

## CPSP Virtual Perinatal Mood & Anxiety Disorders (PMAD) Training Post-Test

Name:	_____
Clinic:	_____
Phone:	_____
Email:	_____
Date Training Completed:	_____

*Please circle the correct answer*

1. PMADs are a leading complication of childbirth and pregnancy in the United States.
  - a. True
  - b. False
  
2. If a PMAD is left untreated, the consequences to mom and baby can include:
  - a. Decreased duration of breastfeeding
  - b. Babies who are small for gestational age
  - c. Preeclampsia
  - d. Both a & b
  - e. Both b & c
  
3. Which of the following is a risk factor for PMADs?
  - a. Family history of mental illness
  - b. Short birth spacing
  - c. History of trauma
  - d. All of the above
  
4. “Baby Blues” is considered a mental health disorder.
  - a. True
  - b. False
  
5. All of the following diagnoses can be considered a PMAD, **EXCEPT**:
  - a. Postpartum OCD
  - b. Perinatal Depression
  - c. Borderline Personality Disorder
  - d. Panic Disorder

6. Postpartum Depression eventually goes away on its own for most moms.
  - a. True
  - b. False
  
7. A traumatic pregnancy, labor, or delivery can trigger the onset of Post-Traumatic Stress Disorder.
  - a. True
  - b. False
  
8. Which statement about the PHQ-9 screener for depression is **NOT** true?
  - a. The PHQ-9 can be completed by the patient on their own, or completed interactively with the CPSP staff.
  - b. Providers using the 2017 CPSP forms should administer the PHQ-9 each trimester and postpartum.
  - c. The PHQ-9 score tells you if the patient has a diagnosis of depression and how severe their depression is.
  - d. Scores of 10 or higher are considered a “positive” screen and should be reported to the provider.
  
9. Moms in Los Angeles County experience higher rates of PMADs than other parts of the United States.
  - a. True
  - b. False
  
10. Data shows that women in LA County experience approximately the same rates of PMADs, regardless of their race, ethnicity, income, and insurance type.
  - a. True
  - b. False

**Please submit your completed test to  
 Email: [cpsp@ph.lacounty.gov](mailto:cpsp@ph.lacounty.gov) / Fax to (213) 639-1034**

<b>THIS SECTION TO BE COMPLETED BY          LA COUNTY CPSP STAFF</b>
Score: <u>    </u> / 10 = <u>    </u> %
Passing: <input type="checkbox"/> YES <input type="checkbox"/> NO
Follow-up call/email completed: <input type="checkbox"/> YES