Nova Scotia

CARE PATHWAY FOR THE MANAGEMENT OF PERINATAL MENTAL HEALTH & ADDICTIONS

This care pathway provides a recommended approach for the identification, assessment, and monitoring of mental health issues for pregnant and postpartum people in Nova Scotia. This tool **does not replace individualized assessment and clinical judgment** is required to ensure safe, effective, and equitable, inclusive treatment of your patient

1. **ASK** about the well-being of the pregnant or postpartum person at every visit to identify a need for mental health and addiction support and treatment. Primary Care Perinatal Mental Health Toolkit can assist in your assessment and treatment.

- **Ask about mood, well-being, and substance use** of the pregnant or postpartum person at each visit and consider input from patient's circle of care. Assessment Tools for mood and anxiety disorders can be used, including: Generalized Anxiety Disorder (GAD-7), Patient Health Questionnaire (PHQ-9), Edinburgh Perinatal/Postnatal Depression Scale (EPDS), and Perinatal Anxiety Screening Score (PASS) (see table below). For substance use: T-ACE score (alcohol consumption); Prescription Opioid Misuse Index (POMI). For domestic violence: Women Abuse Screening Tool (WAST)
- **Initiate a dialogue to understand the context of the person's mental health and addiction** within their own unique situation with a lens on equity and diversity and inclusion.
- **Identify factors that precipitate or exacerbate mental health and addiction symptoms** (e.g. lack of support, financial, domestic violence, alcohol or substance use disorders, etc.).

2. **ADVISE** provide education and arrange support to mitigate factors that are affecting mental health and addictions.

- **Provide education and information about perinatal mental health and addiction problems**, how common they are, and that effective treatments are available. (See APPENDIX A for teaching points and Treatment Table for interventions).
- **Discuss strategies to increase practical and emotional social support**, **improve night-time sleep** and **incorporate regular meals and physical activity**. (See 'NESTS' in APPENDIX B) These factors may improve mental health, on their own for those with mild or subclinical symptoms and in conjunction with mental health treatments for those with problems that are more severe. Referral to addiction services for problematic substance use as early as possible to avoid delays in treatment.
- **Link to community supports**:
  - Family doctor: Need a Family Practice Registry - Need a Family Practice (nshealth.ca)
  - Public Health Nurse: Referral to Public Health Nurse phshd-fax@ssdha.nshealth.ca. Across Nova Scotia, Healthy Beginnings: Enhanced Home Visiting is a free program delivered through Nova Scotia's public health units in partnership with hospitals and other community partners to help families receive supports and services to enhance mental health, self-care and parenting capacity in the community. (Limited services during COVID)
  - Department of Community Services: Prevention and Early Intervention | Nova Scotia Department of Community Services through contacting any child welfare office
  - Social Worker: Arrange assistance in addressing precipitating and perpetuating factors, including resources available in the community to provide support (e.g., accessing financial, legal and domestic violence support, and accessing care for substance use disorders).

The pathway was modelled after the 5A's Construct (Goldstein, Whitlock, & DePue, 2004). **Please refer to the guidance document for full list of references.** The *Care Pathway* is meant to be clinically applicable for a wide range of populations. Ontario and Nova Scotia has diverse pregnant and postpartum populations and this can greatly influence individual needs and mental health care expectations. When appropriate, health professionals should consult with specialized organizations dedicated to the support of specific populations when tailoring the *Care Pathway* to the person's unique needs.

3. **ASSESS** the severity of the mental health and addiction concern.

	MILD	MODERATE	SEVERE	URGENT
Depression & Anxiety Severity based on Symptoms and Hx from Primary Care Perinatal Mental Health Toolkit	**Risk Attributes:** • No personal hx mood disorder • No other hx mental illness • No fx hx of mood disorder • Positive coping skills • Multiple supports • No OBS complications **Symptoms:** • Physical and nutrition fitness • Active co-parent • Mild or few, but persistent symptoms • Minimal impact on day-to-day function • Intrusive Thoughts	**Risk Attributes:** • Prior hx of premenstrual dysphoric disorder • Fx hx mood disorder/brief psychosis • Early childhood abuse • Hx domestic of other violence • Prior substance misuse/dependence **Symptoms:** • Multiple symptoms, persistent, impacting day-to-day function and quality of life • High parenting load • Only few supports/not reliable • Food and housing insecurity • Current emergent stressors • Mild symptoms that do not remit with treatment step 1	**Risk Attributes:** • Prior hx postpartum depression/anxiety • Prior hx mood disorder, especially bipolarity • Poor security/attachment • Medical comorbidities **Symptoms:** • Many symptoms, persistent, significant impact on day-to-day function and quality of life • Severe psychosocial stress • Sleep deprivation/pain • Current domestic violence/abuse • Negative about pregnancy • Co-morbid substance use disorder • Suicidal ideation • Moderate symptoms that do not remit after treatment step 1 and 2	• **Psychosis** • **mania** • **Risk of harm to self or others**
GAD-7 (Anxiety)	Score = 5-9	Score = 10-14	Score = 15 or more	Not applicable
PHQ-9 (Depression)	Score = 5-9	Score = 10-14	Score = 15 or more or Q9 > 0	Intent or plan for suicide
EPDS (Depression and Anxiety)	Score = 10-12	Score =13-18	Score = 19 or more or Q10 > 0	Intent or plan for suicide
PASS (Perinatal Anxiety)	Score = 0-20	Score = 21-41	Score = 42-93	Not applicable
WAST (Intimate Partner Violence)	Score of 13 (out of 24) OR Reports a current threatening or abusive relationship			
T-ACE (Alcohol Consumption)	2 Positive responses OR Reports current alcohol use as a coping strategy			
POMI (Prescription Opioid Misuse Index)	Score of 2 or more OR Reports current opioid use as a coping strategy (not prescribed)			

Birth Trauma, Grief and Loss	Has had a loss OR Self-Described distress when asked “Today, what are your memories of your childbirth” OR reports distress in current pregnancy from a previous delivery or perinatal experience.

**Assessment Tool Scores are a guide only; clinical assessment is required.*

SEE APPENDIX D for flow chart of condensed version of treatment and follow-up

4. **ASSIST by recommending or implementing a Treatment Step A person can enter at any step in the *Care Pathway* and move up or down based on severity of illness and response to prior interventions. Treatments can build upon interventions available in the lower steps. Regardless of the treatment step being applied, continuous monitoring is required.**

TREATMENT STEPPED-CARE APPROACH

Treatment Step	Focus of Intervention	Interventions by Type and Recommended Resources

TREATMENT STEP 1
Psychological Interventions
(Community Support)
	Common mental health concerns such as depression or anxiety, where symptoms are **mild or subclinical** (may include patients for whom you are taking a watch-and-wait approach).	➔ **THE EARLIER BETTER**
		• Psychoeducation for patient, partner, and family
		• Family Practice Providers can use the Adult Mental Health Practice Support Program Algorithm
		• Reduce stressors, address sleep
		• Add Support (ie identify family or community resources and what they can provide)
		• Substance use assessment and harm reduction where indicated
		• Encourage patient to connect with perinatal specific self-help, guided self-help, and peer supports. Links are available for the patient ***COMING SOON ON THE*** Mental Health Addictions website (See APPENDIX C for all links)
		• Offer referral to
		  ○ in-house social worker for assistance with finances, housing if needed
		  ○ Public Health Nurse phshd-fax@ssdha.nshealth.ca for assessment and eligibility for Healthy Beginnings: Enhanced Home Visiting (online/in-person, by region) for support with feeding baby, keeping self and children safe, and connection to community resources
		  ○ **Western Zone Specific:** RN Interim Support Program if patient expresses interest in receiving mental health support. EMAIL crystal.trull@nshealth.ca
		• Inform patient that they can go to local Family Resource Center to work through activities from Mother's Mental Health Toolkit
		
		Western Zone Specific:
		• Offering referral to RN Interim Support Program helps the patient access mental health support; provides interim support before they can get access to a counsellor or psychiatrist; provides support during a loss

TREATMENT STEP 2
Psychological Interventions
(self or healthcare provider referral) and Antidepressant Medication
	Common mental health concerns of **mild severity that do not remit** with Step 1 interventions *AND* Common mental health concerns of **moderate severity or greater**.	➔ **TREATMENT STEP 1 PLUS:**
		• Prescribe sleep & respite
		• Provide with Mobile Crisis # 902-429-8167 1-888-429-8167 (Toll Free)
		• Cognitive Behavioural Therapy (CBT) (NICE guidelines) and Interpersonal Psychotherapy (IPT) are first-line treatments for perinatal depression and anxiety (self-directed or therapist-led)
		  ○ Free counselling available through community service's Women's Centers for Sexualized trauma and General Counselling
		  ○ If CPS is involved, they can fund private counselling for the patient
		• Anticipate Medication (review pros and cons within scope of primary care provider) in combination with psychological intervention when psychological intervention alone is insufficient
		  ○ Canadian Network for Mood and Anxiety Treatments
		  ○ Information on antidepressants in pregnancy and lactation: MotherToBaby, LactMed
		  ○ Consult with a Psychiatrist (http://VirtualHallway.ca)
		  ○ Free Psychiatric Prescriber's Line for prescribers (Postpartum Support International)
		  ○ Antidepressant can be used (and/or psychological intervention) when psychological intervention alone is insufficient, symptoms are severe, or preferred by the person
		• Collaborative care with obstetrical and maternity providers, pediatrics, neonatology, with mental health expertise, is best practice in complicated cases

TREATMENT STEP 3
Additional Specialized Interventions
	Moderate mental health concerns that do not remit with Step 2
	Severe mental health concerns (severe depression, bipolar disorder or schizophrenia).
	
	SELF-HARM RISK ASSESSMENT:
	In the past 2 weeks:
	1. Have you been feeling so low/down, depressed, anxious or agitated it has affected your day-day routine?
	2. Have you been unable to find any interest or enjoyment in activities or people you usually would? Even after some rest?
	3. Have you been feeling hopeless or super critical of yourself?
		➔ **TREATMENT STEP 1&2 PLUS:**
		• Assess for co-morbidities
		• Ideally MH collaboration with local psychiatry
		  ○ **Phone local Psychiatrists on-call** for collaboration and direction
		  ○ Consult with a Psychiatrist (http://VirtualHallway.ca) for support around treatment recommendations
		  ○ **Refer to Local Psychiatric Services** for specialized psychotherapy and pharmacological management and follow-up.
		  ○ Reproductive Mental Health Program IWK referral or request to speak directly to a psychiatrist for guidance 902-470-8098
		• Active CBT with therapist where available
		• Prescribe sleep strategies
		• Medication to actively manage any emergent anxiety symptoms, when psychological interventions alone are insufficient, symptoms are severe, or preferred by the person (SSRI/SNRI most common choices)
		  ○ Canadian Network for Mood and Anxiety Treatments (CANMAT) 2016 Clinical Guidelines for the Management of Adults with Major Depressive Disorder - PMC (nih.gov)
		  ○ Review pros and cons of psychotropics with breastfeeding before delivery
		  ○ Canadian Network for Mood and Anxiety Treatments
		  ○ Information on antidepressants in pregnancy and lactation: MotherToBaby, LactMed
		• Routine SI screening (self & attending MD/NP/PHN)

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	4. Have you experienced any thoughts or plans of hurting yourself or a drive to escape in some way?	• Refer to local acute care institution for somatic treatment (neuro-stimulation, electroconvulsive therapy) for partial (day program) or full hospitalization ➔ **IMMEDIATE POSTPARTUM PLAN:** • Plan to routinely assess risk to self or infant with open & shared discussion/goal of safety • If delivery trauma-increase monitoring as now PTSD risk increases • Prescribe strongly-sleep/food/break/people/physical recovery as needed • Focus on acceptance of self and risk with support measures as most effective; not optional • Not a time usually for 'therapy' in formal sense • Seek out and confirm supports, including people and what their role or task will be • If marked decline in premorbid function or suicidal ideation or impaired attachment to infant – now is time to initiate medication and call for consult/backup • Monitor symptoms weekly x 6 weeks; then monthly to 6 months
TREATMENT STEP 4 Urgent Care and Hospitalization	• Suspected mania or psychosis • Discloses intention or plan for suicide, self-harm or harm to fetus/infant • Delirium / severe sleep deprivation • Extreme unexplained anxiety • Marked physical agitation • Rapid atypical shifts in mood • Rejection of infant • Undue fear of discharge • Any early sign of abnormal visions or auditory hallucinations or unusual referential thinking as prodrome for psychosis	➔ **IMMEDIATE ACTION PLAN:** • **Urgent Risk assessment – Safety First.** A person with possible mania, psychosis and/or thoughts of harming self or baby should NOT be left alone or with baby until an appropriate assessment is complete. Many pregnant and postpartum individuals do have "intrusive" thoughts of harm coming to their baby with NO "active" intent. Each provider will have a different level of comfort with this assessment. • **Provider IS concerned about mania, psychosis or harm to self or others**: Initiate plan to transfer patient for emergency psychiatric assessment. MDs can complete a Nova Scotia application for extended assessment (Form 2 Mental Health Act). Call emergency services as needed to ensure safe transport for patient to the closest emergency department. Call local Children's Protection Services if concern about harm to child. • **Provider assesses that there IS NO active intent or plan** for harm to self or others, and that patient has appropriate support, as well as capacity to access crisis services if symptoms worsen acutely: Mobilize patient's support system; Ensure the individual has contact information for crisis services; Maintain close follow-up, follow treatment Steps 2 and 3 as appropriate. • Maintain and update plan of action with patient and patient's support system, including providers in patient's circle of care
Family Violence	• WAST score 13 and above	➔ **Offer numbers and assistance:** • Police RCMP 902-527-5555; Bridgewater Police 902-543-2464 • Harbour House 1-888-543-3999 • NS Victim Services, Western Zone 1-800-565-1805 • Mental health and addictions intake line 855-922-1122 / 902-543-5400 • Mental Health Crisis Line: 1-888-429-8167 • Sexual Assault Nurse Examiner Program (SANE) 902-634-7304 / 902-634-8801 ext 3244 • Child Protection Services ➔ **Local:** Offices with Child Welfare Services | Nova Scotia Department of Community Services

		• Women's Centers of Nova Scotia • Sexual Health Center Lunenburg County 902-527-2868 www.sexualhealthlunenburg.com
Woman expresses substance misuse	• T-ACE 2 positive responses • POMI score of 2 or more	➔ **OFFER NUMBERS AND ASSISTANCE TO CONTACT** • Addiction Services intake 1-855-922-1122 • Referral to GP
Birth Trauma, Grief and Loss	• Current Traumatic Delivery: ASK DAY 2 POSTPARTUM "Today, what are your memories of your childbirth" • Next Pregnancy: Symptoms recurring from previous Traumatic experience • Loss anytime in pregnancy	➔ **START DEBRIEF AND CBT WITHIN 48-72 HOURS AFTER SELF-DESCRIBED BIRTH TRAUMA** • Increase monitoring as now PTSD risk increases • Prescribe strongly sleep/food/break/people/physical recovery as needed • Offer Debrief of previous experience • Connect patient to a private Facebook group for Birth Trauma Ontario Birth Trauma Ontario | Facebook • Connect to private counsellor for trauma processing Find the Best Therapists and Psychologists in Nova Scotia - Psychology Today or Mental health and addictions intake 1-855-922-1122 if no private coverage ➔ **ANXIETY THIS PREGNANCY FROM PREVIOUS TRAUMA** • Assist development of a personalized birth plan ➔ **LOSS ANYTIME IN PREGNANCY** • Provide support and address any upcoming perinatal appointments (cancel if appropriate) • Pregnancyed.com for first trimester loss in the ED • Fax a note to family doctor or clinic following patient's pregnancy to notify of miscarriage or loss to avoid patient being contacted for future appointments. • **Western Zone Specific** Offer referral to RN Interim Support Program if patient expresses interest in receiving mental health support; would like interim support before they are able to get in with a counsellor or psychiatrist; has had a loss May qualify for in-house counselling by a social worker. Ask for more details in the referral to the RN

5. **ARRANGE** follow-ups to monitor recommended treatment plan. Make modifications or changes to treatment step as required. Address barriers to treatment uptake, review risk factors and discuss progress in order to determine whether new level of Treatment Step is required.

- **Frequency of initial follow-up specific to severity of symptoms.** More frequent contact may be required if there is a higher severity of illness or medication is prescribed and may be less frequent as symptoms improve. Be clear about which health professional is providing follow-up care.
- **Use the assessment tools to monitor symptoms**. Scores on a GAD-7 <5, PHQ-9 <5, EPDS <10, or PASS less than 20 on at least two assessments that are at least two weeks apart suggest remission.
- **Follow patient to remission**. Follow the individual on medication treatment for at least six months or longer after remission to assess need for ongoing treatment

FOLLOW-UP STEPPED-CARE APPROACH

TREATMENT STEP 1 Psychological Interventions (Community Support)	Common mental health concerns such as depression or anxiety, where symptoms are **mild or subclinical** (may include patients for whom you are taking a watch-and-wait approach).	• **Monitor mood and function 1x / month**
TREATMENT STEP 2 Psychological Interventions (self or healthcare provider referral) and Antidepressant Medication	Common mental health concerns of **mild severity that do not remit** with Step 1 interventions *AND* Common mental health concerns of **moderate severity or greater**.	• **Monitor mood and function 1-2x / month**
TREATMENT STEP 3 Additional Specialized Interventions	**Moderate mental health concerns that do not remit with Step 2** **Severe mental health** concerns (severe depression, bipolar disorder or schizophrenia).	• **Monitor patient mood & function diary weekly** **SELF-HARM RISK ASSESSMENT:** In the past 2 weeks: 1. Have you been feeling so low/down, depressed, anxious or agitated it has affected your day-day routine? 2. Have you been unable to find any interest or enjoyment in activities or people you usually would? Even after some rest? 3. Have you been feeling hopeless or super critical of yourself? 4. Have you experienced any thoughts or plans of hurting yourself or a drive to escape in some way?
TREATMENT STEP 4 Urgent Care and Hospitalization	• Suspected mania or psychosis • Discloses intention or plan for suicide, self-harm or harm to fetus/infant	• **Urgent Risk assessment – Safety First.** A person with possible mania, psychosis and/or thoughts of harming self or baby should NOT be left alone or with baby until an appropriate assessment is complete.
Family Violence / Substance Misuse / Birth Trauma, Grief and Loss	Follow-up as above for co-morbid mood an anxiety disorder severity	

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Resources Used to Create this Resource:

The pathway was modelled after the 5A's Construct (Goldstein, Whitlock, & DePue, 2004). **Please refer to the guidance document for full list of references.**

Dr. MacDonald, Joanne; Dr. Bussey, Lynn; Dr Williams, Alicia. Primary Care Perinatal Mental Health Toolkit: Dalhousie Depts of Psychiatry & Family Medicine.2022

Nonacs, Ruta MD PhD. Et al. Screening for Perinatal Anxiety Using PASS- the Perinatal Anxiety Screening Scale. MGH Center for Women's Mental Health. July 2018

Please take the opportunity to fill out a quick survey to let us know how helpful this Care Pathway was to guiding and assisting your clientele with mental health issues.

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APPENDIX A

Topics to teach your patients about late pregnancy and the initial postpartum period:

- By the end of pregnancy, your **stress hormones** are 5 times higher at the end of pregnancy so it's not uncommon to experience new or worse anxiety and depression symptoms
    - If you use substances:
        - You may find you start increasing your use of substances to help you cope
        - Using your healthy coping strategies at this time is key to avoid increasing your substance use
    - If you have pre-existing anxiety and/or depression that you are taking medication for:
        - Do not stop your medication or reduce your dose unless discussed with the person who prescribed it

- The **first 2-4 weeks (Baby Blues)** after having the baby is difficult for most people. Your brain and hormones are shifting dramatically to adjust to not being pregnant and to being a new parent:
    - You might experience frequent crying, emotional ups and downs, decreased appetite, difficulty with sleep, and feeling overwhelmed. You are still able to feel joy and your self-esteem is intact.
    - Provide the NESTS handout. This period often referred to as Baby Blues is short-lived for 2-4 weeks. At the end of the 2-4 weeks, your mood, anxiety, sleep, appetite, energy should be returning to your baseline
    - If you have a psychiatrist or therapist or other medical professional who follows you for your mental health, think about making a follow-up appointment for 1 month postpartum to talk about any symptoms from the first 2-4 weeks that aren't going away, or you have any new behaviour or moods you are concerned about.

- **Unwanted Intrusive Thoughts**
    - A website based on studies done BC can help inform you and your client and can be found here.
    - All parents experience intrusive thoughts. It is thought to be an evolutionary trait to help parents be hypervigilant and prevent dangerous situations.
    - Thoughts can be silly, scary, or disturbing. Thoughts can include unintentional harm coming to them or their children, or intentional harm coming to themselves or their children. Some thoughts can seem very real.
    - Unwanted intrusive thoughts are just that, unwanted. The thoughts can bring anxiety to the person having them in fear that the thought alone will come true. This is not true. Research has shown less incidence of harm coming to children of people having intrusive thoughts.
    - These thoughts can predispose obsessive compulsive disorder and/or contribute to disturbed sleep if they are occurring excessively and are difficult to 'turn off'. By assessing the individual experience and disruptions to their life, treatment and follow-up can be tailored accordingly.

- **Postpartum Psychosis** is a rare and serious complication that involves the new parent experiencing hallucinations and delusions (things that aren't true to reality) that come and go with being lucid. These episodes include wanting to harm themselves or their newborn or someone else.
    - With a history of bipolar disorder postpartum psychosis is more likely. Onset occurs with the drop in pregnancy hormones within days to weeks of giving birth, or when breastfeeding is weaned.
    - It is important to let support people know about warning signs and the importance of not leaving the person alone and seeking medical care immediately such as the emergency department

- **Postpartum Depression/Anxiety** symptoms usually develop after the first two-four weeks postpartum, up to anytime in the first year. If you have pre-existing anxiety or depression, symptoms may be worse in pregnancy or postpartum.
    - "Maybe your head is spinning with worries. Maybe you surprise yourself with how angry you can feel (sometimes out of nowhere). And maybe you're just not enjoying this stage like you thought you would.
    - You're overwhelmed. You're on edge. You feel stuck, guilty, not good enough, and constantly underwater.
    - We want you to know that it's not your fault that you're feeling this way. You're not a bad parent, or not cut out for this. You're also not alone." -Perinatalcollective.com

- **Substance Use** like smoking, cannabis, and alcohol is common in pregnancy[1], but affects the health of the pregnant person, and fetus or child. We understand that this may be your primary coping strategy, and we would like to offer help finding different strategies to improve the health of you and of your family. Please talk to your care provider, we accept you where you are at.

- **Family violence** is experienced by nearly half of the pregnant and postpartum population with psychological violence being the most common.[2] You are not alone, and there is help. We strive to meet with you alone at least once prenatally to ask about threatening or abusive relationships.

- **Trauma** related to the pregnancy, birth, or postpartum journey can be distressing and lead to anxiety and PTSD impacting your relationships and future pregnancies. Experiences such as loss at any point in pregnancy, adverse outcomes, difficulty adjusting to life circumstances, or unplanned events, just to name a few, can be experienced as traumatic and is highly unique for each person.

[1] Polysubstance Use In Pregnancy. Centers for Disease Control and Prevention. Polysubstance Use During Pregnancy | CDC 2022

[2] Almeida et al. Domestic Violence in Pregnancy: Prevalence and characteristic of the pregnant woman. National Library of Medicine. Domestic violence in pregnancy: prevalence and characteristics of the pregnant woman - PubMed (nih.gov) 2017

APPENDIX B

NEST-S *for the first 2-4 weeks postpartum or during any difficult time:*

Nutrition: Eating nutritious foods throughout the day and night. Snacks with protein will sustain you longer. (For example: peanut butter, nuts, cheese, eggs)

Exercise: Moving/walking outside daily not only gives you some light-therapy from the sun, but also releases feel-good hormones. (For example: walk around the outside of your house, feel the rain or wind on your face, dance/sway with your baby)

Sleep and rest: Sleep is very important for both physical and mental health. Getting at least 3-4 hours of uninterupted sleep is ideal for the brain. (For example: nap from 8pm-10pm, feed baby, sleep 11pm-3am, feed baby, sleep 4am-8am, then nap through day if needed. If bottle feeding, take turns through the night with your support person). If you are having trouble turning off your thoughts, try the following activities for 5-10min each: notice 5 things you can see, notice 4 things you can hear, notice 3 things you can touch, notice 2 things you can smell, notice 1 thing you can taste; progressively relax your body from head to toe- flex every mucle in your head on the inhale them relax every muscle in your head on the exhale, then progress to the neck, then shoulders, arms, and so on down to the toes.

Time for Self: Taking self-time is challenging for new parents, but very important. 15 min a day is suggested. (For example: this time could be used by taking a shower, bath, reading, walking, or talking to a friend)

Support: Social support plays an important role in helping new parents adjust to the life changes that go along with being a parent. Healthy relationships are a protective factor against depression and other mental health disorders, and are an important factor in recovery. (For example: Enlist help from family and friends. Drop in to library baby groups, or family resource center baby groups.) Seek help from your local family resource center or a counsellor if you feel further support is needed.

-Mental Health Disorders in the Perinatal Period. BC Reproductive Mental Health Program & Perinatal Services BC. (pg. 23)

Education

- http://www.cmha.ca/mental_health/postpartum-depression/#.WHCc89lrLcs Canadian Mental Health Association: Postpartum Depression – a great resource for those seeking to learn more about postpartum depression and provides some resources
- https://www.anxietybc.com/ Anxiety BC – online resource providing self-help information and resources for adults, parents and caregivers.
- The Period of PURPLE Crying | PURPLECrying.info to help prevent shaken baby syndrome
- http://www.panda.org.au/ PANDA: Perinatal Anxiety & Depression Australia – a website with great resources for information regarding perinatal mental health
- http://postpartum.org/ Pacific Post Partum Support Society – developed as a grass roots initiative, the Pacific Post Partum Support Society has been supporting mothers and their families experiencing postpartum distress, depression, and anxiety since 1971
- Canadian Network for Mood and Anxiety Treatments

Peer support

- www.perinatalcollective.com The Canadian Perinatal Wellness Collective: free online support groups and counselling across Canada
- Postpartum Support International free online support groups / Call or text 'help' to 1-800-944-4773
- Call your local public health nurse. You may also qualify for Healthy Beginnings: Enhanced Home Visiting
- Better Together Family Resource Center free in person baby groups and programs for families
- www.togetherall.com free online chat platform
- Nova Scotia Women's Centres - Women's Centres Connect (womenconnect.ca) free programs and counselling
- http://www.postpartumdads.org/ Postpartum Dads – a website intended to help dads and families of mothers who have postpartum depression.

Self-help

Self-directed workbooks for depression

- Managing Depression
- Coping with Depression during Pregnancy and Following the Birth

Self-directed workbooks for anxiety

- Coping with Anxiety during Pregnancy and Following the Birth
- The Pregnancy & Postpartum Anxiety Workbook

Guided self-help

- Help with Sleep. Mysleepwell.ca
- Mind Shift Anxiety Canada (APP)
- Mental Health and Addictions Nova Scotia: Tools
- Mother's Mental Health Toolkit (available at your local Family Resource Center)

Cognitive Behavioural Therapy (CBT) and Interpersonal Psychotherapy (IPT) are first-line treatments for perinatal depression and anxiety

- Mobile Crisis Line 902-429-8167 1-888-429-8167 (Toll Free)
- Adult Mental Health and Addictions Services – search by category (free) if no private insurance 1-855-922-1122
- Nova Scotia Referrals / Togetherall: -Online support, resources, and courses (free)
- The Canadian Perinatal Wellness Collective: Counselling and support groups across Canada www.perinatalcollective.com ($)
- Find a Social Worker: https://nscsw.org/ (public and private)
- Find a Psychologist: https://apns.ca/
- Find a private therapist Psychology Today Nova Scotia –inquire about sliding scale ($)
- BEACON digital therapy: Internet-based CBT with perinatal expertise (fees)

Apps

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- Mindshift CBT (FREE) https://www.anxietybc.com/resources/mindshift-app
- Moodpanda –Mood Panda is a supportive mood tracking application and has tools to create graphs of your mood over the day, month, year, etc. http://www.moodpanda.com/

South Shore Specific Resources

- OHC / Thrive mental health walk-in clinic: Chester: sessions Tuesdays 3-8pm (free)
- 211NovaScotia (online Nova Scotia database)

Suggested Readings

General Postpartum Mood Disorders –

- Understanding intrusive thoughts: Infographic on Postpartum Harm Thoughts | The Perinatal Anxiety Research Lab (ubc.ca)
- Good Moms have Scary Thoughts -book
- This Isn't What I Expected: Overcoming Postpartum Depression by Karen Kleiman and Valerie Raskin
- A Deeper Shade of Blue by Ruta Nonacs
- Beyond the Blues by Pec Indman and Shoshanna Bennett
- *What Am I Thinking?: Having A Baby After Postpartum Depression* by Karen Kleiman
- *Life Will Never Be The Same: The Real Mom's Postpartum Survival Guide* by Ann Dunnewold & Diane Sanford
- *The Mother-to-Mother Postpartum Depression Support Book* by Sandra Poulin
- *Understanding Your Moods When You're Expecting: Emotions, Mental Health & Happiness Before, During & After Pregnancy* by Lucy Puryear
- Postpartum Anxiety & OCD –
- *The Pregnancy & Postpartum Anxiety Wookbook* by Pamela Weigartz
- *Dropping the Baby & Other Scary Thoughts* by Karen Kleiman
- Postpartum Psychosis –
- *Understanding Postpartum Psychosis: A Temporary Madness* by Teresa Twomey
- Depression During Pregnancy (Antenatal or Antepartum Depression) –
- *Pregnancy Blues: What Every Woman Needs to Know About Depression During Pregnancy* by Shaila Misri
- *Pregnant On Prozac: The Essential Guide to Making the Best Decision for You & Your Baby* by Shoshanna Bennett

For Dads –

The Postpartum Husband: Practical Solutions for Living with Postpartum Depression by Karen Kleiman

Memoirs –

Down Came the Rain by Brooke Sheilds

Why I Jumped by Tina Zahn

Behind the Smile: My Journey Out of Postpartum Depression by Marie Osmond

A Daughter's Touch by Sylvia Lasalandra
Inconsolable by Marrit Ingman
For Professionals -
Therapy & The Postpartum Woman by Karen Kleiman
Perinatal & Postpartum Mood Disorders: Perspectives & Treatment Guide for the Healthcare Practitioner edited by Susan Dowd Stone
Motherhood & Mental Health by Ian Brockington

- *Traumatic Childbirth* by Cheryl Tatano Beck, Jeanne Watson Driscoll and Sue Watson

APPENDIX D see Primary Care Perinatal Mental Health Toolkit

Provider determines patient needs psychological intervention for mild or subclinical symptoms:

MILD

Treatment Step 1

-Psychoeducation
-Intrusive Thoughts
-Adult Mental Health Practice Support Algorithm
-Reduce stressors
-Add Support
-Educate partner and family + patient
-NEST-S

-Substance use assessment and harm reduction where indicated → Addiction Services intake 1-855-922-1122

-Offer referral to in-house social worker or department of community services for assistance with finances, housing if needed
-Offer referral to in-house RN Interim Support Person
-Inform patient that they can go to local Family Resource Center to work through activities from Mother's Mental Health Toolkit

Monitor mood and function 1x/month

Provider determines patient needs psychological intervention and medication for mild symptoms that do not remit after treatment step 1 or for moderate or greater symptoms severity:

MODERATE

Treatment Step 1+2

Anticipate medication pros and cons

Prescribe sleep and respite

Ensure referral submitted for public health to follow-up postpartum

phshd-fax@ssdha.nshealth.ca

Provide with: Mobile Crisis Line 902-429-8167
1-888-429-8167 (Toll Free)

Cognitive Behavioural Therapy (CBT) and Interpersonal Psychotherapy (IPT) are first-line treatments for perinatal depression and anxiety

Monitor mood and function 1-2 x/month

Provider determines patient needs additional specialized interventions for moderate symptoms that do not remit after treatment step 2 or for severe concerns/ emergent anxiety/ marked decline/ suicidal ideation:

SEVERE

Treatment Step 1+2+3

Routine Suicidal Ideation Screening

Acceptance of self and risk

Identify supports, who they are, what their role will be

Activate CBT public/private/practitioner lead

Prescribe Sleep Strategies

Medication for management of Emergent anxiety symptoms

Canadian Network for Mood and Anxiety Treatments

MotherToBaby, LactMed

Free Psychiatric Prescriber's Line

Mental Health Collaboration with local psychiatry

Consult with a Psychiatrist

Reproductive Mental Health Program IWK; 902-470-8098

Monitor mood and function diary weekly x 6 weeks then monthly up to 6 months

URGENT

Treatment Step 4

Do not leave alone

Immediate Psychological Assessment

Provider determines that patient needs urgent care or hospitalization:

Is concerned about mania, psychosis or harm to self or others

Initiate plan to transfer to closest emergency department for emergency psychiatric assessment

If risk of patient signing self out:

(Form 2 Mental Health Act).

If risk to children:

Children's Protection Service

When stable move to **No Active Intent or Plan**

No Active Intent or Plan for harm to self or others, and that patient has appropriate support, as well as capacity to access crisis services if symptoms worsen acutely

Mobilize patient's support system; Ensure the individual has contact information for crisis services; Maintain close follow-up, follow treatment Steps 2 and 3 as appropriate.

Maintain and update plan of action with patient and patient's support system, including providers in patient's circle of care

The *Care Pathway* is meant to be clinically applicable for a wide range of populations. Ontario and Nova Scotia have diverse pregnant and postpartum populations and this can greatly influence individual needs and mental health care expectations. When appropriate, health professionals should consult with specialized organizations dedicated to the support of specific populations when tailoring the *Care Pathway* to the person's unique needs.

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