

Possible Accommodations for Postpartum Mental Health Disorders

Postpartum mental health disorders are among the most common postpartum complications, with postpartum depression alone affecting between 13% and 19% of mothers during the year after birth. (O'Hara & McCabe, 2013). Postpartum mental health disorders can occur at any time during the first year postpartum (Davey, 2011; O'Hara & Swain, 1996) and can include anxiety disorders as well as mood disorders (Jacob & Storch; 2013). Women with postpartum mental health disorders have rights under state and federal law and may be entitled to reasonable accommodations at work.

The attached chart provides a list of potential accommodations that may be effective for patients with perinatal or postpartum mental health disorders. Potential accommodations are listed by the limitation they address rather than by diagnosis or condition because patients with different diagnoses and symptoms may nonetheless have very similar functional limitations at work (e.g. a patient with major depressive disorder and a patient with generalized anxiety disorder may both experience insomnia).

Whether a particular accommodation is appropriate for your patient will depend on the specific circumstances of the patient's job, work environment and symptomatology, so always talk to your patient about what would might be workable in her specific circumstances.

IMPORTANT: The attached chart is intended to be used only in conjunction with the note-writing guidelines available at:

- <https://www.pregnantatwork.org/healthcare-professionals/> and
- Rau & Vasquez. Writing Effective Accommodation Notes for Women with Postpartum Mental Health Disorders. *Family Therapy Magazine*, Sept/Oct 2017 Issue.

These guidelines contain crucial information about which information is needed to create a legally effective accommodation note.

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Limitation	Possible Reasonable Accommodations
Fatigue and/or Insomnia	<ul style="list-style-type: none"> • Additional breaks • Additional time to complete assignments • Flexible/later start time • Flexible schedule so that employee can work longer on days with better energy and work less time on days when insomnia or fatigue is particularly bad • Full-spectrum lighting or permission to use lightbox at work • Assign employee to daytime shifts rather than overnight shifts
Difficulty thinking and concentrating	<ul style="list-style-type: none"> • Provide instructions in writing • Schedule recurring calls or meetings with supervisor to evaluate progress and allow employee to ask clarifying questions • Set up electronic calendar reminders of important deadlines • Allow employee to record meetings or trainings • Adjustments to work environment (e.g. permission to wear headphones or private/quieter work space) • Permission to work from home
Episodes of shortness of breath/dysregulated breathing (i.e. panic attacks)	<ul style="list-style-type: none"> • Additional breaks during the day when symptoms arise • Intermittent leave/days off when symptoms arise • Access to small private room with a chair so employee can utilize breathing techniques to normalize breathing
Treatment-related accommodations that may be appropriate for employees with various limitations	<ul style="list-style-type: none"> • Time off from work to attend medical appointments. • Flexible or alternate schedule to allow employee to schedule appointments outside of work time. • Consistent scheduling to enable employee to better plan for medical appointments, exercise, meals, sleep and other self-care activities.