

BREAKING

STORIES OF PERINATAL
MENTAL HEALTH
ACROSS CALIFORNIA

THE

SILENCE.

Voices uplifting the urgent need for transforming
California's perinatal mental health system.



CALIFORNIA
PERINATAL
WELLNESS ALLIANCE

YOUR VOICE. OUR COLLECTIVE IMPACT. [CALPWA.ORG](https://calpwa.org)



The California Perinatal Wellness Alliance (CPWA) is a survivor- and community-led alliance advancing perinatal mental health and justice in California and beyond.

Born out of the *From Pain to Power* convening in Los Angeles in 2024, our vision is to **transform fragmented perinatal mental health systems into a just, inclusive, and sustainable ecosystem** where every birthing person and family has access to care, dignity, and support.

We believe that **storytelling, community power, and policy change** are essential to creating a future where all families can thrive.

Visit [CALPWA.ORG](https://calpwa.org) for more information.

COLLABORATORS



Breaking the Silence was developed by the California Perinatal Wellness Alliance, with project leadership from Alexa Osime (2025) and Jess Ford (2026), and oversight from Cassie Gardener Manjikian, MPH. Updated September 2026.



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DEAR READERS, PARTNERS, AND LEADERS,

We write to you as survivors, advocates, and members of the California Perinatal Wellness Alliance (CPWA), a survivor- and community-led movement working to strengthen California's perinatal mental health system. What began at our first *From Pain to Power* gathering in Los Angeles in 2024 has grown into a statewide community united by a shared belief: **families deserve systems of care that listen, respond, and help them heal.**



THE CRISIS WE FACE

One in three birthing people in California experiences anxiety or depression during or after pregnancy, yet only 15% receive treatment. Black mothers report the highest rates, yet are the least likely to receive timely, culturally responsive care. **These conditions are treatable**, particularly when early identification is followed by appropriate evaluation, treatment, and support, yet stigma and lack of public awareness lead parents to suffer in silence and shame. Families continue to fall through the cracks of a fragmented system, with untreated conditions costing California an estimated \$2.4 billion annually, leaving lasting scars across generations.

THE POWER OF STORIES

At *From Pain to Power*, we saw how **storytelling can heal, break stigma, and drive change**. What feels like an individual struggle often reflects a larger systemic one. By bringing lived experiences together, *Breaking the Silence* helps families know they are not alone while revealing gaps, inequities, and opportunities for change.

POLICY REFORM

These stories have also helped shape CPWA's policy advocacy, including our co-sponsorship of **SB 626**, authored by Senator Lola Smallwood-Cuevas. Developed with survivors, providers, community partners, and state agencies, SB 626 seeks to strengthen California's maternal mental health system by requiring a response after a positive screen and providing case management or care coordination through existing health plan programs, helping move California toward a stronger connection between screening and follow-up.

A CALL TO ACTION

The stories in this book are more than personal—they are **both evidence and a roadmap for action**. Together, they illuminate where families fall through the cracks, what helps people heal, and what we can build differently.

We invite you to read, reflect, and join us in advancing perinatal mental health justice. Together, we can ensure every parent in California and beyond has the support, safety, and dignity they deserve.



In solidarity,

A handwritten signature in black ink that reads "Cassie Manjikian".

Cassie Gardener Manjikian, MPH

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STORY THEMES AT A GLANCE

Breaking the Silence brings together 65+ voluntarily shared stories from across California—parents, fathers and partners, grandparents, adult children, providers, birth workers, advocates, and survivors.

Together, these stories reveal the depth of our perinatal mental health crisis, the systemic gaps that leave families unsupported, and the possibilities for healing and change.



COMMON EXPERIENCES

Most storytellers experienced postpartum depression, often paired with anxiety, intrusive thoughts, or obsessive-compulsive symptoms.

Some shared about prenatal depression or anxiety that began during pregnancy. Several experienced postpartum psychosis, requiring hospitalization, and too many described thoughts of suicide—including one family who lost a mother to suicide. Stories also included birth trauma, NICU and medical crises, pregnancy and infant loss, adoption-related grief, and the lifelong ripple effects when parents do not get care.

BARRIERS FAMILIES FACED

Families were too often missed, dismissed, or misdiagnosed despite clear symptoms and known risk factors. Many faced limited insurance coverage, long waits, providers without specialized training, or no services available in their communities. Others were screened but never connected to care, or lost support after the traditional six-week postpartum period. **Stigma and silence were common**—within families, communities, and health care settings—**compounded by racism, systemic inequities, and fears of family separation or criminalization.**

WHAT HELPED

Healing became possible when families were listened to, understood, and connected to the right support. Compassionate and knowledgeable providers, therapy and medication, specialized treatment, peer and family support, and culturally responsive community programs all made a difference. Storytellers also found healing through advocacy, storytelling, creativity, culture, nature, and connection—reminding us that care extends beyond the clinic.

WHO IS REPRESENTED

We heard from Black, Latina, Indigenous, Asian, and multiracial parents, as well as fathers and partners, grandparents, adult children, providers, birth workers, and adoption advocates, spanning urban centers, suburbs, and rural communities. These voices reveal perinatal mental health as a **whole-family and intergenerational issue.** While the expanded Storybook begins to fill important gaps, we still need more fathers and partners, LGBTQ+ parents, frontline OBGYNs and pediatricians, and greater geographic diversity across California.

WHAT WE CAN DO

These stories highlight urgent opportunities: prevention through early risk identification and screening; **making sure screening actually leads to treatment, follow-up, and coordinated care**; creating mother-baby psychiatric care so families are not separated; investing in trauma-informed, culturally responsive care; and supporting community-based networks of support. **Many survivors have turned their pain into purpose**—becoming advocates, providers, and leaders. **Supporting survivor leadership is not just healing for individuals; it is how systems can and must change.**





FROM STORIES TO SYSTEMS CHANGE

Breaking the Silence is a living statewide story archive and organizing tool, growing from a simple belief: **when we share our stories, we discover we are not alone—and what feels like an individual struggle is often a systemic one.**



PAIN TO POWER

In 2024, nearly 200 survivors, providers, birth workers, advocates, and policymakers gathered in South Los Angeles for the first *From Pain to Power*. Through storytelling, families named gaps in care, stigma, and inequities—and imagined something better together. **Stories transformed isolation into connection and helped spark CPWA.**

STORIES TO ACTION

In 2025, CPWA gathered 30 stories from parents, providers, advocates, and community members into the first edition of *Breaking the Silence*. At our *Pain to Power Advocacy Day*, more than 40 advocates—including 25 survivors—carried lived experience into 51 Capitol meetings supporting SB 626. **The Storybook became a tool for organizing, leadership, and policy change.**

SYSTEMS CHANGE

In 2026, the Storybook grew to **65+ voices and counting**. Stories traveled from *Pain to Power 2.0* and survivor trainings to our State Agency Roundtable, where California's First Partner, Surgeon General, state agencies, health systems, and community leaders explored how to build a more coordinated system of care.

LIVING ARCHIVE

Breaking the Silence is not a one-time publication. As the collection grows, stories reveal recurring systemic gaps, illuminate what helps families heal, and shape priorities for policy, practice, and community action.

COLLECTIVE POWER

Stories are both evidence and medicine. They break silence, build solidarity, develop leaders, and help us advocate for the systems families deserve. As these voices reach California's leaders in support of SB 626, they offer both evidence of what must change and a roadmap toward what is possible.

With gratitude to every storyteller—and to Alexa Osime and Jess Ford for helping steward this project from its first stories to its continued growth.



SURVIVOR VOICES



JOANNE Los Angeles 90007

In 2023, my son was born still at 39 weeks, after a healthy, beautiful pregnancy that ended in silence. I was devastated and lost, and what followed was over a year of postpartum depression and anxiety that I fought largely in the dark, because so many of us are expected to grieve quietly and get back to “normal.”

I experienced another pregnancy loss the following year, and in 2025, I welcomed a healthy baby boy. Both the grief and the gratitude are real, and I’ve learned they can live in the same body at once.

What I couldn’t ignore, even in my own grief, is the bigger picture: Black women face stillbirth at roughly double the rate of white women, and our infants die at more than twice the rate, not because of biology, but because of structural racism, unequal access to care, and a mental health system that too often doesn’t believe our pain or reach us when we need it most.

I share my story so no mother has to carry hers in silence, and because I want to see real change: culturally responsive mental health support built into perinatal care, providers who take Black women’s pain seriously, and open conversations about pregnancy and infant loss in our communities. I carry my grief and my purpose together, and I’ll keep telling this story until every mother gets the care and belief she deserves.



MONET Los Angeles 90008

During my pregnancy, I was diagnosed with antenatal depression and hyperemesis gravidarum—both known risk factors for postpartum depression. When intrusive thoughts emerged after my daughter’s birth, I did what we tell mothers to do: I asked for help. I called CPS and reached an answering machine. With no other option, I called 911 on myself while overwhelmed and exhausted. Instead of support, the police removed my child. Her father declined custody, and she was placed in foster care.

For two years, I have complied with every requirement: parenting classes, psychological evaluations, supervised and unsupervised visits, full-time employment, and graduating from UC Davis, yet I was repeatedly told my daughter would not be returned. Despite no diagnosed mental illness, CPS and the courts, largely untrained in maternal mental health, interpreted my request for help as evidence against me.

I sought assistance to protect my child, trusting the system would respond with care, and instead I was punished for asking for help.



YVONNE

Los Angeles
90008

Throughout my pregnancy, I was fortunate to have the support of my family, especially my daughter and community-based programs like Black Women for Wellness, Black Infant Health, Mommy Glow, and CinnaMoms. These programs provided group spaces where I connected with other mothers, shared real feelings, cried, and found healing through support and sisterhood. I was also honored to contribute to the Abundant Birth Project by helping design their website, select colors, and ensure the experience felt welcoming and supportive for moms.

Watching that project grow brought me to tears – it gave me purpose and peace. Being surrounded by love, resources, and a safe space to be vulnerable helped me navigate anxiety, depression, and mood swings. It reminded me that I wasn't alone.



SHEKALIA

Los Angeles
90018

When I was pregnant, my midwife ran a full panel of tests and discovered I had the MTHFR genetic mutation. This finding was something she said she rarely saw in Black women. Because she caught it early, I was able to take the right supplements and make changes that helped me avoid complications that could have impacted both my physical and mental health. I've seen how this mutation can contribute to depression, anxiety, and mood swings during and after pregnancy. Too many women never get that opportunity, and they suffer in silence.

My experience showed me that proactive, culturally affirming care, including genetic testing when needed, can make all the difference. Every mother deserves to start her journey with the tools and support to protect her mental and emotional well-being.



ABBE

Los Angeles
90019

After six years of infertility, becoming a mother was deeply disorienting—I struggled to see myself in that role.

Even now, with six-year-old twins, pregnancy announcements still trigger me. They often feel tone-deaf, ignoring the pain and loss many experience on the road to parenthood. It's like a betrayal of the infertility and loss communities.

I remember when a massive LA wildfire started from a gender reveal—seriously, ew. And someone I knew from my fertility clinic made a fake movie poster: "Our biggest production yet arrives in May..." Honestly? Barf.



GEORGIA

Los Angeles
90019

I spent my pregnancy unknowingly battling depression and anxiety. After 12 weeks of leave, I returned to my hospital job supporting families with dying children. A traumatic incident at work triggered a sharp escalation in my symptoms: detachment from my baby, relentless intrusive thoughts, and suicidal ideation. In El Paso, help was scarce. I pleaded for hospitalization but found none. Desperate, I cradled my five-month-old and bought a one-way Southwest ticket to Los Angeles, where my baby and I entered UCLA's perinatal partial hospitalization program together. I spent the next four months there starting to rebuild my life.

A year later, I relapsed and required a brief inpatient stay. Yet each setback taught me to fight harder for my safety and healing. Recovery has been messy, exhausting, and vitally possible—an ongoing practice of therapy, medication, community, and fierce self-advocacy. By sharing this journey, I hope to show other parents in the midst of darkness that lifelines do exist—and that asking for help is the bravest first step toward lasting light and connection. Progress isn't linear, and with help there is hope.



DEV

Los Angeles
90027

I come to perinatal wellness advocacy as a survivor. After five grueling years of fertility treatments, I finally became pregnant with my daughter and immediately began to worry compulsively about her health. I didn't realize that this was my first PPD symptom or that over 50% of cases begin during pregnancy.

I had multiple pregnancy complications, a traumatic delivery, and then my daughter was born with serious health issues, all of which are risk factors for PPD. But I didn't know that then. After giving birth, I believed that if I took my eyes off my baby for more than a few seconds at a time, she would spontaneously stop breathing and die. I wish I'd known that postpartum anxiety and hypervigilance are symptoms of PPD. I often wonder why none of my healthcare practitioners informed me of my risk factors or diagnosed PPD as my symptoms piled up—not my OBGYN, or my perinatologist, not even the psychiatrist I consulted. It was my daughter's pediatrician who finally diagnosed me.

I was lucky. I got help at an intensive outpatient program, which I attended daily for five months. Hearing the stories of the other mothers in treatment with me was, in large part, how I healed. Seeing myself reflected in them, I realized I wasn't a failure as a mother, I was not alone, and that the seemingly small act of sharing our stories can help turn the tide on the rapidly growing perinatal depression crisis in the U.S. and prevent unnecessary suffering for countless others.



KATHRYN

Los Angeles
90027

Throughout my experience, I felt very disconnected from myself, my community, and my baby. I didn't have the tools to process the emotions of becoming a mom.

I was not diagnosed with any PMADS, but both my partner and I went to therapy in the first year due to depression symptoms and stress related to postpartum.

I reached out to build a peer support network and found my vulnerability to be the source of strength in creating connections that ultimately sustained me.



JADE

Los Angeles
90029

I had my son in 2020 during the pandemic with a well-planned postpartum: 40 days of rest, Chinese meal delivery, acupuncture, lactation support, and a present partner. But at eight weeks postpartum, everything shifted. The services ended, my partner relapsed and cheated, and I had no income. No one followed up from the birthing center or the hospital after my C-section. Though I had a brilliant therapist, I was paying out of pocket.

Despite my best friend's support, I often felt alone. I cried myself to sleep, overwhelmed and questioning if my child would be better off with someone else. But every day, I danced with my baby, went on hikes, leaned into my community, and made art. I survived by reaching for joy, even in tough moments. The real struggle came after initial support ended. What helped me heal wasn't just inner strength but the community, resources, and continued support I had access to.



AMANDA

Los Angeles
90038

I had my son in 2020 during the pandemic with a well-planned postpartum: When I gave birth to my son, he wouldn't breastfeed. He would scream and cry on my breast, but he would not latch. After a couple of days, he was jaundiced and clearly not getting enough milk. They wheeled him away to the NICU and started him on formula. After just two days of motherhood, I had failed. I was not able to breastfeed. I'd lost my desperate attempt to save my son from my family's diabetic genes. Worse, he was starving. I had not been able to provide him with the minimum required to survive. So they wheeled him away. They took my baby away. I was a mess, sobbing all day long, full, desperate, animal sobs.

They dropped off the little depression screening, and I filled it out. My husband took one look at my answers and said that if they saw this, they would take my baby away for real. So I lied, messily scribbled out my answers. Nothing dramatic happened, I picked up my son the next day. No one died. CPS did not remove him. The postpartum brain snuck up on me. That demon whispering failure, inadequate, unfit, took me by surprise.



JESS Los Angeles 90039

As a full-spectrum doula, I have spent years supporting birthing people and partners through the emotional transitions of pregnancy and postpartum. I have witnessed how common perinatal mental health challenges are and how deeply they affect families. When I became pregnant, I believed my training and experience would help me navigate the transition with confidence.

Instead, I began experiencing severe prenatal depression early in my first trimester. The shame of struggling in a field where I had supported so many others made it difficult to ask for help. Despite knowing the importance of support and early intervention, I found myself withdrawing and going against the very guidance I had shared with clients.

After my son was born, my symptoms intensified into postpartum anxiety and OCD. My world narrowed to caring for my baby, and separating from him filled me with overwhelming fear. The only provider I saw after six weeks postpartum was his pediatrician, who never asked about my mental health or well-being. This experience underscores the urgent need for consistent perinatal mental health screening and stronger accountability to ensure parents do not fall through the cracks.



KRISTINA Los Angeles 90066

I always knew I wanted kids—but I never liked babies. At dinner parties, I'd reluctantly hold one, counting the seconds until I could give them back. So when I got pregnant, I worried: what if I didn't like my own?

Thankfully, I did. But I didn't like the journey to meeting him. A last-minute induction, 60-hour labor, a failing epidural, and an unplanned C-section left me numb, not joyful. The "happiest day of your life" felt like survival. For months, I cried at any mention of birth. A friend suggested it was trauma, but I brushed it off—wasn't that for war vets?

Then my son laughed. His joy cut through my fog and brought me back to the present. Now I'm making a short documentary on baby laughter—how it heals, connects, and transforms. I've learned healing isn't always dramatic—it can be soft, surprising, and full of giggles. Even for someone who used to hate babies.



DEBBY Los Angeles 90066

You are not alone. During my first trimester, I felt hopeless, detached, and confused—far from the joy I thought pregnancy was supposed to bring. As a NICU nurse for 10 years, I'd seen everything that could go wrong. That knowledge robbed me of joy and filled me with fear.

I didn't pick a name, plan a nursery, or buy baby items—I didn't want to fall in love with a baby I might not get to keep. I thought I was protecting myself. But instead, I felt empty. When I finally reached a breaking point, I sought help. With support from my partner and compassionate medical professionals, I was diagnosed with perinatal depression—something I didn't even know existed.

I got better. And on August 9, I gave birth to a beautiful baby girl. If you're struggling, please talk to someone. Please don't keep these feelings or thoughts to yourself. You are not alone, you are not a freak, weird, strange, crazy, or evil for feeling how you do. You are imperfectly perfect and it's going to get better. Luv u.



FABRIZZIA Los Angeles 90066

Four months into my pregnancy, I was diagnosed with depression. It was an overwhelming time, but a routine screening at my doctor's visit changed everything. That brief questionnaire connected me to a support system that truly became my lifeline. So much so that a family therapist visited our home every week to help me navigate the storm.

When my son arrived, what started as the "baby blues" quickly deepened into postpartum depression. Making matters even harder, our family was hit with a devastating financial crisis, eventually forcing us to downsize into a tiny studio apartment just to get by.

The entire season was an absolute rollercoaster. Through every high and low, I reminded myself of one single purpose: Surviving for my baby, husband and family, holding tightly to my faith, and accepting the vital help around me.

I share my journey because every mother deserves proper mental health screenings and immediate access to compassionate care during pregnancy and postpartum. Healthcare providers need the dedicated resources to build these bridges, because timely access to therapy doesn't just change lives, it saves them.



VIDA Beverly Hills 90210

At 34, I was overjoyed to become pregnant after prioritizing my health and preparing for this chapter. At 15 weeks, during a routine visit, we learned there was no heartbeat. The shock was immediate, but what followed was a deeper, more isolating emotional toll. With no clear explanation or guidance, I internalized blame, questioning my body, my choices, and my worth.

After the miscarriage and traumatic D&C, I entered a period of profound grief marked by guilt, shame, and withdrawal. I returned to work quickly, suppressing my emotions out of fear of judgment, while silently struggling with what I now understand was severe perinatal depression.

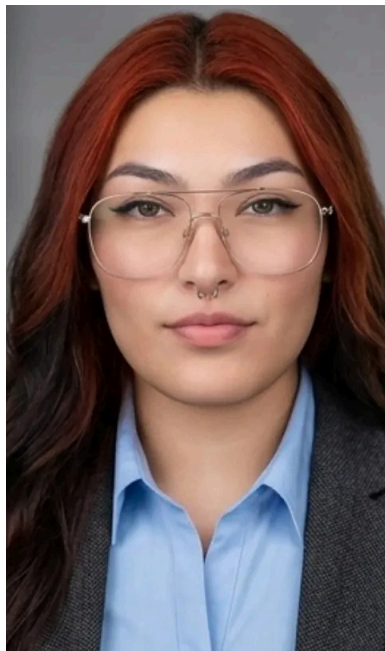
In time, support from a close friend led me to seek further care, and I was diagnosed with Hashimoto's. Addressing my physical health became one step toward healing, but the emotional recovery required just as much attention, highlighting the critical need for comprehensive perinatal mental health support and screening.



MIRANDA Culver City 90230

I experienced postpartum anxiety after having my second and third children in 2009 and 2011. I was never formally diagnosed with PPA, but upon reflection, all of the signs and symptoms were there, and I was never assessed for any perinatal mental health disorder. I initially learned about postpartum anxiety years after I experienced it, and it was a long road to reaching out for help, but I eventually got there.

Even as a social worker, I hesitated to get help. It took me years to be honest with people about seeing a therapist and taking medication. I had a lot of work to do around the shame I had about reaching out for help.



MARIE

Huntington Park
90255

At 18 years old, I was told that extensive internal damage and scarring from prior medical procedures would make fertility difficult. My husband and I endured a two-and-a-half-year journey to conceive our first daughter, Nalani Willow, while grieving eight miscarriages along the way. When I finally became pregnant, gratitude coexisted with overwhelming anxiety. I feared another loss and questioned whether my body was failing me yet again.

After a traumatic labor and delivery experience, I was immediately met with pressure surrounding breastfeeding. When my daughter cried inconsolably for hours and finally drank an entire bottle of formula, I internalized the moment as another personal failure. I became consumed with guilt, convinced I was unfit to be a mother. Raised in a predominantly Mexican American community where postpartum struggles were rarely acknowledged, I suffered in silence, terrified of judgment and fearful of losing my child if I disclosed my thoughts.

Everything changed when my husband gently asked, “Are you okay?” That question opened the door to healing. Through honest conversations with him and later my mother—who revealed her own experience with postpartum depression—I began to understand that perinatal mental health exists on a spectrum and no story is universal.

During my second pregnancy with my daughter Alora Kai, I experienced severe hyperemesis gravidarum and perinatal depression during the height of COVID-19. After repeated medical dismissals and a near-fatal cardiac episode caused by prolonged starvation and dehydration, I was finally diagnosed and treated appropriately. My journey reflects the complexity of perinatal mental health and the urgent need for compassionate, informed, and culturally responsive care.



RENÉ

Redondo Beach
90277

I had a perfectly uneventful pregnancy, until at 25 weeks, my water broke. Over the next three weeks, I became a human science experiment, woken constantly by prodding, poking, and the whirl of hospital machines. I survived an emergency C-section, and my son came out crying, a miracle for a baby born at 28 weeks. What followed was 64 days in the hospital, years of ignoring my own PTSD, and a decade-long journey toward healing. While my son was in the NICU, we were told every day what could go wrong- blindness, respiratory issues, brain damage. It was all about my baby. No one asked how I was doing, not as his mother, and not as a patient in my own right.

I didn't get therapy until my son started kindergarten. That was when I felt I could breathe. I was diagnosed with PTSD and an anxiety disorder. I was never screened for mental health, and there was no formal check-in, no referral, no one whose job it was to notice.

I want to change how mothers are treated. We are human beings. We are incredible. We deserve care because we are so much more than just vessels to bring children into the world. We need help, support, and a medical system that sees us as human beings.



LISA

Santa Monica
90401

My second pregnancy was completely normal, with no complications. My water broke, and I went to Cedars-Sinai to have my baby. I arrived 8 cm dilated, was given Pitocin, delivered my daughter, and then hemorrhaged. I woke up three days later after being in a coma.

The trauma of becoming sterile due to a hysterectomy performed that day was something I knew nothing about until five white doctors and administrators surrounded my bed when I woke up, asking me, “What did you plan to do?” I didn’t even know why they were asking me that question.

I ended up divorced and was unable to talk about what happened to me for over 30 years. I never sued.

Today, I am 70 years old, aging gracefully in my completion, rewiring, not retiring.



AMBER

Los Angeles
90731

At 20 weeks pregnant, I had a massive panic attack. Then several more, all in the same night. It continued into a second night, and I went to the ER convinced they could fix it. The doctor — a woman — told me there was nothing they could do. She told me to just relax.

Even my midwives and doulas didn’t know what to do.

I stopped gaining weight. Stopped eating. Stopped sleeping. My baby wasn’t growing, and I became high-risk. My world got very small. Every decision was rooted in fear. I stopped working, which only gave me more time to spiral. OCD features crept in — rituals, magical thinking, behaviors tied to outcomes I was desperate to control.

I called a psychiatrist six times during my pregnancy but then would have a “good day” and never got a clear treatment plan. Six months postpartum, I finally got on an SSRI. It changed everything.

Throughout all of it, I interacted with countless providers. I didn’t need someone to have all the answers. I just needed someone to point me in the right direction. Instead, every “I don’t know” left me more hopeless than before. Everyone failed me.



CHYNA Long Beach 90802

I am a Black mother and licensed clinical social worker (LCSW). I personally experienced postpartum depression and anxiety, which affected every aspect of my daily life, including my ability to return to my corporate career in the way I had expected. I would like to share my story because it illustrates why this work is so deeply personal and why building culturally responsive perinatal mental health care is so urgent.

Postpartum did not look like what people expect. It looked like refusing the “golden hour,” avoiding breastfeeding, and opting out of night feedings. It looked like a supportive partner who willingly took both the day and night shifts. It looked like my sister caring for my daughter 12 hours a day during the week, my grandmother showing up four days a week, and my mother stepping in on weekends.

I had everything society says should make postpartum easier: a full year of paid maternity leave, though I returned after six weeks, a strong village, a deeply supportive partner, a Black OB-GYN, two therapists, advanced education, financial stability, and tangible support. And still, I felt lost.

That experience reshaped how I understand access, support, and what it truly means to be held during the postpartum period. If someone with every available resource can struggle, it raises a critical question: What happens to those without access to care, community, or culturally responsive support?

This story connects directly to my work building integrated, community-rooted models of care that move beyond screening and into real, sustained support. Ultimately, it is about closing the gap between what exists and what Black mothers and birthing people actually need to feel seen, supported, and well.



EBONI North Hollywood 91606

I personally navigated postpartum depression, suicidal ideation, and grief all at the same time. I am currently 10 months postpartum and had a hard pregnancy regarding low support and lack of community.

I gave birth, and within days, my mother passed away. As I brought life into the world, I became an orphan. My work did not provide accommodations, and I was forced to return to work just 9 days after a C-section.

I fell into deep depression, coupled with grief. My partner was not available physically or emotionally to support me. I then later lost my job, which ended my health coverage. I was denied unemployment and was forced to be without mental health care for months.

It wasn't until I was 7 months post partum that I was finally able to obtain mental health care, which, for some, might have been too late. I am lucky to have made it that far on my own, as I struggled deeply with self-worth, purpose, and day-to-day necessities outside of caring for my child.



KRISTI

Pasadena
91106

When they placed that six-pound stranger on my chest, I knew I had to protect her—but something felt wrong. I didn't feel the rush of love I was promised. Breastfeeding failed. I couldn't sleep. I couldn't soothe her.

I thought I was a bad mom. I didn't recognize that I had postpartum depression, anxiety, and OCD. The intrusive thoughts made me feel like a monster. When my daughter reached for my husband instead of me, I thought it meant she didn't love me—and I wanted to die. But I got help.

I found Postpartum Support International, joined support groups, went back to therapy, started an SSRI, and slowly fell in love with my daughter. She's the part of me that survived what tried to break me. Being a mom is hard. Being a cycle breaker is harder. But being her mama? That's the greatest, most magical joy I've ever known and it is a fucking delight.



CASSIE

Pasadena
91107

I had the life of my dreams – a loving husband, a fulfilling job, and a healthy pregnancy. But after giving birth, everything unraveled. I didn't just lose control of my life; I lost my mind.

I had never heard of postpartum psychosis. Despite my history of anxiety, depression, and my MPH degree, no one warned me. It hit like a freight train. Five sleepless days in, I was hospitalized, restrained, and sedated. My care was siloed and traumatic, despite the hospital having a Maternal Mental Health Program. It felt like a horror film. Through it all, my husband was my anchor. His tears in the ER made it real for both of us – but so did the laughter we shared as I healed.

Motherhood broke my illusion of perfection. EMDR therapy helped me release shame and reclaim joy. Now, as a board member of [Maternal Mental Health NOW](#), I share my story to push for systemic change. To struggling parents: you're not alone. Ask for help – healing starts there.



CYLA

San Marino
91108

I had my daughter in 2021, during the pandemic, after a difficult pregnancy with SPD, severe nausea, GERD, and anxiety. Postpartum, I faced isolation, inability to breastfeed, lack of role models, and a likely predisposition to depression that went untreated for months. Medication and a perinatal-trained therapist eventually brought me out of a deep depression, but finding that care was far too difficult.

Now in my second pregnancy, I face similar challenges but have better tools – antidepressants, therapy, and knowledge I had to find on my own. Even with my privilege as a white, cisgender woman and a perinatal mental health specialist, accessing good support was a struggle.

I've worked with countless others whose stories are like mine, often with even greater barriers. Pregnant and postpartum people deserve comprehensive, accessible, culturally competent mental health care. Policy must prioritize perinatal mental health as essential to public health and justice.



CHRISTINE Calabasas 91302

I was blessed with a lovely, healthy boy through IVF after discovering I was a carrier of a serious form of Muscular Dystrophy that can take a child from you at the tender age of 10 years old or younger.

Prior to this, I had to make the difficult decision of terminating a pregnancy 4 months into gestation after hearing the child's heartbeat and feeling a deep connection. This loss & the consequent IVF treatments affected me both emotionally and mentally, and I'm still living in the subtle anxiety that something could still happen, even with a child cleared of the condition.

Reflecting back, perhaps attending some kind of grief counseling group could have helped me through this.



KRISTIN Los Angeles 91306

As a new mom, my birth story has become my calling card—a raw way to connect. I skip small talk and dive into the details: dilation, induction, survival.

At 28 weeks, I had a preterm labor scare. My husband watched in horror as a first-year resident checked my cervix. The contractions came daily for ten weeks. At 39 weeks, I was induced. Pitocin, epidural, three hours of pushing—then he arrived, fist raised in a “compound birth.” He was gray, silent. The NICU team flooded the room, triggered by my Prozac use. He recovered quickly, latched immediately—but my milk didn't come.

UCLA, a “baby-friendly” hospital, discouraged formula. He screamed. I didn't sleep. I felt Prozac had betrayed me. On the fifth night, my husband quietly mixed a bottle. Our baby drank. We finally slept. And in that moment, I fell in love with my husband all over again.



KATIE Santa Clarita 91321

When my daughter was a newborn, I developed a painful finger infection that kept me awake for an entire night. I had recently been diagnosed with postpartum anxiety (PPA) but had not yet started treatment. Even leaving my baby briefly for a doctor's appointment felt overwhelming, and I carefully timed the visit around breastfeeding.

Instead of receiving care, I was met with long delays and little empathy. As my anxiety grew and I worried about getting home to feed my baby, I explained to the physician that I had untreated PPA and was becoming overwhelmed. My concerns were dismissed. When I raised questions about a medication recommendation based on another medical condition, the conversation became an argument instead of collaborative care. Eventually, I broke down in tears and began hyperventilating. Rather than offering reassurance or checking on my emotional well-being, the doctor focused on proving her point.

I eventually received treatment for my postpartum anxiety and recovered, but that appointment has stayed with me for years. I share my story because compassion is just as important as clinical expertise. I hope other parents know their feelings are valid, and I hope healthcare providers recognize that a few moments of empathy can profoundly shape someone's healing during the vulnerable perinatal period.



ALLISON Los Angeles 91324

As an expecting parent with a planned pregnancy, I was hopeful and open to possibilities. My spouse and I prepared and felt ready. Even still, parenting came with enormous and unexpected challenges.

If you had asked me beforehand, I would have thought that maybe a baby would cry for an hour or two a day. Nothing prepared me for 10+ hours of crying per day. “Witching hour” became witching nights: she would scream from 6pm until 2 or 3am like clockwork. As a new parent, I felt so helpless, devastated, and overstimulated beyond my limits. I was supposed to be able to soothe and console my child. What was I doing wrong? Hopelessness turned to rage. None of the questionnaires or screenings that I filled out seemed to touch on the angry and scary thoughts that I was having. I was terrified of sharing too much.

Eventually, we got answers for my daughter: she had severe reflux and a cow’s milk protein allergy. But it took much longer to get answers for myself. My daughter was 18 months old before I broke down and acknowledged I needed help. There has to be a better way to support parents in need.



NITAYA Los Angeles 91331

In 2008, after a difficult pregnancy and labor, I gave birth to my daughter by C-section. I remained in the hospital for five days, yet the moment I was discharged, survival took priority over recovery. I drove myself to buy diapers, wipes, and formula while still leaking fluid from surgery because there was no one else to do it.

Just two months later, I was hospitalized with severe pneumonia. My lungs filled with infection, and doctors drained bags of fluid from my body through a needle in my back. As I struggled to breathe, my only thought was getting home to my baby.

The depression that followed stayed with me for years. I felt pressured to work, pay bills, and care for everyone else while ignoring my own health.

When my son was born years later, new challenges emerged. He was eventually diagnosed with autism after significant developmental delays, and I found myself fighting for services that were often unavailable or denied.

Today, I continue raising both children as a single mother, working long hours while advocating for my son and supporting my daughter. My story reflects how mothers are often expected to recover, provide, and persevere without the support they need. Maternal well-being is not a luxury, it is essential for families and communities to thrive.



TRISH San Fernando 91340

I was excited for motherhood and did my best to prepare for the arrival of our first baby. The labor and delivery process was incredibly stressful, and not what I anticipated, as I had an unplanned C-section, but I was relieved when I was able to finally hold my daughter. Once we got home, however, I began to feel empty and detached from my child and myself. I assumed it was just a phase, but several weeks later, I realized I was not ok. It was incredibly difficult to start my day, or to take care of my daughter and myself beyond basic needs.

As an independent and driven person, the lack of motivation and overall emptiness and heaviness that I felt was alarming, but I blamed myself for worrying too much and overthinking. It must be my fault; this hadn't happened to my mom or close friends. I hesitated to talk about my symptoms and was told by family to be happy when I tried to open up. I did my best to act normal and that everything was going ok.

My former therapist just happened to check in on me a few months after and I'm so glad she did, as she explained I was likely experiencing PPD. When PPD was spoken about with family, it sounded like a mother's inability or unwillingness to connect or bond with their baby. I loved my baby and was trying my best so I didn't think PPD applied to me. Therapy and eventually medication helped me work through the depression that was negatively and significantly impacting my parenting, work, and other relationships. With each birth, it's taken years to recover from PPD and feel like myself again, but I no longer blame myself.



REBECA Los Angeles 91343

I have been a Postpartum Registered Nurse for 11 years. In 2020, I became a NICU parent when my son was born at 32 weeks of gestation after experiencing preterm labor at 25 weeks. I developed postpartum depression, struggling to bond with my son and recover from trauma during a global pandemic. I learned so much more about what my patients go through, especially my NICU parent patients.

Years later, as my husband and I attempted to grow our family, we experienced three pregnancy losses. This all left me with intense pregnancy anxiety for my first full-term pregnancy, which turned into postpartum anxiety and OCD after my daughter was born in 2024.

My journey into motherhood has deepened my drive to make a positive change in Maternal Health. This year, I have begun a campaign for Paid Neonatal Care Leave in California. I believe that every NICU family deserves this paid leave, separate from whatever paid parental leave they might have, in order to support their baby and themselves during such a difficult time. With this type of leave, my partner would have been able to be there with us for the three weeks our son was in the NICU, instead of saving his leave for when our son came home, a choice that every NICU family struggles with.

My mental health would have benefited from this type of support, and I am determined to achieve this for NICU families in the future. We deserve better. My story can and will create change.



SAM Sylmar 91342

I had postpartum depression with both my children. During my first pregnancy in the pandemic, I developed cholestasis and was induced at 37 weeks—something I fought hard against. Labor was 56 traumatic hours: pain, vomiting, rude staff, and no support. When my daughter was born, I felt nothing but emptiness. We lived in a studio apartment, I was in school full time, and my husband worked long hours. I was completely alone. I drank nightly to cope and began hallucinating.

Eventually, I got help—therapy, medication, and a perinatal IOP, even though, in Filipino culture, there can be a stigma around mental health. At 13 months postpartum, I became pregnant again and felt terrified. Cholestasis returned, and though birth was better, my son's chronic condition filled me with shame. I struggled with dysphoric milk ejection reflex and guilt over switching to formula. I wish I'd known the risks of PPD, the safety of meds, and the resources that exist. We need awareness, not silence.



AUDREY Van Nuys 91411

I didn't realize that becoming a mother would feel like adolescence all over again. I later learned there's a name for it: matrescence—a hormonal and identity shift that takes time to settle.

After having my first child, I clung to pre-baby Audrey. I went through the motions—runs, date nights, work, socializing—but it all felt slightly off, like wearing shoes that didn't quite fit. I avoided talking too much about motherhood, even though it consumed my thoughts and late-night Google searches. For a while, it felt like I was living someone else's life—like someone would show up, take the baby, and I'd return to "normal." But gradually, I began to feel more like myself again—just a new version.

Now I find joy in the simplest moments with my son: walks in our neighborhood, car chats after daycare. He grounds me and reminds me to slow down.



SANDRA Covina 91724

I have lived with depression most of my life, and while the challenges are real, I've also found strength through care, community, and perseverance. With the support of doctors, family, and a specialist, I'm working on a plan for healing and stability.

My journey hasn't been easy—navigating divorce, reentering the workforce, and balancing life as a mother of four. Yet my wins outweigh my struggles. I take pride in my children: a son soon joining the Army, another working for the City of La Puente, a daughter heading to FIT in New York, and my youngest, a preschooler who inspires my activism every day.

For over 20 years I've worked in real estate development, and for the past five years I've been deeply engaged in advocacy—through CHIRLA, DSA-LA's Housing and Homelessness Committee, and the Los Angeles Domestic Violence Council. My story is proof that investment in perinatal and mental health care matters. With the right support, families like mine can thrive.



AKASI Montclair 91763

As I navigated the various systems involved in my perinatal experience, I was anxious, afraid, and not sure if my partner and I were making the correct choices, and I remember feeling like I needed assurance. I wanted to feel seen, listened to, heard – not just for myself but for my child – growing within my womb and then out of my body.

I still think about what occurred when I reported high blood pressure and abdominal pains at 13 weeks of pregnancy, and again, reporting vaginal bleeding and pain during my six-week postpartum checkup after my son's birth. I recall those occurrences and failures in care: having to repeat what I felt and experienced during pregnancy, worrying about my son's well-being as he grew inside me, but being dismissed. I answered questions that didn't reflect my home situation, hesitant to be honest about certain things for fear of being accused of being an unfit mother. I was told that what I was experiencing (vaginal bleeding) was not what I thought it was. I couldn't connect with my provider because they felt it necessary to remind me I was working within a system designed for supposed health, not one centered around care.

I was so overwhelmed by everything happening—internally and externally—that my attempt to advocate for myself & my son at the time, now feels like a duty: ensuring other Mamas feel supported & cared for during such a transformative and vulnerable time in their lives. That is what we deserve and what we absolutely should receive when seeking care for not only ourselves, but also our growing families.



NIKI

Pomona
91768

I was traumatized, and these are scars we will carry for the rest of our lives. But it has also changed my life for the better, and it is why I do what I do now. I live with a purpose.

I share what was once my last perfect experience before it became traumatizing. It's been two years, and it's still hard to think about. My birth plan was thrown in the trash, and all of my wishes and concerns were disregarded. I was treated like trash and ignored.

From the moment my baby was born, and throughout the 2½ weeks she spent in the NICU, she was used like a pincushion, treated like a guinea pig, and mistreated. She was over-vaccinated against my wishes. She was given formula against my wishes, and my breast milk was thrown away. They attempted to place an IV in her arm, but did it incorrectly, causing her entire arm, from her pinky to her shoulder, to lose blood circulation. When I told them to remove it because her arm didn't look right, I was ignored.

I truly felt like they were trying to kill my baby. I feared for her life and had no support or anyone to talk to about what was happening. I had to sit with that fear, stay awake, and watch over my baby like a hawk for the entire time she was in the NICU.

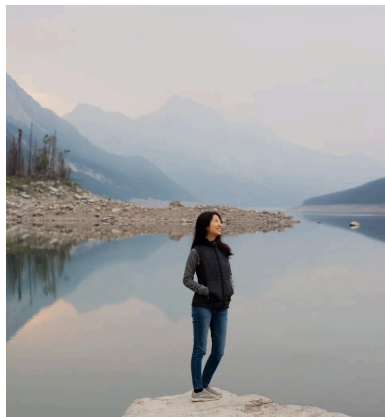


DURGA

Idyllwild
92549

My son is my miracle baby—over a decade in the making. After years of losses, I finally became pregnant, knowing I was predisposed to anxiety and depression and carrying a diagnosis of CPTSD. I had years of therapy behind me and sought extra support during pregnancy. But my insurance didn't cover enough sessions, and friends and family seemed to disappear. My planned homebirth became a traumatic hospital birth, and not one person came to visit. I felt abandoned, like I'd already let my baby down. My strongest memory is sitting in our rocking chair, holding my newborn, sobbing, and apologizing to him because I wouldn't be around to care for him. I felt like a failure, convinced my baby and partner would be better off without me. I had tried so hard to prepare and put supports in place, but still fell through the cracks.

What saved me were my somatic and yoga practices, time in nature, and medicine from my lineage. Mama Earth held both my baby and me while the rivers of my ancestry—the Choctaw, Lebanese, and Irish grandmothers before me—provided medicine for my soul. I still struggle at times, still seek help, and still face barriers in accessing care. But I am held by something Greater, and it gives me strength to press on—finding joy in moments with my son and sharing these healing practices with other mothers and birthing people.



SHANG **Huntington Beach** 92646

I always thought that depression meant you were sad. I did not know that there were other physical symptoms as well.

For me, PPD / PPA happened each time I stopped breastfeeding. I would sleep a lot and not feel rested. I would have strange eating patterns. My short-term memory suffered. And I just couldn't enjoy what I normally liked to do.

Thankfully, my husband recognized what it was and pushed me each time to get help. I got on medication each time and also connected with my therapist.



IVANA **Huntington Beach** 92649

I found out that I was pregnant when I was in the thick of my Master of Social Work program. I was balancing full-time work, school & internship throughout my pregnancy. Despite having such a full plate, I was in a very positive mental headspace throughout my pregnancy, but my postpartum experience was when everything regarding my mental health shifted.

We had a lot of breastfeeding challenges, which I think triggered my PPD/PPA. After my baby's tongue-tie revision and a lot of one-on-one lactation support, we were able to have a successful breastfeeding journey. Yet, my PPA/PPD was an ongoing struggle throughout my 1st year postpartum.

I was still completing my graduate program (without any breaks) and dealing with the administrative burden of requesting extensions for my disability leave. My postpartum depression & anxiety became so severe that I was experiencing passive suicidal ideation nearly all day, every day.

It was so painful & distressing, and I'm still navigating the guilt and shame around it. As a result, I finally decided to go on SSRIs this past December alongside regular therapy, and it has made all the difference. I'm thankful to share that I'm here & I've made it to the other side. I'm weeks away from graduating from my program; I have returned to work, and most importantly, I'm happy & present with my little family.



LIGAYA **Laguna Niguel** 92677

In 2020, I gave birth to my daughter, Madelyn "Maddie," in the middle of the pandemic. Three weeks later, I was blindsided by severe Postpartum Anxiety and OCD.

What I quickly discovered is how difficult it is to access urgent, specialized maternal mental health care. I went through IOP and PHP programs, a hospital stay, and multiple residential facilities before finally finding the right treatment. Leaving my newborn and husband to seek help was the hardest thing I've ever done, but it saved me—and gave Maddie her mom back.

That journey inspired me to create my podcast, "Let's Get Mental", and to pivot from entertainment technology into mental health advocacy. Today, I serve as Director of Corporate Outreach for the National Alliance on Mental Illness - Greater Los Angeles County (NAMI GLAC). Maddie is now thriving at 5, and our bond is stronger than ever. My hardest chapter became my purpose: fighting for better mental health care.



NATALIE Tustin 92780

Fifteen years before my daughter was born, I was formally diagnosed with bipolar disorder and ADHD. During my pregnancy, under the guidance of my longtime psychiatrist, I was not on medication but remained under close observation. At my psychiatrist's recommendation, I proactively sought support from the hospital's mental health specialist on two separate occasions. Both times, I was turned away. I was told I was such a happy, healthy pregnant woman that there was no chance I would develop postpartum depression—or any postpartum complications—and that I was doing great without my bipolar and ADHD medications.

In 2016, three days after giving birth, I experienced something I had never gone through before: a psychotic episode. I called the nurse and told her something was wrong with my body and asked her to please take my baby. Once she did, I fell fully into psychosis. I was involuntarily confined under a 5150 hold and transferred to a mental institution.

Looking back, I now know how preventable this was. With proper prenatal care that included appropriate screening and treatment for perinatal mental health, my episode—and the trauma that followed—might never have happened.



MEAGHAN Camarillo 93010

I didn't understand postpartum depression until I lived it. During pregnancy, I suffered from hyperemesis gravidarum, lost 35 pounds, and was hospitalized multiple times. By the holidays, I could barely get out of bed.

My depression and anxiety worsened, leading to daily panic attacks, suicidal thoughts, and feelings of worthlessness. At one point, I even considered overdosing on medication but realized it would also harm my baby.

With the help of my psychiatrist and social worker, I joined an intensive outpatient program at UCLA. At first, I doubted group therapy could help, but connecting with other mothers who felt the same way gave me hope. I showed up, did the work, and slowly began to heal. By the time my son was born, I felt joy and love instead of despair. The program saved my life, my son's life, and helped me believe I was good enough.



KELSEY Vista 92081

I'm the fourth consecutive generation in my bloodline to relinquish parental rights.

In 2015, just months after college, I faced an unplanned pregnancy. After a difficult journey, I placed my child for adoption. Leaving the hospital in 2016 with empty arms and a shattered heart, I felt the sun but none of its warmth.

My story isn't the typical pre-Roe narrative. I have an open adoption and a meaningful relationship with my child's family—but grief and mental health struggles nearly consumed me. Many wanted me to move on. I couldn't. Instead, I chose to heal out loud. Storytelling saved my life.

Today, I'm policy director at @adoptchange in LA and co-founder of @adoptionrights. I advocate for pregnant people navigating adoption and fight predatory practices. Adoption brought deep separation, but my work brings lasting connection. Healing, for me, came not through silence—but through community, advocacy, and reclaiming my story.



ADRIANA La Mesa 91942

At 39, I still wasn't sure motherhood was for me. My husband and I had built a full life of travel and careers, never feeling "ready." When I found out I was pregnant in 2022, I panicked—crying into a pillow, weighed down by guilt and doubt. I thought of friends struggling with infertility, my sister's cancer, and years as the "default babysitter," convinced that parenting wasn't for me.

But something in my gut said move forward. My pregnancy was difficult, with prenatal depression and an emergency cesarean. I was lucky to have supportive providers and family—but I saw how thin the safety net really is. Too many people don't get the care they need.

Our daughter, Sara Rosa, was born in December 2022, named after strong women in our families. She transformed our lives. Motherhood made me the strongest, most courageous version of myself—and everyone deserves the care to reach that strength.



MERI Lafayette 94549

I suffered from severe postpartum anxiety and panic disorder 26 years ago, after the birth of my second child. My symptoms arose after my son weaned abruptly at six months of age, and since I was not newly postpartum, none of the health providers I consulted, including my therapist, considered that my symptoms might be associated with being postpartum.

I suffered for quite a long time before being diagnosed, and ended up hospitalized for 12 days and needed intensive outpatient treatment for six weeks because my mental health had deteriorated so badly.



MELISSA Citrus Heights 95610

Twenty-three years ago, I was pregnant with my only child. My husband at the time and I were absolutely elated to be expecting and hoped to have a big family. Things did not exactly go as planned, beginning with the birthing experience. I was induced six days after my due date and then had an emergency c-section when the umbilical cord became wrapped around our son's chest.

Once I was home from the hospital, sleep deprivation greatly contributed to the challenges I experienced. When our son was 10 days old, I was taken to the emergency room since I had called 911 thinking I was literally going to die. I was in so much pain since I had anxiety about getting addicted to pain pills and stopped taking them. I also started having religious delusions, thinking I was Mary the mother of Jesus and my son was the Messiah. I was transferred by ambulance from the ER to the affiliated inpatient psychiatric facility, a place familiar to me since I had been treated there as a teenager.

As a brand new mom, I was separated from my son for the duration of my hospitalization, except during visiting hours. Reflecting back, I believe that had my OB/GYN gathered a personal and familial psychiatric history, I would not have had to be separated from my infant son. That is why I am such a staunch supporter of SB 626 and I urge legislators to pass this bill!



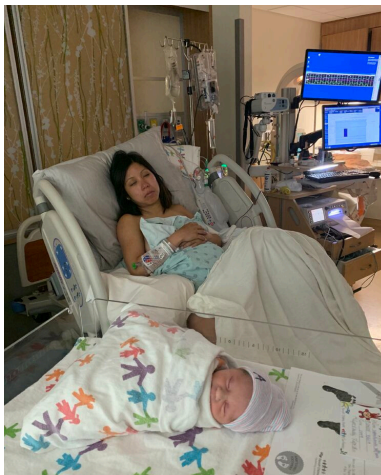
JESSICA

Elk Grove
95757

After becoming a young mother, I struggled with postpartum depression while also grieving the tragic loss of my younger brother. The weight of motherhood and grief left me in a fog for years, and I often felt invisible and unsupported. As a Black woman, I also faced stigma in my community and racism within the healthcare system, which made it even harder to seek help.

Those experiences fuel my work today. I co-founded Be Mom Aware and serve as Co-Chair of the Sacramento Maternal Mental Health Collaborative, where I focus on breaking stigma, addressing systemic inequities, and creating culturally relevant systems of support.

My story is not just about surviving depression—it's about transforming pain into purpose and building spaces where Black and Latina mothers can find hope, resources, and validation instead of silence, shame, and systemic neglect.



SOMOH

Truckee
96161

Becoming a mother broke me -- literally and figuratively. My twins were born six hours apart, and my second baby was delivered by forceps, emerging "blue and floppy" with the cord around his neck. Doctors saved him, but I spent my babies' first days in a haze. I lost more than half my blood and needed two transfusions. When I finally got an x-ray, I discovered my pelvis was 4 cm separated.

I went home with a walker and a wheelchair. In the weeks when I should have been bonding with my newborns, I watched others change their diapers and struggled to breastfeed. My mind spiraled with intrusive and suicidal thoughts. It wasn't until six months later that I sought therapy, was diagnosed with PPDA, and began treatment. I ask for your support of SB-626 to ensure families get the care they need and can find joy in the early days.

**PARTNER +
FAMILY
VOICES**



SARAH

Los Angeles
90027

Learning my mother had postpartum depression after I was born made my whole life make more sense. While she was loving, funny, and creative, I never felt emotionally connected to her the way my siblings did. As a teen, I often felt something was “off” between us and even blamed myself.

Five years ago, my aunt shared a letter my mom wrote just nine days after my birth, describing her deep depression. At the time, my mom didn’t know what postpartum depression was—there were no clinics, no treatment, no conversation about it in 1969. My father denied anything was wrong, but my mom had told him.

I now understand that we didn’t bond in those first weeks, and that disconnect stayed with us, even in later years. Knowing about her postpartum depression has helped me see her—and our relationship—with more compassion and clarity.



CONNOR

Los Angeles
90039

When our baby was born, most conversations revolved around the baby and my partner’s recovery. Our midwives checked in with her, friends asked how she was healing, and family made sure she had support. I was glad she had that care, but it also meant there wasn’t much space to talk about what the transition felt like for me.

The shift into fatherhood hit me harder than I expected. Our whole life changed overnight, and I struggled to understand what my role was. I loved my child deeply, but I felt unsure where I fit and unprepared for how much our pace of life would shift. Instead of talking about it, I pulled away. I stayed busy, focused on work and practical tasks, and avoided conversations about how overwhelmed I felt.

Looking back, I realize I was disconnecting. I felt more irritable, distant, and alone, but there was never a moment when a provider asked about my mental health or offered screening for partners. If someone had simply asked how I was coping, it might have helped me feel less alone in becoming a father.



JARED

Los Angeles
90232

Becoming a father in 2018 was both joyful and disorienting. As a licensed clinical social worker with a history of mental health challenges, I thought I was prepared, but nothing prepared me for what followed my daughter's birth. Raised by a single mother after my father left, I set a simple goal: just show up. But during a traumatic delivery, I watched my wife in extreme pain and feared losing her as she hemorrhaged, with little communication from staff. I felt completely helpless and unable to protect her.

In the months that followed, I experienced persistent low mood, an inability to feel joy, and a deep identity crisis. I felt less like a father and more like a servant, going through the motions without purpose. When I left my job to stay home, the depression deepened. I spent days lying on the floor while my daughter crawled over me, walking tens of thousands of steps just to get through the day. What I didn't expect was how staying home with an infant would push me deeper into uncertainty... I often doubted whether I was doing enough or becoming the person I wanted to be.

I even joked about having "male postpartum," not realizing how real paternal mood disorders are. I know I'm not the only Black father who's struggled with mental health after becoming a parent, and I want to keep pushing for conversations that normalize PMADs and promote early support. Every family, regardless of race, sexuality, or income, deserves to be healthy, supported, and whole.



MIGUEL

Los Angeles
90255

The birth of our daughter was not what I expected. I remember blood everywhere, my wife hemorrhaging, and the medical team seemingly unprepared for what was happening. Watching the person I loved most fight through such a traumatic experience left me terrified and overwhelmed.

I was also sick at the time and afraid to hold my newborn. Watching others hold her before I could felt devastating. I remember a sharp pain in my chest, as if a needle had gone through it. Yet I pushed my feelings aside because my focus was on making sure my wife survived and was okay.

After the birth, I watched my wife struggle under the pressure and shame surrounding breastfeeding. When I returned home alone because I was too sick to stay at the hospital, I felt like I had already failed as a husband and father. Back home, things became even more difficult. We were both full-time students, I was working full-time, and I often took over baby duties while trying to support my wife through challenges I did not fully understand.

At the time, my only understanding of postpartum depression came from extreme stories involving intrusive or violent thoughts. I did not realize it existed on a spectrum, nor did I know that partners could experience postpartum depression as well. I felt frustrated, helpless, and alone. Raised in a culture where mental health was rarely discussed and emotions were expected to be endured in silence, I had no framework for what I was experiencing. Looking back, I now understand that postpartum mental health affects entire families, not just mothers.



VICKI

San Clemente
92672

I had looked forward to being a grandmother for years, so when my daughter became pregnant, I was thrilled. Her pregnancy was healthy, and everything went smoothly. After my grandson's birth, she struggled to sleep, which I assumed was normal. But after staying with my daughter and son-in-law, I began noticing signs something was wrong—lists upon lists of tasks, late-night restlessness, and eventually, talking about God, angels, and the universe. Her husband and I took her to the ER, where she was admitted to the psych ward. It was terrifying. Friends called to congratulate me on my new grand baby, but all I felt was fear—was my daughter permanently losing touch with reality?

Thankfully, my son-in-law researched her symptoms and discovered postpartum psychosis, which I had never heard of. With help from a trained therapist, including a sleep plan, she began to recover. Looking back, proper screening could have spared confusion, fear and heartbreak that impacted our whole family.



TINA

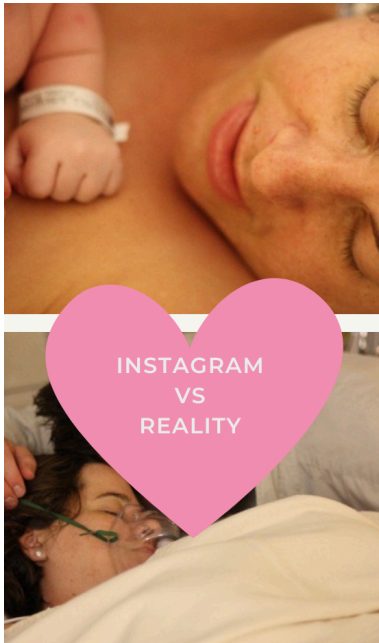
Ventura
93003

I grew up in a blue-collar family in California's Central Valley. After I was born, my mom suffered severe postpartum depression—but she never got the care she needed. Her condition worsened over time, and years later, she died by suicide.

Her struggle made me afraid to ever have children, and shaped every part of my life. My dad, left widowed, never found love again. On my wedding day, he and I danced to the song "Wish You Were Here" in her honor—tears in our eyes, singing for the person who should have been there but wasn't.

I often wonder: if she had received timely, compassionate care, would things have been different? This is why I believe so deeply in the need for accessible, comprehensive mental health care for new mothers. It's not just about saving one life—it's about saving entire families.

PROVIDER VOICES



ELYSE SPRINGER **Los Angeles** 90039

LMFT, PMH-C

I was a licensed marriage and family therapist when I gave birth to my first child. The delivery ended in an emergency C-section, and I coded. Two photos exist of me in the hours after I stabilized. I have zero memory of either. I shared the first idyllic photo of me holding my child with friends, family and social media. The second was the reality of my experience, the one I cried about to my own therapist and providers. I asked, "I'm crying every day, is that normal?" Their response was, "That's just new motherhood." I did not know perinatal mental health disorders existed, and neither did they. None of us had training. Perinatal mental health education was not required before licensure to become a master's or doctoral-level therapist.

I had privilege, education, and access. I asked for help. And still, I fell through the cracks. I was lucky to make it out. Colleagues and friends have not.

Nearly 16 years of working in perinatal mental health and perinatal mental health advocacy later, I am devastated to still hear similar stories: parents missed, dismissed, or misdiagnosed. Clinicians are still not required to learn about perinatal mental health in graduate school or before licensure. How can they diagnose or treat something they do not know exists? They can't. And they don't.



EYNAV ACCORTT **Los Angeles** 90048

**PH.D, DIRECTOR, REPRODUCTIVE PSYCHOLOGY PROGRAM ASSOCIATE PROFESSOR, DEPT
OBGYN, CEDARS SINAI**

I have been passionate about maternal mental health since 2009, witnessing firsthand the challenges new parents face without consistent screening, support, or connection to care. In

2017, I helped develop the Cedars-Sinai Postpartum Depression Screening, Education, and Referral program, through which I have observed both the barriers families encounter and the progress possible when systems prioritize early identification and follow-up. Our quality improvement work has been documented in several publications highlighting these barriers and improvements (Accortt & Wong, 2017; Accortt et al., 2022; Woofter et al., 2025).

In 2018, I shared my experiences at the California State Senate Health Committee to support bills 2093 and 3032, and in 2024, I spoke at the Los Angeles City Health Commission about racial disparities in maternal mental health and the need for culturally responsive care for Women of Color.

These experiences have reinforced how crucial it is for birthing hospitals to educate medical teams, and to educate, screen, and refer new mothers for mental health support after delivery.



RUTH FONG

Sierra Madre
91024

LMFT, PMH-C

I experienced postpartum anxiety and depression after each of my three children, although I didn't fully recognize it at the time. My first birth was traumatic and ended in an unplanned C-section, and I struggled significantly during the postpartum period. After my third child was born in 2020, at the beginning of the pandemic, my anxiety intensified and I began experiencing panic attacks and depression. I finally reached out for help and, through therapy, began to recognize that anxiety and depression had been present after each of my births.

I was already an LMFT, and my own experience ultimately led me to pursue certification in perinatal mental health. Today, as a PMH-C provider, supporting women through pregnancy, postpartum, birth trauma, and the transition to motherhood is the focus of my work.

I needed someone to recognize what I was experiencing and help me understand that it was more than simply the stress of adjusting to motherhood. Despite experiencing symptoms after each of my children, I was never formally assessed or diagnosed with a perinatal mental health disorder. Screening, meaningful follow-up, education about the signs and symptoms of postpartum anxiety and depression, and a clear connection to a provider trained in perinatal mental health would have made a significant difference.



TROY GABRIELSON

Pasadena
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LCSW, PMH-C

Early in my practice in Northeast L.A., a client told me his pregnant partner had grown distant, irritable, and full of regret. He was scared and alone. She was suffering. I didn't yet have a clear framework for understanding what they were facing or how to help them.

Through perinatal mental health certification I learned that about 1 in 5 mothers experience a mood or anxiety disorder during pregnancy or postpartum. About 1 in 10 fathers develop depression, and many more face serious anxiety.

These struggles ripple through entire families. Parents deserve clinicians who can screen both partners and offer knowledgeable, current support.



CYLA FISK

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LMFT, PMH-C

I'm a psychotherapist specializing in trauma and perinatal mental health, yet becoming a mother has challenged me in ways I never imagined. My first pregnancy in 2021 was physically and emotionally difficult, followed by postpartum depression during pandemic isolation. That experience shaped my professional path supporting others through the perinatal period.

In 2025 I welcomed my second baby after an even harder pregnancy and difficult birth. Soon after bringing him home, we rushed him to the ER where doctors told us he was in cardiac failure from a congenital heart defect. He spent three weeks in the PICU undergoing heart surgery and treatment while we feared losing him. Even with psychotherapy, medication, and strong support, I often felt dissociated and overwhelmed. This experience reminded me that no amount of professional knowledge makes someone immune to the realities of pregnancy, birth, and postpartum.

If this experience taught me anything, it's that building support can be lifesaving. Perinatal families deserve far more support, compassion, and accessible care than our systems currently provide.



DR. DIANA BARNES

Sherman Oaks
91423

PSY. D, PMH-C

In 1992, out of grad school and completing my hours towards licensure, I gave birth to my daughter and spent the next three years battling life-threatening postpartum depression. Despite my training as a therapist, I had never heard the term "postpartum depression" in graduate school. I was never assessed for risk during a complicated pregnancy, and was never properly diagnosed by the mental health professionals I sought out for help. Three years of suffering was far longer than I ever should have endured. Today, with a clinician trained in perinatal mental illness, three years would be reduced to several months.

Upon the heels of my recovery, it was clear there were no systems of care, few social supports, and almost no properly trained providers in what has become a critical subspecialty of women's mental health. That realization shaped the course of my career.

For over 30 years, women's reproductive mental health has been my area of specialization. I am a past president of Postpartum Support International and chair of the International Marce Society's Special Interest Group on Forensics and Perinatal Illness. I have served as a subject matter expert and consultant on more than 100 cases involving women criminally charged due to undiagnosed and untreated perinatal mental illness—many serving years, even life sentences. The majority of these outcomes are preventable; proper screening and training saves lives.



DR. ANNA KING

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PHD, LCSW, PMH-C

My journey with and passion for protecting the mental health of families during pregnancy and postpartum didn't begin with me becoming a mother. It began generations before me, with a lineage that carried complex trauma, chronic depression, chronic illness, poverty, and deep confusion about what consistent love and safety look and feel like in practice. But alongside that history, there was also incredible resilience: generations of people who survived, adapted, played, cared for one another the best that they could, and kept going, often without the language or frameworks to fully understand what they were carrying.

Even as a mental health professional supporting birthing parents, I was completely unprepared for my own pregnancy and postpartum experience. When my baby was born and immediately diagnosed with a congenital heart defect, I struggled with intrusive thoughts, constant overstimulation, debilitating anxiety and depression, and an overwhelming belief that I was inadequate to be her mother.

I told provider after provider that I didn't feel like myself. And because I was high-functioning and wasn't experiencing an acute mental health crisis, no one connected the dots. No one assessed my family history. No one screened me. Not once did I complete an EPDS or a PHQ-9.

It wasn't until I attended my first perinatal mental health training that everything finally made sense. I realized I hadn't just missed this in the families I had served. I had missed it in myself. And I had missed the ways that generations of trauma had shaped my experience. That realization changed the way I understood resilience and prevention.

I began to see resilience not as the ability to endure suffering silently, but as the capacity to recognize what we've inherited, understand how it lives in our bodies and relationships, and create something different for ourselves and the generations that come after us.

Today, I wholeheartedly believe that mental health care is maternal health care. Our bodies, our minds, our relationships, and our histories are all interconnected. And when we recognize trauma, intimate partner violence, teen pregnancy, loss, chronic stress, and other sources of adversity as important risk factors and pair that recognition with meaningful opportunities for healing, we create opportunities to strengthen the protective factors that help families thrive.

We cannot change what previous generations had to survive. But we get to choose what gets carried forward.

When we truly listen, screen, educate, support, and care proactively, we have an opportunity to interrupt cycles of suffering and strengthen cycles of healing, connection, and resilience.



HELENA VISSING

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PSY.D, SEP, PMH-C

Over the last decade, public understanding of perinatal mental health has expanded dramatically. Parents now enter therapy informed about birth trauma, perinatal OCD, suicide risk, and persistent disparities, these are no longer niche topics. Yet the training of licensed mental health providers has not kept pace.

Most graduate programs still require little to no education in perinatal mental health, even as they mandate coursework in areas many clinicians never practice. As a result, new parents often encounter providers who lack the knowledge to assess risk, recognize warning signs, or refer appropriately.

The widening gap between public awareness and professional preparedness is especially dangerous given that suicide prevention is central to perinatal mental health and already a required competency. Into this gap has stepped a parallel, largely unregulated workforce offering services that resemble mental health care without adequate safeguards. When licensed providers are unprepared, vulnerable parents turn to unsafe alternatives.

We need licensed clinicians to meet this moment with standardized, required training. Perinatal mental health is not optional, it is foundational.



DR. LISA WENNINGER

Eureka
95502

LPCC

Individuals who are pregnant and who have recently given birth are susceptible to distinct mental health challenges which are poorly understood in our culture and in the medical professions.

These mental health challenges can be intensely compounded by systemic factors when the birth-giving parent holds marginalized and intersectional identities, such as low-income, neurodivergent, disabled, BIPOC, trans, or queer.

As a mental health professional dedicated to equity within our field, I emphasize the critical importance of universal, culturally-informed, and intersectionally-focused perinatal mental health screening that can detect and treat mental health concern associated with pregnancy, childbirth, and the postpartum period.

This should be a priority of our regulatory bodies in requiring providers to increase their competence in delivering equitable mental health care to Californians.



ALICIA MITTLEMAN

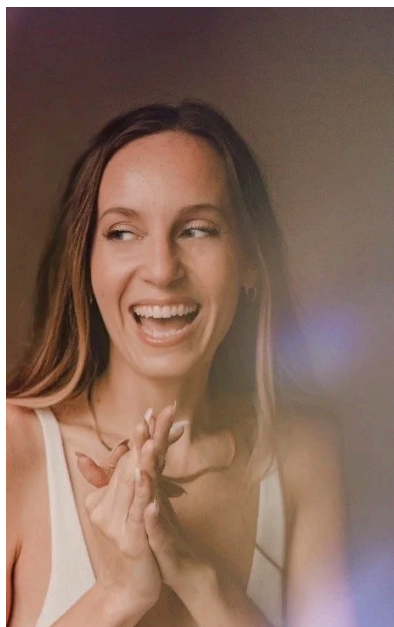
West Sacramento
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LCSW PMH-C, DOCTORAL CANDIDATE

I have witnessed firsthand the damage that can be done by inadequately trained clinicians with this population. When I worked for child protective services, I had a case involving a baby with a birth injury that was initially suspected to be abuse. The mother's behavior raised red flags among hospital staff, particularly her apathetic presentation toward her baby." After later becoming trained in perinatal mental health, I realized that this mother, and many others I worked with, was experiencing untreated perinatal mental health concerns. I highlight this case because that mother spent an entire year in mandated court reunification services with her baby removed when what she actually needed was postpartum depression treatment.

Before receiving this training, I did not recognize perinatal mental illness, and I can now identify countless cases of misdiagnosis, including a mother hospitalized and treated for schizophrenia after disclosing intrusive thoughts of harming her baby. She was separated from her infant for a month and prescribed antipsychotics for years before receiving an accurate diagnosis.

Undiagnosed and untreated perinatal mental health conditions lead to devastating, preventable outcomes. Every licensed clinician must have a basic understanding of perinatal mental health. This is a public health crisis, and California has the opportunity to lead meaningful change.



KENDY FAYE

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MA, AMFT, DOULA

We are in the midst of a preventable crisis of perinatal and infant mortality, disproportionately affecting Black and Indigenous birthing people nationwide. In California, this crisis is exacerbated by widening perinatal care deserts.

For survivors, birth is often traumatic, leading to long-term symptoms at the psychological, physical, emotional, and spiritual levels. Traumatic birth experiences affect the birthing person, their partners, providers, and children.

Mounting evidence supports that the health and wellness of a pregnant person is foundational to outcomes in trauma, anxiety, depression, attachment, and family systems. And yet, perinatal mental health remains a cost-prohibitive specialization for the majority of new clinicians working directly with community members who could most benefit from this care.

Without perinatal mental health screening, clinicians risk misdiagnosis, retraumatization, and perpetuating disparities that cost lives. Education and competency in perinatal mental health care are ethical and public health imperatives. Every clinician needs this knowledge to provide safe, effective care.



DR. JASMINE SMITH

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DSW, LCSW

Maternal mental health is a critical public health issue for not only women, but the families, and children affected. In California alone, the 2019 California Health Report Solutions for Health Equity estimated the national economic burden of untreated maternal depression at \$14.2 billion. Maternal suicide has become the leading cause of maternal mortality in the United States, often linked to substance use and perinatal mental health challenges, problems that are further magnified in vulnerable populations, particularly among Black women who continue to experience disproportionate harm.

The tragic deaths of Kira Johnson and April Valentine in California starkly illustrate the deadly impact of inadequate care. Kira Johnson, despite being a healthy mother, lost her life when her concerns were ignored, leaving her partner to raise their two sons. April Valentine, similarly, was denied basic support such as water and timely access to a physician even as her symptoms changed, ultimately leaving her partner to raise their daughter alone.

These tragedies highlight the urgent need for clinicians to be thoroughly trained to recognize and respond to risk factors, ensuring timely intervention and comprehensive care. By raising awareness and providing robust training, we can prevent such tragedies. Addressing maternal mental health proactively is a moral imperative that will save lives and strengthen families.



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