

# Maternal Mental Health

A GUIDE FOR WOMEN AND THEIR FAMILIES





# Preface

Pregnancy and childbirth are important milestones in a woman's life. During this course, a woman will experience many emotional and physical changes. A woman will need the support, care and the understanding of her spouse and family to cope with these additional stresses.

A mother's mental wellbeing has a significant bearing on her own health and early development of the newborn. There are many questions around this - such as, do we pay enough attention to the mother's mental wellbeing? Are we adequately aware of common mental issues that arise during pregnancy and following childbirth?

In this book, we try to provide you with knowledge and improve understanding of common mental health issues in this period and provide details on how to recognize them, obtain support and most importantly how partners and family members could support mothers with mental disorders.

The Perinatal Society of Sri Lanka strongly believes that "there is no health without perinatal mental health". As a professional body, our responsibility is to empower community and health workers in achieving wellbeing of the mothers during and after pregnancy.

We sincerely hope that the information in this book will address gaps in the knowledge about maternal mental health, to ensure a safe motherhood and healthy development of the child.

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A wild clump of Forget Me Not plants produce small blue colour flowers with five petals. The name comes from the ancient Greek "mouse's ear", which the foliage is thought to resemble.

However, this humble plant has a rich history of meaning behind it. As a symbol of myth and history alike, it's a symbol of love and care. Isn't it what mother and her baby need from loved ones?

Even a small wild flower like Forget Me Not can make a positive change; doing little things can make a big difference.

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# 01

## Introduction

Having a baby is a major life event, and it is natural for it to be associated with a range of emotions. Traditionally, pregnancy and childbirth are thought of as joyful events. The mental, emotional and behavioral changes a woman undergoes during this period and the vulnerabilities that are associated with them are usually overlooked. Therefore, it can be difficult to talk openly about the negative emotions of a new parent. You may be under pressure to constantly express joy and to be in control of your emotions and other events surrounding a birth. Those who experience negative emotions may feel worried and pressured into feeling and believing they are bad parents, adding further to the problem.

However, these feelings are natural. You may be surprised to learn that many new mothers feel the same way, just as you do. You are not alone.

However, such feelings may sometimes indicate that you have a problem that requires help from a professional. If they start to impact on how you live your life, or negatively affect your everyday activities or the way you care for your baby, there is a chance that you might be experiencing a mental health problem. These need help from qualified professionals.

If you feel troubled, it is very important that you ask for help or at least, open up and talk about it. There are many ways to get help in these situations. If you don't feel like talking to a stranger, talk to somebody close to you, such as a family member or a close friend. In addition, there are many support networks available. Details of how and where to go for support are listed at the end of this book.

**Remember; it is important to ask for help or support if you need it.**

# 02

## Factors associated with perinatal mental problems

### 2.1 External stressors

Even though having a baby is often a much anticipated event, suddenly you have become responsible for a baby 24 hours a day, seven days a week!!! It is a life-changing event!!! It means that your day will revolve around your child's needs rather than yours. You may struggle with the sudden loss of your 'independence' and free time. All this can be very stressful.



Other day-to-day stressors may aggravate this further. Dealing with financial issues, insecure or poor housing and insecure employment can be challenging for anyone. Therefore, if you are dealing with life stressors plus a new baby, coping could become much harder.

Unfortunately, in some households there are other additional significant stressors, such as abuse and domestic violence. This might be in the form of verbal or emotional or even sexual abuse. These are very significant stressors which may cause distress or mental health issues in anybody and it can be especially stressful for somebody who has had a baby recently.



If you are feeling distressed and psychologically unwell in the context of any of these situations, it is very important to seek help. Always remember that help is available. There are telephone hotlines that you can call; there are counseling services and mental health units in each district that can be contacted for help. There are special support services for people facing domestic violence, called ‘Mithuru Piyasa’ centers in most of the bigger hospitals in the country. Details of all this and how to contact these services are listed at the end of the book.

## 2.2 Other factors

It is important for you to be aware that postpartum mental health disorders may occur even without any obvious external stressors or problems. Sometimes we think that mental health disorders are always due to a ‘reason’ or a ‘problem’, but this is not true. These can occur ‘out of the blue’. These are probably contributed to by hormonal changes that occur after delivery and a genetic vulnerability. If you have had a psychiatric illness in the past, there is an increased risk of developing a postpartum psychiatric disorder. However, this is not always the case and many women will develop their first episode during the postpartum period.

### **REMEMBER....**

**Postpartum disorders can affect any woman who has had a baby. It is not a condition that respects places or people. While sometimes there may be external stressors associated with the disorder, often there is no external ‘reason’. It is not something that a woman can ‘create’; it is neither her nor anybody’s fault. The important thing is to seek medical advice, and to get help as soon as possible.**

# 03

## Can fathers be affected?

Not only mothers, even their partners can experience perinatal mental health problems. Some studies have shown that one in five men will experience depression after becoming a father. Partners may develop mental health problems especially if they are young without good social support or have suffered abuse during their childhood, or if they are struggling with other stressful life events, like losing the job or being bereaved, or due to financial pressures.

If your partner is also experiencing a mental health problem, this can make it even harder for you to cope with the normal struggles of becoming a parent.



# 04

## How can I look after myself?

Finding ways to look after yourself that fit in with your lifestyle and needs can make a big difference to your mental health.

**Remember!**  
**Looking after yourself = Looking after your family**

### What can you do?



- Look after yourself • Manage daily tasks
- Follow coping strategies • Build your support network

## 4.1 Look after yourself

Finding time to look after yourself while looking after your newborn baby may seem like a challenge at first glance, but small adjustments could help you help look after yourself and your mental health.

- **Try to get adequate sleep.** Getting adequate sleep whilst looking after a newborn baby might sound impossible, but finding time to rest will have a huge impact on your mental wellbeing. Try sleeping whenever your baby sleeps or whenever you can. Ask your partner or a family member to look after your baby while you are taking a nap.
- **Take time to relax.** You might feel like you have no time for yourself or that all you do is sit around at home, but actively taking time to relax can mean more than just watching the TV. Think about what really helps you unwind, whether it is reading a book, doing some gardening or doing crafts and try to make a bit of time – even just a few minutes at a time to do something that makes you feel good. It could even be having a bath and taking time to do your hair or anything that makes you feel better and rested!
- **Keep active by doing activities like going for a walk, gentle yoga.** Physical activity can boost your mood in a major way and help you feel that you are doing some things just for yourself.



## 4.2 Manage daily tasks

Coping with household tasks as well as looking after a new baby is a challenge for anyone. Finding ways to manage them can help ease the pressure and help you feel more able to cope with the symptoms of your mental health issues.

- **Accept help.** If your friends or family members offer to do the shopping, help cook meals or do some cleaning, say yes! There's nothing wrong with accepting support and your loved ones will probably be wanting to do something practical to help you.
- **Cook meals in advance.** If you don't have anyone around who can help, you can plan and cook in advance, so you can have access to quick and healthy meals.
- **Take it slow.** It is easy to start feeling overwhelmed when you're looking after a newborn baby on top of taking care of your regular household responsibilities. Try setting aside 20 minutes to do whatever you can of a task, whether that is washing the clothes or sorting through paperwork. Tackling things in 20 minute slots at a time can make tasks feel more manageable and you can take advantage of getting a little bit done whenever you feel able to.
- **Do not pressure yourself** – don't aim too high. You might want to keep up with all the things you used to do around the house – but looking after a new baby is a full-time job, as well as affecting how much sleep you get. Try not to set unrealistic standards for yourself or get frustrated if you find you can't do the things you planned to.

## 4.3 Coping Strategies



- **Learn some relaxation techniques.** You could try meditation, breathing exercises or mindfulness to stay calm and manage your feelings and problems.
- **Give yourself time.** It can feel frustrating to be struggling with your symptoms and it's easy to get frustrated with yourself for not 'getting over' them. Recovery takes time, and it is important to allow yourself time. Putting pressure on yourself to get better quicker can end up making you feel worse. Keep reminding yourself or ask loved ones to remind you whenever you're struggling, that recovery takes time.

- **Eat a healthy and balanced diet.**
- **Find some time each week to do something that you enjoy,** improves your mood or helps you to relax. This can be either listening to music, reading, watching a movie, cooking, sewing, gardening or anything you like.
- **Let family and friends help you with your household work,** shopping etc.
- **Exercise** (ask your midwife about exercise in pregnancy and local exercise classes).
- **Discuss any worries you may have with your family,** your midwife or VOG.
- **Get regular sleep, especially at night.** Remember, even short naps are helpful.
- **Engage in religious activities if that makes you feel better.** Go to your Temple, Church, Kovil or Mosque.

Coping strategies will vary from person to person.  
**Try to identify what helps you and engage in them.**

#### 4.4 Build your support network

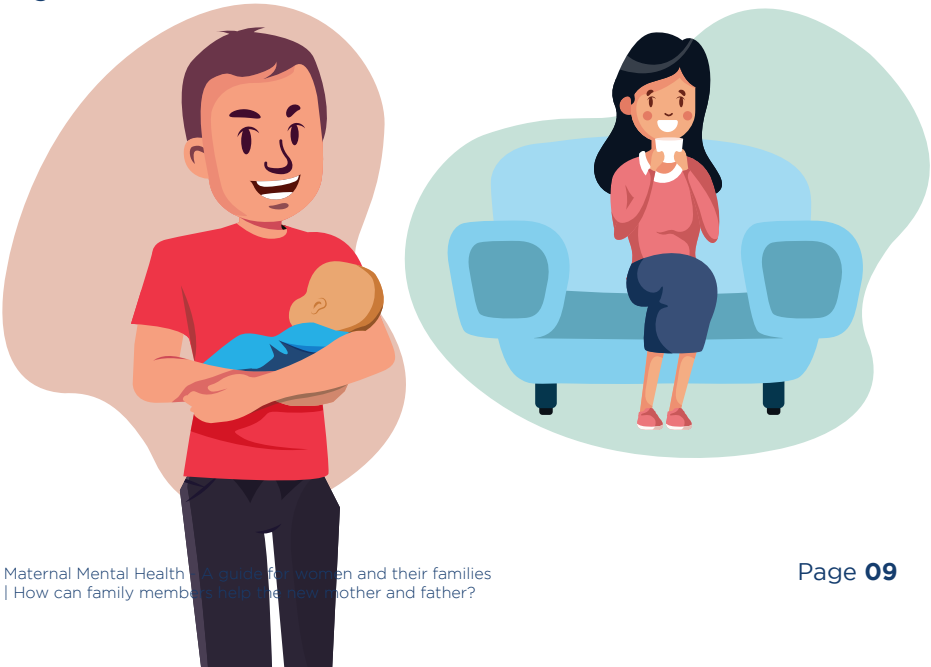
Talking to other new mothers and fathers and finding that other new parents share the same anxieties and frustrations you are experiencing, can be very reassuring. It can also give you a chance to share skills and experiences, to realize that you are not alone and, above all, to get some emotional and practical support. It can help to affirm you in your new role.



# 05

## How can family members help the new mother and father?

It is always worthwhile offering to help a new mother even if they do not ask. Remember – it is unrealistic to expect one person to look after a baby 24 hours of the day. Your help could make a big difference to a new mother. The two most important people to look after a new baby are the mother and father. Traditionally we tend to think of looking after the baby as a “woman’s job” but support from the husband is important, right from the start. If you are the husband, this could be practical help, like looking after the baby at night, while your wife gets some sleep. You could also give emotional support, with the two of you caring for your new baby together.



## 5.1 What else can family members do?

**Listen and be patient.** You might want to offer the new mother advice or encourage her to think about how happy she should be to have a baby, but these might make her feel as if she is being criticized. Instead of giving advice, try to listen to what she wants to share.

**Do not judge.** If your loved one opens up about distressing thoughts, try not to judge them. It is likely to be very difficult for them to talk about these sorts of thoughts to start with and the best thing you can do is not judge.

**Offer practical support.** Do cleaning, laundry and other household tasks, or help to cook and do the shopping, look after the baby, so your friend or family member can get some sleep or have some time for herself.

**Offer to spend casual time with them.** Just having some company while getting on with daily tasks and looking after the baby may help the mother feel less isolated.

**Make time to keep in touch.** If your loved one is struggling with her mental health, it can make a big difference if they feel that you're thinking of them and offering support.

Suggest activities that you used to do together with her. Support them to seek help from PHM, MOH etc.





# 06

## Common maternal mental health problems

You can experience any kind of mental health problem during and after pregnancy. However, there are some that are particularly common or are specifically linked to pregnancy and childbirth. They are;

- **Maternity blues**
- **Postpartum depression**
- **Anxiety disorders in the postpartum period**
- **Postpartum psychosis**

### 6.1 Maternity blues

It is natural to feel emotional and overwhelmed after experiencing childbirth and becoming a parent. This is a time when you will have to cope with new demands on your time and attention, as well as getting little sleep.



Maternity blues, or the 'baby blues' is a brief period of feeling mildly emotional and tearful. It can occur in the first few days after delivery, reaching a peak around 3-4 days after giving birth. It is short lasting, and usually goes away by itself within a week or two at the most. Many mothers experience this, and it is quite common. First time mothers maybe more affected.

If you feel you have maternity blues, talk to your husband and/or a close family member and try to arrange more support to look after the baby. It is important that you have a bit of time to rest. It would be good if your husband or family member could help to look after the baby after the last feed at night, so that you can get some sleep.

## **6.2 Postnatal depression**

Some mothers may experience an episode of depression after delivery of their baby. Fortunately, most mothers will not develop postnatal depression; but it is reported to occur in up to 5-19% of mothers within the first zthers, the symptoms will start during the antenatal period itself. Symptoms tend to increase gradually. The severity of the depressive episode experienced can range from being relatively mild to severe. The severity can vary from person to person.

### **6.2.1 Why does it happen?**

We may think that there must be a 'reason' for somebody to feel depressed. Sometimes there may be reasons that contribute to postpartum depression – such as marital difficulties, or domestic violence. However, often there is no 'external stressor'. It is a common phenomenon that happens after delivery and it is not anybody's fault. It is more common in first-time mothers.

### **6.2.2 How may the woman feel?**

A woman who is developing depression after the delivery of her baby may manifest it in varying ways. Often, they may feel very tired and lethargic, and may feel less motivation to interact with or look after their baby. One mother who was suffering from postpartum depression (about two months after delivering her baby) described how she felt in this way:

**“Doctor, I don’t feel anything for my baby. I feel so tired all the time, I don’t feel like doing anything. I have no problem really – my baby is fine; my husband is good – but I feel so flat. I don’t feel anything for my baby, I don’t feel any love, I don’t feel like doing anything. I think I must be a very bad mother, to feel this way.”**

Due to her depression, this mother is manifesting both physical and emotional symptoms. She describes feeling tired and lethargic all the time and she also describes how her mood feels ‘flat’ and how she does not feel like doing anything for her baby.

She also says she feels guilty and blames herself for being a ‘bad mother’. This is a common phenomenon in women suffering postnatal depression. They may not realize they are ill and blame themselves for not looking after the child. Therefore, it is very important to think about depression in this situation, and to get help.



Some postpartum mothers who are depressed may worry unnecessarily. They may worry a lot about their baby, about themselves and their families. Others may describe feeling low or sad for 'no reason'.

### **6.2.3 How may the family react?**

If a postpartum mother becomes depressed gradually, her family members may not realize that she is falling ill. They will notice a difference in her behaviour (e.g., not interested in her baby, sleeping more) and they may worry about it or may blame her for it because they do not understand the true reason.

### **6.2.4 Severity**

Postpartum depression can be mild to moderate. Sometimes, if not treated in time, it can become severe and the symptoms could last for months. In severe postpartum depression, the woman can also have ideas or even plans of harming herself or ending her life.

Therefore, for all these reasons, if you think you are (or your family member or friend is) suffering from postpartum depression, it is very important to seek help from a doctor.



## **6.2.5 Can postpartum depression be treated?**

Yes! The first step is to meet a doctor who can assess the situation, and make a diagnosis. You could go to your Medical Officer of Health (MOH) or local hospital or to a mental health clinic that are now established in every district, attached to the main hospitals. A list of these clinics and phone numbers are given at the end of this book.

If you are suffering from postpartum depression, it is important to understand that there is treatment available. For many women, part of the treatment will be pharmacological (taking medicines). These medications are safe to take while breastfeeding. There is also non-pharmacological treatment - psychological support, counseling and so on, which will be selected by the doctor based on your situation.

Please remember! - Postpartum depression starts gradually and recovery with treatment also happens slowly. It may take a few weeks for the mother to feel better. But it does get better! So, it is very important to seek medical advice if you suspect postpartum depression in yourself or in somebody close to you.

## **6.3 Postpartum Anxiety disorders**

It is natural to feel some anxiety about your newborn baby. You may worry whether you can look after the baby well enough and about how you are going to cope with the change in your lifestyle. These are all normal concerns and most mothers will adjust and adapt. The anxiety will get less with time as you gain confidence in yourself. Sometimes, the anxiety or worry can become prominent during the weeks after childbirth and become a problem. In such instances, the anxiety may become overwhelming and interfere with your daily activities including caring for your baby.

For example, some women may struggle with repeated, senseless worries about the safety of their babies, or worry that they might harm their babies; they know that nothing bad will really happen and that they are worrying too much for no real reason, but they still cannot stop worrying and this becomes a problem.

Anxiety can also present as a problem if the delivery was traumatic. You may experience flashbacks of the incident, with physical feelings of anxiety, like palpitations and difficulty of breathing. You may also feel very stressed and unhappy about the way the delivery was handled and even feel angry.

If you are struggling with any of these features; talk to somebody - a family member or a health professional and seek help. Anxiety can be reduced by non-pharmacological methods (such as different types of counseling) or if needed, with medication. There is no need to struggle with these worries by yourself, talk to somebody and get support.

## 6.4 Postpartum psychosis

Postpartum psychosis is a serious condition occurring in around one in 1,000 births. It is a rare disorder that manifests within the first few weeks after delivery. In this situation, the mother is acutely unwell and can become very distressed or agitated. These conditions need specialized medical care. Medical help should be sought as soon as possible for this condition. The good news is that it can be treated and most women will make a good recovery with treatment.



	"MATERNITY BLUES"	POSTPARTUM DEPRESSION	ANXIETY DISORDERS IN THE POSTPARTUM PERIOD	POSTPARTUM PSYCHOSIS
How common?	A common but mild, self-limiting condition. Affects about 30-80% of the mothers	Affects about 15-20 % of the mothers	Reported frequency varies – may affect about 8% of mothers	Rare. Affects <1% of all mothers
When does it happen?	Features are most prominent 2-3 days after delivery. But gets better (without treatment) within a few days.	Symptoms begin usually within a few weeks of delivery, but could occur later within the first year as well. In some, it may start during the antenatal period	Variable – within the first weeks or months of delivery	Symptoms begin within the first few weeks of delivery
Sleep	May find it difficult to fall asleep.	Sleep is affected - either difficulty in falling sleep or sleeps too much	Insomnia or inability to sleep. May stay awake worrying about things	Insomnia or inability to fall asleep
Other features	Feel a bit more emotional and tearful than usual. Little things upset you more, and you find it hard to concentrate on anything.	Feel a mixture of symptoms – e.g., tired all the time, don't feel motivated to do anything or to look after the baby, feel 'flat' or low in mood. Some mothers may blame themselves for being a 'bad' mother and feel guilty.	Overwhelmed by worry. For e.g., some may worry about something bad happening to their child, or about them doing something bad – but they also know that they are 'worrying too much'.	This is a severe illness. The woman may become very distressed or agitated, and is likely to experience psychotic symptoms – for e.g. may develop a strong belief (for no reason) that somebody is trying to harm her child, and become agitated. Symptoms vary from individual to individual.
Worries	May feel anxious and upset during the few days of 'maternity blues', but this gets less as you adjust and adapt.	May experience a mixture of emotions – worry, sadness, guilt, or may feel 'detached' from everything.	You worry constantly and some of your worries may scare you	Variable. The mother may become very agitated and disturbed. In severe situations, there may be a risk of harm to herself and/or the child.

	"MATERNITY BLUES"	POSTPARTUM DEPRESSION	ANXIETY DISORDERS IN THE POSTPARTUM PERIOD	POSTPARTUM PSYCHOSIS
Bonding	Bonding with your baby is initially awkward but with practice you and your baby will adjust	Bonding with your baby is hard as you may feel detached from your baby and attending to the baby's requirements	Bonding with your baby is something you are thinking a lot about. You may think whether you are doing it right or if your baby is receiving enough attention	Bonding with baby is extremely difficult because the mother is very ill.
What needs be done?	Reassure the mother and provide practical help to look after the baby. If the condition persists or becomes worse for more than 2 weeks, seek medical advice.	Support the mother, and seek medical advice	Support the mother and seek medical advice	This is an emergency and the mother is very ill. Seek medical advice without delay. She may need to be admitted to hospital.

**Table: Mental health conditions in the postpartum period and their presentations**





# 07

## Impact on the baby

### 7.1 Why is treatment for depression during pregnancy important?

If you have untreated depression, you may not attend clinics and ask for help when needed, or eat healthily. There may be an increased risk of premature birth, low birth weight, reduced fetal growth or other problems for the baby. These may cause difficulties in bonding with your baby. In addition, your mental wellbeing can have a direct impact on your child's physical, cognitive, social, behavioral and emotional development. These children may later develop adolescent depression, depressive disorders and poor social competencies.



## 7.2 Are there any risks for the baby resulting from your taking medications?

Nobody wants to take medication during pregnancy or breast feeding. However, if you become significantly depressed during pregnancy or during the postpartum period, this can have a significant negative impact not only yourself, but also on your baby as described above. In such a situation, treating depression with medication maybe more beneficial compared to no treatment. This will be decided by your doctor, who may prescribe antidepressants that are safe during pregnancy and breastfeeding. In a small proportion of women who take medications for depression during the last three months of pregnancy, the baby might experience temporary signs and symptoms of withdrawal after delivery, such as tremors, irritability, and poor feeding. You can discuss these observations with your doctor. The doctor will decide to continue or change your medications based on the overall situation.



### 7.3 Can my mood affect my baby?

Yes. Your mental wellbeing is important for the baby and his or her early development. It can affect the establishment of bonding between the two of you. If you are given medications, it is important that you continue them after delivery with advice from your doctor. Help from your family and husband will be invaluable.

### 7.4 Can I breastfeed while taking prescribed medications?

Yes. There are many benefits of breast feeding and you must put every effort to continue it. The excretion of these medications in breast milk is low and adverse effects are rare. You can closely observe your baby and any concerns can be discussed with your doctor.



# 08

## What support and services are there?

If you are feeling depressed, anxious or having distressing thoughts it is important to ask for help. You do not need to endure these difficulties alone. If you have feelings of harming yourself or the baby, it is very important to seek help immediately.

There are many health professionals whom you can talk to about your mental health and who can provide you with support in several different ways. They include;

- 1. Your public health midwife (PHM):** You may know your PHM from the time you were pregnant or from the time you returned home after your delivery. She has been trained to provide care to mothers in this situation and is a good person to discuss your mental health and your feelings with. Even if you are not asked, you can always bring up any concerns you have. She will offer support, advice and information on looking after your baby while managing your mental health at the same time. You can also talk to her about anything you are worried about, or any difficult feelings or thoughts you are having. She will let you know about other services in your area, or might suggest that you speak to the MOH and any other doctor.
- 2. Medical Officer of health (MOH):** You can always talk to your MOH doctor about your mental health. He will discuss your options for treatment and support, refer you to services if necessary and even prescribe medication.
- 3. Medical Officer - Mental Health:** Usually, in many MOH offices these doctors who are working in mental health, conduct clinics and support services. Your midwife or the MOH will direct you to these doctors. They will either provide services or refer you for specialized care depending on your status.

4. **Obstetrician (VOG):** You would have been in close contact with your VOG during your pregnancy. In addition to routine obstetric care he could also be a resource to support your mental wellbeing. If you have any doubt, talk to him/her. Seek help.
5. **Paediatrician:** You may take your baby to meet the child specialist for routine assessment and vaccination. You can talk to him about your worries about yourself or your baby. He will advise you on how to cope with them. He may explain things to you, answering your concerns about the baby and alleviate anxieties. He may advise you to meet a psychiatrist to get further help, if needed.
6. **Psychiatrist:** Consultant Psychiatrists are now serving at all major hospitals in the country. They are specially trained to address your mental health problems. If you need any specialist services, they will provide them, including drug treatment and psychological therapies.

**If you feel very anxious or worried, or if you think you need a bit more psychological support, do not hesitate to ask for help.**

- **Talk to your midwife and ask for her advice**
- **You can call this telephone hotline for advice: 1926**
- **If needed, you can contact the mental health clinic in your local hospital.**



## 8.1 Useful contacts

Dial 1926 – the mental health help desk. They will provide you with 24-hour service
Your area PHM's contact number
Your area MOH's contact number
Sumithrayo - call +94 11 2696666
Contact details/ numbers of Mithuru Piyasa centres (for Gender based violence) [Please see below]
Dial 1938 – Women's Helpline/ Ministry of Women and Child Affairs for domestic violence and any other support for women
Contact details published by the Sri Lanka College of Psychiatrists [Please see below]
Maternal Mental Health App can be downloaded from the Perinatal Society of Sri Lanka website <a href="https://perinatalsociety.lk">https://perinatalsociety.lk</a>

Contact details/ numbers of Mithuru Piyasa centres (for Domestic Violence)

City / District	Mithuru Piyasa Centres	Contact number
Ampara	BH Kalmunai North	067 2 229 261
	BH Pothuvil	063 2 248 061
	BH Kalmunai South	067 2 222 261
	BH Akkaraipattu	067 2 277 213
	DGH Ampara	063 2 222 261
	BH Samanthurai	067 2 260 261
Anuradhapura	TH Anuradhapura	025 2 222 261
	BH Thambuththegama	025 2 276 262
Badulla	PGH Badulla	055 2 222 261
	DH Bandarawela	057 2 222 261
	BH Diyathalawa	057 2 229 061
	BH Welimada	057 2 245 161
Batticaloa	TH Batticaloa	065 2 222 261
	DH Chenkalady	065 2 240 483
	BH Kaluwanchikudi	065 2 250 061
	BH Kaththankudi	065 2 245 561
	BH Valachchenai	065 2 257 721
	BH Eravur	065 2 240 497

Colombo	Army Hospital Narahenpita	011 2 862 313 011 2 697 219
	BH Avissawella	036 2 222 261
	Castle Street Hospital for Women	011 2 696 232 011 2 696 231
	CSTH Kalubowila	011 2 763 261
	De Soysa Hospital for Women	0112 696 224
	FHB	011 2 696 508
	Sri Jayawardhanapura GH	011 2 778 610
	BH Homagama	011 5 059 646
	DH Thalangama	011 2 862 313
	New Bazar Maternity Home	011 2 691 191
	University of Sri Jayawardhanapura	011 2 758 000
Galle	TH Mahamodara	091 2 234 951
	BH Elpitiya	091 2 291 981
Gampaha	CNTH Ragama	011 2 959 261
	BH Meerigama	033 2 273 261
	BH Kiribathgoda	011 2 911 493
	BOI Katunayake	011 2 256 256
Hambanthota	DGH Hambanthota	047 2 222 016
	BH Tangalle	047 2 240 261
Jaffna	TH Jaffna	021 2 222 304
		021 2 222 261
	BH Chavakachcheri	021 2 270 662 021 3 215 429
	BH Kayts	021 2 211 666
	DH Chankanei	021 2 250 079
	University of Jaffna	021 2 218 100
	BH Point Pedro	021 2 263 261
Kalutara	GH Kalutara	034 2 222 261
	BH Horana	034 2 261 261
	BH Pimbura	034 2 244 461
	Kethumathi Maternity Hospital	038 2 232 361
	Panadura	071 4 432 361

Kandy	TH Kandy	081 2 222 261
	TH Peradeniya	081 2 388 001
	DGH Nawalapitiya	054 2 222 261
	BH Gampola	081 2 352 261
	BH Theldeniya	081 2 374 055
Kegalle	TH Kegalle	035 2 222 261
Kilinochchi	DGH Kilinochchi	021 2 285 329
Kurunegala	TH Kurunegala	037 2 222 261 071 2 922 261
	BH Dambadeniya	037 2 266 592
Matale	DGH Matale	066 2 222 261
Matara	DGH Matara	041 2 222 451
Mulativu	DGH Mulativu	021 2 061 412
Moneragala	BH Bibila	055 3 555 861
	BH Siyambalanduwa	055 2 279 460
	BH Wellawaya	055 2 274 861
Nuwara Eliya	DGH Nuwara Eliya	052 2 222 261
	BH Dikoya	051 2 222 226
	BH Rikillagaskada	081 2 365 261
Puttalam	BH Marawila	032 2 254 261
Polonnaruwa	Army Hospital Minneriya	027 2 055 330
Rathnapura	PGH Rathnapura	045 2 222 261
	BH Balangoda	045 2 287 261
	BH Embilipitiya	047 2 230 261
Trincomalee	DGH Trincomalee	026 2 222 260
Vavuniya	DGH Vavuniya	024 2 222 761
Coordinating Institution	FHB	011 2 692 744



## Contact your Mental Health Unit

Ampara	070 6 144 144	063 2 222 652
Avissawella	036 2 222 262	ext 230
Anuradhapura	071 4 142 042 025 2 222 261	077 1 728 868 ext 535
University unit	071 7 975 797	
Badulla Balapitiya	071 8 304 312 071 8 353 884	055 2 222 261 ext 1238
Balangoda	076 6 789 201	071 3 226 595
Batticaloa	065 2 225 656	065 3 133 330
Colombo National Hospital (Ward 59) Colombo National Hospital Room 10	077 7 543 333 011 3 618 764	011 2 691 111 ext 2259
National Institute of Mental Health	1926	
Colombo South Teaching	011 2 763 261	011 2 765 501 ext 522
Hospital Kalubowila Colombo North Teaching	071 4 245 501	076 6 344 257
Hospital, Ragama Colombo Kotalawela Defense	011 2 044 555	
Hospital Werahera Army Hospital Narahenpita	011 2 697 218	ext 60727
Chilaw	032 2 224 881	032 2 224 882 ext 221
Dambadeniya	071 8 240 277	037 2 266 842 ext 236
Dambulla	078 9 462 880	071 2 089 857
Deniyaya	041 2 273 261	ext 213
Godakawela Gampaha	071 6 360 412 033 2 222 261	045 2 246 261 033 2 222 262 ext 218
Galgamuwa	037 2 253 061	ext 130
Homagama	076 2 355 300	
Horana	034 2 261 261	034 2 262 379
Jaffna	021 2 229 715	
Tellippalai	021 2 243 799	

Karawanella	071 6 834 869	071 8 201 443
Karapitiya University unit	076 2 500 773	091 2 232 267 ext 2058
Ministry Unit	070 2 228 366	091 2 232 250 ext. 2018-2023
Kuliyapitiya	076 1 668 779	037 2 281 261 ext 229
Kanthale	071 3 276 384	026 2 234 261 ext 160
Kahawatta	071 6 360 412	045 2 270 550 ext 251
Kamburupitiya	071 8 280 836	041 2 292 261 ext 318
Kandy	081 2 24 4821	
Kurunegala	037 2 233 906	037 2 233 907 ext 2353
Kegalle	035 2 222 264	035 2 222 262 ext 382/432
Mahiyangana	055 4 893 676	
Marawila	032 2 254 261	ext 139
Matara	071 8 096 051	041 2 222 261-63 ext 216/127
Negombo	077 5 308 675	031 2 222 261 ext 665
Nikaweratiya	076 0 733 784	037 2 260 261 ext 123
Nuwaraeliya	071 7 844 799	052 2 222 261 ext 312
Polonnaruwa	027 3 125 486	027 2 222 261 ext 106
Puttalam	071 3 050 289	032 2 265 261 ext 228
Peradeniya	081 2 388 001	081 2 384 361 ext 240
Panadura	038 2 241 055	038 2 232 261
Rakwana	071 6 360 412	045 2 246 261
Rikillagaskada	071 4 908 223	
Trincomalee	070 6 330 337	026 2 222 261 ext 112
Thabuthtegama	071 3 388 320	025 2 276 262 ext 252
Tangalle	070 3 985 512	047 2 240 261
Tissamaharamaya	071 2 699 853	077 3 333 773
Udugama	077 7 907 837	071 8 608 390
Vavuniya	077 2 858 344	024 2 227 784
Wathupitiwela	033 2 282 261	ext 114
Warakapola	035 2 269 830	





**PERINATAL SOCIETY OF SRI LANKA**  
**MAY 2020**