Every Touchpoint Matters:
Perinatal Mental Health and Overdose Prevention

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Kentucky Public Health
Prevent. Promote. Protect.

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TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Objectives:

- Identify the relationship between perinatal depression, substance use disorder, and increased risk of overdose during the perinatal period.
- Apply trauma-informed and non-stigmatizing communication strategies when discussing mental health, substance use, and overdose prevention with perinatal patients.
- Implement practical screening, referral, and safety planning approaches to support perinatal individuals at risk for depression, substance use, and overdose.

Share Your Experiences

Think about your experiences working with families or mothers struggling with mental health.

What was hard?

What do you wish you knew?

Why We're Here

Maternal Mental Health is a Crisis We Can't Ignore

In the U.S.

75%

of women impacted by MMH conditions remain untreated

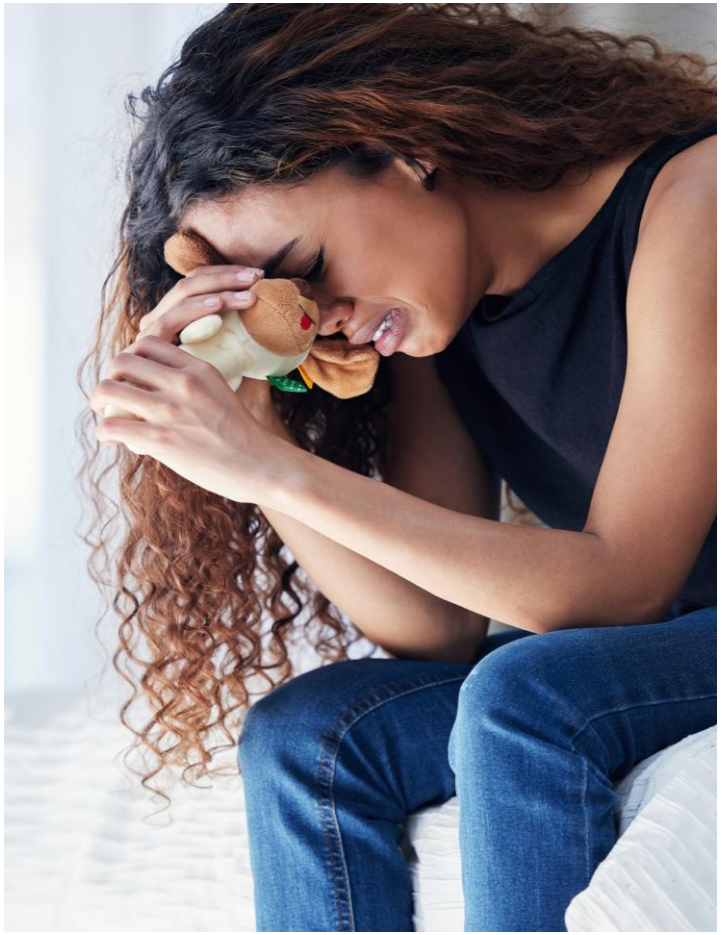
In the 2017-2021 cohorts

1 in 3

mothers had mental health conditions (other than SUD) contributed to their death

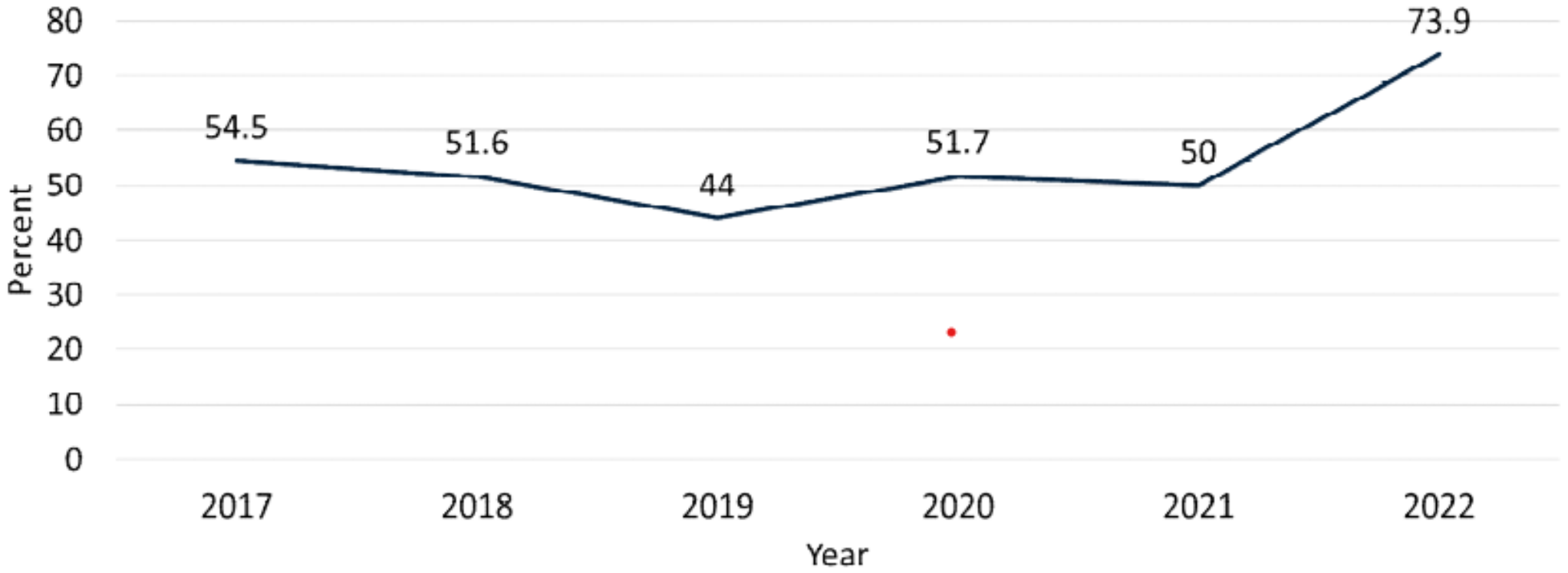
58%

of maternal deaths occur between 43 days and 1 year postpartum



MMHLA Fact Sheet, 2025; KY MMRC; KY MMRC 2017-2022 cohorts combined

Figure 3: Percent of Accidental Maternal* Deaths due to Drug Overdose, Kentucky, 2017-2022



*Maternal death is defined as any female between the ages of 15 and 55 who was pregnant within one year prior to death or pregnant at death and died from any cause. Drug overdose is defined by the ICD-10 code X40-X49. The 2020-2022 data is preliminary, and numbers may change.
Data Source: KY Vital Statistics files, linked live birth and death certificate files, years 2017-2022.

Kentucky Accidental Maternal Death

Kentucky Department for Public Health (KDPH). Maternal Mortality Review 2025 Report. Frankfort, Kentucky: Cabinet for Health & Family Services, Kentucky Department for Public Health, 2017-2022 Cohort data.

The Impact

Postpartum Mood and Anxiety Disorders (PMADs) and substance use are linked to

- **poor infant bonding**
- **increased NICU stays**
- **breastfeeding challenges**
- **long-term behavioral and developmental delays.**

Children of untreated mothers with PMADs and SUD have higher rates of developmental delays and behavioral problems.

Policy Center for Maternal Mental Health. (2025, March). Substance Use Disorder and Maternal Mental Health [Fact Sheet]

When Mothers Struggle, Everyone Suffers

Mothers with untreated mood disorders and substance use:

- poor prenatal care
- increase in substance use
- higher chance of physical, emotional, sexual abuse
- less responsive to baby's cues
- fewer positive interactions with baby
- breastfeeding challenges
- risk of death by suicide

Children have an increased risk of:

- preterm birth
- excessive crying or fussiness
- Neonatal Abstinence Syndrome (NAS) Siliquae
- delays in development
- impaired attachment
- behavioral and emotional problems later in childhood

What do PMADs actually look like?

- sad or numb much of the day
- momentary feelings of rage
- tearfulness
- irritability and/or anxiety
- “I don’t feel like myself”
- lack of connection to baby
- can’t sit still
- guilt or shame
- Constant checking
- Excessive worries
- can’t get going (exhaustion, no motivation)
- Illicit substance use
- Inappropriate use of prescribed substances
- sleeping too little (can’t fall or stay asleep) or too much
- physical symptoms such as migraines or stomach aches
- thoughts about escape, death, or suicide

So how do you help?

Communication

Supports and Referrals

Your first screening information is not a formal questionnaire!

What do you notice?

- The home
- Behavior
- How is she presenting to you?
- Body language, tone of voice
- Differences between what she says and how she says it?
- Interaction with infant and other children in the home

Conversational Screening Questions

Sometimes it can take awhile to bond with your baby.

How are you feeling towards him/her?

What happens at night?

How are you feeding baby? How is that going?

Are you having any thoughts that scare you?

Are you able to eat? To shower?

Can you sleep when everyone else in the house is sleeping?

If not, what is getting in the way?

Conversational Screening Questions

*Tell me about your recovery since having a newborn? **

What was your labor and delivery like?

Tell me about your typical daytime routine?

Are you having any thoughts that scare you?

How would you describe the hospital experience?

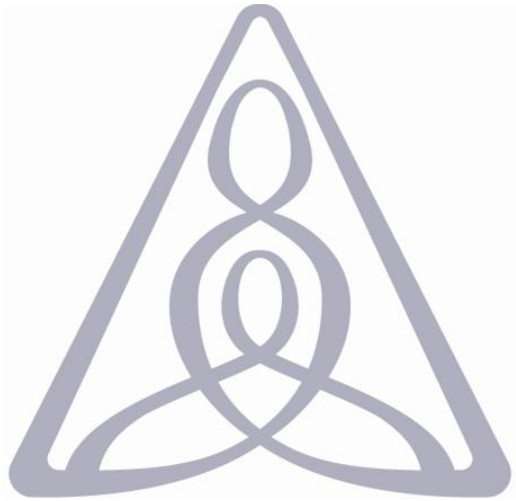
Tell me about your typical night routine?

Not every pregnancy or delivery ends the same

Miscarriage/Loss

Mothers with medical complications

Newborns with medical complications



Conversational, Strength Based Comments

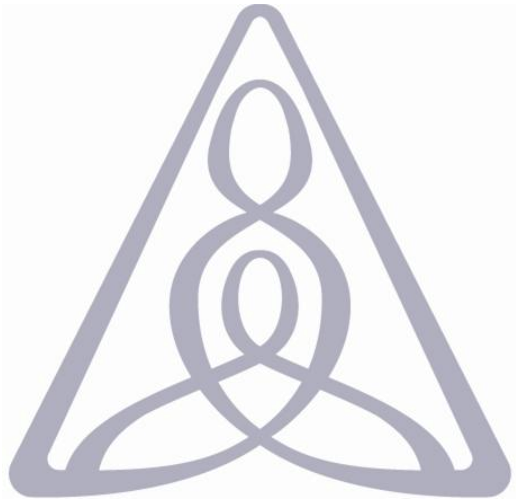
PMADs are common

Every mother is screened in this program, or at this clinic

After a delivery, your body takes time to adjust. Prioritizing Mental Health and Recovery is important during this time

Mental Health Symptoms and SUD during pregnancy or postpartum are treatable, medical conditions

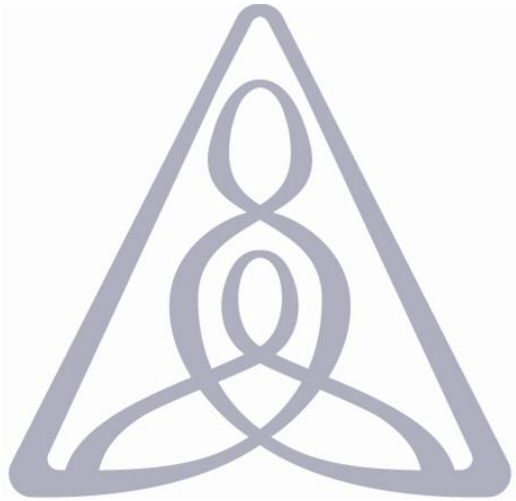
I am so glad you shared these thoughts, concerns with me

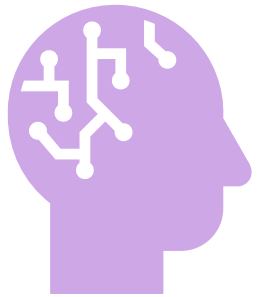


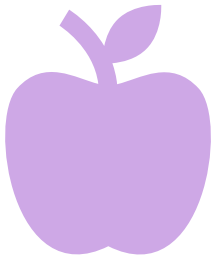
Now What?

This is a jumping-off point

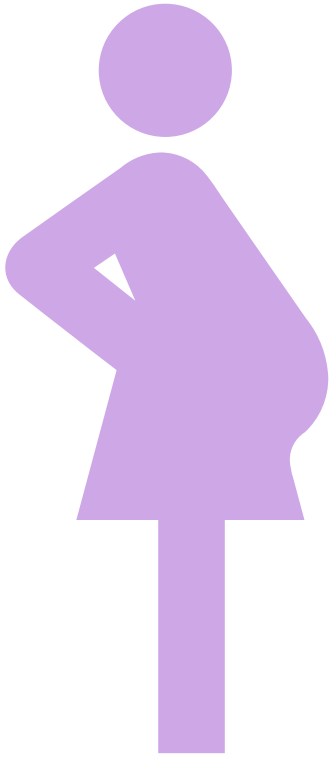
- conversation
- questions
- support
- education

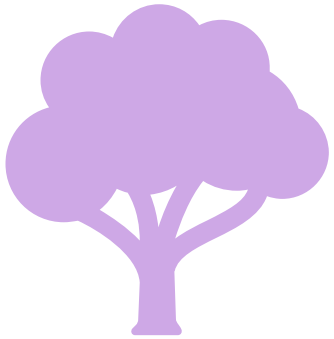


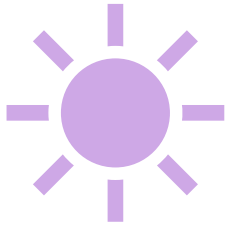




Fourth Trimester







Fourth Trimester

Best Practices

Take Action..

Reliable, truthful information about maternal mental health

Support Groups, Local or Online

Light in the morning

Eat nutritious food each day

Write it down, make a list

Five hours of uninterrupted sleep

This is Temporary!

Move your body a little bit each day

Community Groups

Maternal Mental Health Hotline

What if you need more?

KyCOMPASS

Kentucky Consultation & Outreach for Maternal Psychiatry and Support Services

KyCOMPASS

Kentucky Consultation & Outreach for Maternal Psychiatry and Support Services (KyCOMPASS)

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Value & Mission

KyCOMPASS is supporting providers to support mothers

- Customized support from licensed reproductive psychiatrists and mental health experts
- Evidence-based individual care plans
- Streamlined screening support and assistance interpreting results
- Educational resources, connections to local providers, quick scheduling for patients

Expand health professionals' capacity to improve mental health and substance use disorder outcomes for mothers and infants through psychiatric access, provider education and support services.

References

- Kentucky Maternal Mortality Review Committee. (2017-2020 cohorts combined). Kentucky Maternal Mortality Review Committee. (2024). Kentucky Department for Public Health.
- Kentucky Perinatal Quality Collaborative. (2022).
- Maternal mental health task force summary report. MMHLA Fact Sheet. (2025). Maternal Mental Health Overview Fact Sheet 2025. Retrieved from https://www.mmhla.org/mmh-fact-sheet.
- Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Edinburgh Postnatal Depression Scale (EPDS)
- HANDS KY Home Visitor Program Standing Protocol, April 2026
- Mental Health Foundations. (2025). Validation and Support (aka Emotion-Focused Communication). Retrieved September 15, 2025, from https://mentalhealthfoundations.ca/validation-and-support
- Postpartum Support International. (2026) Perinatal Mental Health Support Groups https://www.postpartum.net