Focus Area	Citation	Findings
Clinical Screening and Referral	Reilly N, Kingston D, Loxton D, Talcevska K, Austin MP. A narrative review of studies addressing the clinical effectiveness of perinatal depression screening programs. Women Birth. 2020 Feb;33(1):51-59. doi: 10.1016/j.wombi.2019.03.004. Epub 2019 Apr 4. PMID: 30954483.	Majority of studies on depression screening during maternity care increases referral rates and service usage, associated with positive emotional health outcomes.
	Screening for perinatal depression. ACOG Committee Opinion No. 757. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;132:e208–12.	The American College of Obstetricians and Gynecologists recommends that obstetrician–gynecologists and other obstetric care providers screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool
	Myers ER, Aubuchon-Endsley N, Bastian LA, Gierisch JM, Kemper AR, Swamy GK, Wald MF, McBroom AJ, Lallinger KR, Gray RN, Green C, Sanders GD. Efficacy and Safety of Screening for Postpartum Depression. Comparative Effectiveness Review 106. (Prepared by the Duke Evidence-based Practice Center under Contract No. 290-2007-10066-I.) AHRQ Publication No. 13-EHC064-EF. Rockville, MD: Agency for Healthcare Research and Quality; April 2013. www.effectivehealthcare.ahrq.gov/reports/final.cfm.	Potential effectiveness of screening for postpartum depression appears to be related to the availability of systems to ensure adequate follow-up.
	Waqas, A., Koukab, A., Meraj, H. *et al.* Screening programs for common maternal mental health disorders among perinatal women: report of the systematic review of evidence. *BMC Psychiatry* **22**, 54 (2022). https://doi.org/10.1186/s12888-022-03694-9	Meta-analysis indicates a positive impact in favor of the intervention group (screening for perinatal depression and anxiety). Screening appears to lead to improved outcomes, with a significant improvement in symptoms of anxiety among perinatal women.
	O'Connor E, Senger CA, Henninger ML, Coppola E, Gaynes BN. Interventions to Prevent Perinatal Depression: Evidence Report and Systematic Review for the US Preventive Services Task Force. *JAMA.* 2019;321(6):588–601. doi:10.1001/jama.2018.20865	Reviewed multiple interventions for perinatal mood disorders. Counseling interventions associated with lower likelihood of onset of perinatal depression. Some other interventions, including health system interventions, showed some evidence of effectiveness but lacked robust evidence base.
	Johnson A, Stevenson E, Moeller L, McMillian-Bohler J. Systematic Screening for Perinatal Mood and Anxiety Disorders to Promote Onsite Mental Health Consultations: A Quality Improvement Report. J Midwifery Womens Health. 2021 Jul;66(4):534-539. doi: 10.1111/jmwh.13215. Epub 2021 May 24. PMID: 34032002.	Measured the effects of a quality improvement project that developed systematic screening guidelines including the administration of the PHQ-9 and onsite mental health consultations for eligible women. Screening rates and mental health consultations significantly increased.
	Declercq E, Feinberg E, Belanoff C. Racial inequities in the course of treating perinatal mental health challenges: Results from listening to mothers in California. Birth. 2022 Mar;49(1):132-140. doi: 10.1111/birt.12584. Epub 2021 Aug 30. PMID: 34459012; PMCID: PMC9292331.	Non-Latina Black women experienced higher rates of prenatal depressive symptoms and significantly lower use of postpartum counseling and medications. Those asked by a practitioner about their mental health status were almost six times more likely to report counseling.

	English CMC. Screening Isn't Enough: A Call to Integrate Behavioral Health Providers in Women's Health and Perinatal Care Settings. Int J Integr Care. 2020 Nov 18;20(4):12. doi: 10.5334/ijic.5640. PMID: 33262679; PMCID: PMC7678558.	This paper describes the creation of integrated behavioral health in a midwife practice in Arizona, with a special focus on the financial barriers that may hinder integrated models.
	Topiwala A, Hothi G, Ebmeier KP. Identifying patients at risk of perinatal mood disorders. Practitioner. 2012 May;256(1751):15-8, 2. PMID: 22774377.	The most efficient strategy to identify patients at risk relies on focussing on clinically vulnerable subgroups: enquiries about depressive symptoms should be made at the usual screening visits. Attention should be paid to any sign of poor self-care, avoidance of eye contact, overactivity or underactivity, or abnormalities in the rate of speech.
	Meltzer-Brody S, Jones I. Optimizing the treatment of mood disorders in the perinatal period. Dialogues Clin Neurosci. 2015 Jun;17(2):207-18. doi: 10.31887/DCNS.2015.17.2/smeltzerbrody. PMID: 26246794; PMCID: PMC4518703	Treatment of perinatal mood disorders requires a collaborative care approach between obstetrics practitioners and mental health providers, to ensure that a thoughtful risk : benefit analysis is conducted. It is vital to consider the risks of the underlying illness versus risks of medication exposure during pregnancy or lactation.
	Henshaw, C. (2014). Screening and Risk Assessment for Perinatal Mood Disorders. In: Barnes, D. (eds) Women's Reproductive Mental Health Across the Lifespan. Springer, Cham. https://doi.org/10.1007/978-3-319-05116-1_5	Preconceptual counselling, in addition to screening for mood disorders during pregnancy and in the postpartum period, can reduce the risks associated with perinatal illness by identifying mothers who need intervention
	Dempsey, Allison G. and others (eds), 'Screening for Perinatal Mood and Anxiety Disorders Across Settings', *Behavioral Health Services with High-Risk Infants and Families: Meeting the Needs of Patients, Families, and Providers in Fetal, Neonatal Intensive Care Unit, and Neonatal Follow-Up Settings* (New York, 2022; online edn, Oxford Academic, 1 Aug. 2022), https://doi.org/10.1093/med-psych/9780197545027.003.0010, accessed 8 May 2023.	Screening can be challenging for NICU providers due to constraints in time and resources. Screening protocols must include well-validated measures, trained staff to administer, and clear plans for addressing elevated risk. This highlights the need for the integration of mental health professionals into perinatal settings to help foster resilience in families during this vulnerable time
	Murthy S, Haeusslein L, Bent S, Fitelson E, Franck LS, Mangurian C. Feasibility of universal screening for postpartum mood and anxiety disorders among caregivers of infants hospitalized in NICUs: a systematic review. J Perinatol. 2021 Aug;41(8):1811-1824. doi: 10.1038/s41372-021-01005-w. Epub 2021 Mar 10. PMID: 33692474; PMCID: PMC8349842.	Common facilitators included engaging multidisciplinary staff in program development and implementation, partnering with program champions, and incorporating screening into routine clinical practice. Referral to mental health treatment was the most significant barrier.
	Lanuza KK, Butler JM. Implementing a Safety Bundle to Improve Screening and Care for Perinatal Mood and Anxiety Disorders. Nurs Womens Health. 2021 Aug;25(4):264-271. doi: 10.1016/j.nwh.2021.05.004. Epub 2021 Jun 16. PMID: 34146523.	Use of the SBIRT model to implement a safety bundle may contribute to improved mental health outcomes for individuals receiving perinatal care in a private-practice outpatient health care setting. Education and engagement among clinicians, staff, and patients are key to successful implementation of a safety bundle.

	Sidebottom, A., Vacquier, M., LaRusso, E. *et al.* Perinatal depression screening practices in a large health system: identifying current state and assessing opportunities to provide more equitable care. *Arch Womens Ment Health* **24**, 133–144 (2021). https://doi.org/10.1007/s00737-020-01035-x	There were no disparities identified with regard to prenatal screening. However, several disparities were identified for postpartum screening. After adjusting for clinic, women who were African American, Asian, and otherwise non-white were less likely to be screened postpartum than white women. Women insured by Medicaid/Medicare, a proxy for low-income, were less likely to be screened postpartum than women who were privately insured. National guidelines support universal depression screening of pregnant and postpartum women. The current study found opportunities for improvement in order to achieve universal screening and to deliver equitable care.
Patient-Provider Interactions	Vedam S, Stoll K, Taiwo TK, Rubashkin N, Cheyney M, Strauss N, McLemore M, Cadena M, Nethery E, Rushton E, Schummers L, Declercq E; GVtM-US Steering Council. The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States. Reprod Health. 2019 Jun 11;16(1):77. doi: 10.1186/s12978-019-0729-2. PMID: 31182118; PMCID: PMC6558766.	One in six women (17.3%) reported experiencing one or more types of mistreatment such as: loss of autonomy; being shouted at, scolded, or threatened; and being ignored, refused, or receiving no response to requests for help. Context of care (e.g. mode of birth; transfer; difference of opinion) correlated with increased reports of mistreatment. Rates of mistreatment for women of colour were consistently higher even when examining interactions between race and other maternal characteristics.
	Okpa A, Buxton M, O'Neill M. Association Between Provider-Patient Racial Concordance and the Maternal Health Experience During Pregnancy. J Patient Exp. 2022 Feb 8;9:23743735221077522. doi: 10.1177/23743735221077522. PMID: 35155750; PMCID: PMC8829722.	Due to limited sample size, we did not see statistically significant associations between racial concordance and our variables of interest. However, the open-ended comments that we received reveal nuances and concerns in the maternal health field, including the value of support and guidance from other women who have been pregnant, and patients' increasing comfort with self-advocacy with the provider over time.
	Attanasio L, Kozhimannil KB. Patient-reported Communication Quality and Perceived Discrimination in Maternity Care. Med Care. 2015 Oct;53(10):863-71. doi: 10.1097/MLR.0000000000000411. PMID: 26340663; PMCID: PMC4570858.	Over 40% of women reported communication problems in prenatal care, and 24% perceived discrimination during their hospitalization for birth. Having hypertension or diabetes was associated with higher levels of reluctance to ask questions and higher odds of reporting each type of perceived discrimination. Black and Hispanic (vs. white) women had higher odds of perceived discrimination due to race/ethnicity.
	Munch S, McCoyd JLM, Curran L, Harmon C. Medically high-risk pregnancy: Women's perceptions of their relationships with health care providers. Soc Work Health Care. 2020 Jan;59(1):20-45. doi: 10.1080/00981389.2019.1683786. Epub 2019 Nov 12. PMID: 31714182.	We found that beyond normative stress related to managing physical aspects of MHRP (medically high risk pregnancy), women reported added emotional stressors associated with navigating the fragmented health care environment. This study suggests that improved care coordination and systematic integration of psychosocial professionals within the perinatal interdisciplinary health care team are vital to reduce care-related stressors on this vulnerable patient group.
	Sperlich M, Seng JS, Li Y, Taylor J, Bradbury-Jones C. Integrating Trauma-Informed Care Into Maternity Care Practice: Conceptual and Practical Issues. J Midwifery Womens Health. 2017 Nov;62(6):661-672. doi: 10.1111/jmwh.12674. Epub 2017 Nov 28. PMID: 29193613.	This article presents an overview of traumatic stress sequelae of childhood maltreatment and adversity, the impact of traumatic stress on childbearing, and technical assistance that is available from the National Center for Trauma-Informed Care (NCTIC) before articulating some steps to conceptualizing and

		implementing trauma-informed care into midwifery and other maternity care practices.
	Drexler KA, Quist-Nelson J, Weil AB. Intimate partner violence and trauma-informed care in pregnancy. Am J Obstet Gynecol MFM. 2022 Mar;4(2):100542. doi: 10.1016/j.ajogmf.2021.100542. Epub 2021 Dec 3. PMID: 34864269.	Intimate partner violence is defined as any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship. Universal screening at the first prenatal visit and subsequently every trimester is recommended, with either written or verbal validated tools. Pregnant persons experiencing intimate partner violence need nonjudgmental, compassionate, confidential, and trauma-informed care.
	Vogel TM, Coffin E. Trauma-Informed Care on Labor and Delivery. Anesthesiol Clin. 2021 Dec;39(4):779-791. doi: 10.1016/j.anclin.2021.08.007. PMID: 34776109.	System-based changes to policies, protocols, and practices are needed to achieve sustainable change. Maternal morbidity and mortality that result from trauma-related and other mental health conditions in the peripartum period are significant. Innovative approaches to the prevention of negative birth experiences and retraumatization during labor and delivery are needed.
	Hall S, White A, Ballas J, Saxton SN, Dempsey A, Saxer K. Education in Trauma-Informed Care in Maternity Settings Can Promote Mental Health During the COVID-19 Pandemic. J Obstet Gynecol Neonatal Nurs. 2021 May;50(3):340-351. doi: 10.1016/j.jogn.2020.12.005. Epub 2021 Jan 9. PMID: 33493462; PMCID: PMC7836903.	The purpose of this article is to highlight the pressing need for perinatal clinicians, including nurses, midwives, physicians, doulas, nurse leaders, and nurse administrators, to be educated about the principles of trauma-informed care so that they can support the mental health of pregnant women, themselves, and members of the care team during the pandemic.
	White A, Saxer K, Raja S, Hall SL. A Trauma-informed Approach to Postpartum Care. Clin Obstet Gynecol. 2022 Sep 1;65(3):550-562. doi: 10.1097/GRF.0000000000000730. Epub 2022 Jun 17. PMID: 35708976.	We propose practical communication, behavioral, and procedural considerations for integrating trauma-informed care principles into routine postpartum care, with attention to populations that have been marginalized. We see postpartum care as a critical component of holistic patient recovery and an opportunity to facilitate posttraumatic growth so that all families can thrive.
	Kendig S, Keats JP, Hoffman MC, Kay LB, Miller ES, Moore Simas TA, Frieder A, Hackley B, Indman P, Raines C, Semenuk K, Wisner KL, Lemieux LA. Consensus Bundle on Maternal Mental Health: Perinatal Depression and Anxiety. Obstet Gynecol. 2017 Mar;129(3):422-430. doi: 10.1097/AOG.0000000000001902. Erratum in: Obstet Gynecol. 2019 Jun;133(6):1288. PMID: 28178041; PMCID: PMC5957550.	The focus of this bundle is perinatal mood and anxiety disorders. The bundle is modeled after other bundles released by the Council on Patient Safety in Women's Health Care and provides broad direction for incorporating perinatal mood and anxiety disorder screening, intervention, referral, and follow-up into maternity care practice across health care settings.
	Hernandez ND, Francis S, Allen M, Bellamy E, Sims OT, Oh H, Guillaume D, Parker A, Chandler R. Prevalence and predictors of symptoms of Perinatal Mood and anxiety Disorders among a sample of Urban Black Women in the South. Matern Child Health J. 2022 Apr;26(4):770-777. doi: 10.1007/s10995-022-03425-2. Epub 2022 Mar 27. PMID: 35344149; PMCID: PMC9054427.	The prevalence of symptoms of PMADs was 56%. A higher proportion of women with PMADs had experienced depression (16% vs. 32%, p = 0.006); physical (18% vs. 31%, p = 0.030), emotional (35% vs. 61%, p = 0.000), or sexual abuse (12% vs. 29%, p = 0.002); and symptoms of depression or anxiety before pregnancy (18% vs. 46%, p = 0.000). After adjusting for socio-demographics in multivariate analysis, experiencing symptoms of depression or anxiety before pregnancy (adjusted odds ratio [aOR] = 3.445, p = 0.001) was positively associated with experiencing symptoms of PMADs, whereas higher levels of

		self-esteem (aOR = 0.837, p = 0.000) were negatively associated with experiencing symptoms of perinatal mood and anxiety disorders.
	Nicoloro-SantaBarbara J, Rosenthal L, Auerbach MV, Kocis C, Busso C, Lobel M. Patient-provider communication, maternal anxiety, and self-care in pregnancy. Soc Sci Med. 2017 Oct;190:133-140. doi: 10.1016/j.socscimed.2017.08.011. Epub 2017 Aug 18. PMID: 28863336.	Women's perceptions of better communication, collaboration, and empowerment from their midwives were associated with more frequent salutary health behavior practices in late pregnancy. Controlling for mid-pregnancy anxiety, lower anxiety in late pregnancy mediated associations of communication and collaboration with health behavior practices, indicating that these associations were attributable to reductions in anxiety from mid- to late pregnancy.
	Haley, J, Benatar S. Improving Patient and Provider Experiences to Advance Maternal Health Equity: Strategies to Address Inequity During the COVID-19 Pandemic and Beyond. Robert Wood Johnson Foundation. 2020. urban.org/sites/default/files/publication/103311/improving-patient-and-provider-experiences-to-advance-maternal-health-equity_0.pdf	This report draws on literature reviews and interviews with maternal care stakeholders to explore how the pandemic is contributing to inequitable patient and provider experiences with maternal health care during the prenatal, delivery, and postpartum periods. We also explore the following promising strategies to consider.
	Jennifer Nicoloro-SantaBarbara, Lisa Rosenthal, Melissa V. Auerbach, Christina Kocis, Cheyanne Busso, Marci Lobel, Patient-provider communication, maternal anxiety, and self-care in pregnancy. Social Science & Medicine. Volume 190, 2017. Pages 133-140. ISSN 0277-9536. https://doi.org/10.1016/j.socscimed.2017.08.011.	Women's perceptions of better communication, collaboration, and empowerment from their midwives were associated with more frequent salutary health behavior practices in late pregnancy. Controlling for mid-pregnancy anxiety, lower anxiety in late pregnancy mediated associations of communication and collaboration with health behavior practices, indicating that these associations were attributable to reductions in anxiety from mid- to late pregnancy.
	Okpa, A, Buxton, M, O'Neill M. Association between provider-patient racial concordance and the maternal health experience during pregnancy. Journal of Patient Experience. 2022. 9(1-6). https://journals.sagepub.com/doi/pdf/10.1177/23743735221077522	The survey collected information from 14 mothers, of whom 9 had a racially discordant relationship with their physician and 5 had a racially concordant relationship. Due to the small sample size for evaluating the patient-provider relationship, we cannot draw quantitative conclusions surrounding the patient experience. However, this area of research does not have much readily available data connecting patient race with provider race and how that racial concordance affects the patient's experience.
	Josefsson A, Angelsiöö L, Berg G, Ekström CM, Gunnervik C, Nordin C, Sydsjö G. Obstetric, somatic, and demographic risk factors for postpartum depressive symptoms. Obstet Gynecol. 2002 Feb;99(2):223-8. doi: 10.1016/s0029-7844(01)01722-7. PMID: 11814501.	The strongest risk factors for postpartum depressive symptoms were sick leave during pregnancy and a high number of visits to the antenatal care clinic. Complications during pregnancy, such as hyperemesis, premature contractions, and psychiatric disorder were more common in the postpartum depressed group of women.
Clinical Structure and Services	Hans SL, Edwards RC, Zhang Y. Randomized Controlled Trial of Doula-Home-Visiting Services: Impact on Maternal and Infant Health. Matern Child Health J. 2018 Oct;22(Suppl 1):105-113. doi: 10.1007/s10995-018-	This RCT examined home-visits from doulas and the impact on childbirth preparation class attendance, breastfeeding, and other infant safety measures. Mental health outcomes were not measured. Conclusions for practices The

	2537-7. Erratum in: Matern Child Health J. 2018 Aug 20;: PMID: 29855838; PMCID: PMC6153776.	doula-home-visiting intervention was associated with positive infant-care behaviors
	Yonemoto N, Dowswell T, Nagai S, Mori R. Schedules for home visits in the early postpartum period. Cochrane Database Syst Rev. 2017 Aug 2;8(8):CD009326. doi: 10.1002/14651858.CD009326.pub3. Update in: Cochrane Database Syst Rev. 2021 Jul 21;7:CD009326. PMID: 28770973; PMCID: PMC6483560.	Increasing the number of postnatal home visits may promote infant health and maternal satisfaction and more individualised care may improve outcomes for women, although overall findings in different studies were not consistent. The frequency, timing, duration and intensity of such postnatal care visits should be based upon local and individual needs.
	Yonemoto N, Nagai S, Mori R. Schedules for home visits in the early postpartum period. Cochrane Database Syst Rev. 2021 Jul 21;7(7):CD009326. doi: 10.1002/14651858.CD009326.pub4. PMID: 34286512; PMCID: PMC8407336.	The evidence is very uncertain about the effect of home visits on maternal and neonatal mortality. Individualised care as part of a package of home visits probably improves depression scores at four months and increasing the frequency of home visits may improve exclusive breastfeeding rates and infant healthcare utilisation. Maternal satisfaction may also be better with home visits compared to hospital check-ups. Overall, the certainty of evidence was found to be low and findings were not consistent among studies and comparisons.
	McNaughton DB. Nurse home visits to maternal-child clients: a review of intervention research. Public Health Nurs. 2004 May-Jun;21(3):207-19. doi: 10.1111/j.0737-1209.2004.021303.x. PMID: 15144365.	Findings indicate that a wide range of client problems are addressed during home visits using a variety of nursing interventions. Missing from most of the reports is a clear theoretical link between the client problem addressed, the nursing intervention, and target outcomes. About half of the studies were successful in achieving desired outcomes.
	Dennis CL, Dowswell T. Psychosocial and psychological interventions for preventing postpartum depression. Cochrane Database Syst Rev. 2013 Feb 28;(2):CD001134. doi: 10.1002/14651858.CD001134.pub3. PMID: 23450532.	Overall, psychosocial and psychological interventions significantly reduce the number of women who develop postpartum depression. Promising interventions include the provision of intensive, professionally-based postpartum home visits, telephone-based peer support, and interpersonal psychotherapy.
	Lomonaco-Haycraft KC, Hyer J, Tibbits B, Grote J, Stainback-Tracy K, Ulrickson C, Lieberman A, van Bekkum L, Hoffman MC. Integrated perinatal mental health care: a national model of perinatal primary care in vulnerable populations. Prim Health Care Res Dev. 2018 Jun 18;20:e77. doi: 10.1017/S1463423618000348. PMID: 29911521; PMCID: PMC6567896.	Implementation of a universal screening process for PMADs alongside the development of an IBH (integrated behavioral health) model in perinatal care has led to the creation of a program that is feasible and has the capacity to serve as a national model for improving perinatal mental health in vulnerable populations.
Access and Coordination		
Care Team	Perrella SL, Miraudo J, Rea A, Geddes DT, Prosser SA. Maternal Evaluation of a Team-Based Maternity Care Model for Women of Low Obstetric Risk. J Patient Exp. 2022 Apr 11;9:23743735221092606. doi: 10.1177/23743735221092606. PMID: 35434293; PMCID: PMC9006366.	A multidisciplinary team-based maternity care service led by general practitioners with obstetric training (GPOs) and midwives was established for women of low obstetric risk. Proportions of participants that were very satisfied with their overall pregnancy, hospital stay, and postpartum care were 91%,

		<50%, and 85%, respectively. Both survey and qualitative data identified high satisfaction with emotional care and time afforded to discuss concerns during appointments. High levels of satisfaction can be achieved in women of low obstetric risk through the provision of GPO-midwife led multidisciplinary care throughout the maternity journey.
Incentives	Sudhof L, Shah NT. In Pursuit of Value-Based Maternity Care. Obstet Gynecol. 2019 Mar;133(3):541-551. doi: 10.1097/AOG.0000000000003113. PMID: 30801455.	Improving the value of maternity services will require public policies that measure and pay for quality rather than quantity of care. Equally important, clinicians will need to employ new strategies to deliver value, including considering prices, individualizing the use of new technologies, prioritizing team-based approaches to care, bridging pregnancy and contraception counseling, and engaging expecting families in new ways.
Community Initiatives	The Perigree Fund: https://perigeefund.org/	Perigee Fund partners with organizations whose initiatives support the infant-caregiver relationship and increase the capacity for all families to experience healthy, joyful connections. We focus our funding and resources on two key areas – Mental Health and Family Supports for Well-Being – particularly initiatives that center communities of color.
	Oregon Health Authority: https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WOMEN/MATERNALMENTALHEALTH/Pages/CommunityStrategies.aspx	Maternal mental health disorders are a major public health problem, affecting thousands of women, children, and families. Communities all around the country are mobilizing to identify and address perinatal depression and anxiety, and to support pregnant and parenting families. Use this page to learn more about how to engage partners, raise awareness, and develop networks in your community.
	Washington DOH: MaMHA: https://waportal.org/partners/home/mamha	Washington Maternal Mental Health Access (MaMHA) in the Department of Psychiatry and Behavioral Sciences, University of Washington (UW), is a funded program through the Perinatal Unit of the Office of Family and Community Health Improvement, Washington State Department of Health (DOH), to train and support members of WA primary care clinics to decrease perinatal suicide risk and accidental opioid overdose.
	Raising the Bar for Health Equity and Excellence: https://rtbhealthcare.org/maternal-health-launch/	The guidance is organized into four core roles that healthcare provider institutions play, as: • Providers: Provide whole-person care to achieve maternal health equity • Employers: Employ and support a diverse maternal health workforce • Community Partners: Engage with individuals and organizations in the community to achieve maternal health equity

		• Advocates: Advocate for and invest in maternal health equity
	US Department of Health and Human Services: Mom's Mental Health Matters: https://www.nichd.nih.gov/ncmhep/initiatives/moms-mental-health-matters/moms/action-plan	Use this action plan to see if what you are feeling is depression and anxiety during pregnancy or after birth, and if you should seek help. This action plan is designed to help you understand the signs of depression and anxiety and to take steps to feel better
	The Blue Dot Project: https://www.thebluedotproject.org/	The Purpose of TheBlueDotProject is to: Raise awareness of maternal mental health disorders, Proliferate the blue dot as the symbol of solidarity and support, Combat stigma and shame
	HRSA: Black Maternal Health Week - https://mchb.hrsa.gov/programs-impact/focus-areas/maternal-health/black-maternal-health#:~:text=Black%20Maternal%20Health%20Week%20is,an%20urgent%20call%20for%20action. And	Black Maternal Health Week is recognized each year from April 11-17. This year, President Biden issued his third White House Proclamation on Black Maternal Health Week. He declared this week as an urgent call for action. Due to the alarming state of Black maternal health, he wants all Americans to know: That prejudices within our systems cause the problem, How big the problem is, Why we need to solve it quickly, He asks that everyone raise the voices and experiences of Black women, families, and communities.
	Black Mamas Matter Alliance: https://blackmamasmatter.org/	The Black Mamas Matter Alliance (BMMA) is a Black women-led cross-sectoral alliance that centers Black mamas and birthing people to advocate, drive research, build power, and shift culture for Black maternal health, rights, and justice
	Black Birth Empowerment Initiative (Swedish): https://www.swedish.org/services/doula-services/black-birth-empowerment-initiative	BBEI (pronounced "Bay") is a component of the Swedish Doula Program that seeks to honor Black lives by centering and uplifting the Black birth experience with culturally congruent doula care. The Black Birth Empowerment Initiative provides doula care created for us by us to empower Black/African American clients for delivery and after their baby arrives.
	Perinatal Support Washington: https://perinatalsupport.org/	Perinatal Support Washington (PS-WA) is a statewide non-profit committed to shining a light on perinatal mental health to support all families and communities. We support people in the emotional transition to parenthood, including those experiencing depression, anxiety, loss, infertility, trauma, and more. Our toll-free telephone support line, the "Warm Line", has been operating since 1991, providing peer support to parents in need. We also offer mental health therapy, free and low-cost new parent support groups, culturally-matched peer support in King County, training and consultation for health care providers, and education and advocacy. We do all of this with the help of our dedicated staff, board members, and dozens of volunteers.