CARE PATHWAY FOR THE MANAGEMENT OF PERINATAL MENTAL HEALTH AND ADDICTIONS

The pathway was modelled after Ontario's Care Pathway for the Management of Perinatal Mental Health. Provincial Council for Maternal and Child Health. Ontario. July 2021. Please refer to the guidance document for full list of references.

Nova Scotia Edition Last Updated September 2023

To get you started: **Primary Care Perinatal Mental Health Toolkit**

Ask → Advise → Assess → Assist → Arrange

Then apply the Stepped Care Approach

Links for Specific Cases:
Family Violence
Substance Misuse
Birth Trauma, Grief, Loss

Provider determines that patient needs urgent care or hospitalization:

URGENT
Treatment Step 4
Do not leave alone.
Immediate Psychological Assessment.

ACTIVE INTENT and 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 &3 as appropriate.

-Communicate plan of action with primary care provider.

Refer to Step 1-3 when stable

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

SEVERE
Treatment Step 1 + 2 + 3

- Routine Suicidal Ideation Screening

- Assess comorbidities
- Work toward acceptance of self and risk

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

- Active CBT with therapist where available

- Provide patient resources for sleep and respite.

-Medication management:
Canadian Network for Mood and Anxiety Treatments
MotherToBaby, LactMed

- Mental Health Collaboration with local psychiatry: Consult with a Psychiatrist Reproductive Mental Health Program IWK; 902-470-8098
Free Psychiatric Prescriber's Line

-**Communicate with primary care provider**

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

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
Intervention Step 1 + 2

→ Adult Mental Health Treatment Algorithm

- Provide patient resources

- Anticipate medication

- Offer public health 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)

- **Communicate with primary care provider**

Monitor mood and function 1-2 x/month.

Provider and patient determine the need for psychological and community support for common mental health concerns such as depression or anxiety, where symptoms are mild or subclinical.

MILD
Intervention Step 1

- Provide education

- Address sleep and incorporate regular meals and physical activity.

- Self Care strategies

- Patient pamphlet

- Link to community support

- Link patient to online supports

- Referral to South Shore Perinatal Mental Health Navigator - EFR

- Referral to addiction services (EFR)

-**Communicate with primary care provider**

Monitor mood and function 1x/month.

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Visit the Primary Care Perinatal Mental Health Toolkit to assist in your assessment and treatment.

1. **ASK:**

- **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.
- **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** by providing education and arrange support:

➔ **THE EARLIER BETTER**

- **For Primary Care Providers:**
  - Adult Mental Health Practice Support Program Algorithm
  - Primary Care Perinatal Mental Health Toolkit_2022.pdf (nshealth.ca)
- **Substance use**: harm reduction where indicated.
- **Referral to addiction services** (EFR) for problematic substance use as early as possible to avoid delays in treatment.
- **Provide education and information about perinatal mental health and addiction problems**, how common they are, and that effective treatments are available.
  - Find a Patient Pamphlet here: https://www.nshealth.ca/sites/nshealth.ca/files/patientinformation/2336.pdf.
- **Discuss strategies to increase practical support and self care**:
  - **improve night-time sleep** and incorporate regular meals and physical activity.
  - Self Care strategies may improve mental health on their own or in conjunction with other mental health treatments.
- **Link to community supports**:
  - **Need a Primary Care Provider:** 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 program 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.
  - **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).
  - **Local Family Resource Centers** are trained to offer the Mother's Mental Health Toolkit
- **Link patient to online supports**

  Perinatal Mental Health Navigator: Currently located and serving the South Shore as a pilot project. You can find referrals on EFR with the code **NS_ISRNR**

3. ASSESS the severity of the mental health and/or addiction concern:

- 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).
- For substance use: T-ACE score (alcohol consumption); Prescription Opioid Misuse Index (POMI). For domestic violence: Women Abuse Screening Tool (WAST). **Assessment tools are guides only and should be combined with clinical assessment.*

	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	Score = 0-20	Score = 21-41	Score = 42-93	Not applicable

Anxiety)				
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.			

4. **ASSIST by recommending or implementing Intervention Steps 1-3. 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.**

INTERVENTION STEPPED-CARE APPROACH

Intervention Step	Focus of Intervention	Interventions by Type and Recommended Resources

INTERVENTION 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**
		• **For Primary Care Providers:**
		  ○ Adult Mental Health Practice Support Program Algorithm
		  ○ Primary Care Perinatal Mental Health Toolkit 2022.pdf (nshealth.ca)
		• **Substance use**: harm reduction where indicated.
		• **Referral to addiction services** (EFR) for problematic substance use as early as possible to avoid delays in treatment.
		• **Provide education and information about perinatal mental health and addiction problems**, how common they are, and that effective treatments are available.
		  ○ Find a Patient Pamphlet here: https://www.nshealth.ca/sites/nshealth.ca/files/patientinformation/2336.pdf.
		• **Discuss strategies to increase practical support and self care**:
		  ○ **improve night-time sleep** and incorporate regular meals and physical activity.
		  ○ Self Care strategies may improve mental health on their own or in conjunction with other mental health treatments.
		• **Link to community supports**:
		  ○ **Need a Primary Care Provider:** 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 program 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.
		  ○ **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).
		  ○ **Local Family Resource Centers** are trained to offer the Mother's Mental Health Toolkit
		• **Link patient to online supports**
		• **Perinatal Mental Health Navigator**: Currently located and serving the South Shore as a pilot project. You can find referrals on EFR with the code **NS_ISRNR**

INVERTENTION 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**.	➔ **INTERVENTION STEP 1 PLUS:**
		• **Provide patient resources** for sleep and respite.
		• **Provide with Mobile Crisis #** 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 (NICE guidelines)
		  ○ Connect to counselling of Patient's choice
		  ○ **FYI:**
		  ▪ 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

INTERVENTION 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
		➔ **INTERVENTION STEP 1&2 PLUS:**
		• **Assess for co-morbidities.**
		• **MH collaboration with local psychiatry**
		  ○ **Phone local Psychiatrists on-call** for collaboration and direction.
		  ○ **Consult with virtual Psychiatrist** https://virtualhallway.ca/ for support around treatment recommendations.
		  ○ 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
		• **Provide patient resources** for sleep and respite.
		• **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)
		• **Refer to local acute care institution for somatic treatment** (neuro-stimulation, electroconvulsive therapy) for partial (day program) or full hospitalization

	yourself? 4. Have you experienced any thoughts or plans of hurting yourself or a drive to escape in some way?	➔ **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.
INTERVENTION 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

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 with this handout. • 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 to determine whether new level of Intervention 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

INTERVENTION 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.**
INTERVENTION 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.**
INTERVENTION 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.** • **Routine SELF-HARM RISK ASSESSMENT**
INTERVETION 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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APPENDIX A: Psychoeducation

Topics to teach your patients about pregnancy and the 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 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 in BC can help inform you and your client on Intrusive Thoughts 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 alternate with periods of lucidity. The psychotic episodes rarely but can 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 while medical care is sought 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: Self-Care

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)

Assess Sleep habits:

How many hours do I sleep at night? ____

How many times do I wake up? ____

Do I have trouble falling asleep? ____

Staying asleep? _____

Who else sleeps with me? ____

What is their sleep like? ____

What was my sleep routine before I became a mother? ____

Is there anyone who could help so I could get more sleep? ____

Do I sleep in the daytime? _____

Sleep Hygiene:

- ✓ Try to adjust how you use or depend on substances to manage your sleep eg caffeine, energy drinks, vaping, cannabis, nicotine, alcohol.
- ✓ Avoid alcohol at bedtime as it can appear to relax you, but will actually disrupt your sleep at night.
- ✓ Ask for or accept help if it is available to take one of the feedings overnight, or in the daytime.

- ✓ Try to relax before bedtime – take a warm bath, or take deep, relaxing breaths.
- ✓ Many any to-do lists early in the evening long before bedtime. Avoid using phone or screens immediately before bed.
- ✓ Watch your screen time and stimulation in the hour before you try to sleep.

-Primary Care Perinatal Mental Health Toolkit

Appendix C: Resources for the Patient

Many of the following resources are listed on the Mental Health and Addictions website here

- 211NovaScotia
  - https://ns.211.ca/ -online Nova Scotia database
- 811Nova Scotia
  - https://811.novascotia.ca/

Education

- Provincial Patient Booklet How Anxiety and Your Mood Change in Pregnancy and After Birth
  - https://www.nshealth.ca/sites/nshealth.ca/files/patientinformation/2336.pdf
- Understanding intrusive thoughts
  - https://parlab.med.ubc.ca/infographic-on-postpartum-harm-thoughts/ -Infographic on Postpartum Harm Thoughts | The Perinatal Anxiety Research Lab
- Canadian Mental Health Association: Postpartum Depression
  - https://cmha.ca/brochure/postpartum-depression/ – a great resource for those seeking to learn more about postpartum depression and provides some resources.
- Anxiety BC
  - https://www.anxietybc.com/ – online resource providing self-help information and resources for adults, parents, and caregivers.
- The Period of PURPLE Crying
  - https://dontshake.org/purple-crying -to help prevent shaken baby syndrome.
- PANDA
  - http://www.panda.org.au/ -Perinatal Anxiety & Depression Australia – a website with great resources for information regarding perinatal mental health
- Pacific Post Partum Support Society
  - http://postpartum.org/ – 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
  - https://www.canmat.org/resources/#health-professionals

Peer support

- Peer Support Nova Scotia
  - https://www.supportyourpeople.com/peer-support-nova-scotia/
- Wellness Together Canada | Peer Support Warm Line
  - https://www.wellnesstogether.ca/en-ca/resource/peer-support-warmline
- The Canadian Perinatal Wellness Collective
  - www.perinatalcollective.com -free online support groups and counselling across Canada
- Postpartum Support International
  - https://www.postpartum.net/ -free online support groups / Call or text 'help' to 1-800-944-4773
- Call your local public health nurse
  - https://www.nshealth.ca/public-health-offices -You may also qualify for Healthy Beginnings: Enhanced Home Visiting
- Better Together Family Resource Center
  - https://www.southshorefamilyresource.org/include/lunenburg.htm -free in person baby groups and programs for families

- Togetherall
  - www.togetherall.com -free online chat platform
- Nova Scotia Women's Centres - Women's Centres Connect (womenconnect.ca)
  - https://womenconnect.ca/ns-womens-centres/ - free programs and counselling
- Postpartum Dads
  - http://www.postpartumdads.org/ -a website intended to help dads and families of mothers who have postpartum depression.

Guided self-help

- Help with sleep.
  - Mysleepwell.ca
- Mind Shift Anxiety Canada
  - https://www.anxietycanada.com/resources/mindshift-cbt/
- Mental Health and Addictions Nova Scotia: Tools
  - https://mha.nshealth.ca/en/tools
- Mother's Mental Health Toolkit (available at your local Family Resource Center)
  - iwk.nshealth.ca/themes/iwkhc/downloads/mmh-toolkit.pdf

Self-directed workbooks for anxiety

- Coping with Anxiety during Pregnancy and Following the Birth
  - bcmhsus.ca/Documents/coping-with-anxiety-during-pregnancy-and-following-the-birth.pdf
- The Pregnancy & Postpartum Anxiety Workbook
  - https://www.google.ca/books/edition/The_Pregnancy_and_Postpartum_Anxiety_Wor/Ej5uC4sEe6oC?hl=en&gbpv=1&printsec=frontcover

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

- Mobile Crisis Line 902-429-8167 1-888-429-8167 (Toll Free)
- Nova Scotia Mental Health and Addictions
  - https://mha.nshealth.ca/en -Intake line: 1-855-922-1122 for publicly funded counselling
- Nova Scotia Referrals / Togetherall
  - https://togetherall.com/en-ca/accessing-mental-health-support/nova-scotia-referrals/?utm_source=Nova+Scotia&utm_medium=Interactive+PDF&utm_campaign=Interactive: -Online support, resources, and courses (free)
- The Canadian Perinatal Wellness Collective
  - www.perinatalcollective.com - counselling and support groups across Canada
- Find a Social Worker
  - https://nscsw.org/ (public and private)
- Find a psychologist.
  - https://apns.ca/
- Find a private therapist
  - https://www.psychologytoday.com/ca/therapists/nova-scotia –inquire about sliding scale ($)
- BEACON digital therapy
  - https://www.mindbeacon.com/: -Internet-based CBT with perinatal expertise (fees)
- Dr. Gabrielle Berrardelli MD, CM, CCFP, PMH-C

- 902-592-3400 / drberrardellioffice@gmail.com -perinatal mental health counselling/psychotherapy. MSI covered services.

Apps

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

South Shore Specific Resources

- OHC / Thrive mental health walk-in clinic
  - https://ourhealthcentre.ca/ohc-services/ -Chester: sessions Tuesdays 3-8pm (free)

Suggested Readings

General Postpartum Mood Disorders

- *Good Moms have Scary Thoughts*
- *This Isn't What I Expected: Overcoming Postpartum Depression*
  - Karen Kleiman and Valerie Raskin
- *A Deeper Shade of Blue*
  - Ruta Nonacs
- *Beyond the Blues*
  - Pec Indman and Shoshanna Bennett
- *What Am I Thinking?: Having A Baby After Postpartum Depression*
  - Karen Kleiman
- *Life Will Never Be The Same: The Real Mom's Postpartum Survival Guide*
  - Ann Dunnewold & Diane Sanford
- *The Mother-to-Mother Postpartum Depression Support Book*
  - Sandra Poulin
- *Understanding Your Moods When You're Expecting: Emotions, Mental Health & Happiness Before, During & After Pregnancy*
  - Lucy Puryear

Postpartum Anxiety & OCD

- *The Pregnancy & Postpartum Anxiety Workbook*
  - Pamela Weigartz
- *Dropping the Baby & Other Scary Thoughts*
  - Karen Kleiman

Postpartum Psychosis

- *Understanding Postpartum Psychosis: A Temporary Madness*
  - Teresa Twomey
- *Depression During Pregnancy (Antenatal or Antepartum Depression)*
- *Pregnancy Blues: What Every Woman Needs to Know About Depression During Pregnancy*
  - Shaila Misri
- *Pregnant On Prozac: The Essential Guide to Making the Best Decision for You & Your Baby*
  - Shoshanna Bennett

For Dads

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

Memoirs

- *Down Came the Rain*
    - Brooke Sheilds
- *Why I Jumped*
    - Tina Zahn
- *Behind the Smile: My Journey Out of Postpartum Depression*
    - Marie Osmond
- *A Doughter's Touch*
    - Sylvia Lasalandra
- *Inconsolable*
    - Merit Ingman

For Professionals

- *Therapy and the Postpartum Woman*
    - Karen Kleiman
- *Perinatal & Postpartum Mood Disorders: Perspectives & Treatment Guide for the Healthcare Practitioner*
    - edited by Susan Dowd Stone
- *Motherhood & Mental Health*
    - Ian Brockington
- *Traumatic Childbirth*
    - Cheryl Tatano Beck, Jeanne Watson Driscoll and Sue Watson

Appendix D: Resources for Grief and Loss

Self-Care: NEST-S

Nutrition:

- Eating foods that will give you lots of energy throughout the day.
  - Try eating snacks with protein (like peanut butter, nuts, cheese, eggs)**.** They will help you feel full longer

Exercise:

- Moving or walking outside each day can:
  - Help with feelings of sadness
  - Help your body release hormones that make you feel good
  - Try walking around outside, feling the rain or wind on your face

Sleep and rest:

- Sleep is very important for physical and mental health. Getting at least 3-4 hours of continuous sleep with no interuptions is best for your brain.
  - If you are having trouble turning off your thoughts, try these 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 time for yourself is important when feelings are overwhelming.
  - Try taking 15 min a day for self-care. Take a shower or bath, read, go for a walk, watch your favourite TV show, or talk to a friend).

Support:

- Social support plays an important role in helping to grieve and process life changes.
  - Ask your loved one(s) for help, or to listen.

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

Parental Grief

It has been said that the death of a child is the most devastating loss that one can experience. When a child dies, it changes your world as you are thrown into a new world of personal chaos. It can be hard to relate to others as you move through this time, and normal tasks and routines can seem overwhelming. (Source: Grief Digest, Volume 1, Issue 3)

Everyone experiences their grief differently and acknowledging that there is no script for healing can help alleviate some of the pressure people feel in the early stages of their grief. Healing takes place best in a supportive community. Bereaved parents are encouraged to reach out for support that offers empathy, compassion, and fellowship.

For more information on parental grief support resources and service in your community, please contact the IWK Bereavement Coordinator at **902.470.8942**

Stillbirth and Infant Loss Support for Parents

1st and 3rd Friday at 1PM (EST)
This support group is for parents who have experienced stillbirth or early infant loss. Our group is here to provide support and connection to bereaved parents as we know losing a baby can be an isolating and devastating experience. This group is led by trained peer facilitators who have also experienced stillbirth/infant loss. You are not alone, and we are here to help.

Baby's Breath / Souffle de Bebe

Peer Support and Resources:
The loss of a child is devastating, and difficult for many to relate to. Your sorrow and sense of loss are well understood by the families associated with our Foundation.

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