

PERINATAL MENTAL HEALTH INTERVENTIONS

Postpartum Blues

- Patient and family awareness and education
- Opportunity for woman to voice concerns in a non-judgmental environment
- Complete medical evaluation (particularly thyroid, hemoglobin & iron levels)
- Support and understanding from family, friends, peers and healthcare providers
- Self-care strategies such as rest, good nutrition, respite from childcare

Postpartum Depression (PPD)

- Interventions for postpartum blues
- Mild to moderate PPD - Therapy or counselling and increased support may help to alleviate symptoms
- Psychological interventions such as Cognitive Behavioural Therapy and Interpersonal Therapy are effective
- Severe PPD usually requires treatment with antidepressants along with some form of psychotherapy. SSRIs are the most frequently prescribed antidepressants. The use of antidepressants is decided on in 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.

Postpartum Psychosis

- Immediate medical intervention is warranted
- Access WRHA Mobile Crisis Service at 940-1781 (24 hours)

Postpartum Anxiety

- Interventions for postpartum blues
- Psychological interventions
- Pharmacotherapy

QUESTIONS TO ASK

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

- How have you been sleeping?
 - How are you feeling about being a new mother?
 - Do you find that your baby is easy or difficult to care for?
 - Are you getting out?
 - Are you having any troubling or repetitive thoughts about yourself or your baby?
 - 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?
- Are you able to sleep when the baby sleeps?
 - Are you enjoying your new baby?
 - How are things going in your family?
 - Are you eating, and what are you eating?

MORE INFORMATION

Mental Health Resource Guide for Winnipeg at www.cmhawpg.mb.ca/resources.htm

Fact sheet for public education on postpartum depression (available in multiple languages) at www.heretohelp.bc.ca/publications/factsheets/postpartum

Culture of Wellbeing: Guide to Mental Health Resources for First Nations, Metis and Inuit People of Winnipeg at www.wrha.mb.ca/aboriginalhealth/services.php

Postpartum Websites

www.postpartum.org

www.postpartum.net

PERINATAL MENTAL HEALTH SUPPORTS & SERVICES

CRISIS

MENTAL HEALTH CRISIS RESPONSE SERVICES (24 HOURS)

Winnipeg Regional Health Authority Mobile Crisis Service	940-1781
<i>Crisis assessment, intervention and consultation including access to Crisis Stabilization Units and linkage to other mental health resources.</i>	
Klinik Crisis Line	786-8686
Manitoba Suicide Line	1-877-435-7170
YOUTH Emergency Crisis Stabilization System (under 18)	949-4777

SUPPORT

INFORMATION AND SUPPORT

Health Links-Info Santé (24 hours)	788-8200
<i>Health information, guidance and referral by registered nurses.</i>	
Family Doctor Connection Line (doctors accepting new patients)	786-7111
Winnipeg Regional Health Authority - Population and Public Health	926-7000
<i>General inquiry for Community Office locations and Public Health Nurses' services including home visiting, breastfeeding support and access to Families First Home Visitors. See WRHA Health Services Directory in the white pages for full listing of services.</i>	
Healthy Baby Community Support Programs www.gov.mb.ca/healthychild/healthybaby/list.html	945-1301
Breastfeeding Support – Breastfeeding Hotline (24 hours)	788-8667
Women's Health Clinic – Mothers Program	947-2422 ext 113

Outreach, one on one and group support for women experiencing emotional changes after introducing a baby into their life. www.womenshealthclinic.org

IN-HOME SUPPORT SERVICES

The Family Centre- In Home Family Support Program	947-1401
Ma Mawi Wi Chi Itata Centre – In Home Support Services	925-0300
Child and Family All Nations Coordinated Response Network	944-4200
<i>Some private health insurance plans will cover costs for private in home services.</i>	

TREATMENT

TREATMENT SERVICES

PSYCHOLOGICAL ASSESSMENT AND TREATMENT SERVICES	
WRHA Clinical Health Psychology Program – Central Intake (<i>perinatal referrals are prioritized</i>)	787-5161 fax 787-3755
<i>For referral information www.wrha.mb.ca/prog/psychology/index.php</i>	
The Psychological Association of Manitoba – (<i>private fee for service</i>) www.cpmb.ca	
PSYCHIATRY	
<i>See the Manitoba College of Family Physicians Inc. at www.mcfp.mb.ca</i>	
Manitoba Catalogue of Specialized Services http://mbcatalogue.mbaccess.ca	
Child & Adolescent Mental Health Centralized Intake Service (<i>women under 18</i>)	958-9660
INDIVIDUAL AND FAMILY COUNSELLING AGENCIES, EAP AND FAITH-BASED COUNSELLING	
<i>See MENTAL HEALTH RESOURCE GUIDE FOR WINNIPEG for full listing available at www.cmhawpg.mb.ca/resources.htm</i>	
KLINIK COMMUNITY DROP-IN COUNSELLING	784-4067
ATTACHMENT	
Child Development Clinic – Children's Hospital	787-2584
Aulneau Renewal Centre	987-7090
SUBSTANCE ABUSE AND GAMBLING	
Addictions Foundation of Manitoba	944-6200
www.gov.mb.ca/healthyliving/mh/adult.html	

For more copies of this guide, contact mentalhealthpromotion@wrha.mb.ca. Printed April 2009.

Perinatal Mental Health QUICK REFERENCE FOR HEALTH CARE PROVIDERS

POSTPARTUM BLUES

- Experienced by up to 75% of all women after childbirth
- 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 greater risk for postpartum depression

POSTPARTUM DEPRESSION

- 1 in 8 postpartum women experience postpartum depression; it is the most common (unrecognized) complication of childbearing

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
- Adolescent mothers
- Recent immigrant women

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 postpartum depression using DSM-IV 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

OTHER SIGNS

- Uncontrollable crying
- Feeling overwhelmed or out of control
- Intrusive thoughts of harming baby or harm coming to the baby
- Excessive worry about baby's health/safety

POSTPARTUM PSYCHOSIS

- Rare but severe postpartum mood disorder affecting 1-2 women per 1000 births
- More common in women diagnosed with bipolar disorder or with a family history of mood disorders
- The onset of symptoms are rapid and immediate medical intervention is warranted
- Access Mobile Crisis Service (24 hours) at 940-1781

SIGNS AND SYMPTOMS

- Extreme depressed or elated mood
- Disorganized behavior and thinking
- Extreme agitation, confusion

- Severe insomnia
- Impaired concept of reality
- Obsessive thoughts

POSTPARTUM ANXIETY

Between 4 and 15% of women experience 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 thoughts
- Poor concentration
- Panic with shortness of breath, chest pain, dizziness

- Restlessness
- Excessive irritability
- Intrusive thoughts or images
- Compulsive behaviours

IF YES

Are you, the service provider, the postpartum woman or her family, concerned about changes in the postpartum woman's mood or behaviour?

IF YES, PLEASE PROCEED.

Gather collateral history. 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?
- Having unusual ideas about the baby?
- Having ideas of harming the baby?
- Exhibiting thoughts or behaviours of harming herself?

IF NO

1. Immediate Assessment is required:

Refer immediately to Mobile Crisis Service 940-1781 (24 hours)
Involve woman in process as much as possible.

OR Facilitate access to hospital emergency or have family access hospital emergency department with client.

2. Do not leave 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 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 at 944-4200 (24 hours)
5. Follow up within 24 hours to ensure assessment has occurred and treatment plan is in place.

IF YES

1. Complete or arrange for medical evaluation of possible clinical depression or anxiety. Provide rationale for early intervention, support and treatment.
2. Provide information to woman (and partner/family) on postpartum depression and anxiety.
3. Explore community resources available.
4. Explore and link with counselling or therapy service.
5. Refer to support programs for women experiencing postpartum depression (e.g. support group, telephone support).
6. Mobilize basic support for childcare or housekeeping.
7. Develop an action plan with woman. Provide list of 24-hour crisis contacts and advise to contact primary care provider if symptoms worsen.
8. Follow up within 10 days to ensure an assessment has occurred and treatment plan is in place.
9. If there is no improvement in two weeks or her condition worsens - reevaluate and/or refer to specialist.

Have signs/symptoms

(depressed mood, uncontrollable crying, hopelessness, loss of interest in activities normally enjoyed, intrusive thoughts of harm to self or baby)

been present for 2 or more weeks?

Is she experiencing significant:

Disruptions to appetite or sleeping patterns?
Physical symptoms such as racing heart, shortness of breath, dizziness?
Feelings of anxiety, being overwhelmed or out of control?

Do the symptoms impair the new mother's ability to:

Care for herself? Care for the baby? Care for other children?

IF NO

1. Provide information to woman (and partner/family) on the range of normal postpartum emotional adjustments.
2. Provide emotional support and encouragement.
3. Assist woman in developing a self-care action plan.
4. Mobilize basic supports for childcare and house-keeping.
5. Strengthen social support e.g. link to Healthy Baby group, Y-Neighbours groups, or faith-based supports etc.
6. Assess for stressors e.g. difficulty breastfeeding, social isolation, unsafe housing etc.
7. Provide anticipatory guidance on who to call if symptoms worsen.
8. Follow up within 2 weeks to reassess how the postpartum woman is coping.