SHADES of BLUE PROJECT

NOVEMBER 2026

Maternal mental health in the United States



CDC REVIEW DATA • 2022 DEATHS IN 45 STATES

CDC release: April 20, 2026

27.7%

OF DEATHS WITH A KNOWN CAUSE

Mental health conditions were the leading underlying cause

Among 779 reviewed pregnancy related deaths with a known cause, 216 were attributed to mental health conditions. The category includes suicide and deaths related to substance use disorder. [1, 2]

37.8%

Care must continue after six weeks

305 of 807 reviewed deaths occurred 43 to 365 days after pregnancy. This includes all pregnancy related causes. [1]

85.7%

Prevention is possible

Of 795 deaths with a preventability determination, this share was judged preventable. This includes all pregnancy related causes. [3]

WHAT THIS MEANS FOR CARE

Listen early. Connect screening to assessment and treatment. Keep support available throughout the year after pregnancy. Include Black mothers and people with lived experience in decisions.

The numbers describe reviewed deaths, not an individual parent's risk.

NATIONAL FACT SHEET

Find support shadesofblueproject.org/support **Request services →**

U.S. immediate danger or suspected psychosis: call 911 or go to an emergency department. **Suicidal crisis or emotional distress:** call 988 or text 988.

Maternal support: call or text 1 833 852 6262. Free, confidential, 24/7. HRSA. Not a crisis line.

Sources [1] CDC MMRC 2022 causes and timing [2] CDC MMRIA methods and definitions [3] CDC MMRC 2022 preventability

Pregnancy related deaths can occur during pregnancy or within one year. Missing or undetermined values are excluded where noted.

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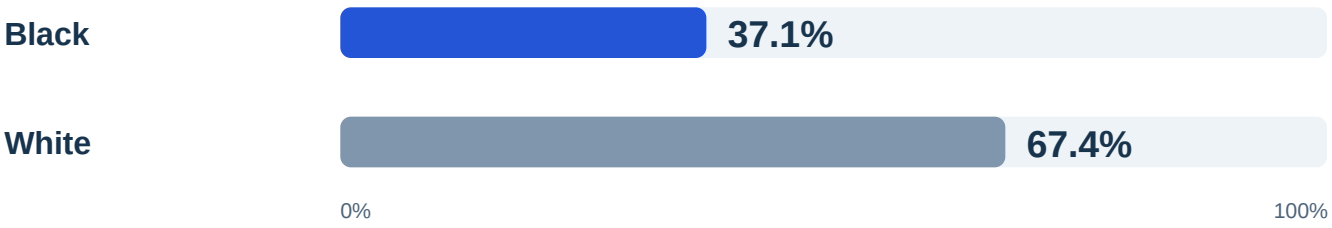
NOVEMBER 2026

Black maternal mental health



A GAP IN RECEIVING CARE

Mental health care in the first postpartum year among respondents with early depressive symptoms. [1]



2020 births • Seven U.S. jurisdictions • Non Hispanic Black and White respondents • Weighted estimates, not a national population estimate.

40.1%

Reported discrimination in maternity care

Black respondents in a CDC 2023 opt in survey. These are self reported experiences, not a national population estimate or a mental illness prevalence rate. [2]

BROADER MATERNAL HEALTH

44.8 Black women vs **14.2** White women

U.S. maternal deaths per 100,000 live births in 2024. Non Hispanic groups. During pregnancy or within 42 days; excludes accidental or incidental causes. These are not mental health death rates. [3]

ACKNOWLEDGE

Listen to what changed.
Take concerns seriously.

RESPECT

Honor choices, culture, privacy, and lived experience.

SUPPORT

Connect to care.
Follow up on referrals.

You deserve to be heard before reaching a crisis.

EVIDENCE AND COMMUNITY ACTION

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Sources [1] Haight et al. Health Affairs 2024 [2] CDC Maternity Care Experiences 2023 [3] NCHS Maternal Mortality Rates 2024

Educational information, not a diagnosis. Updated November 17, 2026.

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Mental health during pregnancy

You can ask for help today

Pregnancy can hold joy, fear, grief, and uncertainty together. Your emotional health belongs in every conversation about your care.

01 Notice what has changed

- Lasting sadness, loss of interest, guilt, or changes in sleep and appetite deserve attention from your prenatal clinician. [1]
- Worry that feels difficult to control or interrupts daily life can also be a reason to seek an assessment. [2]
- Severe symptoms need prompt care. You do not need to wait two weeks or reach a breaking point. [1]

02 Bring your full story

- Share previous depression, anxiety, trauma, bipolar disorder, and any mental health concerns during an earlier pregnancy. [1]
- Tell your clinician about medicines and treatment questions. Ask how options fit your pregnancy, health, and preferences. [1]
- Name practical pressures, including housing, food, work, childcare, or transportation. Ask what resources may help.

03 Build support before birth

- Choose someone you trust and ask for a specific task, such as a ride, meal, or appointment companion.
- Keep your clinician's contact information and after hours instructions where you and a support person can find them.
- Ask what screening results mean, what happens next, and who will follow up if symptoms continue.

You deserve care that respects your culture, circumstances, and choices throughout pregnancy and after birth.

CARE BEFORE BIRTH

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Maternal support: call or text 1 833 852 6262. Free, confidential, 24/7. HRSA. Not a crisis line.

Sources [1] NIMH Perinatal Depression [2] ACOG Anxiety and Pregnancy

Educational information, not a diagnosis. Updated November 17, 2026.

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Baby blues or postpartum depression

Two weeks is not a waiting period

You can love your baby and still struggle emotionally. Notice changes, ask for an assessment, and let others support you.

01 Baby blues

- Mild tearfulness, worry, and feeling overwhelmed may appear during the first days after birth. [1]
- These brief mood changes generally improve within two weeks. Notice whether symptoms are improving or becoming harder to manage. [1]
- Severe symptoms at any time deserve prompt assessment, even when you are only a few days postpartum. [1]

02 Postpartum depression

- Symptoms may be stronger, last longer, or interfere with daily life. Depression can begin during the first year. [1]
- Watch for hopelessness, irritability, withdrawal, loss of interest, difficulty connecting, or trouble sleeping when rest is possible. [1]
- Postpartum depression is treatable. A clinician may recommend therapy, medication, or both, based on your needs. [2]

03 Take the next step

- Tell your clinician what changed and when. Ask for a mental health assessment and a clear follow up plan.
- Ask a trusted person to help make the call, arrange transportation, or handle a household task while you get care.
- Severe confusion, losing touch with reality, or immediate danger requires emergency care. Do not assume these are baby blues. [2]

Needing care does not make you a bad parent. Your wellbeing deserves attention alongside your baby's needs.

KNOW THE DIFFERENCE

Find support shadesofblueproject.org/support **Request services →**

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Sources [1] OWH Postpartum Depression [2] NIMH Perinatal Depression

Educational information, not a diagnosis. Updated November 17, 2026.

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NOVEMBER 2026

Postpartum anxiety



You deserve more than reassurance

Constant fear can make everyday parenting feel exhausting. You do not have to feel depressed to need mental health support.

01 Recognize the pattern

- Persistent fear, tension, difficulty relaxing, and trouble sleeping may signal anxiety during pregnancy or after birth. [1]
- Notice when worry changes what you do, avoid, or repeatedly check, especially when it interrupts relationships or daily tasks. [2]
- A clinician can assess your symptoms and consider physical health problems. You do not need to diagnose yourself. [2]

02 Ask for a care plan

- Try: “Fear is affecting my sleep and daily life. I would like an assessment and help deciding what comes next.”
- Describe how often the worry happens, how much time it takes, and whether you have experienced anxiety before.
- Treatment may include therapy, medication, or both. Discuss pregnancy, breastfeeding, cost, and your preferences with your clinician. [1, 2]

03 Make room for support

- Ask someone you trust to manage a specific task, help arrange care, or accompany you to a visit.
- Ask who to contact if symptoms worsen. Community support can offer connection alongside professional care. [2]
- Chest pain, trouble breathing, or fainting needs immediate medical attention during pregnancy or the following year. Do not assume anxiety. [3]

Choose one manageable next step today. You do not have to carry the worry by yourself.

WHEN WORRY TAKES OVER

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Sources [1] ACOG Anxiety and Pregnancy [2] NIMH Generalized Anxiety Disorder [3] CDC Urgent Maternal Warning Signs

Educational information, not a diagnosis. Updated November 17, 2026.

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NOVEMBER 2026

Postpartum OCD and intrusive thoughts



An unwanted thought is not an intention

Distressing thoughts can feel frightening to discuss. You deserve a careful assessment that listens without judging your character or parenting.

01 What you may notice

- OCD can involve unwanted thoughts or images and repeated actions meant to reduce fear during pregnancy or after birth. [1, 4]
- Repeated checking, washing, rituals, or avoiding caregiving may interrupt sleep, relationships, and responsibilities. [1, 4]
- An unwanted thought alone does not establish OCD. Ask a clinician experienced in perinatal mental health for an assessment. [1, 4]

02 Be clear about safety

- Tell the clinician whether thoughts feel unwanted, whether you believe them, and whether you feel an urge to act. [2]
- Intent to harm, command voices, unusual fixed beliefs, severe confusion, or inability to maintain safety requires emergency care. [2, 3]
- Any concern about acting on a thought needs immediate assessment. Be honest about how you and your baby are doing. [2, 3]

03 Treatment can help

- Care may include cognitive behavioral therapy with exposure and response prevention, sometimes alongside medication. [1]
- Exposure and response prevention is guided treatment. It does not mean putting your baby in danger. [1]
- Try: “These unwanted thoughts frighten me. I need help understanding them.” Ask a trusted person to help arrange care.

Ask for help in your own words. Distressing thoughts deserve support and care.

UNDERSTAND UNWANTED THOUGHTS

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Sources [1] NIMH Obsessive Compulsive Disorder [2] Cambridge University Hospitals Maternal Mental Health FAQs [3] NIMH Perinatal Depression and Postpartum Psychosis [4] NHS OCD Overview and Perinatal Symptoms

Educational information, not a diagnosis. Updated November 17, 2026.

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NOVEMBER 2026

Birth trauma and postpartum PTSD

You do not have to minimize your story

A difficult birth can stay with you. Your baby's health does not erase your emotional experience or your need for care.

01 Notice trauma symptoms

- Nightmares, unwanted memories, or feeling as though the birth is happening again can be signs to discuss. [2]
- Avoiding appointments or reminders, feeling constantly on guard, guilt, anger, or detachment may also deserve attention. [2]
- Birth trauma does not always lead to PTSD. A clinician considers symptoms, duration, and effects on daily life. [1, 2]

02 Ask for support

- Tell your obstetric clinician, midwife, primary care professional, or therapist what feels difficult and what you need.
- Ask for someone experienced in trauma and perinatal mental health. PTSD treatment can include therapy, medication, or both. [2]
- Try: "Memories of my birth are affecting my sleep and sense of safety. I would like an assessment."

03 Prepare for future care

- Ask clinicians to explain examinations, seek your permission, and agree on a signal to pause when medically possible.
- Bring a trusted support person if you wish. You can discuss reviewing your birth records when you feel ready.
- Ask for transportation, meals, or childcare while attending care. You do not have to tell your story publicly to recover.

You can seek help before a diagnosis is made. Being heard is part of respectful care.

YOUR EXPERIENCE MATTERS

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Maternal support: call or text 1 833 852 6262. Free, confidential, 24/7. HRSA. Not a crisis line.

Sources [1] West London NHS Perinatal Mental Health Symptoms and… [2] NIMH Post Traumatic Stress Disorder

Educational information, not a diagnosis. Updated November 17, 2026.

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Pregnancy and infant loss

There is no required way to grieve

Miscarriage, stillbirth, and infant loss can change daily life. Your loss matters, and you deserve support that respects your story.

01 Honor your own experience

- Sadness, anger, numbness, and anxiety can shift over time. Partners and relatives may grieve differently. [1, 2]
- Choose whether, when, and with whom you share your story. You can set boundaries around visits, advice, and announcements.
- Ask loved ones to use the words or name that feel right to you. Remembrance is a personal choice.

02 Care for your body too

- Keep medical follow up appointments. Ask about pain, bleeding, milk production, sleep, and physical changes after your loss.
- Chest pain, breathing difficulty, heavy bleeding, severe headache, or fever of 100.4°F or higher needs immediate medical attention. [3]
- Tell clinicians you were recently pregnant, even when the reason for seeking care seems unrelated to pregnancy. [3]

03 Let support meet you

- Ask someone you trust to handle messages, meals, errands, or arrangements when everyday decisions feel heavy.
- Consider a loss support group or counselor who respects your culture, faith, family, and experience. [1, 2]
- Seek assessment when distress feels unmanageable, disrupts daily care, or includes persistent hopelessness, nightmares, or severe anxiety. [2]

You do not have to wait a certain amount of time to ask for more support.

ROOM FOR YOUR GRIEF

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Maternal support: call or text 1 833 852 6262. Free, confidential, 24/7. HRSA. Not a crisis line.

Sources [1] NICHD Coping After Stillbirth [2] ACOG Finding Emotional Support After Pregnancy Loss [3] CDC Urgent Maternal Warning Signs

Educational information, not a diagnosis. Updated November 17, 2026.

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Postpartum psychosis

Act now. Do not wait for an appointment.

Suspected postpartum psychosis needs immediate medical evaluation. Call 911 or go to the nearest emergency department now. [1]

01 Recognize urgent changes

- Severe confusion, hearing or seeing things others do not, or unusual fixed beliefs can signal postpartum psychosis. [1]
- Symptoms can appear suddenly and change quickly. The person may not recognize that anything is wrong. [2]
- A threat of harm does not have to be stated. Suspected psychosis needs emergency care without delay. [1]

02 Know signs of mania

- Unusually high or intensely irritable mood, racing thoughts, rapid speech, and impulsive behavior need urgent assessment after birth. [1, 3]
- Feeling energized with very little need for sleep differs from wanting sleep but being awakened by a baby. [3]
- Severe symptoms, unsafe behavior, or losing contact with reality require emergency care. Tell clinicians about recent childbirth. [1]

03 Help protect safety

- Stay with the person if safe for you. Arrange another trusted adult to care for the baby.
- Do not leave the affected person alone with the baby. Speak calmly and avoid arguing about unusual beliefs.
- Share symptoms, sleep changes, medicines, and bipolar disorder or psychosis history. Do not change psychiatric medicines without clinical guidance. [1, 2]

Recovery is possible with treatment. Rest and community support do not replace emergency medical care. [1]

A MEDICAL EMERGENCY

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Maternal support: call or text 1 833 852 6262. Free, confidential, 24/7. HRSA. Not a crisis line.

Sources [1] NIMH Perinatal Depression and Postpartum Psychosis [2] NHS Postpartum Psychosis [3] NIMH Bipolar Disorder

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Support for fathers and partners



Listen. Believe. Help make care possible.

Fathers, partners, relatives, and chosen family can make support practical. Your own mental health also deserves attention and care.

01 Listen without judgment

- Ask how the parent is feeling beyond questions about the baby. Give them room to answer honestly. [1]
- Avoid comparisons and pressure to feel grateful. Respect their choices about visitors, touch, privacy, and medical appointments. [1]
- When a Black mother describes feeling dismissed, listen and help her ask for clear answers and follow up.

02 Offer specific help

- Suggest a concrete task: bring dinner, wash clothes, arrange transportation, or help protect time for a health appointment.
- Share baby care and household responsibilities instead of expecting one parent to manage every task and request. [1]
- With permission, attend a visit, take notes, and support the parent in asking questions about their own care. [2]

03 Notice when care is needed

- Depression can affect fathers and partners of any gender, including adoptive parents. Seek assessment for persistent changes. [3]
- Sadness, irritability, worry, trouble functioning, or difficulty connecting with the baby deserves professional attention. [3]
- Help someone with an urgent warning sign obtain immediate care. Tell clinicians about pregnancy or birth within the past year. [2]

Ask for your own support when needed. Caring for someone does not mean carrying everything alone.

CARE INCLUDES YOU TOO

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Maternal support: call or text 1 833 852 6262. Free, confidential, 24/7. HRSA. Not a crisis line.

Sources [1] OWH Tips for Supporting Partners and Family Members with… [2] CDC Providing Support for Pregnant or Postpartum Women [3] AAP Perinatal Depression in Partners

Educational information, not a diagnosis. Updated November 17, 2026.

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NOVEMBER 2026

Postpartum overwhelm and rest

Rest should come with real support

Birth recovery and caring for a baby can leave little room for you. Ask for help that makes today manageable.

01 Name one need today

- Name what feels hardest: pain, feeding, money, loneliness, childcare, work, or sleep. Tell someone you trust.
- Ask for specific help with meals, supplies, transportation, or household tasks to make room for care. [1]
- Tell your care team about barriers to appointments. Persistent distress or trouble managing daily tasks deserves professional help. [3]

02 Protect sleep and safety

- Always place babies on their backs for sleep in a separate infant sleep space with a firm, flat, level surface. [2, 5]
- Use only a fitted sheet. Keep pillows, blankets, toys, and soft items out; avoid sofa or armchair sleep with baby. [2]
- Plan who can safely take over when you feel too drowsy to hold or feed the baby.

03 Make a workable plan

- Coordinate feeding and rest needs with your care team. Tell your clinician if sleep remains difficult when help is available.
- Ask about community resources if family support is limited. Choose manageable steps rather than another long list of responsibilities. [1]
- Sudden severe weakness, overwhelming exhaustion, chest pain, breathing difficulty, or severe headache needs immediate medical attention. [4]

Rest can support recovery. It does not replace assessment or treatment when mental health symptoms continue.

MAKE SUPPORT PRACTICAL

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Sources [1] OWH Finding Support for Postpartum Depression [2] NICHD Safe Sleep Environment for Baby [3] NICHD Action Plan for Depression and Anxiety During… [4] CDC Urgent Maternal Warning Signs and Symptoms [5] NICHD About Back Sleeping

Educational information, not a diagnosis. Updated November 17, 2026.

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Feeding and maternal mental health

Your worth is not your feeding method

Breastfeeding, pumping, formula feeding, and weaning can bring strong emotions. Your health and your baby's nutrition both deserve attention.

01 Talk about the whole experience

- Share pain, worry, pressure, sleep disruption, or feelings of failure with your care team. Feeding difficulties deserve support.
- Evidence does not establish a simple answer about whether breastfeeding raises or lowers the risk of postpartum depression. [1]
- Ask your baby's clinician about nutrition and growth, and request qualified lactation support if you want it. [1]

02 Include mental health care

- People with postpartum depression can usually continue breastfeeding while receiving appropriate treatment and support. [1]
- Tell prescribers you are breastfeeding. Discuss therapy, medication benefits and risks, and your baby's health before making treatment decisions. [1]
- Ask how feeding choices affect cost, time, sleep, and daily care. Name what feels sustainable for your family.

03 Plan changes with support

- Weaning is a personal decision. A gradual transition can give your body and baby time to adjust. [2]
- Ask your care team what nutrition your baby will need. Make room for emotions during the change. [2, 3]
- Arrange a check in with someone you trust and seek assessment for persistent or intense changes in mood.

You can say: "Please help me make a feeding plan that considers my mental health too."

SUPPORT WITHOUT SHAME

Find support shadesofblueproject.org/support **Request services →**

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Maternal support: call or text 1 833 852 6262. Free, confidential, 24/7. HRSA. Not a crisis line.

Sources [1] CDC Postpartum Depression and Breastfeeding [2] CDC Weaning From Breastfeeding [3] OWH Weaning Your Baby

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Teens and young parents



You do not have to prove you need help

Pregnancy and parenting can overlap with school, work, relationships, and financial stress. Your feelings deserve respectful attention at every age.

01 Notice changes

- Sadness, irritability, withdrawal, loss of interest, or changes in sleep, appetite, and concentration can signal depression. [1]
- Difficulty with school or everyday responsibilities may also be a reason to seek support during pregnancy or after birth. [1]
- You do not need to wait until you cannot cope. Assessment can help identify what is happening and what may help. [1]

02 Choose someone who will listen

- Tell a trusted adult, school counselor, nurse, doctor, midwife, or mental health professional what has changed. [1]
- Try: “I am pregnant or recently had a baby, and I have not been feeling like myself.”
- If you feel dismissed, tell another trusted professional. Ask for plain language explanations and a clear next step.

03 Make care work for you

- Ask to speak privately. Ask what stays confidential, who can access records, and when staff must share information. [2]
- Mention barriers such as school hours, childcare, transportation, money, or phone access. Ask what support is available.
- Tell clinicians about pregnancy or breastfeeding when discussing treatment. Ask who to contact if symptoms become worse.

Black teens and young parents deserve care that respects their identity, culture, preferences, and goals.

YOUR VOICE BELONGS HERE

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Sources [1] NIMH Teen Depression More Than Just Moodiness [2] ACOG Mental Health Disorders in Adolescents

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Finding maternal mental health care



Your concerns deserve a response

You do not need a diagnosis or perfect words to ask for help. A clear next step can make care easier.

01 Begin with an assessment

- Tell your prenatal clinician, midwife, or primary care professional what changed, when it began, and how it affects life.
- A screening identifies concerns for further assessment. It does not diagnose a condition; share worries even if your score is low. [1]
- Ask for a clinician experienced in pregnancy and postpartum mental health. Treatment may include therapy, medication, or both. [2]

02 Ask about the fit

- Ask about experience with Black mothers, discrimination in care, pregnancy loss, birth trauma, and your particular symptoms.
- Ask about insurance, total cost, appointment availability, virtual visits, language access, and possible reduced fees. [2]
- Discuss treatment benefits and risks during pregnancy or breastfeeding. Your preferences belong in the decision.

03 Leave with a usable plan

- Share symptoms, medicines, sleep changes, and any past unusually high energy or very little need for sleep.
- Ask for your next appointment, referral contact, follow up arrangements, and instructions if symptoms worsen before the visit.
- If you feel dismissed, request another assessment. Do not wait for a group or application response when urgent help is needed.

Community support can offer connection alongside clinical care. You deserve understandable answers and respectful treatment.

START WITH ONE CONVERSATION

Find support shadesofblueproject.org/support **Request services →**

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Maternal support: call or text 1 833 852 6262. Free, confidential, 24/7. HRSA. Not a crisis line.

Sources [1] NICHD • Screening tools [2] NIMH • Help for mental illnesses

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Find support in Houston and online

Acknowledge. Respect. Support.

We center women of color before, during, and after childbirth. Explore current support options and begin with what you need. [1]

01 Choose a starting point

- Visit our support page for current groups, including pregnancy and postpartum support and Loss At Any Stage. [2]
- Use our Apply For Services page to begin a request. Ask what happens after you submit your information. [3]
- Check availability, eligibility, meeting format, and registration steps before making plans. Ask about options outside Houston.

02 Prepare for participation

- Our support page requires the CROWN Assessment and service application before online group participation. [2]
- Follow the live page for current registration steps. These forms do not replace clinical evaluation.
- Ask about cost, language, accessibility, privacy, and whether a support person may join.

03 Tell us what would help

- You can say: “I would like to learn about available support.” You do not have to share your entire story.
- After a loss, ask for a space where your grief can be heard. Your words and preferences matter.
- Community connection can accompany professional care. For urgent symptoms, seek immediate help rather than waiting for a response.

Your next step can start with a conversation. Explore current support or begin a service request using the links below.

THE SHADES OF BLUE PROJECT

Find support shadesofblueproject.org/support **Request services →**

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Maternal support: call or text 1 833 852 6262. Free, confidential, 24/7. HRSA. Not a crisis line.

Sources [1] SOBP • About our work [2] SOBP • Support groups [3] SOBP • Apply for services

SHADES of BLUE PROJECT

NOVEMBER 2026

Acknowledge Respect Support



LISTENING SHOULD LEAD TO ACTION

A practical way for families, community partners, and care teams to turn The Shades of Blue Project's values into everyday support.

A — Acknowledge the experience

- Ask what feels hardest today. Listen without comparing, minimizing, or rushing to explain.
- Name what you heard: "You are worried and exhausted. I am glad you told me."
- Ask what matters most to the person. Record the concern in their own words when appropriate.

R — Respect the person

- Honor culture, identity, privacy, and choices. Do not assume what a family needs.
- Explain options in plain language. Ask permission before involving another person in the conversation.
- Take concerns about mistreatment seriously. Ask how care can feel safer and more respectful. [2]

S — Support the next step

- Agree on one action, who will help, and when to check in. Make the next step specific.
- Help connect the person to an appropriate professional or community resource, then ask whether the connection happened. [3]
- Use emergency help when safety is at risk. Community support can accompany clinical care.

Ask yourself: What changed because we listened? Connection and follow through belong in the care plan.

TURN VALUES INTO EVERYDAY CARE

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Maternal support: call or text 1 833 852 6262. Free, confidential, 24/7. HRSA. Not a crisis line.

Sources [1] SOBP Acknowledge Respect Support values [2] CDC Respectful Maternity Care [3] NIMH Help for Mental Illnesses

Practical guidance based on organizational values. This is not a validated screening or clinical assessment tool.

Educational information, not a diagnosis. Updated November 17, 2026.