

Perinatal Mental Health

Quick Reference for Health-Care
and Social Service Providers



Perinatal care should include discussions and follow-up regarding emotional and mental health.

Perinatal mental health concerns often begin prior to conception or during pregnancy.

In this guide the perinatal period refers to the time from conception to one year postpartum.



Winnipeg Regional
Health Authority
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Perinatal Mental Health

Postpartum Blues

- Commonly referred to as baby blues
- Up to 75 per cent of all women experience it after childbirth; considered to be an expected part of postpartum adjustment
- Includes feelings of vulnerability, irritability, fatigue, tearfulness, sadness, anxiety, sleep and appetite disturbance
- Symptoms usually subside within two weeks
- Women who experience severe baby blues may be at a greater risk for postpartum depression

Postpartum Depression

One in eight postpartum women experience postpartum depression; it is the most common (unrecognized) complication of childbearing.

- Adolescent mothers (twice at risk, 26 per cent)
- Recent immigrant women (five times more likely to experience postpartum depression)

Major risk factors

- Depression or anxiety during pregnancy*
- Family history of depression
- Previous history of depression
- Recent stressful life events
- Lack of social support

Other risk factors

- Low self-esteem
- Relationship difficulties
- Low socioeconomic status
- Obstetric/pregnancy complications

***Up to 50 per cent of women with a history of depression prior to or during pregnancy will experience postpartum depression**

Other signs

- Uncontrollable crying
- Feeling overwhelmed or out of control
- Feeling irritable or angry much of the time
- Intrusive thoughts of harming infant or harm coming to the infant
- Excessive worry about infant's health/safety
- Feelings of numbness, either physical or lack of emotion
- Lack of feeling or connection with the infant, resentment toward infant
- Physical symptoms, such as body aches, stomach ache, headache or backache

Signs and symptoms

Women who exhibit either a **depressed mood** OR a **loss of interest or pleasure** in usual activities in addition to any **four** other symptoms listed below for a period of over two weeks would indicate a diagnosis of depression (peripartum onset) using DSM-5 criteria

- Constant fatigue
- Trouble concentrating/making decisions
- Changes in weight or appetite
- Feeling anxious, irritable or restless
- Sleep disturbance
- Feelings of hopelessness, worthlessness or guilt
- Thoughts of death or suicide

Up to 40 per cent of women with clinical depression also experience anxiety

Postpartum Anxiety

Between four to 15 per cent of women experience clinical anxiety following childbirth. Pre-existing anxiety or antenatal anxiety is a risk factor.

Signs and symptoms

- Constant or excessive worry or fear
- Sleep disturbance / insomnia
- Racing or repetitive thoughts that cause anxiety
- Poor concentration
- Panic with shortness of breath, chest pain, dizziness
- Restlessness
- Intrusive thoughts or images often related to harm coming to infant or harming infant
- Obsessive thoughts and/or compulsive behaviours

Other signs

- Loss of appetite
- Other physical symptoms - nausea
- Excessive worry about infant's health/safety
- Increase in alcohol or drug use as a coping mechanism

Postpartum Psychosis

- Rare but severe postpartum mood disorder affecting one to two women per 1,000 births
- More common in women diagnosed with bipolar disorder or with a family history of mood disorders
- The risk of postpartum psychosis is 25 per cent in women with a bipolar disorder, rising to 50 per cent if they have had a previous episode of psychosis
- The onset of symptoms is rapid and immediate medical intervention is warranted

Signs and symptoms

- Extreme depressed or elated mood
- Severe insomnia
- Disorganized behaviour and thinking
- Extreme agitation, confusion
- Impaired concept of reality, delusions or hallucinations (distorted thoughts may involve the infant)
- Postpartum mood (major depression or manic) episodes with psychotic features appear to occur in one in 500 to one in 1000 deliveries
- Increased risk of suicide and infanticide

ACCESS MOBILE CRISIS SERVICE AT 204-940-1781 OR ATTEND THE CRISIS RESPONSE CENTRE AT 817 BANNATYNE AVENUE (24 HOURS)

Interventions & Treatment

Postpartum Blues

- Increase awareness/educate perinatal women and families about perinatal mood changes
- Opportunity for woman to voice concerns in a non-judgmental environment
- Social support and understanding from family, friends, peers and health-care providers
- Self-care strategies such as rest, good nutrition, respite from child care
- Practical support with child care, household tasks
- Stress reduction strategies such as calm breathing, walking, reading, listening to music

Postpartum Depression

In addition to the interventions for postpartum blues

Mild to moderate postpartum depression:

- Psychosocial support, support groups and psychoeducation
- Counselling
- Psychological interventions such as Cognitive Behavioural Therapy and Interpersonal Therapy are effective
- Severe postpartum depression (PPD) usually requires treatment with antidepressants along with some form of psychotherapy
- Selective Serotonin Reuptake Inhibitors (SSRIs) are the most frequently prescribed antidepressants
- The use of antidepressants is decided on a case-by-case basis in discussion between the woman and her physician
- For information about safety or risk of drugs during pregnancy and lactation contact Motherisk at www.motherisk.org
- A medical evaluation by a primary care provider is important to rule out underlying physical causes for symptoms (such as thyroid, iron levels)



Postpartum Anxiety

In addition to the interventions for postpartum depression

- Psychological interventions such as Cognitive Behavioural Therapy
- Pharmacotherapy for more severe symptoms

Help for Anxiety—Anxiety BC

www.anxietybc.com/parents/new-moms



Postpartum Psychosis

- Immediate medical intervention is warranted
- Access WRHA **Mobile Crisis Service 204-940-1781** or go to **Crisis Response Centre 817 Bannatyne Avenue (24 hours)** or any hospital Emergency Department

Perinatal Mental Health Websites

Postpartum Depression Association of Manitoba www.ppdmanitoba.ca
Pacific Post Partum Support Society www.postpartum.org
Postpartum Support International www.postpartum.net

Assessment

Questions to ask Postpartum Women

Evidence shows that women are reluctant to speak up or disclose symptoms unless asked directly and specifically. Reasons include guilt, denial, fear, lack of awareness or knowledge, concerns that baby will be removed from their care and language or cultural beliefs.

Asking the following questions may assist in identifying women who require further assessment and support for perinatal mental health issues. (Canadian Paediatric Society, 2008)


- How have you been sleeping?
- Are you able to sleep when the baby sleeps?
- How are you feeling about being a new mother?
- Are you enjoying your new baby?
- Do you find that your baby is easy or difficult to care for?
- How are things going in your family?
- Are you getting out?
- Are you eating and what are you eating?
- Are you having any troubling or repetitive thoughts about yourself or your baby?
- Have you had scary thoughts or fears about harming your baby or yourself?
- Are you having thoughts of death or suicide?
- In the last two weeks, have you been bothered by feeling down, depressed or hopeless?*
- In the last two weeks, have you been bothered by having little interest or pleasure in doing things?*

(*Whooley, 1997)

Questions to ask Prenatal Women

The following screening questions can be used to explore for potential risk factors in prenatal women. Of women who experienced postpartum depression, over 33 per cent reported the onset during pregnancy and another 26 per cent before pregnancy. These factors have been shown to be associated with postpartum depression:

- How has your mood been during this pregnancy?
- What changes are you planning during this pregnancy?
- What life changes have you experienced this year?
- How would you describe your relationship with the father of the baby?
- Have you had emotional problems?
- Have you ever seen a psychiatrist, psychologist, or therapist?



Does the service provider, the perinatal woman or her family have concerns about sudden or extreme changes in the woman's mood or behaviour?

Is she:

- Behaving in a way that is unusual for her?
- Experiencing extremes of mood? (especially desperation or elation)
- Seeming to lack a need for sleep? Or cannot sleep?
- Having unusual ideas about the infant? (e.g. infant has special powers)
- Having distorted thoughts or behaviours that may involve harming the infant?
- Exhibiting thoughts or behaviours of harming self or others?
- Having thoughts of death or suicide?

YES

NO

Immediate assessment is required:

1. Refer immediately to WRHA Mobile Crisis Service 204-940-1781 or attend the Crisis Response Centre at 817 Bannatyne Avenue (24 hours).

OR facilitate access to hospital emergency or have the family access hospital emergency department with the woman.
Involve the woman in process as much as possible.
2. Do not leave the woman by herself or alone with baby until she has been assessed by a doctor or mental health clinician.
3. Assess support needs of the family (other children) and arrange for support as needed.
4. If you have determined that a child is in need of protection or the family is in need of crisis support (all steps have been taken to assess family resources and situation) call Child and Family All Nations Coordinated Response Network (ANCR) at 204-944-4200 (24 hours).
5. Follow up within 24 hours to ensure assessment has occurred and treatment plan and support is in place.

Is the woman experiencing the following signs/symptoms of DEPRESSION?

- Depressed mood
- Loss of interest in activities normally enjoyed
- Constant fatigue
- Trouble concentrating/making decisions
- Disruptions to appetite or sleeping patterns
- Feeling extremely anxious, irritable or restless
- Experiencing feelings of hopelessness, worthlessness or excessive guilt

Is the woman experiencing the following signs/symptoms of ANXIETY?

- Constant or excessive worry or fear
- Racing or repetitive thoughts that cause anxiety
- Restlessness, extreme irritability
- Obsessive thoughts or compulsive behaviours
- Physical symptoms e.g. racing heart, shortness of breath, dizziness
- Feelings of panic, being overwhelmed or out of control

Do the symptoms impair the woman's ability to care for the following people?

- Herself
- Her infant
- Other children

YES

NO

1. Arrange for a **medical evaluation** through a primary care provider for further assessment and evaluation of possible clinical depression, anxiety or underlying physical causes. Provide rationale to the woman and her family for early intervention, support and treatment.
2. Provide information to the woman (and partner/family) on postpartum depression and anxiety.
3. Explore available community resources.
4. Explore and link with counselling or therapy services.
5. Refer to support programs for women experiencing postpartum depression (e.g. support groups, telephone support).
6. Mobilize basic support for child care or housekeeping.
7. Develop a plan of care with the woman and her supports.
8. **Provide list of 24-hour crisis contacts** and advise to contact primary care provider if symptoms worsen.
9. Follow up within seven days to ensure an assessment has occurred and treatment plan is in place.
10. Follow up within another seven days. If there is no improvement from initial assessment or her mental health has deteriorated – advise primary care provider or utilize Crisis Response Services.

1. Assess for stressors (e.g. difficulty breastfeeding, social isolation, lack of support, unsafe housing, etc.) and assist in connecting with community resources related to identified stressors. *See back panel.*
2. Provide information to woman (and partner/family) on the range of expected postpartum emotional adjustments e.g. Coping with Change. www.womenshealthclinic.org/what-we-do/maternalhealth/mothering-support
3. Provide emotional support and encouragement.
4. Assist the woman in developing an action plan for self-care.
5. Mobilize basic supports for child care and house-keeping.
6. Strengthen social support (e.g. link to Healthy Baby group, Y-Neighbours groups, or faith-based supports etc.).
7. Provide guidance on who to call if distress worsens.
8. Follow up within two weeks to reassess how the woman is coping.
9. Reassess how the woman is coping.



Chart is adapted with permission from: Postpartum Depression: a guide for front-line health and social service providers, 2005 published by the Centre for Addiction and Mental Health, authored by L. Ross, C.-L. Dennis, E. Robertson Blackmore, and D. Stewart. www.camh.ca

SEE BACK PANEL



Perinatal Mental Health Supports & Services

Mental Health Crisis Response Services (24 HOURS)

Winnipeg Regional Health Authority
Mobile Crisis Service.....204-940-1781

Crisis Response Centre – 817 Bannatyne Avenue
Crisis assessment, intervention and consultation including access to Crisis Stabilization Unit and links to other mental health resources

Klinic Crisis Line 204-786-8686

Manitoba Suicide Line 1-877-435-7170

YOUTH Emergency Crisis Stabilization System
(under 18)..... 204-949-4777

Information and Support

Health Links-Info Santé (24 hours)..... 204-788-8200
Health information, guidance and referral by registered nurses

Winnipeg Regional Health Authority
Population and Public Health..... 204-926-7000
General inquiry for community office locations and services by public health nurses including home visits, breastfeeding support and access to Families First home visitors

Healthy Baby Community Support Programs.....204-945-1301
www.gov.mb.ca/healthychild/healthybaby/csp.html

Breastfeeding Support and Groups
Breastfeeding Hotline (24 hours)..... 204-788-8667

Women's Health Clinic – Mothering/Parenting.... 204-947-2422
Outreach, one-on-one and group support for women experiencing emotional changes after introducing a baby into their life, including Coping with Change sessions www.womenshealthclinic.org

Self-Help Organizations
See Mental Health Resource Guide for Winnipeg
www.winnipeg.cmha.ca

In-Home Support Services

Family Dynamics
In Home Family Support Program.....204-947-1401

Ma Mawi Wi Chi Itata Centre
In Home Support Services..... 204-925-0300

Child and Family All Nations
Coordinated Response Network (ANCR) 204-944-4200

Some private health insurance plans will cover costs for private in-home services

Treatment Services

Family Doctor Finder 204-786-7111
(doctors accepting new patients)

Psychological Assessment and Treatment Services

WRHA Clinical Health Psychology
Perinatal Services (FAX) 204-237-9243

**Referrals during pregnancy and up to six months postpartum are prioritized. For referral information:*

www.wrha.mb.ca/prog/psychology/index.php

Manitoba Psychological Society www.mps.ca/find-psychologist
(fees may be covered by supplemental insurance)

Psychiatry

WRHA Centralized Psychiatry INTAKE
Primary Care providers ONLY
Fax referrals for Psychiatry consult to:.....(FAX) 204-787-7480

Child & Adolescent Mental Health
Centralized Intake Service204-958-9660
(women under 18)

Individual and Family Counselling Agencies, EAP and Faith-Based Counselling

See Mental Health Resource Guide for Winnipeg
Full listing available at
www.winnipeg.cmha.ca/mental_health/finding-help

Klinic Drop-In Counselling..... 204-784-4067

Attachment

Child Development Clinic.....204-787-4378
Aulneau Renewal Centre204-987-7090

Substance Abuse and Gambling

Addictions Foundation of Manitoba204-944-6200

Provincial Adult Addictions Information
Toll-Free Helpline Line1-855-662-6605
www.mbaddictionhelp.ca

Directory of Adult Addiction Services in Manitoba
www.gov.mb.ca/healthyliving/addictions/adult.html

For more copies of this guide contact: mentalhealthpromotion@wrha.mb.ca
www.wrha.mb.ca



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