PEOPLE MATTER, WOORDS MATTER

ARE YOU USING **CARING AND SUPPORTIVE** LANGUAGE ABOUT **MATERNAL MENTAL HEALTH**?

Language matters in compassionate care, and that is not limited to what you say in front of a patient. What you say behind closed doors with co-workers, friends or family can be the seed for stigma and blaming a patient for their illness.

Understanding the prevalence of maternal mental health disorders is an important step in how you interact with patients.

The language you use can help remove negative and stereotypical labels and improve encounters with patients.



IF YOU HEAR THIS ...

- Mental health conditions don't cause pregnancy-related deaths.
- No way someone who has a new baby is depressed. It's a time a of joy.
- I understand being anxious before birth, but once you hold that bundle of joy, it's love.
- Even if a parent has postpartum depression, it's not that serious, and they can easily access treatment.
- ► I can't believe they're taking medication for mental illness while pregnant. They don't care for their baby.

[THESE WORDS PERPETUATE STIGMA AND DETER PARENTS FROM GETTING THE SUPPORT THEY NEED.]

CONSIDER RESPONDING WITH ...

- I wish you were right, but mental health conditions are the leading cause of pregnancy-related deaths.
- Pregnancy and having a baby can be hard. In fact, 20% of individuals experience a mental health condition during this time.
- Anxiety can happen any time during the perinatal and postpartum periods.
- Over half of pregnant and postpartum individuals with depression don't receive treatment, and 20% of postpartum deaths are due to suicide.
- Treatment benefits generally outweigh risks to the baby, and untreated behavioral health disorders can cause poor maternal and neonatal outcomes.

[THESE WORDS COMBAT STIGMA AND SHOW SUPPORT TO PARENTS.]



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