

# Who can I call for help?

**FOR ANY MEDICAL OR PSYCHIATRIC EMERGENCY, PLEASE CALL 911.**

For resources and information, contact Postpartum Support International:

Amy Kimmel, (850) 491-5807

Susan Shelton, (850) 583-6814

Catherine Munroe, (850) 284-9544

Also see the website:  
[www.postpartum.net](http://www.postpartum.net)

To find a mental health care provider, visit our website:  
[www.med.fsu.edu/mentalhealth](http://www.med.fsu.edu/mentalhealth)

To find pediatricians, obstetricians, prenatal education, parenting classes and other resources, visit the Whole Child Leon website:  
[www.wholechildleon.org](http://www.wholechildleon.org)

For telephone counseling, crisis intervention, information and community resource referrals, please call 2-1-1- Big Bend by dialing 211 or (850) 617-6333 or visiting the website:  
[www.211bigbend.net](http://www.211bigbend.net)

## COMMUNITY RESOURCES:

### Online Mental Health Resource Guide

We have developed and maintain an online listing of mental health and social service providers in Tallahassee and the surrounding areas to assist local clinicians with making appropriate referrals for their patients. This list is searchable by both providers' specialty and also the insurance that they accept in order to ensure that patients' complex healthcare needs are met in a personalized manner that best fits their situation. This listing is also available to the public and has links for mental health and social service providers to request an update or to be added to the list if they are not already included.

[www.med.fsu.edu/mentalhealth](http://www.med.fsu.edu/mentalhealth)

#### WHO WE ARE:

**ACTNOW does not provide direct services, but conducts research and assists in compiling community resources.**

**Heather A. Flynn, Ph.D.,** Dr. Flynn is an Associate Professor and Vice Chair for Research in the Department of Behavioral Sciences and Social Medicine at the College of Medicine. She is a licensed clinical psychologist specializing in Mental Health. She has an international reputation in women's mental health and evidenced-based mental health treatments.

**Sarah McElhaney, MSW, Research Assistant** Ms. McElhaney is a researcher in the Department of Behavioral Sciences and Social Medicine at the College of Medicine. She has a background in mental health and is focused on improving perinatal depression treatment, engagement and outcomes.

**Heather Venclauskas, MPA, Community Outreach Coordinator** Ms. Venclauskas is a Community Research Coordinator at the College of Medicine. She is committed to establishing relationships and building community partnerships that bring awareness to mental illness.



**Advancing Care and Treatment to Enhance Outcomes for Women**



THE FLORIDA STATE UNIVERSITY  
COLLEGE OF MEDICINE

Department of Behavioral Sciences  
& Social Medicine

Maternal Health Research &  
Community Engagement  
Program



“The difference between my first pregnancy and delivery and my second was **drastic**. If it were not for self-advocacy, my team (my family and friends, doctors, therapists, etc.) and education, I would probably have had postpartum depression and anxiety the second time around. It can be caught ahead of time, treated, or even prevented with the tools I have now.”

–Christina Herdt  
(overcame postpartum depression)

## Shining a Light on Maternal Mental Health Around the Time of Pregnancy

**You are not alone!** Depression is one of the most common complications of pregnancy. Up to 1 in every 4 women will experience depression in their lifetime. Up to 1 in every 5 women may experience depression around the time of their pregnancy.

**You can get better! Depression is treatable.** Unfortunately, most women with a significant mental health problem, such as depression or anxiety, do not get detected or treated when presenting for prenatal care or social services. Left un-treated, these medical conditions have a major effect on the health and functioning of the mother and baby.

**You and your baby are worth it!** Sometimes women put their own self-care last. Other times, women are afraid of how they will be seen if they admit to feeling depressed or anxious. Just like taking folic acid and eating well are important during pregnancy, taking care of your mental health is extremely important for you to be healthy, feel good, and for the health and wellbeing of your baby. You can think about it just like the oxygen mask on the plane – you must take care of yourself first before you can take care of others.

## What are the warning signs?

Almost 80% of women have postpartum “blues” after having a baby. This is normal. But if the mood changes last more than two weeks, please pay attention! Common symptoms of maternal depression to look out for are:

- Feeling depressed, down or irritable
- Not able to enjoy things that are usually enjoyable
- Major changes in appetite, or significant weight gain or loss
- Sleeping too much or not enough
- Major changes in energy level
- Unable to concentrate or make decisions
- Feeling worthless or excessively guilty
- Abnormal thoughts of death or of killing yourself

You may also notice that you are:

- Feeling very anxious, especially about the pregnancy or the safety and health of your baby
- Having confusing thoughts about something harming the baby or doing something to harm the baby
- Having anger or rage that is not normal for you
- Not allowing anyone else to care for your baby
- Having difficulty with breastfeeding
- Feeling as though you are not bonding with your baby

## What should I do next?

**If you notice that you are not feeling like yourself during the pregnancy and after having the baby, tell someone!** If you notice any of the symptoms, especially anxiety, insomnia, thoughts of death, or confusing thoughts about the safety of the baby, **talk to a health care professional immediately.**

It is best to talk to several people, including family members, your obstetrician or other health care professional. If the people in your life or your health care provider do not listen or do not give you the help you need, it is very important that you keep asking or talk to someone else!

Although weight gain, problems sleeping, lower energy and mild mood changes may be normal, it is not normal to have many of these at the same time, last for more than two weeks, and/or make you unable to be yourself and do the things you want to do.

## What are my options?

This is a very personal decision. Discuss with your healthcare provider which treatment works best for your needs.

- **Antidepressant medications** work well and can be safe and effective during pregnancy and breastfeeding.
- **Talk therapy** is focused on learning how to get the support you need and how to change the way you think and act so that you feel much better. Talk therapy can also help you get back to doing things in life that you enjoy most.
- **Exercise and activity** may be helpful in combating symptoms of depression as well.

## Contact Us

**ActNow**  
**Florida State University College of Medicine**

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Tallahassee, FL 32306  
(850) 645-3457

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This version was last updated 07/22/2016