
Home Visiting Home Runs

Volume 2, Number 1 - June 2017

The Monthly Newsletter from the Home Visiting - Improvement Action Center Team
(HV-ImpACT)

Overview of This Month's Issue: Maternal Depression

The theme of this month's issue of *Home Visiting Home Runs* is maternal depression. As you will learn in the issue, maternal depression is extremely prevalent, with some studies showing that as many as 30 percent of mothers enrolled in home visiting programs exhibit symptoms of depression as compared to 10-12 percent in the general population[1].

Depression screening is one of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program's performance measures for the maternal and newborn health benchmark area. Programs measure and report on the percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally).

This issue highlights two practical, user-friendly resources for maternal depression: The *Mothers and Babies Course*, and *Depression in Mothers: More Than the Blues-A Toolkit for Family Service Providers*. The issue also includes an article about how the Oakland County Division of Health, one of Michigan's local implementing agencies (LIAs), has strengthened its procedures for depression screening and incorporated the *Mothers and Babies Course* as part of its home visits.

[1] Gelave, B., Rondon, M., Araya, R., Williams, M., (Oct. 2016). Epidemiology of maternal depression, risk factors, and child outcomes in low-income and middle-income countries. *Lancet Psychiatry*, 2016 Oct 3(10) 973-982. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5155709/>

Articles

Maternal Depression in Home Visiting-A Prevention Approach

[This article](#), based on an interview with Dr. Deborah Perry, talks about why preventing and treating maternal depression is of such importance in MIECHV programs. Maternal depression impacts not only the mothers enrolled



in the program but also their young children and their families. The article introduces *Depression in Mothers: More Than the Blues-A Toolkit for Family Service Providers*.

The Mothers and Babies Course

Read [here](#) about the *Mothers and Babies Course*. *Mothers and Babies* is one example of a prevention-based educational intervention that home visiting programs can use to assist families that are experiencing maternal depression. The course emphasizes three key components that can help prevent maternal depression: a focus on the types of mental behavior mothers engage in (thoughts), efforts to increase pleasant activities that a mother can do (by herself, with baby or others), and a focus on the type and frequency of personal contacts. This article, based on an interview with Dr. Darius Tandon, discusses the research behind *Mothers and Babies* and how it is being used in home visiting programs to reduce symptoms of maternal depression and improve mood regulation.



Working with Mothers with Maternal Depression-One Local Implementing Agency's (LIA) Experience

The Oakland County Division of Health, a local implementing agency in Michigan, implemented two major changes in the way that the agency work with mothers who are experiencing symptoms of maternal depression, based on participation in the Home Visiting Collaborative Improvement and Implementation Network (HV ColIN). Read [here](#) about the changes that the agency made.

New on the Portal

- Resources on maternal depression can be found [here](#).
- Maryland and Minnesota are looking for strategies to strengthen family recruitment and retention. Share your strategies [here](#).
- The April and May issues of the *Home Visiting, Home Runs* newsletter can be found [here](#).

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Resources

Click [here](#) for our monthly summary of resources.

Upcoming Events

Click [here](#) to learn more about what's coming up.



Join HV-ImpACT's Planning and Review Group

Are you interested in helping HV-ImpACT shape its universal technical assistance products? We are looking for awardees to serve on our Universal Products and Services Planning and Review Group to help make sure that our newsletters, webinars, issue briefs, and other products meet the needs of MIECHV awardees. Contact Sherrie Rudick at srudick@edc.org for more information on the role.

List Your Event with Us

If you wish to have a regional or state event listed in the Home Visiting Home Runs newsletter, send the following information to srudick@edc.org. Submissions must be received no later than the 10th of the month prior to the event.

- Name of event
- A brief description
- Dates
- Location
- Cost
- Registration information with link

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prevention, and early childhood mental health consultation. This article is based on an interview with Dr. Perry.

Maternal depression is a prevalent problem during the perinatal period, when women of child-bearing age are at the highest risk for their first depressive episode. Between 10–12 percent of women in the general population experience depression during pregnancy and postpartum.[1] The problem is even more common in the high-risk families that are enrolled in home visiting programs.[2] Many studies find that 30 percent of mothers enrolled in home visiting programs exhibit symptoms of depression.

Decades of research document that high levels of depression among mothers has a negative impact on infants.[3] Maternal depression can impact the mother-child dyad. Infants with depressed mothers have more difficulty with attachment, emotional and behavioral regulation, learning, attention, and social adjustment. Mothers who suffer from depression have fewer emotional reserves to use in their parenting and are less responsive to their infants than mothers who do not have depressive symptoms. Depression can get in the way of mothers' ability to develop the warm, nurturing relationships that children need to thrive and to follow their child's lead. In addition, depression impacts such activities as feeding practices (especially breastfeeding), sleep routines, well child visits, vaccinations, and safety practices.[4] Mothers who experience depression may have more difficulty being in tune with their baby and following their baby's cues during their daily interactions. This less responsive parenting can have physical and emotional effects on a child, including cognition and attention problems and insecure attachments, and potentially resulting in a child becoming withdrawn or having social or behavioral problems.

The need to identify and address untreated maternal depression is a particularly important issue for home visiting programs. Mothers who are experiencing depression are less likely to participate in home visiting programs as long or as frequently as the delivery model recommends. [5] In addition, depression affects the program's core goals of improving maternal and child health, and improving parent-child relationships and child development. [6] For the construct on depression screening in the benchmark area of maternal and newborn health, programs measure and report on the percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally).

Over the last decade, researchers and clinicians interested in maternal depression have been developing

interventions focused on preventing major depressive episodes in high-risk mothers. They have used techniques from cognitive behavioral therapy with women who are at high risk but haven't yet become clinically depressed. The *Mothers and Babies Course* (see article in this newsletter) is one example of a successful approach. A series of randomized controlled trials showed that the content of the *Mothers and Babies Course* was effective in helping moms to develop mood management skills.[7] **Depression in Mothers: More than the Blues—A Toolkit for Family Service Providers** was developed for the purpose of making the *Mothers and Babies Course* content more accessible and available to a wider range of programs working with pregnant women and new mothers, including home visiting programs and Women, Infants, and Children (WIC).

The toolkit drew from two parts of the *Mothers and Babies Course*: pleasant activities and contact with others. These two components were selected because they are particularly well suited to delivery by non-mental health professionals such as home visitors. The toolkit gives home visitors techniques to identify mothers who might need a more targeted approach in order to prevent them from becoming clinically depressed. After providing background information on depression, the toolkit provides three major strategies for working with mothers who may be depressed:

- “Ask a Mother How She Is Feeling” includes simple questions to ask, what to listen for in the mother’s responses, possible reactions to asking about depression, and concerns that a mother may have about admitting depression.
- “Encourage Her to Take Steps to Improve Her Mood” includes tips for what a home visitor can do to help a mother improve her mood. For example, home visitors can provide mothers with a safe and accepting place to talk about their feelings, while they listen and reflect back what they hear the mother saying.
- “Screen and Refer Mothers with More Serious Depression” describes how to use a screening tool to understand where mothers are positioned along the continuum of depressive symptoms. There are a number of validated tools that MIECHV programs use to screen for maternal depression. This toolkit recommends frequent use of the two-question **PHQ-2** as an initial easy-to-use screening tool. It also recommends combining the PHQ-2 with the longer version of the tool, the **PHQ-9**, to enhance the screening process and help with referrals. The practical suggestions for how to support mothers based on their score on the PHQ-9 can help MIECHV programs improve on the depression screening measure. The activities in the toolkit can serve as a bridge for mothers who have a high score on screening tools but who are not yet ready to accept treatment. These mothers may be resistant to entering treatment because of their perceptions of stigma attached to treatment, previous negative experiences with treatment, and

such practical barriers as difficulties with transportation and child care, among other things. The strategies in the toolkit may provide initial support that leads the mother to seek treatment.

Home visitors are positioned to do the important work of identifying mothers who may be at risk for maternal depression, and working with these mothers to help prevent them from becoming clinically depressed. According to the National Institute of Mental Health, people who are experiencing clinical depression exhibit such signs of depression as feelings of hopelessness or pessimism; decreased energy or fatigue; difficulty concentrating, remembering, or making decisions; and/or inability to sleep every day for most of the day for at least a two-week period. Home visitors can help mothers who already exhibit signs of clinical depression take steps toward accepting treatment. The *Depression in Mothers: More than the Blues Toolkit for Family Service Providers* (available in English and Spanish) can help home visitors be more comfortable in identifying and addressing depressive symptoms in mothers they serve.

[1] Gelave, B., Rondon, M., Araya, R., Williams, M., (Oct. 2016). Epidemiology of maternal depression, risk factors, and child outcomes in low-income and middle-income countries. *Lancet Psychiatry*, 2016 Oct 3(10) 973-982. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5155709/>

[2] Ammerman, R. T., Putnam, F. W., Bosse, N. R., Teeters, A. R., & Van Ginkel, J. B. (2010, May–June). Maternal depression in home visitation: A systematic review. *Aggression and Violent Behavior*, 5(3), 191–200. Retrieved from <http://www.sciencedirect.com/science/article/pii/S1359178909001372>

[3] Murray, L., & Cooper, P. (1997, August). Effects of postnatal depression on infant development. *Archives of Disease in Childhood*, 77, 99–101. Retrieved from <http://adc.bmj.com/content/77/2/99>

[4] Field, T. (2009). Postpartum depression effects on early interactions, parenting, and safety practices: A review. *Infant Behavior and Development*, 33, 1–6.

[5] McFarlane, E., Crowne, S., Burrell, L., & Duggan A. (2014). Home Visiting Service Delivery and Outcomes for Depressed Mothers. *Zero to Three*, 34(5). Retrieved from <http://connection.ebscohost.com/c/articles/96086753/home-visiting-service-delivery-outcomes-depressed-mothers>

[6] Ammerman, R. T., Altaye, M., Putnam, F. W., Teeters, A. R., Zou, Y., & Van Ginkel, J. B. (2015). Depression improvement and parenting in low income mothers in home visiting. *Archive of Women's Mental Health*, 18(3), 555–563. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25369906>

[7] Tandon, S. D., Leis, J. A., Mendelson, T., Perry, D. F., & Kemp, K. (2014). Six-month outcomes from a randomized controlled trial to prevent perinatal depression in low-income home visiting clients. *Maternal and Child Health Journal*, 18, 873. doi: 10.1007/s10995-013-1313-y



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PREVIOUS: HV-ImpACT Universal Product Input Group

NEXT: The Mothers and Babies Course —An Interview with Darius Tandon



The Mothers and Babies Course — An Interview with Darius Tandon

Dr. Darius Tandon is an Associate Professor at the Northwestern University Feinberg School of Medicine. Much of his recent work has focused on the development and replication of mental health interventions aimed at preventing the onset and worsening of depression among perinatal women in home visiting programs. He has worked closely with these programs throughout the country to implement the Mothers and Babies Course as part of their standard of care for home visiting clients experiencing symptoms of depression. Dr. Tandon was the maternal depression faculty lead for the Maternal and Child Health Bureau's Home Visiting Collaborative Improvement and Innovation

Network (HV CoIIN), aimed at improving home visiting programs' recognition and response to maternal depression.

This article is based on an interview with Dr. Tandon in which he talked about the development of Mothers and Babies and how it is being used in MIECHV Programs.

Background

The foundation for the *Mothers and Babies Course* was laid over a decade ago by Ricardo Munoz, a clinical psychologist with expertise in cognitive behavioral therapy (CBT). CBT explores relationships among a person's thoughts, feelings, and behaviors. Munoz tailored the cognitive-behavioral approach to the perinatal period and for use with pregnant women and women with young children. The approach emphasizes three key components: a focus on the types of mental behavior mothers engage in (thoughts), efforts to increase pleasant activities that a mother can do by herself, with baby or with others, and a focus on the type and frequency of personal contacts.

Framed as a "stress management" course, *Mothers and Babies* was later adapted for use in home visiting programs by Dr. Tandon and colleagues. It is one example of a prevention-based activity that home visiting programs can use to assist families that are experiencing maternal depression. *Mothers and Babies* was initially developed and tested as a group-based approach, offered in 12 sessions. Several studies found the course to be effective in reducing depressive symptoms, preventing new depressive episodes, and improving coping skills. Two randomized controlled trials were conducted with women enrolled in home visiting programs[1]. In addition, the developers received positive feedback from home visiting programs and mothers. Mothers liked the group sessions and the materials, and they felt that they could use the strategies in their daily lives. The course has recently been adapted so that it can be offered individually rather than in a group setting. In this model, the course sessions are embedded in the home visit, delivered in short segments at the beginning or end of a visit. (See the article in this issue *Working with Mothers with Maternal Depression—One Local Implementing Agency's (LIA) Experience* for information about the Oakland County, MI Division of Health's experience in implementing the *Mothers and Babies Course*.)

Whether offered in a group or individual setting, each session includes interactive learning activities that help mothers understand the concepts presented and think of ways that they can apply the skills

they learned in the session to their daily lives. Each session ends with a personal project that the mother completes between sessions to reinforce what she learned during the session. Each mother enrolled in either the group or individualized model of the course receives a participant manual.

***Mothers and Babies* in MIECHV programs**

The *Mothers and Babies Course* is consistent with the Fiscal Year 2017 Formula Grant Work Plan and Budget Update guidance definition of a model enhancement. Awardees that wish to implement *Mothers and Babies* must follow requirements related to implementation of model enhancements. That is, awardees must secure written prior approval from the national model developer(s) and from HRSA. Awardees should connect with their Project Officers to submit a prior approval request for implementation of *Mothers and Babies*.

The *Mothers and Babies Course* is designed to be implemented slowly, beginning with a few mothers and increasing the number as home visitors become more familiar with the materials and increase their skill in delivering the program. The Instructor Manual includes additional background information about the theory behind the course as well as a script for each topic to guide home visitors in sharing the concepts and skills with mothers.

Mothers and Babies provides 1 ½ days of in-person training to staff and supervisors when they begin to offer the course. The initial training includes an overview of the course, and practice in leading the activities. As part of the training, participants develop an implementation plan. The initial training is followed up by six supervision sessions, delivered virtually, to support programs as they implement the course for the first time. Costs for the training and supervision are on a sliding-fee scale.

The *Mothers and Babies Course* is one example of a prevention-based approach that home visiting programs can use to assist families that are experiencing maternal depression. Whether a program chooses to explore *Mothers and Babies* or not, the three strategies that the course focuses on—encouraging pleasant activities, reframing harmful thoughts and encouraging helpful thoughts, and increasing social support—are useful strategies for all programs to explore.

For more information, contact mothersandbabiesnu@gmail.com.



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PREVIOUS: [Maternal Depression in Home Visiting—A Prevention Approach](#)

NEXT: [Working with Mothers with Maternal Depression—One Local Implementing Agency’s \(LIA\) Experience](#)

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Working with Mothers with Maternal Depression—One Local Implementing Agency’s (LIA) Experience

This article is based on an interview with Michele Maloff, Angela Varela, and Sue Martinez of the Oakland County Health Division, a local implementing agency in Michigan.

Michele Maloff, RN, BSN, has been with Oakland County Health Division since 1984. She has worked in a variety of positions: a community nurse, clinic nurse, and immunization action plan coordinator. Since September 2016 she has been the supervisor for the Nurse-Family Partnership (NFP) in Oakland. In this position, she supervises six NFP nurses and three administrative assistants. Angela Varela, RN, BSN, is a former foster care worker; nursing is her second degree. She came to Oakland County as a community health nurse in 2013 and became a part of the NFP in Oakland in 2014. Sue Martinez, RN, BSN, graduated from Michigan State University with a bachelor's degree in nursing in 1984. She has been working as a home visitor with the Oakland County Health Division since 1994 and has been with the NFP in Oakland's program since 2010.

Successes

The Oakland County, MI, MIECHV program serves primarily African American first-time mothers. Oakland County's MIECHV program staff had been focused on maternal depression since 2013 as part of a statewide initiative. Their program data, which had been showing high rates of either maternal depression or anxiety, reinforced the importance of this focus. As staff analyzed the data, they realized that the home visiting program was most likely the only intervention their participants would engage in. They also realized that they needed to improve their own practice to better support participants enrolled in the program who were experiencing symptoms of maternal depression.

With support from the state MIECHV team, Oakland County participated in the MIECHV program's Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN). As a result of participation, the program became more intentional in its focus on maternal depression. The program made two major changes in how nurse home visitors worked with mothers to screen and respond to maternal depression. First, the program adopted a new screening tool and developed a standardized procedure for screening and follow up. Second, the program adopted the *Mothers and Babies Course* and integrated the course into its home visits.

Adopting the Patient Health Questionnaire 9 (PHQ-9)

The Oakland County MIECHV program adopted the PHQ-9 as its screening tool and developed a set of standard procedures and a decision tree to guide screenings. The decision tree provides specific strategies for home visitors and mothers to follow, depending on the screening score. Strategies range from crisis intervention to resource sharing. After the screening, the nurse home visitor summarizes the results of the screening, explains what the results mean, and shares the information in writing with the mother.

After Oakland County Health Department reviewed the tool, the standard procedures, and decision tree that the MIECHV program developed, the department decided to adopt the PHQ-9 as the screening tool to be used county-wide in all programs that conducted depression screening.

Implementing the *Mothers and Babies Course*

Once screened and in need of services, clients often did not access care, which created an ongoing challenge for the Oakland County MIECHV program. Staff members were looking for something to bring into the home to support mothers who were experiencing depression and anxiety. They learned about the *Mothers and Babies Course* through the HV CoIIN and decided to pilot it.

The *Mothers and Babies Course* is designed to help support mothers who are experiencing maternal depression and anxiety. (See “*The Mothers and Babies Course—An Interview with Darius Tandon*” in this issue for more information.) During the HV CoIIN, the Oakland County MIECHV program tested the course. They selected families to participate, monitored how participants responded to the course, and decided to adopt the in-home, individualized version of the course as an option to offer to moms with elevated PHQ-9 scores.

The Oakland County MIECHV program uses *the Mothers and Babies Course* primarily with pregnant mothers. Each session is delivered in about 15 minutes at the beginning of the home visit. The course provides mothers with ideas about easily accessible, free, or low-cost pleasant activities, such as listening to music or taking a walk.

The MIECHV program conducts satisfaction surveys about the course after the first six sessions and at completion. These surveys have captured very positive responses by MIECHV mothers. They report that the course helps them become aware of how their mood affects the decisions they make. Mothers report that as a result of the course they are able to use more positive coping skills when stressed rather than reverting to more negative strategies, such as drug or alcohol use. They also report using the skills and techniques that they learned during the course in their everyday lives. For example, mothers report that they learned to check their mood when they get up in the morning and to consider what actions they can take to elevate their mood if they're having a rough day.

Challenges

The Oakland County MIECHV program is still working on two challenges: mothers often do not follow through on referrals, and insurance coverage is inadequate.

Staff members think that there is a community-based stigma against seeking mental health services, with families and partners discouraging mothers from seeking services or taking doctor-prescribed medications. Also, some clients have had negative experiences with mental health services in the area. One strategy that the program has found useful in response to this challenge is to provide mothers and families with fact sheets on understanding maternal depression developed by the National Institute of Mental Health.

Oakland County MIECHV staff are trying to find facilities and agencies that offer sliding-fee scales and to build partnerships with Federally Qualified Health Centers where mothers pay \$35 per therapy session.

Lessons to Share

- Motivational interviewing works! The skills home visitors learn when using motivational interviewing—being comfortable talking with moms about difficult subjects, how to accept clients where they are, how to support them in moving into the next stage of change for themselves and their babies—all strengthen the important role that home visitors play in supporting mothers who are experiencing maternal depression.
- As home visitors grow more comfortable talking with mothers about difficult topics such as

maternal depression, mothers are more likely to be more open to talking about a range of concerns.

- Home visitors can provide easily accessible, free, or low-cost pleasant activities to help reduce a mom's stress during this special but challenging time, from conception through birth and beyond.



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PREVIOUS: [The Mothers and Babies Course —An Interview with Darius Tandon](#)

NEXT: [Maternal Depression Resources](#)



Maternal Depression Resources

Resources from the Home Visiting CoIIN

- Maternal Depression Toolkit. This toolkit from the Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN) addresses maternal depression, which was one of the improvement topics studied as part of the HV CoIIN.

Background Information and Research Studies on Maternal Depression and Home Visiting

- Depression and Trauma History in First-time Mothers Receiving Home Visitation. This article examines the prevalence and correlates of depression and trauma history in first-time mothers receiving home visitation.
- In-home Intervention for Depressive Symptoms with Low-income Mothers of Infants and Toddlers in the United States. This pilot study explored the efficacy of a short-term home-based intervention in Early Head Start (EHS). The results suggest that the intervention was successful in reducing maternal depression.
- Maternal Interpersonal Trauma and Child Social-Emotional Development: An Intergenerational Effect. This report details a study about whether interpersonal trauma exposure had direct and indirect associations with offspring's social-emotional development at 12 months of age in an at-risk, home visited population.
- Maternal Depression in Home Visitation: A Systematic Review. This paper reviews the emerging literature on the prevalence, impact, and treatment of depression in the context of home visitation.

Background Information on Maternal Depression

- Depression in Parents, Parenting and Children: Opportunities to Improve Identification, Treatment, and Prevention Efforts. This report from the National Academy of Science, Engineering, and Medicine summarizes research on how depression impacts parenting. This resource offers a thorough overview of the prevalence of parental depression, its impact on children, and evidence-based strategies for working with families living with a depressed parent. Overall, the evidence suggests that a family-focused approach is most effective—one that considers the impact of a parent's mental health on all family members.
- Expectant Dads Get Depressed Too. This study from the Research Institute of the McGill University Health Centre (RI-MUHC) sheds light on fathers' mental health by reporting on the prevalence of antenatal depression symptoms among Canadian men. The findings, which have been published in *The American Journal of Men's Health*, show that a significant number of

first-time expectant fathers experience depression during their partner's pregnancy.

- Family Well-being: A Focus on Parental Depression. This resource from the National Center on Parent, Family, and Community Engagement's Research to Practice Series addresses parental depression. It includes a summary of selected research and proven intervention and program strategies.
- Maternal Depression Can Undermine the Development of Young Children. This working paper from the Center on the Developing Child at Harvard University discusses why maternal depression is a concern, what neuroscience and developmental research tell us about it, and what program evaluation research tells us, along with common misconceptions, the science-policy gap, and implications for policy and programs.
- Recognizing Maternal Depressive Symptoms: An Opportunity to Improve Outcomes in Early Intervention Programs. This study aims to more fully describe the extent of mood disorders in mothers in early intervention programs—including estimated prevalence, severity, and factors associated with maternal mental health—using gold standard clinical diagnostic and symptom measures and test models associating depressive symptoms with contextual factors and child behavior.

Planning and Implementing Interventions for Maternal Depression

- How Minnesota Uses Medicaid Levers to Address Maternal Depression and Improve Healthy Child Development. This case study from the National Academy of State Health Policy explores how Minnesota uses various policy levers in administering a Quality Improvement Project focused on addressing postpartum depression.
- Maternal Depression: Making a Difference Through Community Action—A Planning Guide. This resource, developed by Mental Health America and the Substance Abuse and Mental Health Services Administration, offers community organizations and other stakeholder groups an easy-to-use, practical framework to create a well-thought-out plan of action that is customized to their communities.
- Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children. This May 2016 Informational Bulletin from the Centers for Medicaid and Medicare Services, Center for Medicaid & CHIP Services discusses the importance of early screening for maternal depression and clarifies the pivotal role Medicaid can play in identifying children with mothers who experience depression and its consequences, and in connecting mothers and children to the help they need.
- Reducing Maternal Depression and Its Impact on Young Children—Toward a Responsive Early Childhood Policy Framework. This issue brief calls for attention to maternal depression as part

of the larger efforts across the country to improve healthy developmental and school readiness outcomes in young children.

Practical Tools for Home Visitors to Share with Families

- [Depression During and After Pregnancy: A Resource for Women, Their Families, and Friends.](#) This user-friendly booklet from the Health Resources and Services Administration provides comprehensive information on depression during and after pregnancy.
- [Depression During and After Pregnancy Fact Sheet.](#) This fact sheet from the Office on Women's Health answers frequently asked questions about maternal depression.
- [Five Action Steps to Address Maternal Depression in Head Start Programs.](#) This resource from the Center for Early Childhood Mental Health Consultation describes and provides resources related to five action steps that can be taken to address maternal depression.
- [Mom's Mental Health Matters.](#) This set of online resources from the National Institutes of Health, National Child and Maternal Health Education Program, is designed to help mothers understand the signs of depression and learn how to get help.
- [Postpartum Depression.](#) This short video-clip from the National Institute of Mental Health describes postpartum depression. In addition to information presented by experts on the subject, it features a mother who suffered from postpartum depression sharing her experience.



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June upcoming events

The Seventh National Breastfeeding Coalitions Conference (**August 4–6, 2017**, Arlington, VA). This year's conference will focus on enhancing the capacity of breastfeeding coalitions to implement *The Surgeon General's Call to Action to Support Breastfeeding* through policy and practice change, with

an emphasis on racial equity and community engagement. Registration information [here](#).

Save the Date: MIECHV State, Territory, and Tribal Home Visiting All Grantee Meeting (**September 6–8, 2017**, Washington Hilton, Washington, DC). The theme of this second HRSA/ACF all-grantee meeting is “**Advancing Our Story.**”

American Public Health Association 2017 (**November 4–8, 2017**, Atlanta, GA). The theme for the annual meeting and expo is “**Creating the Healthiest Nation: Climate Changes Health.**” Registration and housing [here](#).

ZERO TO THREE Annual Conference (**November 29–December 1, 2017**, San Diego, CA). This conference is ZERO TO THREE’s annual multidisciplinary education and networking event for early childhood professionals. The conference will help attendees learn what they need to know and do to support young children and their families in reaching their full potential. Registration opens on May 9 [here](#).

The Seventh National Summit on Quality in Home Visiting Programs (**January 31–February 2, 2018**, Washington, DC). The Ounce of Prevention Fund is convening researchers, advocates, policymakers, and practitioners in our joint pursuit of advancing the home visiting field. The Seventh National Summit on Quality in Home Visiting promises to be another engaging opportunity to address key issues facing the field and to share best practices and lessons learned. Register [here](#).

