



Perinatal Mental Health: Service Delivery Standards and Clinical Practice Guidelines for WRHA Public Health Nurses

EVIDENCE INFORMED PRACTICE TOOLS

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PURPOSE AND INTENT

The purpose of these service standards and clinical practice guidelines is to provide guidance for WRHA Public Health Nurses in their work related to perinatal mental health. WRHA Public Health Nurses engage in a variety of prevention, promotion and protection strategies aimed at improving the health of the population. These strategies may include activities working with individual clients, families, groups or the community as a whole.

1. Practice Outcomes

Public Health Nurses provide timely, evidence-based information, support and guidance regarding perinatal mental health concerns and mental health promotion.

Perinatal women and their families receive assistance to access appropriate assessment and relevant community resources, and treatment options to promote perinatal mental health.

There is increased awareness about perinatal mental health throughout the community.

2. Background

This set of service delivery standards and clinical practice guidelines replaces the previous 2007 working draft. These current guidelines include additional information about prenatal mental health and references the WRHA Perinatal Mental Health Quick Reference for Health Care Providers. The Perinatal Mental Health service delivery standards and clinical practice guidelines complement the practice direction provided by the Provincial Public Health Nursing Standards: Prenatal, Postpartum, and Early Childhood (2015).

Research indicates that postpartum mental health concerns are the most common complications of childbirth yet many women do not seek assistance (Sit & Wisner, 2009; AWHONN, 2015). Perinatal mental health is a family issue, affecting all family members (Letourneau et al, 2012). There is moderately positive correlation between paternal and maternal depression (Paulson, Sharnail, & Bazemore, 2010). “Anxiety, depression, and stress in pregnancy are risk factors for adverse outcomes for mothers and children”(Dunkel Schetter & Tanner, 2012)

Public Health Nurses have opportunities to provide timely anticipatory guidance, teaching, connection to community resources and referrals related to perinatal mental health in response to prenatal and postpartum referrals.

NOTE:

These service delivery standards and clinical practice guidelines are to be used with the companion document “Perinatal Mental Health Toolkit” which provides an overview of background information about perinatal mental health and validation evidence.

3. Service Delivery Standards

1. Public Health Nurses assess for potential mental health concerns during their nursing assessments with prenatal and postpartum women; and support referrals to appropriate community resources and treatment services.
2. Public Health Nurses discuss anticipatory guidance related to perinatal mental health during contacts with individual prenatal clients.
3. Public Health Nurses initiate discussion and provide information about perinatal mental health with perinatal group participants during community prenatal group services and parenting groups.
4. Public Health Nurses discuss perinatal mental health information, support help-seeking, and encourage the use of mental health promotion strategies with postpartum women and their partners during postpartum interactions.

4. Components

Service Delivery Standards with associated Clinical Practice Guidelines:

1. Public Health Nurses assess for potential perinatal mental health needs during their nursing assessments with prenatal and postpartum women; and support referrals to appropriate community resources and treatment services.

1.1 Public Health Nurses screen for perinatal mental health concerns within the Families First Screening conversation about family/personal mental illness and/or within the conversation about acknowledging emotional changes during the perinatal period.

1.2 Public Health Nurses screen for perinatal mental health concerns utilizing the algorithm in the WRHA Perinatal Mental Health Quick Reference for Health Care Providers.

1.3 The following two questions support screening for perinatal mental health issues (Gjerdingen, 2009; AAP, 2014):

During the past two weeks have you often been bothered by feeling down, depressed, or hopeless? **AND** During the past two weeks have you often been bothered by little interest or pleasure in doing things?

If a “yes” answer to one or both of these two questions, Public Health Nurses are to explore the risk for self-harm and/or harm to others: use the ASIST guidelines of reviewing risk, contract a safe plan, and refer for follow-up.

1.4 Public Health Nurses contract with the client to follow-up with them to determine whether a referral or linking to services was successful and /or problem-solve for accessing appropriate resources or services.

2. Public Health Nurses discuss anticipatory guidance related to perinatal mental health during contacts with individual prenatal clients.

2.1 Public Health Nurses speak to the topic of perinatal mental health using information about risk factors from “Postpartum Depression A guide for front-line health and social service providers” and encourage clients to review prenatal booklets such as: “Baby’s Best Chance” or Health Canada’s “The Sensible Guide to a Healthy Pregnancy” or “Le guide pratique d’une grossesse santé”

2.2 Public Health Nurses encourage clients to contact their Public Health Nurse/ Midwife/ Physician/ Nurse Practitioner to discuss questions and/or concerns related to mental health; and recommend that clients contact the Mobile Crisis Service at (204) 940-1781 if urgent situations arise or go to the Crisis Response Centre at 817 Bannatyne (24 hours/7 days a week.)

3. Public Health Nurses initiate discussion and provide information about perinatal mental health with perinatal group participants such as during community prenatal group services and parenting groups.

3.1 Public Health Nurses speak to the topic of perinatal mental health at least once within a community group series of sessions.

3.2 Public Health Nurses utilize available resources such as: the DVD “Life with a New Baby: Dealing with Postpartum Mood Disorders” and facilitators guide; handouts (pages 9 &10) from facilitators guide from “Life with a New Baby...”; Baby’s Best Chance booklets; Perinatal Mental Health Toolkit Tip Sheets.

3.3 For Public Health Nurses involved with Healthy Baby and Healthy Start groups, at least annually, encourage the use of “Towards Flourishing for Parent Groups” and /or “Coping with Change” training resources, facilitating connections to presenters.

4. Public Health Nurses discuss perinatal mental health information, support help-seeking, and encourage the use of mental health promotion strategies with postpartum women and their partners during postpartum interactions.

4.1 Public Health Nurses speak to the topic of perinatal mental health, refer the client to the booklet “Caring for Yourself and Baby after Giving Birth” regarding the information about emotional changes and postpartum depression help lines.

4.2 Public Health Nurses provide the WRHA ‘1 in 8 new moms experience Postpartum Depression’ pamphlet and review the information with the client.

4.3 Public Health Nurses encourage the use of self-care and mental health promotion strategies when appropriate using the Tip Sheets and other resources identified in the Perinatal Mental Health Toolkit, and Towards Flourishing resources.

5. Definition of Terms

Perinatal: primarily refers to the period of time from conception to the end of the first year after birth, but could include the second year postpartum

Perinatal mental health: in this document, refers to the range of emotional, psychological and social adjustments that may occur in women during the perinatal period including normative adjustments such as the ‘baby blues’ and also the spectrum of perinatal mental disorders such as depression, anxiety and psychosis.

Mental Health Promotion: Mental health promotion includes actions that promote mental well-being, prevent mental health problems or illnesses, and improve quality of life and support recovery for people living with a mental illness.

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