**Perinatal Mental Health Interventions**

- **Postpartum blues**
  - Patient and family awareness and education
  - Opportunity for women to receive support in a non-judgemental environment
  - Complete medical evaluation (particularly thyroid, hormone & iron levels)
  - Support and understanding from family, friends, peers and healthcare providers
  - Self-care strategies such as rest, good nutrition, exercise from childcare

- **Postpartum Depression (PPD)**
  - Interventions for postpartum blues
  - Work to moderate PPD: Therapy or counseling and increased support may help to alleviate symptoms
  - Psychological interventions such as Cognitive Behavioral Therapy and Intervention are effective
  - Seven 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 a case-by-case basis in consultation by healthcare physicians. For information about safety of mood drugs during pregnancy and lactation contact Women’s Health at www.wrha.mb.ca.

- **Postpartum Psychosis**
  - Informational resources to warn others
  - Health Canada. Women’s Health Clinic Services at 301.101 (24 hours)

- **Postpartum Anxiety**
  - Informational resources 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):
  - In the last two weeks, have you been bothered by having little interest or pleasure in doing things?
  - In the last two weeks, have you been bothered by feeling down, depressed or hopeless?
  - Are you having any troubling or repetitive thoughts about yourself or your baby?
  - Are you getting out?
  - How are you feeling about being a new mother?
  - How have you been sleeping?

**More Information**

- Mental Health Resource Guide for Winnipeg at www.wrha.ca/longtermhealth/services.php
- Postpartum Michel
  - www.postpartum.net
  - www.postpartum.org

**Perinatal Mental Health Supports & Services**

**Mental Health Crisis Response Services (24 Hours)**

- Winnipeg Regional Health Authority – Mobile Crisis Service
  - Crisis assessment, intervention and consultation including access to Crisis Stabilization Units and stabilization mental health resources.
  - Crisis Clinic
  - 786-8300
  - Manitoba T nạn
  - 1-877-645-7370
  - www.crispmb.ca

**Information and Support**

- Health Link-Aids Service (24 hours)
  - 786-8300
- Family Support for Public Education on Postpartum Depression (available in multiple languages)
  - Available at Information and support
  - Mental Health Resource Guide for Winnipeg
  - 926-7000

**Treatment Services**

- Psychotherapy and Treatment Services
  - Winnipeg Clinical Health Program – Family Intake (interested referrals are prioritized)
  - For more information visit www.winnipegclinicalhealth.ca
  - 787-5312
- The Psychologist Association of Manitoba – crisis helpline service www.pcm.ca

**Substance Abuse and Gambling**

- Addiction Foundation of Manitoba
  - 944-6200
- Aulneau Renewal Centre
  - 987-7090

- **IN-HOME SUPPORT SERVICES**

- Winnipeg Regional Health Authority Mobile Crisis Service
  - 940-1781
- Mental Health Crisis Response Services (24 hours)

- **INDIVIDUAL AND FAMILY COUNSELLING AGENCIES, EAP AND FAITH-BASED COUNSELLING**

- Winnipeg Community Counselling Services
  - 947-1401
- Ma Mawi Wi Chi Itata Centre – In Home Support Services
  - 925-0300
- Child and Family All Nations Coordinated Response Network
  - 941-4141

- **General Inquiry for Community Office locations and Public Health Nurses’ services including home visiting, outreach, one on one and group support for women experiencing emotional changes after introducing a baby into their lives**
  - www.wrha.mb.ca/healthservices/directory

- **Mental Health Crisis Response Services (24 Hours)**

- Quick reference for health care providers

**More Information**

- Mental Health Resource Guide for Winnipeg at www.wrha.ca/longtermhealth/services.php
- Postpartum Michel
  - www.postpartum.net
  - www.postpartum.org
Postpartum Blues

- If you experience severe postpartum blues you may be at greater risk for postpartum depression

Postpartum Anxiety

- Women who experience severe postpartum blues may be at greater risk for postpartum depression.

Postpartum Psychosis

- There has been a rise in postpartum psychosis with 1-2 women per 1000 births.

Postpartum Depression

- Between 4 and 15% of women experience anxiety following childbirth.

RISK FACTORS

- Depression or anxiety during pregnancy
- Family history of depression
- Physiologic risk factors
- Recent stressful life events
- Lack of social support
- Recent onset of anxiety

SIGNS AND SYMPTOMS

- Women may exhibit either a depressed mood or a loss of interest or pleasure in usual activities, or in addition to any four other symptoms listed below.

Symptoms usually subside within two weeks.

- Thought of harming the baby?
- Having unusual ideas about the baby?
- Seeming to lack a need for sleep?
- Experiencing extremes of mood? (especially desperation or elation)
- Uncontrollable crying
- Intrusive thoughts or images
- Excessive worry about baby’s health/safety
- Inappropriate affect in the postpartum woman’s mood or behavior?

OTHER SIGNS

- Extreme depression or suicidal ideation
- Disorganized behavior and thinking
- Sudden alterations in mood
- Care for herself? Care for the baby? Care for other children?

OTHER RISKS

- Women with previous depressive episodes during pregnancy are at high risk
- Women with previous depressive episodes during their lifetime.
- Women with a family history of depression.
- Women with medical problems during pregnancy.
- Women with physical abuse.

1. Immediate Assessment is required:
   - Note: Call Multi-Crisis Services (940-373-0479) (24 hours) to involve woman in process as much as possible.
   - Off-site access to hospital emergency or home family access hospital emergency department with child.
   - Do not leave woman on her own with baby until she has been assessed for a doctor or mental health consultation.
   - Assess support needs of the family and arrange for support as needed.
   - If you determine that a child is at risk of protection or the family is at risk of crisis support (all clients have been taken to assess women’s safety and stability), call Child and Family All Nations Coordinated Response Network at 944-4200 (24 hours)
   - Follow up within 24 hours to ensure assessment has occurred and treatment plan is in place.

1. Complete or arrange for medical evaluation of possible clinical depression or anxiety.
2. Provide information to woman (and partner/family) on postpartum depression and anxiety.
3. Explore community resources.
4. Explore and link with day care or day therapy service.
5. Refer to support program for women experiencing postpartum depression.
6. Mobilize basic support for clients in homelessness.
7. Access to an active plan with woman.
8. Ensure that the crisis contact and all others contact primary care provider if symptoms worsen.
9. Follow-up at 48 hours to ensure treatment plan is in place.

3. Assist woman in developing a self-care action plan.
4. Mobilize basic supports for childcare and housekeeping.
5. Strengthen social support for family (e.g. support group, telephone support).
6. Access to treatment if symptoms worsen.
7. Develop an action plan with woman.

1. Provide information to woman (and partner/family) on the range of normal postpartum emotional adjustments.
2. Provide emotional support and encouragement.
3. Avoid women in developing a self-care action plan.
4. Mobilize basic supports for children and housekeeping.
5. Strengthen social support to help families cope.
6. Access to treatment if symptoms worsen.
7. Follow up with provider on women’s care and treatment plan.

IF YES

- Please proceed.

IF NO

- Please reevaluate and/or refer to specialist.

Have signs/symptoms:

- Increased irritability, restlessness, palpitations, loss of interest in activities.

If yes: 
- Explore and link with a crisis contact.
- Explore community resources.
- Mobilize basic supports for childcare and housekeeping.
- Strengthen social support for family.
- Access to treatment if symptoms worsen.
- Develop an action plan with woman.
- Follow-up at 48 hours to ensure treatment plan is in place.

IF YES

- Explore the possibility of harm to self or baby.

- Explore community resources.
- Mobilize basic supports for childcare and housekeeping.
- Strengthen social support for family.
- Access to treatment if symptoms worsen.
- Develop an action plan with woman.
- Follow-up at 48 hours to ensure treatment plan is in place.

IF NO

- Please proceed.

- Please reevaluate and/or refer to specialist.

Have thoughts of death or suicide?

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

- Explore the possibility of harm to self or baby.

- Explore community resources.
- Mobilize basic supports for childcare and housekeeping.
- Strengthen social support for family.
- Access to treatment if symptoms worsen.
- Develop an action plan with woman.
- Follow-up at 48 hours to ensure treatment plan is in place.

IF YES

- Please proceed.

IF NO

- Please reevaluate and/or refer to specialist.

Have intrusive thoughts of harm to self or baby?

- Inappropriate affect in the postpartum woman’s mood or behavior?

- Uncontrollable crying
- Intrusive thoughts of harm to baby or harm coming to the baby
- Excessive worry about baby’s health/safety

- Explore the possibility of harm to self or baby.

- Explore community resources.
- Mobilize basic supports for childcare and housekeeping.
- Strengthen social support for family.
- Access to treatment if symptoms worsen.
- Develop an action plan with woman.
- Follow-up at 48 hours to ensure treatment plan is in place.