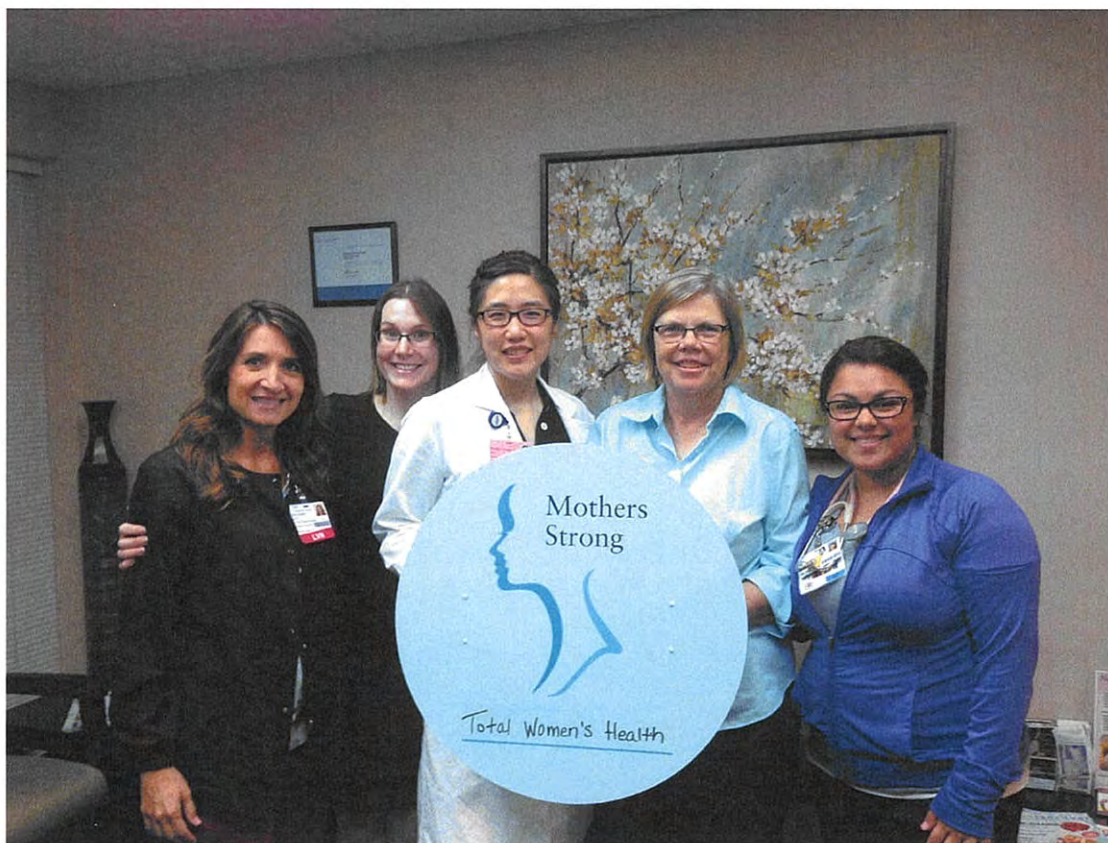
## Therapists

- In-home Support
  - Mothers Well
  - Healthy Mothers
- Chico
  - Jacqui Brugnano, MFT
  - Gail Garcia, LCSW
  - Mary Gordon, RN, MFT
  - Jarynna Chua, LMFT
- Paradise
  - Sarah Frohock, LCSW
  - Christina Mercy-Kemp, LCSW





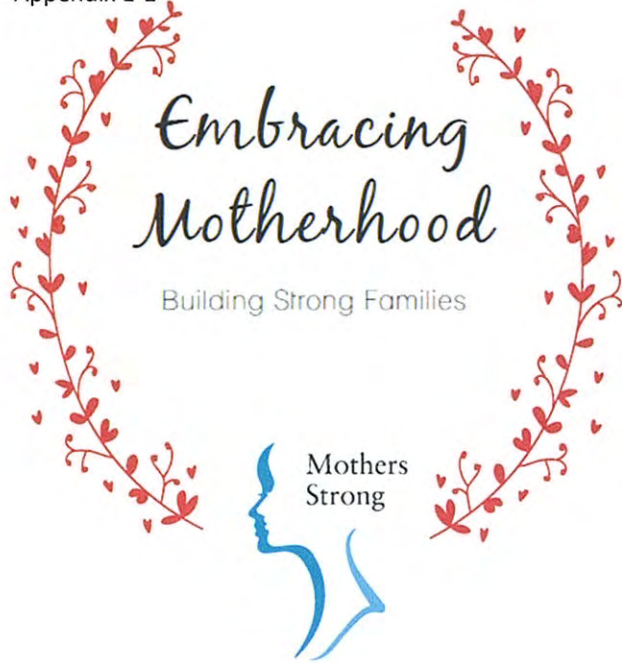
Lunch and Learn with Enloe Women's Services Esplanade in Chico with Mothers Strong Blue Dot



Lunch and Learn with Total Women's Health in Paradise with Mothers Strong Blue Dot



Appendix E-1



Embracing Motherhood

Enloe Medical Center

May 9, 2015



Shoshana Bennett Keynote Address



Moms Supporting Moms Break Out Group

Chatting with Shoshana



Bindu Garapaty, Psy.D.—  
2020 Mom Vision



Holly Kralj RN, MSN, CNM, DNP Mom Self Care





Appendix E—2



Mom's enjoying time together



Our Hmong moms shared the event!

*You're invited!*

JOIN LOCAL MOMS AT THIS **FREE** EVENT THAT CELEBRATES THE JOYS AND CHALLENGES OF MOTHERHOOD.

 Mothers Strong  
Building Strong Families

*Embracing Motherhood*

FIRST CONGREGATIONAL CHURCH | 1715 BIRD STREET DROVILLE  
MAY 5TH | 9:00 AM - 2:00 PM

Register on Mothers Strong's Facebook page or by calling 2-1-1.  
Childcare and transportation available to registered moms.

GUEST SPEAKERS  
FREE GIFTS | RAFFLE PRIZES  
LUNCH CATERED BY ITALIAN KITCHEN



Champion mom Briana, Anna Bauer and mothers



A scan of the room





**MAY**  
20<sup>TH</sup>

*10 a.m.*  
TO  
*12 p.m.*

**DEGARMO PARK**  
*Chico, CA*



Mothers  
Strong

Building Strong Families

SPONSORED *by*

**FIRST FIVE**



**211**

**APPLE BLOSSOM BABY**

**REGISTER**

WEBSITE

[WWW.HELPCENTRAL.ORG/MOTHERSSTRONG](http://WWW.HELPCENTRAL.ORG/MOTHERSSTRONG)

FACEBOOK

[WWW.FACEBOOK.COM/MOTHERSSTRONG](http://WWW.FACEBOOK.COM/MOTHERSSTRONG)

CALL 211

ACTIVITIES

**FACE PAINTING**

**MOMMY & ME YOGA**

**HEALTHY SNACKS**

**RAFFLE**



# Mothers Strong Stroll



Signs with words of hope & encouragement



Champion Mom sharing her journey



Mommy and Me Yoga



Mommas getting ready to stroll



Partnerships



FACE PAINTING!!!



Hmong Cultural Center—Partnerships



Gail and Vicki—Mothers Strong members



**1 in 7 Women**  
Suffers from Postpartum Depression & Anxiety  
*You Are Not Alone.*

Call 2-1-1 for a list of local support groups and counselors who specialize in maternal mental health.

Help Starts Here!  
2-1-1 Butte County  
Connect to free and low-cost services

Mothers Strong

LIKE US ON facebook

FIRST5 BUTTE COUNTY CHILDREN & FAMILIES COMMISSION

Growing Up Chico and Upgraded Living Ad



Bus Tail





*Mothers Strong connects local mothers with support, education, and resources to help with postpartum depression and anxiety.*

**Mothers Strong**

**Building Strong Families**

**Join the conversation.**

Don't be afraid to ask for help.  
Call 2-1-1 for resources or visit  
[www.facebook.com/MothersStrong](http://www.facebook.com/MothersStrong) for support



North State Parent Ad

# Building Strong Families

*Mothers Strong connects local mothers with support, education, and resources to help with postpartum depression and anxiety.*

**Join the conversation.**

**Mothers Strong**

**You're not alone.**  
Call 2-1-1 for resources or  
visit [www.facebook.com/MothersStrong](http://www.facebook.com/MothersStrong) for support.



Postcard





# DEFEATING DEPRESSION

Being a mother is no easy task. As if the challenge of developing and carrying a new human for 10 months isn't difficult enough, mothers are expected to be impervious to the multitude of challenges that face them post-pregnancy and to do so with a smile on their face, often with little support or understanding to speak of. Though pregnancy and childbirth are usually a joyful and transformative time for mothers, it can also be a daunting one. One in five mothers will experience depression anxiety during pregnancy and one in seven will experience it post-pregnancy. Those statistics double for mothers who are living in low-income situations. With nearly 700 new mothers in Butte County experiencing some form of pregnancy-related depression each year, raising awareness for the condition and providing early detection is critical to treating it and ensuring the long-term health of both mother and child. Anna Bauer, Gail Garcia, and Ann Dickman are part of a collective on a mission to do just that.

Mothers Strong is a collaboration of healthcare providers, local agencies, businesses and champion moms who are providing a network of help and support for mothers experiencing perinatal mood and anxiety disorder, depression and anxiety that occurs during and/or after pregnancy. Each member of the group brings a unique and necessary skillset to the collective, allowing the group to accomplish more than any one therapist or counseling program could on their own. The group officially formed in 2014, allowing them to achieve the collective impact they needed to bring knowledge of perinatal depression to Butte County. Their annual First 5 funding is \$30,000 to provide training, scholarships for professional education, outreach and awareness campaigns, and host mothering summits designed to educate mothers and mothers-to-be.

Over the past 2 years, Mothers Strong has made huge leaps in achieving their goal of incorporating more therapists who are trained and available to moms and partnering with community resources like

Butte 2-1-1, a 24/7 community organization that takes phone calls from people in need of resources. They've also founded Mothers Strong Cafe, a private Facebook group where mothers can connect with other mothers at any time via social media to offer or receive support. The group is accessible to moms through the Mothers Strong Facebook page at [www.fb.com/mothersstrong](http://www.fb.com/mothersstrong).

The group is looking forward to 2017, and working to further expand their collective of trained healthcare professionals while championing further awareness of this very common and very treatable condition. They plan to continue working with local OBs and pediatricians to implement screening measures that ensure timely detection and treatment for mothers and are more than willing to provide whatever support physicians' offices may need to make it happen. As Anna, Gail, and Ann are quick to point out, awareness of pregnancy-linked depression is key, and treating the condition is much more approachable than most might think.

**If any of the following statements apply to you or a mother you know, simply dial 2-1-1 or visit [www.helpcentral.org/mothersstrong](http://www.helpcentral.org/mothersstrong) for further information. The path to wellness is just a short phone call away.**

- *I have not been able to laugh and see the funny side of things.*
- *I haven't looked forward with enjoyment to things.*
- *I have blamed myself unnecessarily when things went wrong.*
- *I've been anxious or worried for no good reason.*
- *I have been so unhappy that I have had difficulty sleeping.*
- *I have felt sad or miserable.*
- *The thought of harming myself or my baby has occurred to me.*





*Jarynna Chua & Michelle Bechard:*

## KEEPING MOTHERS WELL

Jarynna Chua and Michele Bechard have a certain calm about them that only seems to arise from patiently training a new generation from birth. It comes from learning to adapt to new and unexpected situations, random volume changes in their immediate surroundings, and coming to terms with the realization that the world is ultimately out of our control. Jarynna and Michelle are both mothers to two, wives, Chico State alumni, and perfectly suited to their careers as family therapists. They work together in a program called Mothers Well, a program that offers counseling services to Butte County women suffering from Perinatal Mood and Anxiety Disorders.

One in every seven women will experience postpartum depression or anxiety during pregnancy and after giving birth and, despite its prevalence, acknowledgement of the disorder has been widely swept under the rug for decades. Butte County has an especially high incidence rate for the disorder which often manifests itself in the form of fatigue and exhaustion, uncontrollable crying, frequent anxiety, difficulty falling or staying asleep, feelings of guilt, worthlessness or helplessness, irritability or mood swings, disinterest in your baby or family members, and even thoughts of hurting yourself or your baby. Although these changes in personality can be startling and severe, it is important to note that it's not the mother's fault and that

the symptoms are certainly treatable. That's where professionals like Jarynna and Michele come in.

Through the Mothers Well program, therapists like Jarynna and Michele are available not only for in-office visits but for house calls as well, making it easier for new mothers to receive help in the comfort of their own home. Visits consist of a relaxed conversation that helps assess and pinpoint symptoms, patient history, concerns, strengths, and support systems that are in place to help a new mother start to feel better. Visiting therapists will weave together a treatment plan based on what the mother wants and the best course of action on how to achieve that change. The conversation is completely voluntary and totally driven by the mother's goals. Sometimes the best form of treatment is therapy and having someone to talk to that better understands what is going on, while other cases may be chemical and in need of medication. In these instances, therapists can even accompany mothers to doctor appointments to help advocate for them and streamline understanding of their symptoms.

The first step in proper treatment is recognizing the signs of postpartum depression and being willing and open to making changes in one's life to combat it. Mothers who are struggling with postpartum

depression can call Butte 2-1-1 by simply dialing 2-1-1 on any telephone and speaking to one of their operators. Operators can provide a listing of local therapists, support groups, and online resources where moms can find help. Moms can also find the same resource list online at [www.helpcentral.org/mothersstrong](http://www.helpcentral.org/mothersstrong)

### **MORE ABOUT MOTHERS WELL AND MOTHERS STRONG**

The Mothers Well program is only available to mothers who have Medi-CAL. Mothers with private insurance or self-pay should visit Mothers Strong online for a list of therapists with expertise in maternal wellness. You can find them at [www.helpcentral.org/mothersstrong](http://www.helpcentral.org/mothersstrong)

Mothers Well is a program of the Butte County Department of Behavioral Health, funded by the First 5 Butte County Children and Families Commission. The Mothers Well therapists are partners in Mothers Strong, a collaboration of local agencies, businesses and champion moms who are providing a network of help and support for mothers experiencing perinatal mood and anxiety disorder, depression and anxiety that occurs during and/or after pregnancy. Each member of the group brings a unique and necessary skillset to the collective, allowing the group to accomplish more than any one therapist or counseling program could on their own. The group formed in 2014 in order to achieve the collective impact needed to bring knowledge of perinatal depression to Butte County. Included in Mothers Strong annual funding budget is \$30,000 from First 5 Butte County to provide training, scholarships for various certifications, outreach and awareness campaigns, and host mothering events designed to support, celebrate and educate mothers and mothers-to-be.

Over the past three years, Mothers Strong has made huge leaps in achieving their goal of incorporating more therapists who are trained and available to moms and partnering with community resources like Butte 2-1-1, a 24/7 helpline that takes phone calls from anyone who needs information about local resources. They've also founded Mother Café, a private Facebook group where mothers can connect with other mothers at any time via social media to offer or receive support. The group is accessible to moms through the Mothers Strong Facebook page at [www.fb.com/mothersstrong](http://www.fb.com/mothersstrong)

IF YOU FEEL THAT YOU OR A MOTHER YOU KNOW ARE AT RISK FOR PMADS, SIMPLY DIAL 2-1-1 FOR FURTHER ASSISTANCE. THE PATH TO WELLNESS IS JUST A SHORT PHONE CALL AWAY.





attacks, anxiety, and other strains that make it difficult for mothers to enjoy life—and they are treatable. However, for families to benefit from available treatments, medical providers must engage with these issues and available resources.

That's where Mothers Strong comes in. The group has worked to establish valuable links between the private, public, and professional community in order to address these struggles. In just over five years, Mothers Strong has already made impressive changes in the area. Through projects like Mother Café (a private Facebook group for mothers to connect with each other) and Butte 2-1-1 (a 24-hour helpline), Mothers Strong has developed critical support networks for families dealing with the effects of PMADs.

Holly encounters the need for these resources every day. The midwife provides referrals and treatment within her own practice, but she states that it's challenging to find mental health referrals unless patients are critically ill. Still, she's hopeful for the future. With aid from First Five Butte County, a commission that funds local children's services like Mothers Strong, Holly continues the work of her doctoral project by increasing communication within the healthcare community so that doctors are comfortable discussing PMADs and can deliver consistent information to patients. Holly and other community members have also utilized Mothers Strong to work with obstetricians on increasing referrals and screening for women so that any mental health issues are detected—and treated—as early as possible.

Working alongside obstetricians at Enloe, Holly can analyze problems on a small scale. "In general, doctors are taught about 'abnormals'—things that can go wrong," she says. "Our job is to help women know as much as possible about self-care." By providing both midwifery and traditional obstetric services, her practice spends more time with patients to focus on both mental and physical health. And because of groups like Mothers Strong, they have more resources available if a woman needs help.

After working as a midwife for so many years, Holly sees firsthand how helping even one mother impacts the surrounding area. She receives yearly Christmas cards from past patients and regularly runs into now-grown children she once helped deliver. "By supporting moms we support families," she says. "We support the community long term."

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## CALL THE MIDWIFE

MOTHERS STRONG ACROSS BUTTE COUNTY

**"Healthy moms make healthy babies,"** states Holly Kralj, a nurse midwife specialist for Enloe Women's Services in Chico. And a mother's well-being relies on more than physical health—a fact that is often overlooked by medical professionals. With the help of Mothers Strong, a group of families and community partners supporting women with perinatal mood and anxiety disorders, Holly advocates for healthy women from the mind down.

Although labor and delivery are physically exhausting by all standards, postpartum depression and anxiety remain the most common complication of childbirth. One out of seven women in the United States will experience a form of PMAD (perinatal mood and anxiety disorder), and these numbers hold true within Butte County. PMADs appear in emotional and physical symptoms that might affect women during pregnancy or after childbirth. They include depression, panic





## CHAMPION MOM

### *Kimberly Armstrong*

Originally from Roseville, Kimberly Armstrong moved to Paradise in 8th grade. She studied at Chico State and eventually moved to Washington state to pursue a career in the banking industry. It was there that she met her husband, Kevin, and settled down. The two found that they were expecting their first child after three years of trying to conceive, and began preparing to welcome their baby into the world like all new parents do. They couldn't, however, prepare for what came next.

Kimberly went into labor with her daughter, Elliot Parker, at 28 weeks without even knowing it. Actually, it wasn't until visiting her obstetrician (OB) during a routine appointment at 30 weeks that she found out she had been in labor for two weeks. Her OB acted quickly to delay delivery, but could only delay the delivery for so long. Elliot Parker was born 2 months premature at 4 pounds 4 ounces, and spent the following 49 days in the neonatal intensive care unit (NICU) before being released.

At 60 days after delivery, Kimberly and Kevin had another appointment with her OB. To her surprise, the questions he asked weren't directed

at her, instead, they were directed at Kevin. He asked how Kimberly was sleeping and whether or not she had seemed like herself. Kevin replied that she had been sleeping an average of one hour each night and hadn't seemed herself; one minute she was fine, and the next he would find her sobbing. The OB then redirected his attention to Kimberly, notifying her that her change in behavior was consistent with perinatal mood and anxiety disorder (PMADs) and that, if untreated, it could become significantly worse for herself and her newborn. PMADs refer to a group of symptoms that are known to affect women both during pregnancy and shortly after giving birth, causing emotional and physical strain that makes it difficult to enjoy life and function normally. Depression, bipolar behaviors, anxiety, panic attacks, and disinterest in caring for one's baby are all signs of PMADs.

Hesitant to take medications while producing milk for Elliot, she voiced her concerns, and her OB assured her that there were medications available that would have little to no affect on her baby, but would still return her to her normal self. He was most concerned about how a sick mom could care properly for her baby. Kimberly decided to try her OB's recommendation. Within six months, she was fully back to her normal self and was no longer anxious about caring for Elliot. She found herself surprised that it took so long for someone to ask her about her mental state, as delivering and caring for a premature baby tends to be far more stressful than a full-term birth.

Over the years, and after a second premature birth, she found that she wasn't alone. In fact, after moving back to California, she discovered that many mothers and mothers-to-be weren't being asked about their mental state during or after their pregnancy at all. Statistics show that one in five women experience a form of PMADs during pregnancy and another one in seven do after childbirth, so the lack of including mental health questions in an OB appointment seemed like an oversight. The effects, if untreated, can be devastating for mother and child. Determined to change this, Kimberly joined Mothers Strong, a collaborate made up of mothers and medical professionals for women who have experienced or are experiencing the effects of PMADs.

Beyond just providing support to other mothers like herself, Kimberly and many of the other members of Mothers Strong spend their time advocating for change in their local communities. They meet with doctors and midwives to discuss their experiences and shed light on the experience of being a mother affected by PMADs; they hope that, through their experiences, more attention will be given to this important issue.

With a healthy mind, successful career, and two healthy children who are now four and seven years old, Kimberly couldn't be more thankful for the intervention provided by her OB and husband all those years ago. To mothers who experience any of the associated symptoms of PMADs, she encourages them to, "Reach out for help—reach out to your MD, your OB, your husband, a psychiatrist, your family or friends. Let them know you need help and don't be embarrassed by it. Embarrassment won't save you or your baby." She also encourages families and friends of new mothers to be on the lookout for noticeable changes in mood or personality and to discuss it with them. If they don't notice it themselves, and most of them won't, it's important to seek out and provide the help necessary to guarantee the health of mother and child.

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trained and available to moms. The organization has also partnered with Butte 2-1-1, a 24/7 helpline which provides inquisitive minds information about local resources for those in need.

“I think that moms can feel ashamed and might not necessarily bring it up to their medical providers or families,” Bauer added. “Moms are supposed to feel so lucky because they have this beautiful baby and I think there is a lot of shame when something is not quite right.”

The organization's goal is to foster and encourage more services for mothers and families. Mothers Strong collaborates with a variety of local business, agencies and mothers who navigate a network of sources for mothers experiencing perinatal mood and anxiety disorder, depression and anxiety that occurs during and/or after pregnancy. Bauer wants to remind women struggling with these concerns they are not alone and help is out there.

***“It’s important to be watching out for our pregnant and new mommas,” Bauer said. “Even if they seem like they’re doing great, it’s just really important to keep an eye out for sadness or anxiety or other issues.”***

Join the conversation and connect with other women at Mothers Café, a private Facebook group where mothers can connect with other women to offer or receive support.

## POWER WALK

IF YOU FEEL THAT YOU OR A MOTHER YOU KNOW ARE AT RISK FOR PMADS. SIMPLY DIAL 2-1-1 FOR FURTHER ASSISTANCE. THE PATH TO WELLNESS IS JUST A SHORT PHONE CALL AWAY.

Sun beams and a crisp blue sky greeted many who gathered May 20 at Degarmo Park for the Mothers Strong Stroll. As part of May’s Maternal Mental Health Awareness month, mothers and their kin joined in a walk to “Stride Together, Thrive Together,” hosted by Mothers Strong. The local organization is tailored to receive support and bring awareness to an often overlooked aspect to motherhood: perinatal mood and anxiety disorder.

The well-attended event was designed to celebrate motherhood and provide education for maternal mental health issues women are often met with after giving birth, expressed Anna Bauer, program manager with First Five and Mothers Strong member. The local organization emphasizes self-care for those struggling with misplaced, difficult emotions during pregnancy and after giving birth. The outdoor event incorporated aspects of physical and mental health for mom and baby.

“We wanted to set up a situation where moms could feel nurtured and celebrated,” Bauer said.

Mommy and baby yoga along with face painting and other kid-friendly activities followed the stroll. Attendees received a free gift of a stainless steel water bottle and were entered into a raffle to win gifts from local vendors who attended the event.

Mothers Strong also encourages support groups where mothers can gather and openly express their day-to-day concerns. In order to keep the conversation going, those involved in Mothers Strong have filled a niche in health care where resources such as local maternal depression support groups, educational programs and community treatment providers. The informational aspect not only extends to community members but also physicians who often do not address this very common struggle. One in seven new mothers experience “baby blues” or postpartum depression and anxiety.

The idea of healthy mothers harboring healthy families is the notion Mothers Strong aspires to reiterate. During the past three years, the group has worked toward incorporating more therapists who are

