



Perinatal Mental Health Certification Program Candidate Handbook, 2024

About Postpartum Support International

Postpartum Support International (PSI) is the world's largest non-profit organization dedicated to helping women and families suffering from perinatal mood and anxiety disorders, including postpartum depression, the most common complication of childbirth. PSI was founded in 1987 to increase awareness and support public and professional communities to address the mental health risks and difficulties during pregnancy and postpartum.

The world's first Certification in Perinatal Mental Health became available in 2018 through Postpartum Support International.

PMH-C Certification Purpose

The Perinatal Mental Health Certification (PMH-C) Program recognizes individuals who possess the competency required to help mothers, fathers, and families experiencing perinatal mood and anxiety disorders in the perinatal period.

The PMH-C creates a structure for professional education and evaluation of individuals who provide support in the perinatal period to inform families and payers of the competency of perinatal mental health specialists. The certification curriculum requirements were established based on existing evidence-based perinatal mental health certificate trainings, with an advanced-training component. The certification examination, first established in 2018 and validated in a 2023 job task analysis study, establishes the performance standard for individuals practicing as perinatal mental health specialists.

Professional certification indicates that holders have demonstrated a predetermined minimum level of knowledge, skill, and competency in a specialized area that makes them qualified to provide specialized care. The PMH-C certification curriculum requirements build on professional experience working with the perinatal population, on existing evidence-based perinatal mental health certificate training and add an advanced training component. Upon successful completion of the certification program requirements, including passing the PSI PMH-C exam, the candidates earn the certification in perinatal mental health and are eligible to use the credential PMH-C. Having a true certification program in perinatal mental health — PMH-C — as the universal symbol for specialists highlights the importance of the need for specialty care in this field.

PMH-C Certification Development

PSI has contracted with the internationally known certification company, Pearson VUE, to develop and publish a computer-based certification exam. Pearson VUE has 30 years experience providing test delivery and administration services to professional certification organizations. They have more than 250 company-owned testing centers in the US and nearly 20,000 authorized test centers globally.

The Perinatal Mental Health Certification exam has been available since August 2018. [Click here for a complete list of providers who have earned their PMH-C.](#)



To learn more about the PMH-C program, visit www.postpartum.net/professionals/certification

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PMH-C Certification Specialties

The Perinatal Mental Health Certification is available for three groups:

- **Mental Health / Psychotherapy**
- **Psychopharmacology**

Prescribers, including all professionals who prescribe medication including Advanced Practice Nurses, PAs and PharmD.

- **Affiliated Professions**

Peer Supporters/Peer Specialists, Nurses, Doulas, Lactation, Support Group Leaders, Occupational Therapists, Physical Therapists, Dietitians, Community Health Workers, Speech Therapists, and others

Candidate Eligibility Requirements Prior to Taking PMH-C Exam

Professional Practice

Minimum 2 years' work experience in your profession, working with the Perinatal population.

Education and Credentials

- Psychotherapy: Graduate degree
- Psychopharmacology: Medical Degree/Advanced Practice Nursing Degree
- Affiliated Professional: Professional Credential and/or Specialized Training

Perinatal Mental Health Training

Completion of evidenced-based perinatal mental health certification trainings:

- Perinatal Mood and Anxiety Certificate Course - minimum 14 hours live, interactive online, or in-person
- PLUS 6-hours advanced training specific to the candidate's specialty. Must be a live, interactive online training, or in-person.

For more specific information on approved trainings see
<https://www.postpartum.net/professionals/certification/>



Steps to Certification

All information available at:

<https://www.postpartum.net/professionals/certification/>

STEP 1: Complete One Perinatal Mood and Anxiety Certificate Course (14-hour certificate course)

Required for All Tracks (Psychotherapy, Psychopharmacology and Affiliate). **Choose ONE** of the following to fulfill this requirement:

- PSI 2-day Perinatal Mood Disorders: Components of Care Course
- Maternal Mental Health Webinar Certificate Course by PSI and 2020 Mom
- Seleni Institute: In Person Maternal Mental Health Intensive (16 hours - in person)
- Seleni Institute: online BUNDLE of Maternal Mental Health Intensive and Perinatal Loss and Grief
- Maternal Mental Health Now: Bringing Light to Motherhood: Onsite or Online Training on Maternal Mental Health
- Perinatal Support Washington (PS Washington): Prevention, Identification and Treatment of Perinatal Mood and Anxiety Disorders: Best Practices
- 2021 Perinatal Mental Health Training Conference for Black Birth Workers, Clinicians, and Providers

Other evidence-based courses can be submitted for review as an approved alternative training. *Information available at* <https://www.postpartum.net/professionals/certification/>

STEP 2: Complete One Advanced Certificate Training Specific to Your Track

All PSI virtual and in person Advanced Certificate training is approved for the Step 2 requirement.

Other online Advanced training is approved on a case-by-case basis. The training must be attended live (virtual or in-person) and have an interactive component to be considered eligible. To submit an advanced training course for review, use the form available at <https://forms.gle/k7bKCN7RRq65Ad9j8>

Psychotherapy/Mental Health Track

PSI Advanced Psychotherapy certificate courses will be scheduled in various locations throughout the year. Refer to <https://www.postpartum.net/professionals/certification/>

Psychopharmacology Track

PSI's in-person advanced psychopharmacology course is offered throughout the year. Refer to <https://www.postpartum.net/professionals/certification/>

Affiliated Professionals

PSI Advanced Psychotherapy certificate courses will be scheduled in various locations throughout the year. Refer to <https://www.postpartum.net/professionals/certification/>



Affiliate professionals can take the PSI Advanced Psychotherapy to meet this qualification.

ALL breakout sessions at PSI annual conferences fulfill the requirement (minimum 6 hours).

STEP 3A: Submit Documentation

After you have completed the required training, and have received participation confirmation, upload the completed **Employment Verification Form** or the **Private Practice Attestation Form** and **training documentation**.

The Employment Verification Form can be found on page 12 of this handbook. If you are in private practice, use the Private Practice Attestation Form on page 13 of this handbook. These can also be downloaded from <https://www.postpartum.net/professionals/certification/>

Upload the completed Employment Verification Form or the Private Practice Attestation Form, and all training documentation at: <https://form.jotform.com/231154477872058>

These links can also be found on the PSI PMH-C webpage here:
<https://www.postpartum.net/professionals/certification/>

STEP 3B: Apply to Take the Exam

Apply for PMH-C exam at: <https://www.postpartum.net/professionals/certification/>

Submit your application after all requirements have been completed and documentation has been submitted in Step 3A. Once your application has been submitted, the approval process takes up to 3 weeks due to the time to verify employment and training records.

Accommodations

Test accommodations are available for the exam appointment and can be requested in the application form. You may be asked to provide additional documentation.

If you have an accommodation request, please indicate the type of accommodation on your application or email certification@postpartum.net. Arrangements are made with the testing vendor based on your accommodation request before you register for the exam.

STEP 4: Register to take the exam

Once your application is approved, you will receive an email from PearsonVue upon approval of your application. The email will include registration instructions and your PSI ID#.

Exam appointments are made in advance subject to availability. The exam/appointment testing time limit noted on Pearson VUE web pages reflects the total appointment time, including an NDA, exam time, and survey.

Find a nearby Pearson VUE testing site at <https://home.pearsonvue.com/psi>



STEP 5: Prepare to Take the Exam

Review the PMH-C exam details content outline on page 14 of this handbook. The content outline (blueprint) contains the content areas for the exam and the distribution of test questions across the content areas.

Study the materials from your 14-hour Perinatal Mood & Anxiety certificate course and the specific 6-hour advanced certificate training course.

As preparation for the PSI Certification exams, recommended study materials are available. The purchase of additional study materials is optional.

Questions?

Refer to the Certification FAQs for Perinatal Mental Health Certification at <https://www.postpartum.net/professionals/certification/certification-faqs/>

Join the PSI Certification team on a monthly Zoom call where we can answer any questions you may have. First Friday of the month at 1pm PST/4EST. Registration available at <https://www.postpartum.net/professionals/certification/>



PSI Nondiscrimination and Fairness Policy

Postpartum Support International does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, board of directors, volunteers, subcontractors, vendors, and clients.

Postpartum Support International is an equal opportunity employer. We will not discriminate and will take affirmative action measures to ensure against discrimination in employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the bases of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

Requesting Test Accommodations

In reviewing testing accommodation requests of PMH-C candidates, PSI certification personnel follow the ADA's specified Testing Accommodation guidelines available at www.ADA.gov.

To make a testing accommodation request, indicate the accommodation type in the PMH-C application form. Candidates may also email certification@postpartum.net prior to registering for the PMH-C exam to request accommodations and submit any required documentation.

PSI certification personnel will review the request and coordinate requested accommodations with the testing entity (Pearson Vue) in a timely manner in order to ensure equal opportunity for the applicant.

Rescheduling Policy

You must contact Pearson VUE or access your online Pearson VUE account to reschedule your exam at least a minimum of 48 hours prior to your appointment. Exams cannot be rescheduled less than 48 hours prior to your appointment. Failure to reschedule in time or failure to appear for your appointment will result in the forfeiture of your exam fee.

Exam Cancellation Policy

You must contact Pearson VUE or access your online Pearson VUE account to cancel your exam at a minimum of 48 hours prior to your appointment. Exams cannot be canceled less than 48 hours prior to your appointment. Failure to cancel in time or failure to appear for your appointment will result in the forfeiture of your exam fee.



Exam Details

Postpartum Support International Certification exams are components of the PSI Certification in Perinatal Mental Health program. The exams are computer-based assessments of knowledge, competencies, and skills related to disciplines such as Perinatal Mental Health Risks, Protective Factors, and Interactions and use a multiple-choice format.

The exam is 125 multiple choice questions, and you have 3 hours to complete the exam. The questions will be a mixture of statement-based and case examples with multiple questions for each case. There are no essay questions. The exam is pass/fail.

Terms & Conditions

Prior to starting the PSI Certification exam in Perinatal Mental Health, you will be asked to sign the following non-disclosure and general terms of use agreement.

The exam is confidential and is protected by trade secret law. It is made available to you, the examinee, solely for the purpose of becoming certified in the technical area referenced in the title of this exam. You are expressly prohibited from disclosing, publishing, reproducing, or transmitting this exam, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose, without the prior express written permission of Postpartum Support International.

Day of the Exam

Frequently asked questions regarding what to expect on the day of testing at Pearson Vue testing sites is available at <https://home.pearsonvue.com/Test-takers/Resources.aspx#what-to-expect>.

You will be required to present one form of original (no photo copies), valid (unexpired) government-issued ID that includes your name, photograph, and signature. To view the full ID policy, including any additional allowances to the policy, visit <http://www.pearsonvue.com/policies/1.pdf>.

We ask that you arrive 15 minutes prior to your appointment time. This will give you adequate time to complete the necessary sign-in procedures. If you arrive more than 15 minutes late for your appointment, you may be refused admission and the exam fees will be forfeited. The "appointment length" may include time for non-scored sections such as surveys or tutorials. The appointment length does not necessarily reflect the total amount of time allotted for the actual exam.

Test Results

Upon completion of the PMH-C exam, you will be notified of your test results in your Pearson VUE portal or at the testing site.



Confirmation of certification:

You will receive an email from the PSI certification team with a copy of your certificate and additional information about the PMH-C Certification the month following successful completion of the PMH-C exam.

Retesting

For candidates who have failed the PMH-C exam:

Once a candidate has been approved to sit for the exam, they are eligible to retake the exam. There is a required three-month waiting period in between subsequent tests. It is recommended that the candidate review the courses in preparation for the re-examination. An additional fee must be paid each time the candidate registers for the exam. However, the candidate is not required to resubmit the initial prerequisite application materials necessary to sit for the exam. Furthermore, participants are recommended to wait 6 months prior to retaking the PMH-C exam.

It is the vision of PSI that every woman and family worldwide will have access to information, social support, and informed professional care to deal with mental health issues related to childbearing. PSI promotes this vision through advocacy and collaboration, and by educating and training the professional community and the public. The Institute for Credentialing Excellence states “Testing indicates what an individual already knows and where new or remedial education should be concentrated.” (n.p.). The opportunity to retake the PMH-C exam allows the candidate to further study identified areas in need of remediation to meet the knowledge, competencies, and skills required to achieve certification in perinatal mental health.

The Use of the PMH-C Mark

PMH-C is designated by trademark as the universal symbol for specialists certified in perinatal mental health that have successfully completed specific eligibility requirements and passed the PMH-C exam. PSI has worked with internationally known certification company, Pearson VUE, to develop and publish a computer-based certification exam for the specialized field of perinatal mental health. The PMH-C certification mark indicates a perinatal mental health specialist is competent to PSI coordinators, women and families seeking specialized care, other healthcare providers, and insurance companies.

The PMH-C certification mark cannot be used by any person who did not fulfill successful completion of all of the PMH-C certification program requirements (specifically, but not limited to, meeting all of the candidate requirements, applying to take the exam, or successfully passing PMH-C exam). Furthermore, certificates are ineligible for use of the PMH-C certification mark if they fail to comply with the certification maintenance requirements (i.e. CE completion, submission, and/or auditing).

In cases of inappropriate PMH-C certification mark use, the PSI Certification personnel will notify the individual of inappropriate use of the PMH-C certification mark and require the ineligible individual to stop. Unauthorized use of the PMH-C certification mark is classified by the United States Patent and Trademark Office as trademark infringement and the ineligible



individual will be held liable if there is failure to comply.

Resources:

Postpartum Support International. (2021). *Certification in perinatal mental health*. Retrieved from <https://www.postpartum.net/professionals/certification/>

United States Patent and Trademark Office. (2021). *About trademark infringement*. Retrieved from <https://www.uspto.gov/page/about-trademark-infringement>

Reconsideration of Adverse Certification Decisions

By creating and maintaining the PMH-C certification program, PSI remains committed to ensuring that providers are given the proper up-to-date baseline knowledge, competencies, and skills in perinatal mental health in order to provide competent care for pregnant and postpartum mothers and families, and for those planning to become pregnant. The structure of the PMH-C program includes specific criteria including applicant eligibility (including professional practice requirements, education and credentials, and additional evidenced-based certificate training in perinatal mental health - foundational and advanced), computer-based proctored testing for candidates, and the certificants' continuing education requirements to maintain certification.

Applicants, candidates, and certificants may request reconsideration of adverse certification decisions by emailing certification@postpartum.net. The reconsideration request will be reviewed by the certification program personnel (administrator and director). The certification personnel will directly follow up with the individual seeking reconsideration in a timely manner. Adverse certification decisions may include, but are not limited to, denial of eligibility, denial of recertification, or disciplinary actions (including inappropriate use of PMH-C mark).

PMH-C Recertification

The PSI PMH-C certification program is committed to ensuring the public that individuals with the PMH-C certificate are maintaining up-to-date requirements for continued competence and lifelong professional learning in the field of perinatal mental health. As an ever evolving and rapidly changing healthcare specialty, the PSI PMH-C certification program requires that all certificants renew their certification every 2 years to demonstrate continued competence relative to the specific knowledge, skills, and abilities necessary to the field of perinatal mental health.

PSI PMH-C certification program follows the Institute for Credentialing Excellence (I.C.E.) recertification standards. In order to renew the PMH-C, certificants are responsible for completing 12 **approved** professional continuing education training (CEs) specific to the field of perinatal mental health and submitting evidence of those CEs to the PSI recertification document link on PSI website every 2 years from initial certification.

Approval of eligible CEs is necessary to evaluate whether continuing education training supports continuing competence in their learning-oriented quality, relevance of content, effectiveness of delivery method, and noncommercial or sponsorship bias. Approved CEs are required to be completed and can be viewed on the PSI recertification document link on the



PSI website:

CE submissions are reviewed and approved in the following months: January, April, July, October. The renewing certificant will hear back from PSI certification personnel regarding their renewal status.

Certificants who do not comply with the PSI PMH-C recertification requirements are not eligible to use the PMH-C mark, and the certification will be discontinued for non-compliance.

Failure to renew will result in the automatic placement of the certification in “Suspended” status and the inability to use the PMH-C credentials. Renewal of the PMH-C requires the submission of 12 CEs related to their PMH-C track. The renewal will be good for two years. If the certification status remains “Suspended” for more than six (6) months, the certification will be classified as “Expired”. The candidate will have to reapply for a single 6-month extension of the recertification deadline to complete the requirements. The application for an extension and a \$75 extension fee must be received before the recertification deadline and the certification expiration date.

To apply for an extension, please complete the following form:

<https://form.jotform.com/231702095527050>.

To pay the extension fee, please visit this webpage:

<https://postpartum.app.neoncrm.com/np/clients/postpartum/product.jsp?product=138&>

The extension is only for submitting the recertification application. The next certification period expiration date is based on the date of initial certification. Failure to renew the certification a year after the initial certification expires will require a re-examination.

Certificants with questions, reporting of data errors, appeals, or requests for reconsideration for adverse recertification decisions may contact certification@postpartum.net.

For further information, refer to <https://www.postpartum.net/professionals/certification/>

Resources:

Institute for Credentialing Excellence. (n.d.). *Common myths of continuing certification*. Retrieved from <https://www.credentialingexcellence.org/Resources/Common-Myths>

Postpartum Support International. (2021). *About us*. Retrieved from <https://www.postpartum.net/about-psi/>



POSTPARTUM SUPPORT INTERNATIONAL

Employment/Volunteer Verification Form

Employer/ Volunteer Supervisor:

- You are being asked to verify employment for someone applying for Perinatal Mental Health Certification by Postpartum Support International (PSI). Please complete all sections of this form and **return it to the applicant** to be included in the application portfolio.
- If you have questions, please contact PSI at certification@postpartum.net. Thank you for your assistance!

Applicant:

- Submit only as many forms as needed to verify the required experience. Duplication of the form is acceptable if more than one organization is completing the form.
- The form must be submitted as the first page(s) of the electronic portfolio of scanned evidence (e.g., portable document format [PDF]) that is submitted in support of the application.

Name of Applicant

PMH-C Track: Mental Health/Psychotherapy Psychopharmacology Affiliate

Name of Facility/Company/Organization

City, State/Province, and Country

Applicant Start Date: _____ Applicant End Date: _____

Employment Type: Full-time Part-time

Name of Person Completing Form (*please print*)

Signature

Job Title

Phone Number



**POSTPARTUM SUPPORT INTERNATIONAL
Private Practice Attestation Form**

I, _____ (applicant) am applying for the Postpartum Support International's Certification in Perinatal Mental Health (PMH-C). I understand that one of the requirements is completing at least two years of experience working in the perinatal population. I hereby certify that I meet the minimum requirement of two years of experience in the perinatal population by signing below.

Please provide any additional information about relevant work experience (prior positions, etc.)

Name: _____

Signature: _____

Name of Private Practice: _____

Years in Private Practice: _____

Address: _____

Website: _____



Perinatal Mental Health Certification (PMH-C) 2024 Detailed Content Outline

The PMH-C examination is a 125-item test with 100 scored questions and 25 unscored questions. The 2024 Content Outline contains 12 Major Domains. The number of test questions that appear on each exam form is indicated for each major domain in the content outline.

1. Perinatal Mental Health Disorders (14%, 14 questions)

- 1.1. Recognize the typical perinatal emotional, cognitive, and behavioral changes
- 1.2. Differentiate between typical/common changes and atypical changes
 - 1.2.1. Onset
 - 1.2.2. Duration
 - 1.2.3. Severity
 - 1.2.4. Prevalence rates
- 1.3. Identify the types of clinical presentations and perinatal features
 - 1.3.1. Perinatal anxiety disorders
 - 1.3.2. Perinatal depressive disorders
 - 1.3.3. Trauma and other stress-related disorders
 - 1.3.3.1. Acute
 - 1.3.3.2. Post-Traumatic Stress Disorder (PTSD)
 - 1.3.3.3. Complex/Chronic
 - 1.3.3.4. Adjustment disorders
 - 1.3.4. Obsessive-Compulsive Disorder (OCD)
 - 1.3.5. Bipolar disorders
 - 1.3.6. Perinatal psychosis
 - 1.3.7. Additional significant clinical considerations
 - 1.3.7.1. Substance use disorders
 - 1.3.7.2. Eating disorders
 - 1.3.7.3. Attention-Deficit/Hyperactivity Disorder (ADHD)
 - 1.3.7.4. Self-injurious behavior



2. Perinatal Mental Health Risks, Protective Factors, and Interactions (11%, 11 questions)

- 2.1. Assess for medical/biological factors
 - 2.1.1. Family history
 - 2.1.2. Genetic factors
 - 2.1.3. Personal history
 - 2.1.3.1. Sensitivity to hormonal changes
 - 2.1.3.2. Previous perinatal mental health disorders
 - 2.1.3.3. Non-pregnancy related mental health disorders
 - 2.1.4. Epigenetic factors
- 2.2. Assess for co-occurring medical conditions
 - 2.2.1. High risk pregnancy
 - 2.2.2. Pain
 - 2.2.3. Thyroid/Hormones
 - 2.2.4. Diabetes
 - 2.2.5. Polycystic Ovary Syndrome (PCOS)
 - 2.2.6. Autoimmune diseases
 - 2.2.7. Inflammation effects
 - 2.2.8. Perinatal infections
- 2.3. Assess for co-occurring significant life stressors
 - 2.3.1. Negative life events
 - 2.3.2. Positive life events
 - 2.3.3. Perinatal specific
 - 2.3.4. Societal familial and cultural stressors
- 2.4. Educate about the importance of support systems
 - 2.4.1. Professional (e.g., care coordination)
 - 2.4.2. Informal social
 - 2.4.3. Formal social
- 2.5. Support patients in perinatal planning (e.g., birth, postpartum)
- 2.6. Assess and educate on sleep
 - 2.6.1. Positive sleep environment
 - 2.6.2. Balancing sleep and infant care
- 2.7. Assess for infant driven risk factors
 - 2.7.1. Health status (e.g., parental demand for care, medical complexity)
 - 2.7.2. Infant's temperament
 - 2.7.3. Attachment



2.8. Evaluate for trauma

2.8.1. Early life adversity/Childhood trauma (e.g., Adverse Childhood Experiences (ACE)/Urban ACEs)

2.8.2. Pregnancy and birth trauma

2.8.3. Relational trauma (e.g., Intimate Partner Violence (IPV), emotional, neglect, verbal)

3. Implications of Untreated Perinatal Mental Health Disorders (PMHD) (8%, 8 questions)

3.1. Assess lack of treatment/under-treatment

3.1.1. Prior treatment or diagnoses (e.g., mental health or obstetrician (OB) care)

3.1.2. Misdiagnosis

3.1.3. Duration/severity of symptoms

3.2. Identify risks of untreated Perinatal Mood and Anxiety Disorders (PMAD) on parental well-being

3.2.1. Increased risk of suicide & infanticide

3.2.2. Decreased self-efficacy & functioning

3.2.2.1. Maternal self-efficacy

3.2.2.2. Occupational functioning/productivity (e.g., home, work)

3.2.3. Disrupted sleep

3.2.3.1. Disordered sleep

3.2.3.2. Disrupted sleep due to childcare/pregnancy

3.2.4. Increased substance use disorders

3.2.5. Postpartum health effects

3.2.5.1. Insufficient maternal medical care

3.2.5.2. Decreased lactation initiation and duration

3.2.5.3. Significant changes in Body Mass Index (BMI)

3.2.5.4. Inadequate nutrition

3.2.5.5. Decreased physical activity

3.2.5.6. Prolonged postpartum recovery

3.3. Provide psychoeducation about the effects of untreated PMHDs on the infant

3.3.1. Risks to healthy fetal development

3.3.2. Neonatal risks

3.3.2.1. Reduced gestational age

3.3.2.2. Reduced gestational weight

3.3.3. Effects on long-term child development

3.3.3.1. Attachment quality

3.3.3.2. Speech

3.3.3.3. Cognitive



3.3.3.4. Emotional

3.3.3.5. Behavioral

3.4. Assess impact of untreated PMHDs on family and other interpersonal dynamics

3.4.1. Partners/relationships

3.4.1.1. Increased risk of relationship discord/dissatisfaction (e.g., sexual health, intimacy)

3.4.1.2. Increased risk of mental health concerns in partner

3.4.1.3. Increased risk of Intimate Partner Violence (IPV)

3.4.2. Increased risk of child abuse/neglect

4. Screening and Assessment (9%, 9 questions)

4.1. Define benefits of screening for Perinatal Mood and Anxiety Disorders (PMAD)

4.2. Understand screening and protocols

4.2.1. Setting for screening (e.g., Obstetrician (OB), early intervention settings, pediatricians)

4.2.2. Time points for screening

4.3. Identify screening tools and describe when to use them

4.3.1. Edinburgh Postnatal Depression Scale (EPDS)

4.3.2. Screeners for depression/mood symptoms (e.g., Patient Health Questionnaire-9 (PHQ-9), Mood Disorder Questionnaire (MDQ), Center for Epidemiological Studies Depression - Revised (CESD-R))

4.3.3. Screeners for trauma (e.g., City Birth Trauma Scale, Perinatal Posttraumatic Stress Disorder Questionnaire - II (PPQ-II))

4.3.4. Screeners for anxiety symptoms (e.g., Generalized Anxiety Disorder - 7 (GAD-7))

4.4. Utilize risk assessment and emergency triage

4.4.1. Post screen protocol

4.4.1.1. Interdisciplinary teamwork

4.4.2. Suicide assessment

4.4.3. Emergency support lines (e.g., 988, 911)

4.4.4. Emergency referral to inpatient

4.4.5. Identifying care support team (e.g., family member, partner)

5. Social Support Interventions (8%, 8 questions)

5.1. Identify and recommend community-based support options

5.1.1. Parent support groups (e.g., new parent group, La Leche League/feeding group)

5.1.1.1. Differentiate from group therapy

5.1.2. Community parent/peer groups



- 5.1.3. Spiritual/Religion-based support
- 5.1.4. Parent/Infant classes (e.g., mommy & me, parenting classes, etc.)
- 5.1.5. Women, Infants, and Children (WIC) office/resources
- 5.2. Evaluate and share online-based support options
 - 5.2.1. Online support groups
 - 5.2.2. Online courses
 - 5.2.3. Social media accounts
 - 5.2.4. Social media groups (e.g., general parent groups, specific medical or other needs)
 - 5.2.5. Online peer support
 - 5.2.6. Podcasts
- 5.3. Inform clients about other support options
 - 5.3.1. Helplines/Hotlines (e.g., Postpartum Support International (PSI) helpline, National Maternal Mental Health hotline)
 - 5.3.2. Psychoeducation (e.g., doctor's office brochures, flyers, etc.)
 - 5.3.3. Bibliotherapy
 - 5.3.4. Home-visiting providers
 - 5.3.4.1. Postpartum doula/night nurse
 - 5.3.4.2. Nanny/At-home childcare
 - 5.3.4.3. Home visitors/nurses

6. Evidence-Based Psychotherapy Approaches (9%, 9 questions)

- 6.1. Identify evidence-based therapy models for the perinatal population
 - 6.1.1. Cognitive Behavioral Therapy (CBT)
 - 6.1.2. Interpersonal Therapy (IPT)
 - 6.1.3. Mindfulness Based Interventions (MBI)
 - 6.1.4. Eye Movement Desensitization and Reprocessing (EMDR) for perinatal trauma
- 6.2. Identify delivery format
 - 6.2.1. Individual therapy
 - 6.2.2. Dyadic therapy (e.g., couples therapy, coparenting)
 - 6.2.3. Group therapy
 - 6.2.4. Family therapy
- 6.3. Recognize common perinatal experiences/themes
 - 6.3.1. Birthing experience
 - 6.3.2. Role transitions
 - 6.3.3. Grief and loss
 - 6.3.4. Interpersonal conflict resolution
 - 6.3.5. Boundary setting struggles



- 6.4. Identify evidence-based complementary and integrative interventions
 - 6.4.1. Somatic interventions (e.g., acupuncture, light therapy, yoga)
 - 6.4.2. Daily wellness behaviors (e.g., sleep, nutrition, exercise)
 - 6.4.3. Non-validated interventions

7. Family Systems and Perinatal Mental Health (7%, 7 questions)

- 7.1. Provide education to parents about infant mental health
- 7.2. Educate caregivers on strategies to improve bonding and attachment
- 7.3. Educate parents on how infants impact relationships
 - 7.3.1. During pregnancy
 - 7.3.2. Postpartum
 - 7.3.3. After pregnancy or perinatal loss
- 7.4. Acknowledge impact of various family systems
 - 7.4.1. Adoptive
 - 7.4.2. LGBTQ+
 - 7.4.3. Adolescents
 - 7.4.4. Single parenting
 - 7.4.5. Multigenerational family units
 - 7.4.6. Donor/Gestational carrier
- 7.5. Provide anticipatory guidance about transitioning to parenting
 - 7.5.1. Mom/Birthing parent/Intended parent
 - 7.5.2. Father/Partner
 - 7.5.3. Family

8. Psychopharmacology and Other Somatic Interventions (7%, 7 questions)

- 8.1. Interpret study methodology
 - 8.1.1. Confounders
 - 8.1.2. Types of controls
 - 8.1.3. Types of study design (e.g., pharmacy data, retrospective data, Randomized Control Trial (RCT))
 - 8.1.4. Statistical significance
 - 8.1.5. Existence of bias (e.g., sampling, omission, confirmatory)
- 8.2. Educate about risks of medication use versus risks of untreated mental health conditions
 - 8.2.1. Pregnancy
 - 8.2.2. Postpartum
 - 8.2.3. Lactation
- 8.3. Educate families about specific research outcomes
 - 8.3.1. Miscarriage/Still birth rate



- 8.3.2. Persistent Pulmonary Hypertension of the Newborn (PPHN)
- 8.3.3. Neonatal side effects
- 8.3.4. Congenital anomalies
- 8.3.5. Behavioral/Neural developmental
- 8.3.6. Covid vaccinations
- 8.3.7. Other substances (e.g., cannabis, ketamine, psychedelics)
- 8.4. Identify basic categories of psychotropic medications
 - 8.4.1. Antidepressants
 - 8.4.2. Anti-anxiety
 - 8.4.3. Stimulants
 - 8.4.4. Hypnotics/Sleep meds
 - 8.4.5. Anti-psychotics
 - 8.4.6. Mood stabilizers
- 8.5. Understand Electroconvulsive Therapy (ECT)
- 8.6. Understand Transcranial Magnetic Stimulation (TMS)

9. *Equitable and Inclusive Patient-Centered Care (8%, 8 questions)*

- 9.1. Identify how socioeconomic barriers impact perinatal mental health
 - 9.1.1. Housing stability
 - 9.1.2. Transportation
 - 9.1.3. Financial status
 - 9.1.4. Childcare
 - 9.1.5. Food insecurity
- 9.2. Understand how cultural factors impact perinatal mental health
 - 9.2.1. Language
 - 9.2.2. Immigration status
 - 9.2.3. Cultural identity
 - 9.2.4. Cultural traditions (e.g., indigenous cultures)
 - 9.2.5. Race and ethnicity
 - 9.2.6. Religion and spirituality
 - 9.2.7. Racism and discrimination
- 9.3. Understand LGBTQ+ community and its role in the perinatal period
 - 9.3.1. Sensitive and appropriate language
 - 9.3.2. Transgender considerations
 - 9.3.3. Gender identity
- 9.4. Assess impact of military service on perinatal mental health
- 9.5. Understand impacts of disabilities on the perinatal period (e.g., visible, invisible)



- 9.6. Provide care through patient-centered frameworks
 - 9.6.1. Cultural humility (e.g., implicit bias, personal bias, professional bias, judgement)
 - 9.6.2. Trauma informed care
 - 9.6.3. Neurodivergence

10. *Lactation & Feeding (6%, 6 questions)*

- 10.1. Screen for lactation difficulties
 - 10.1.1. Pain
 - 10.1.2. Supply issues (e.g., over, under)
 - 10.1.3. Dysphoric Milk Ejection Reflex (D-MER)
 - 10.1.4. Interaction with client mental health
 - 10.1.5. Refer to lactation care
- 10.2. Provide psychoeducation related to feeding
 - 10.2.1. Feeding misconceptions
 - 10.2.2. Weaning
 - 10.2.3. Medication safety
 - 10.2.4. Transitioning to solids
 - 10.2.5. Return to work
- 10.3. Screen for other feeding difficulties
 - 10.3.1. Infant weight gain concerns
 - 10.3.2. Medically complex infant
 - 10.3.3. Feeding related sleep disturbance
- 10.4. Navigate lactation/feeding expectations
 - 10.4.1. External (e.g., healthcare providers, family, social media)
 - 10.4.2. Internal (e.g., physical, emotional, personal)

11. *Perinatal Complications and Loss (8%, 8 questions)*

- 11.1. Assess history of trauma, loss/terminations, and mental health
- 11.2. Distinguish between different types of perinatal loss
 - 11.2.1. Miscarriage (i.e., 0-20 weeks)
 - 11.2.2. Stillbirth (i.e., 20-42 weeks)
 - 11.2.3. Neonatal death (i.e., first 28 days)
 - 11.2.4. Fetal diagnosis not compatible with life
 - 11.2.5. Termination
 - 11.2.5.1. Termination for Medical Reasons (TFMR) due to maternal health
 - 11.2.5.2. Termination for Medical Reasons (TFMR) due to fetal health
 - 11.2.5.3. Selective reduction (e.g., multiples)
 - 11.2.5.4. Termination/Abortion



- 11.2.6. Fertility interventions
- 11.2.7. Maternal mortality
 - 11.2.7.1. Partner/Survivor mental well-being
- 11.3. Identify medical complications that impact perinatal mental health
 - 11.3.1. History of fertility interventions
 - 11.3.2. Pregnancy
 - 11.3.2.1. High-risk pregnancy
 - 11.3.3. Labor and delivery
 - 11.3.3.1. Near-miss/Near-death
 - 11.3.3.2. Adverse birth experience/birth trauma
 - 11.3.4. Infant
 - 11.3.4.1. Fetal anomalies, diagnoses, or complications
 - 11.3.4.2. Neonatal Intensive Care Unit (NICU) admission
 - 11.3.4.3. Infant with complex medical needs
- 11.4. Understand other types of perinatal grief/loss
 - 11.4.1. Role identity/changes
 - 11.4.2. Social support changes (e.g., friends, work)
 - 11.4.3. Unmet expectations (e.g., pregnancy, Labor and Delivery (L&D), lactation, parenting)

12. *Provider Wellness/Professionalism (5%, 5 questions)*

- 12.1. Maintain professional knowledge
 - 12.1.1. Continuing education requirements for certification
 - 12.1.2. Evidence-based resources/research (e.g., training, peer reviewed journals)
 - 12.1.3. Peer-to-peer consultation
 - 12.1.4. Resources for professional consultation/mentoring
 - 12.1.5. Importance of coordinated care
 - 12.1.6. Advocacy awareness
- 12.2. Prioritize provider wellness
 - 12.2.1. Signs and symptoms of compassion fatigue (e.g., mental, physical, emotional exhaustion)
 - 12.2.2. Evidence-based strategies to provide optimum provider wellness
- 12.3. Understand components of patient-centered informed consent
- 12.4. Understand ethical therapeutic boundaries
 - 12.4.1. Biases and judgments
 - 12.4.2. Countertransference and triggers
 - 12.4.3. Ethical self-disclosure



12.5. Know professional ethical guidelines for working with perinatal community

12.5.1. Scope of practice

12.5.2. Federal and state mandated reporting requirements

12.5.3. Confidentiality

12.5.3.1. Telehealth

12.5.3.2. Electronic communications

12.5.3.3. Exceptions to Health Insurance Portability and Accountability Act (HIPAA)

12.5.3.4. Confidentiality with patients/families

12.5.3.5. Social media