## CARD 1: Perinatal Crisis Decision Flowchart

TRIAGE & SAFETY

### CLINICAL GOAL: SYSTEMATIC 4-STEP STABILIZATION DURING ACUTE MATERNAL DISTRESS

**01**

**Ensure Physical Safety**

Rule out medical emergencies (preeclampsia, hemorrhage, pulmonary embolism). Ensure infant is securely held by a secondary caregiver.

**02**

**Somatosensory Grounding**

Lower room stimulation (dim lights, soften sounds). Offer cold water, feet on floor, or 4/6 extended exhalation. Do not argue or overwhelm.

**03**

**Relational Co-Regulation**

Establish gentle eye contact at eye level. Use low, warm prosody. Validate immediate emotion without catastrophizing.

**04**

**Triage & Support Plan**

Determine next clinical step: Outpatient psychoeducation, obstetric consult, or urgent psychiatric evaluation (if psychosis or suicidal intent).

## CARD 2: Perinatal 5-4-3-2-1 Sensory Grounding

GROUNDING PROTOCOL

### CLINICAL GOAL: INTERRUPTING PREDICTIVE ERROR LOOPS DURING PANIC OR DISSOCIATION

**5** **Things you can SEE:** Look around the room. Name 5 specific non-threatening details (the blanket weave, wall color, window light, wooden chair, shoe laces).

**4** **Things you can TOUCH:** Press both feet into the floor. Touch 4 textures (hospital gown fabric, cool bedrail, soft pillow, partner's warm hand).

**3** **Things you can HEAR:** Listen outward. Notice 3 ambient sounds (the hum of the air conditioner, distant footsteps, the clinician's steady voice).

**2** **Things you can SMELL:** Inhale gently. Notice 2 scents (lavender balm, clean linen, skin, or fresh air).

**1** **Thing you can TASTE / INTEROCEPT:** Take a small sip of cold water, noticing the temperature sliding down your throat into your belly.

## CARD 3: Respiratory Practice Prescriptions

VAGAL PACING

### CLINICAL GOAL: DOWN-REGULATING SYMPATHETIC DISCHARGE VIA DIAPHRAGMATIC CADENCE

#### 4 / 6 Vagal Exhalation

**Inhale 4s · Exhale 6s**

**Indication:** Acute agitation, panic surge. Prolonged exhalation stimulates acetylcholine release, slowing heart rate.

#### Coherent Resonance (5/5)

**Inhale 5s · Exhale 5s**

**Indication:** Baseline maternal anxiety, prenatal clinic visits. Maximizes heart rate variability (HRV) at 6 breaths/min.

#### Box Breathing (4/4/4/4)

**In 4s · Hold 4s · Out 4s · Hold 4s**

**Indication:** Focus stabilization before medical procedures. *Contraindicated* in acute hyperventilation or air hunger.

#### Physiological Double Sigh

**Two quick inhales · Long slow exhale**

**Indication:** Immediate reset. Re-inflates collapsed alveoli and expels excess carbon dioxide in 2–3 repetitions.

## CARD 4: Verbal De-escalation Script

VERBAL PROTOCOL

### CLINICAL GOAL: DE-ESCALATING SEVERE MATERNAL AGITATION AND EMOTIONAL FLOODING

> *"I can see how overwhelming and frightening everything feels in your body right now. You are not losing your mind — your nervous system is in an intense survival surge. You and your baby are safe here in this room with me. We do not need to solve anything this second. Let us just take this next breath together. I am right here with you."*

**Clinician Rules of Engagement:**

1. Maintain body posture at a 45-degree angle (less threatening than face-to-face confrontation).
2. Keep hands visible and open. Speak at half your normal volume and half your normal speed.
3. Never invalidate physical symptoms ("Calm down, you're fine"). Instead, normalize: "Your body is doing what it thinks it needs to protect you."

## CARD 5: The Safe Place Somatosensory Anchor

SOMATIC IMAGERY

### CLINICAL GOAL: EVOKING KINESTHETIC SAFETY DURING LABOR CONTRACTIONS OR POSTPARTUM STRESS

> *"Bring to mind a place — real or imagined — where you feel completely safe, calm, and protected. Look at the colors around you... notice the temperature of the air on your skin... hear the gentle sounds of that place. As that calm settles in your chest, place one hand gently over your heart or on your collarbone. Feel that physical touch sealing this feeling of shelter."*

**Practice Note:** Anchor this sensory pairing during prenatal visits (associating hand-on-heart with the mental safe place). During labor or postpartum distress, the simple tactile touch acts as a rapid conditioned anchor.

## CARD 6: Managing Intrusive Thoughts vs. Psychosis

DIFFERENTIAL DIAGNOSIS

### CLINICAL GOAL: DISCERNING EGO-DYSTONIC PERINATAL OCD FROM POSTPARTUM PSYCHOSIS

#### Intrusive Thoughts (Ego-Dystonic OCD)

· Mother is **horrified** by the thought (e.g., dropping baby, knives).
· Intact reality testing: "I would never do this, why am I thinking this?!"
· Compulsive avoidance behaviors (refusing to bathe baby or hold knives).
· **Intervention:** Reassurance, psychoeducation, non-judgment.

#### Postpartum Psychosis (Ego-Syntonic)

· Thoughts make sense to the mother (delusional conviction).
· Belief that baby is possessed, special, or must be saved via sacrifice.
· Severe sleep deprivation, hallucinations, rapid mood changes.
· **Intervention:** Immediate medical psychiatric emergency.

## CARD 7: Vocal Humming & Vagus Stimulation

VOCAL RESONANCE

### CLINICAL GOAL: DIRECT MECHANICAL STIMULATION OF THE RECURRENT LARYNGEAL VAGAL BRANCH

**01**

**Posture & Jaw Release**

Unclench the jaw, separate the teeth slightly, and rest lips together loosely. Relax shoulders downward.

**02**

**Inhalation & Vibration**

Take a comfortable diaphragmatic breath in through the nose. Exhale on a sustained, low-pitched "MMMMMM" sound.

**03**

**Chest & Skull Resonance**

Focus attention on the physical buzzing sensation in the lips, throat, and sternum. The vibration physically stimulates the vagus.

**04**

**Diadic Co-Regulation**

When holding an infant, the mother's chest vibration transmits directly into the baby's chest, simultaneously calming both dyad members.