BACKGROUND
The need for a public health action agenda for perinatal depression emerged as a top priority from Oregon’s Maternal and Child Health (MCH) leadership retreat in November 2007. Since then, state and local public health MCH leaders have developed a perinatal depression action plan, and launched several of the recommended activities.

GOALS OF OREGON’S PUBLIC HEALTH PERINATAL DEPRESSION INITIATIVE:
• Develop and implement a coordinated public health action plan to improve perinatal mental health in Oregon.
• Join with partners in health, mental health, and early childhood to enhance systems and services for: prevention, identification, treatment, and support of perinatal depression/anxiety in Oregon.

FACTS ABOUT PERINATAL DEPRESSION
• Perinatal depression refers to a range of mood and anxiety disorders affecting women during pregnancy and the first year postpartum.
• Depression during and after pregnancy is a major public health problem. Nearly one fourth (23 percent) of new mothers in Oregon report symptoms of depression either during or after pregnancy.
• Effective screening and treatment exist, yet most perinatal depression/anxiety is never diagnosed or treated.
• Depression affects a woman’s ability to care for herself during pregnancy, relate to others, and bond with/parent her child.
• Children of depressed mothers are at risk for serious health, development, behavioral and cognitive problems that can persist for many years.

ACTIVITIES AND ACCOMPLISHMENTS TO DATE

PARTNERSHIP AND INFRASTRUCTURE DEVELOPMENT
• Oregon’s Public Health Action Plan for Perinatal Depression developed.
• Partnership initiated to coordinate state agency perinatal depression work.
• Partnerships developed with higher education, health, mental health, and early childhood entities.
• Technical assistance consultation meetings for community and DHS partners held on March 4, 2009.

PROVIDER EDUCATION
• Training provided for Oregon public health nurses on identification and treatment of perinatal mood and anxiety disorders.

SCREENING AND REFERRAL/RESEARCH
• Oregon SafeNet system modified to house and disseminate community level information/referrals for perinatal depression services.
• Tool kit drafted to help communities assess their needs and resources, strengthen their referral systems, and initiate screening for perinatal depression.

LEGISLATIVE ADVOCACY AND POLICY DEVELOPMENT
• A bill and a resolution addressing maternal mental health disorders (HB 2666 and HJR 15) have been introduced in the 2009 legislative session.

For more information, or to get involved with public health’s work on perinatal depression please contact:

NURIT FISCHLER
Oregon Public Health Division: Office of Family Health
800 NE Oregon St, Ste 825
Portland OR 97232
Nurit.r.fischler@state.or.us
Phone: 971-673-0344

or

LARI PETERSON
Josephine County Public Health Dept
715 NW Dimmick St.
Grants Pass, OR 97526
lpeterson@co.josephine.or.us
Phone: 541-474-5325

This document can be provided upon request in alternative formats for individuals with disabilities. Other formats may include (but are not limited to) large print, Braille, audio recordings, Web-based communications and other electronic formats. Call 971-673-0352 to arrange for the alternative format that will work best for you.

OREGON’S PUBLIC HEALTH INITIATIVE FOR PERINATAL DEPRESSION:
Maternal mental health during and after pregnancy

A maternal and child health collaboration of Oregon’s state and local public health agencies

LEAD ORGANIZATIONS:
Oregon Public Health Division, Office of Family Health, Maternal and Child Health Section
Conference of Local Health Officials, MCH Committee
Association of Oregon Public Health Nurse Supervisors
**OVERVIEW OF OREGON’S PUBLIC HEALTH PERINATAL DEPRESSION ACTION PLAN**

### Recommendations

<table>
<thead>
<tr>
<th>Partnership development</th>
<th>Year 1 Strategies</th>
<th>Year 2 Strategies</th>
<th>Year 3 and Beyond</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build comprehensive network of partners to strengthen mental health in the pregnant and post-partum family. Partnership initiatives might include funding, education, policy development, services, etc.</td>
<td>Develop a DHS work group on perinatal depression.</td>
<td>Seek out public, non-profit and private partners to cosponsor various perinatal depression initiatives.</td>
<td>Develop state and local level perinatal depression or maternal/infant mental health coalitions.</td>
</tr>
</tbody>
</table>

| Provider education | Sponsor education/training for public health, medical, mental health and early childhood providers on perinatal depression (culturally specific issues/approaches). | Develop and cosponsor an Oregon Perinatal Depression Symposium targeted at a broad range of providers. | Support public health staff and partners to take advantage of educational opportunities related to perinatal depression. |

| Screening and referral | Ensure earlier identification and treatment of perinatal depression by improving systems and increasing public health, health care and early childhood providers’ ability to identify, treat and/or refer for perinatal depression. | Integrate perinatal depression information into Safelinet and local hotlines. | Identify resources; develop state and local referral networks for perinatal depression. |

| Research | Conduct needs assessment, research and program evaluation related to perinatal depression in Oregon. Disseminate findings. | Develop and deliver training for public health staff on screening and referral for perinatal depression. | Support the work of ABCD and other initiatives to expand screening in ob/peds settings. |

| Funding and resource development | Seek additional funding for perinatal depression initiatives. | Fund state-level Public Health position to coordinate perinatal depression work. | Explore options for expanding use of Medicaid or other federal funds for perinatal depression work. |

| Mother/infant interventions/programs | Expand the availability of evidence-based initiatives and programs that improve the mother-child relationship and maternal/infant mental health. | Expand public and private funding partnerships. | Develop partner and funding support for the recommended programs. |

| Community support services | Improve community-level prevention and support for women and families with depression. | Pursue government and private foundation grant opportunities. | Implement expanded mother/infant programs. |

<table>
<thead>
<tr>
<th>Public education</th>
<th>Perinatal depression treatment</th>
<th>Advocacy and policy development</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>