

# GUIDELINES AND CRITERIA

FOR HOSPITALS, AND  
FACILITIES SEEKING  
MATERNAL MENTAL  
HEALTH FRIENDLY  
CERTIFICATION

*Prepared by*

**THE BLOOM FOUNDATION FOR  
MATERNAL WELLNESS, 2019**



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# Preface to the Guidelines and Criteria For MMHF™ Certification

In 2018 legislation moved towards maternal mental health becoming an important part of the maternal health care landscape. [California Bill AB-2193](#) requires any birthing hospital or facility to have not only a screening process in place, but also a treatment plan beginning 7/2018. [CA Bill AB-3032](#) requires all hospitals to provide maternal mental health training to clinical staff who work with pregnant and postpartum women, and to educate women and families about the signs and symptoms of maternal mental health disorders as well as any local treatment options. Additionally, the [Maternal Mortality Act](#) passed by the 115th Congress in 2018 added further muscle to the public outcry for equalization of physical and mental health care for the perinatal patient population.

We now know that while gestational diabetes and preeclampsia occur in 4-6% of all pregnant women, PMADs occur in 15-20%. There are screening, practices, treatments, and guidelines in place for physical complications, but no national standard for treating PMADs, the most common complication of childbirth affecting more than 800,000 women in the United States annually.

It is with full clarity we understand the responsibility of screening a pregnant or new mother for PMADs while knowing the provider has no qualified help to which refer. With this knowledge we have developed a new standard of care based on the best practices compiled from treating thousands of women in the perinatal population.

1 in 5 mothers will be affected by PMADs within the first year



Postpartum psychosis occurs in approximately 1 to 2 of every 1,000 deliveries.



If a woman has experienced postpartum depression with previous births, she is 10% to 50% more likely to experience it again.



Tragically, 10% of postpartum psychosis cases result in suicide or infanticide.



It is believed that 50% of women who develop postpartum depression began experiencing symptoms during pregnancy. This proves the case for early symptom-recognition, awareness and access to treatment.



The 10 canons listed below are the highest standard of care in current use providing qualified maternal mental health care.

The Ten Canons of Care are the guidelines for our Hospital **Platinum Level Certification**. This is the highest achievement a facility can acquire in the MMHF™ process.

# 10 Canons of Care

1. Have a well-constructed policy to provide Perinatal Mood and Anxiety disorders (PMAD) **educational materials** to participants of Childbirth Preparation classes.
2. Women will be **screened and assessed** by trained staff using the nationally validated Edinburgh Postnatal Screening Tool (EDPS)
3. MMHF Appropriate **treatment plans** in place for women who fall within the at-risk criteria.
4. A comprehensive **follow up program** initiated for the perinatal population.
5. **Frontline providers** trained to recognize risk factors, signs and symptoms of PMAD.
6. Required annual **hospital education** via NetLearning or Intranet for all staff in contact with the perinatal community.
7. Existing multidisciplinary, mother/baby evidence based **treatment center** for Perinatal Mood & Anxiety Disorders.
8. Established **program parameters** for inclusion of onsite and online PMAD programs and communities.
9. Private, online **PMAD community forums** for PMAD center patients.
10. The PMAD Center staff and clinicians are responsible for availing themselves of the most **current and evidence based research** available in maternal mental health.

# MMHF™

# PLATINUM LEVEL CERTIFICATION

*Following the TEN CANONS OF CARE, these GUIDELINES and CRITERIA are to be used as a tool to assist hospitals and facilities in their journey towards MMHF™ Platinum Certification.*



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# Hospital Certification Guidelines and Criteria

## PLATINUM LEVEL

### **GUIDELINE #1**

*Have a well-constructed policy to provide Perinatal Mood and Anxiety disorders (PMAD) educational materials to participants of Childbirth Preparation classes.*

### **Criteria**

#### **Required**

1. The hospital or facility that offers childbirth preparation classes, including but not limited to breastfeeding, grandparents classes, infant care etc. will provide maternal mental health disorders resource materials to all participants.
2. PMAD educational materials must include PMAD signs and symptoms, risk factors, and prevalence, as well as contact information to the Hospital or Facilities PMAD Center and the phone # of the national suicide hotline.
3. Educational materials will be provided at least once in print form as well as in links to validated online resources.
4. The hospital or facility will provide required materials to outside contractors teaching childbirth prep classes within the hospital.
5. The Childbirth Educator providing the PMAD resource materials must have completed an approved Introduction to PMAD training course.
6. Materials must not contain any promotional product advertisements or other mother or baby marketing propaganda such as breastfeeding policies, nutritional choices, environmental promotions.
7. Required criteria for dissemination of PMAD education must be included in any childbirth preparation E-classes.

# Hospital Certification Guidelines and Criteria

## PLATINUM LEVEL

### GUIDELINE #1 (CONT'D)

*Have a well-constructed policy to provide Perinatal Mood and Anxiety disorders (PMAD) educational materials to participants of Childbirth Preparation classes.*

#### Criteria

##### Suggested

Suggested links to include in resource materials:

[www.thebloomfoundation.org](http://www.thebloomfoundation.org)

[www.postpartum.net](http://www.postpartum.net)

[www.2020mom.org](http://www.2020mom.org)

[www.seleni.org](http://www.seleni.org)

In order to ensure updated and valid information is provided, Bloom can furnish hospitals and facilities with digital copies of approved resource material if needed

### 2. GUIDELINE #2

*Women will be screened and assessed by trained staff using the nationally validated Edinburgh Postnatal Screening Tool (EDPS)*

#### Criteria

##### Required

1. Women will be screened and assessed by trained staff using the nationally validated EDPS tool prior to discharge.

2. Women will be screened and assessed using the BAPA prior to discharge. The BAPA is the **Bloom Anxiety Perinatal Assessment** tool that can be used for pregnant as well as postpartum women. Hospital or Facility must forward BAPA results quarterly to Bloom. Spreadsheet to be provided.

# Hospital Certification Guidelines and Criteria

## PLATINUM LEVEL

### **GUIDELINE #2 (CONT'D)**

*Women will be screened and assessed by trained staff using the nationally validated Edinburgh Postnatal Screening Tool (EDPS).*

#### **Criteria**

##### **Suggested**

Recognized Risk Factors of PMADs Sheet (*to be provided by Bloom*) will be completed by all pregnant patients seen in Maternal Child Health Services of a Hospital or Facility at any time during their pregnancy.

*\*Complete clinical assessment always trumps an individual EDPS score - trained professional's clinical assessment will always rate higher than the EDPS. The EDPS is a screening tool not a clinical diagnosis, therefore if the clinician feels the mother may need treatment - even if she has scored below 10 on the EDPS - that assessment is to be followed.*

### **GUIDELINE #3**

*MMHF Appropriate treatment plan in place for women who fall within the at-risk criteria.*

#### **Criteria**

##### **Required**

1. Appropriate treatment plans will be available for women who are experiencing symptoms of PMADs based upon assessment tools and clinical evaluation prior to discharge.
2. **EDPS** - If a patient has a score of 10 or higher, or has answered positive to question #10 (*suicide question*), before the mother is discharged the PMAD Center will be notified and a center representative will continue further assessment and proper follow up protocol put in place based on the PMAD Center policy.



# Hospital Certification Guidelines and Criteria

## PLATINUM LEVEL

### **GUIDELINE #3 (CONT'D)**

*MMHF Appropriate treatment plan in place for women who fall within the at-risk criteria.*

#### **Criteria**

##### **Required**

#### 3. Follow up Treatment Levels

**Level 1** -If PMAD Center representative determines patient is presenting with psychosis, per hospital protocol the patient can either be directly admitted to the psychiatric inpatient unit or reassessed in the emergency department.

**Level 2** - Standard follow up care appointment scheduled with PMAD therapist at center for intake.

**Level 3** - Patient cleared to enter initial PMAD support group.

4. If EDPS patient scores below 10 and has answered negative to question #10, proceed with normal follow up protocol per PMAD Center policy.

*\*Complete clinical assessment taken into consideration (patient history, EDPS, patient presentation). Level of care determined and treatment provided.*

### **GUIDELINE #4**

*A comprehensive follow up program initiated for the perinatal population.*

#### **Criteria**

##### **Required**

*Studies have shown that PMADs peak between 4 and 8 weeks after delivery, therefore a follow up program must be put in place.*

# Hospital Certification Guidelines and Criteria

## PLATINUM LEVEL

### **GUIDELINE #5**

*Frontline providers trained to recognize risk factors, signs and symptoms of PMAD.*

#### **Criteria**

##### **Required**

1. Any frontline provider that comes in contact with a woman of child bearing age must have introduction to PMAD training so they have the ability to recognize signs and symptoms of PMADs and make appropriate referrals.
2. Training required for the following frontline providers: Obstetricians, Midwives, Obstetric APN, Obstetric Physician Assistants, Maternal Child Health Nurses, Lactation Consultants.
3. Training suggested for - Emergency Department Staff, Crisis Screeners, Family Practice, Pediatricians.
4. Training can be completed online or on site by an approved training provider.
5. All frontline providers must pass minimum basic PMAD test provided by the Bloom Foundation for Maternal Wellness.

### **GUIDELINE #6**

*Required annual hospital education via NetLearning or Intranet for all staff providing care to the perinatal community.*

#### **Criteria**

##### **Required**

1. Hospital to include introduction to PMAD as part of intranet learning modules.
2. All staff providing care to the perinatal community must complete the Intro to PMAD module annually as a review.

**Suggested** - Include 3-5 multiple choice questions in learning module.

# Hospital Certification Guidelines and Criteria

## PLATINUM LEVEL

### **GUIDELINE #7**

*Existing multidisciplinary, mother/baby evidence-based treatment center for Perinatal Mood & Anxiety Disorders.*

#### **Criteria**

##### **Required**

1. A multidisciplinary mother/baby evidence based treatment center for PMADs is in place.
2. The following are the minimum requirements for approval of an existing PMAD center:
  - Documented workflow processes
  - Minimal staff - 1 Therapist (LCSW or LPC), psychiatric clinician for medication evaluation and management, peer support group leader.
  - All staff appropriately trained per discipline.
  - Physical environment is mother/baby care friendly and non-judgemental.
  - Parameters established addressing intake, aging out, etc.
  - Resources are specific for perinatal population

##### **Suggested**

Follow up coordinator on staff Group therapies provided Additional support groups.

### **GUIDELINE #8**

*Established program parameters for inclusion of onsite and online PMAD programs and communities.*

#### **Criteria**

##### **Required**

Onsite Parameters

1. Center to serve the perinatal population from pregnancy through 1 year postpartum.

# Hospital Certification Guidelines and Criteria

## PLATINUM LEVEL

### **GUIDELINE #8**

*Established program parameters for inclusion of onsite and online PMAD programs and communities.*

#### **Criteria**

##### **Required**

###### Onsite Parameters

1. Center is to serve the perinatal population from pregnancy through 1 year postpartum.
  - a. Aging out is ultimately determined by PMAD Center staff. If a patient has entered the program later on in her first postpartum year and requires to stay in program after the 1 year graduation date, the staff may collectively agree to lengthen her time for healing and support.
2. Patient diagnosis is PMADs. This is not a treatment facility for all mental illness, this is specifically a center for women with a PMAD diagnosis.
3. Conscious determination by PMAD Center staff for appropriate inclusion and center specific needs.

###### Online Parameters

1. Private, safe online community to specifically serve the patients of the PMAD Center.
2. General waiver shared citing this is a safe, nonjudgmental zone.
3. Moms have to be cleared by PMAD staff to enter online community in order to maintain the safe, non judgmental nature of the group.
4. Group must be monitored by appropriate person (preferably PMAD Center staff).

##### **Suggested**

As your Center grows consider in-house training for healed and cleared prior patients to monitor online group.

Assessment of individual patients is imperative to determine if they are "group-worthy," to ensure a functioning environment with little disruption in support, progress and care.

# Hospital Certification Guidelines and Criteria

## PLATINUM LEVEL

### **GUIDELINE #9**

*Private, online PMAD community forum available for PMAD center patients.*

#### **Criteria**

##### **Required**

1 Forum to be moderated by staff. Guidelines in place.

##### **Suggested**

Train survivor moms to aid in moderation

Facebook Platform used for Private Facebook Group

### **GUIDELINE #10**

*The PMAD Center staff and clinicians are responsible for availing themselves of the most current and evidence based research available in maternal mental health.*

#### **Criteria**

##### **Required**

1. A minimum annual requirement of 6 hours of maternal mental health based training for continuing education units annually. Can be online or in person.

2. PMAD Center staff are assumed to stay up to date with current local and national maternal mental best practices, news, research, standards of care, national legislation and any changes.

# MMHF™ SILVER LEVEL CERTIFICATION

*Following the TEN CANONS OF CARE, these GUIDELINES and CRITERIA are to be used as a tool to assist hospitals and facilities in their journey towards MMHF™ Silver Certification.*



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# Hospital Certification Guidelines and Criteria

## SILVER LEVEL

### **GUIDELINE #1**

*Have a well-constructed policy to provide Perinatal Mood and Anxiety disorders (PMAD) educational materials to participants of Childbirth Preparation classes.*

### **Criteria**

#### **Required**

1. The hospital or facility that offers childbirth preparation classes, including but not limited to breastfeeding, grandparents classes, infant care etc. will provide maternal mental health disorders resource materials to all participants.
2. PMAD educational materials must include PMAD signs and symptoms, risk factors, and prevalence, as well as contact information to the Hospital or Facilities PMAD Center and the phone # of the national suicide hotline
3. Educational materials will be provided at least once in print form as well as in links to validated online resources.
4. The hospital or facility will provide required materials to outside contractors teaching childbirth prep classes within the hospital.
5. The Childbirth Educator providing the PMAD resource materials must have completed an approved Introduction to PMAD training course.
6. Materials must not contain any promotional product advertisements or other mother or baby marketing propaganda such as breastfeeding policies, nutritional choices, environmental promotions.
7. Required criteria for dissemination of PMAD education must be included in any childbirth preparation E-classes.

# Hospital Certification Guidelines and Criteria

## SILVER LEVEL

### GUIDELINE #1 (CONT'D)

*Have a well-constructed policy to provide Perinatal Mood and Anxiety disorders (PMAD) educational materials to participants of Childbirth Preparation classes.*

#### Criteria

##### Suggested

Suggested links to include in resource materials:

[www.thebloomfoundation.org](http://www.thebloomfoundation.org)

[www.postpartum.net](http://www.postpartum.net)

[www.2020mom.org](http://www.2020mom.org)

[www.seleni.org](http://www.seleni.org)

In order to ensure updated and valid information is provided, Bloom can furnish hospitals and facilities with digital copies of approved resource material if needed

### 2. GUIDELINE #2

*Women will be screened and assessed by trained staff using the nationally validated Edinburgh Postnatal Screening Tool (EDPS)*

#### Criteria

##### Required

1. Women will be screened and assessed by trained staff using the nationally validated EDPS tool prior to discharge.

2. Women will be screened and assessed using the BAPA prior to discharge. The BAPA is the **Bloom Anxiety Perinatal Assessment** tool that can be used for pregnant as well as postpartum women. Hospital or Facility must forward BAPA results quarterly to Bloom. Spreadsheet to be provided.



# Hospital Certification Guidelines and Criteria

## SILVER LEVEL

### **GUIDELINE #2 (CONT'D)**

*Women will be screened and assessed by trained staff using the nationally validated Edinburgh Postnatal Screening Tool (EDPS).*

#### **Criteria**

##### **Suggested**

Recognized Risk Factors of PMADs Sheet (*to be provided by Bloom*) will be completed by all pregnant patients seen in Maternal Child Health Services of a Hospital or Facility at any time during their pregnancy.

*\*Complete clinical assessment always trumps an individual EDPS score - trained professional's clinical assessment will always rate higher than the EDPS. The EDPS is a screening tool not a clinical diagnosis, therefore if the clinician feels the mother may need treatment - even if she has scored below 10 on the EDPS - that assessment is to be followed.*

### **GUIDELINE #3**

*MMHF Appropriate treatment plan in place for women who fall within the at-risk criteria.*

#### **Criteria**

##### **Required**

1. A referral pathway policy will be developed for women who are experiencing symptoms of PMADs based upon assessment tools and clinical evaluation prior to discharge.
2. **EDPS** - If a patient has a score of 10 or higher, or has answered positive to question #10 (*suicide question*), before the mother is discharged the referral pathway policy will be invoked and mother will be provided with appropriate plan for treatment based upon clinical assessment.

# Hospital Certification Guidelines and Criteria

## SILVER LEVEL

### **GUIDELINE #3 (CONT'D)**

*MMHF Appropriate treatment plan in place for women who fall within the at-risk criteria.*

#### **Criteria**

##### **Required**

#### 3. Follow up Treatment Levels

**Level 1** -If clinical diagnosis by trained staff determines patient is presenting with psychosis, per hospital protocol, the patient can either be directly admitted to the psychiatric inpatient unit or reassessed in the emergency department.

**Level 2** - Standard follow up care appointment scheduled with appropriate PMAD providers outlined in referral pathway policy.

**Level 3** - Patient cleared for inclusion in PMAD support groups (in person if available, online if no local group exists).

4. If EDPS patient scores below 10 and has answered negative to question #10, proceed with normal follow up protocol hospital/facility policy.

*\*Complete clinical assessment taken into consideration (patient history, EDPS, patient presentation). Level of care determined and treatment provided.*

### **GUIDELINE #4**

*A comprehensive follow up program initiated for the perinatal population.*

#### **Criteria**

##### **Required**

*Studies have shown that PMADs peak between 4 and 8 weeks after delivery, therefore a follow up program must be put in place.*

# Hospital Certification Guidelines and Criteria

## SILVER LEVEL

### **GUIDELINE #5**

*Frontline providers trained to recognize risk factors, signs and symptoms of PMAD.*

#### **Criteria**

##### **Required**

1. Any frontline provider that comes in contact with a woman of child bearing age must have introduction to PMAD training so they have the ability to recognize signs and symptoms of PMADs and make appropriate referrals.
2. Training required for the following frontline providers: Obstetricians, Midwives, Obstetric APN, Obstetric Physician Assistants, Maternal Child Health Nurses, Lactation Consultants.
3. Training suggested for - Emergency Department Staff, Crisis Screeners, Family Practice, Pediatricians.
4. Training can be completed online or on site by an approved training provider.
5. All frontline providers must pass minimum basic PMAD test provided by the Bloom Foundation for Maternal Wellness.

### **GUIDELINE #6**

*Required annual hospital education via NetLearning or Intranet for all staff providing care to the perinatal community.*

#### **Criteria**

##### **Required**

1. Hospital to include introduction to PMAD as part of intranet learning modules.
2. All staff providing care to the perinatal community must complete the Intro to PMAD module annually as a review.

**Suggested** - Include 3-5 multiple choice questions in learning module.

# MMHF™

# GOLD LEVEL CERTIFICATION

*Following the TEN CANONS OF CARE, these GUIDELINES and CRITERIA are to be used as a tool to assist hospitals and facilities in their journey towards MMHF™ Gold Certification.*



# Hospital Certification Guidelines and Criteria

## GOLD LEVEL

### **GUIDELINE #1**

*Have a well-constructed policy to provide Perinatal Mood and Anxiety disorders (PMAD) educational materials to participants of Childbirth Preparation classes.*

### **Criteria**

#### **Required**

1. The hospital or facility that offers childbirth preparation classes, including but not limited to breastfeeding, grandparents classes, infant care etc. will provide maternal mental health disorders resource materials to all participants.
2. PMAD educational materials must include PMAD signs and symptoms, risk factors, and prevalence, as well as contact information to the Hospital or Facilities PMAD Center and the phone # of the national suicide hotline
3. Educational materials will be provided at least once in print form as well as in links to validated online resources.
4. The hospital or facility will provide required materials to outside contractors teaching childbirth prep classes within the hospital.
5. The Childbirth Educator providing the PMAD resource materials must have completed an approved Introduction to PMAD training course.
6. Materials must not contain any promotional product advertisements or other mother or baby marketing propaganda such as breastfeeding policies, nutritional choices, environmental promotions.
7. Required criteria for dissemination of PMAD education must be included in any childbirth preparation E-classes.

# Hospital Certification Guidelines and Criteria

## GOLD LEVEL

### GUIDELINE #1 (CONT'D)

*Have a well-constructed policy to provide Perinatal Mood and Anxiety disorders (PMAD) educational materials to participants of Childbirth Preparation classes.*

#### Criteria

##### Suggested

Suggested links to include in resource materials:

[www.thebloomfoundation.org](http://www.thebloomfoundation.org)

[www.postpartum.net](http://www.postpartum.net)

[www.2020mom.org](http://www.2020mom.org)

[www.seleni.org](http://www.seleni.org)

In order to ensure updated and valid information is provided, Bloom can furnish hospitals and facilities with digital copies of approved resource material if needed

### 2. GUIDELINE #2

*Women will be screened and assessed by trained staff using the nationally validated Edinburgh Postnatal Screening Tool (EDPS)*

#### Criteria

##### Required

1. Women will be screened and assessed by trained staff using the nationally validated EDPS tool prior to discharge.

2. Women will be screened and assessed using the BAPA prior to discharge. The BAPA is the **Bloom Anxiety Perinatal Assessment** tool that can be used for pregnant as well as postpartum women. Hospital or Facility must forward BAPA results quarterly to Bloom. Spreadsheet to be provided.

# Hospital Certification Guidelines and Criteria

## GOLD LEVEL

### **GUIDELINE #2 (CONT'D)**

*Women will be screened and assessed by trained staff using the nationally validated Edinburgh Postnatal Screening Tool (EDPS).*

#### **Criteria**

##### **Suggested**

Recognized Risk Factors of PMADs Sheet (*to be provided by Bloom*) will be completed by all pregnant patients seen in Maternal Child Health Services of a Hospital or Facility at any time during their pregnancy.

*\*Complete clinical assessment always trumps an individual EDPS score - trained professional's clinical assessment will always rate higher than the EDPS. The EDPS is a screening tool not a clinical diagnosis, therefore if the clinician feels the mother may need treatment - even if she has scored below 10 on the EDPS - that assessment is to be followed.*

### **GUIDELINE #3**

*MMHF Appropriate treatment plan in place for women who fall within the at-risk criteria.*

#### **Criteria**

##### **Required**

1. A referral pathway policy will be developed for women who are experiencing symptoms of PMADs based upon assessment tools and clinical evaluation prior to discharge.
2. **EDPS** - If a patient has a score of 10 or higher, or has answered positive to question #10 (*suicide question*), before the mother is discharged the referral pathway policy will be invoked and mother will be provided with appropriate plan for treatment based upon clinical assessment.

# Hospital Certification Guidelines and Criteria

## GOLD LEVEL

### GUIDELINE #3 (CONT'D)

*MMHF Appropriate treatment plan in place for women who fall within the at-risk criteria.*

#### Criteria

##### Required

#### 3. Follow up Treatment Levels

**Level 1** -If clinical diagnosis by trained staff determines patient is presenting with psychosis, per hospital protocol, the patient can either be directly admitted to the psychiatric inpatient unit or reassessed in the emergency department.

**Level 2** - Standard follow up care appointment scheduled with appropriate PMAD providers outlined in referral pathway policy.

**Level 3** - Patient cleared for inclusion in PMAD support groups (in person if available, online if no local group exists).

4. If EDPS patient scores below 10 and has answered negative to question #10, proceed with normal follow up protocol hospital/facility policy.

*\*Complete clinical assessment taken into consideration (patient history, EDPS, patient presentation). Level of care determined and treatment provided.*

### GUIDELINE #4

*A comprehensive follow up program initiated for the perinatal population.*

#### Criteria

##### Required

*Studies have shown that PMADs peak between 4 and 8 weeks after delivery, therefore a follow up program must be put in place.*



# Hospital Certification Guidelines and Criteria

## GOLD LEVEL

### **GUIDELINE #5**

*Required annual hospital education via NetLearning or Intranet for all staff providing care to the perinatal community.*

#### **Criteria**

##### **Required**

1. Hospital to include introduction to PMAD as part of intranet learning modules.
2. All staff providing care to the perinatal community must complete the Intro to PMAD module annually as a review.

**Suggested** - Include 3-5 multiple choice questions in learning module.

# Additional Notes and Acknowledgements

The Bloom Foundation for Maternal Wellness is committed to increasing awareness of perinatal mood and anxiety disorders and the short and long term impact PMADs has on women and the mental health and wellness of the family and society. The MMHF™ Certification was created as a response to the limited and inadequate number of trained and educated providers and lack of facilities that are available to meet the overwhelming demand for treatment in the perinatal community.

The Bloom Foundation would like to acknowledge and thank Monmouth Medical Center in Long Branch, NJ which is the Premier Hospital MMHF™ Platinum Certificate Recipient in the United States. Monmouth Medical Center was presented the inaugural MMHF™ Certificate for their Center for Perinatal Mood and Anxiety Disorders which has treated thousands of mothers in NJ and is one of only 11 hospitals nationwide that offers a PMAD centric hospital based center.

The Bloom Foundation for Maternal Wellness collaborates and recognizes a number of organizations that work tirelessly to promote PMAD awareness, educate survivors and providers, and support sufferers, and their families:

[Postpartum Support International](#)  
[2020 Moms](#)  
[Momswell](#)  
[Postpartum Support Virginia](#)