

Primary Care Perinatal Mental Health Toolkit

Dalhousie Depts of Psychiatry & Family Medicine

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Primary Care Perinatal Mental Health Toolkit

A Guide to Use

& Context for this resource:

The **Primary Care (PC) Perinatal Mental Health Toolkit** is a brief companion to the more comprehensive **Mothers' Mental Health Toolkit: A Resource for the Community**. That original workbook-style resource was developed in 2012 out of a national federal project for mental health resources and training for non-healthcare service providers in the community. You can find the original Toolkit and affiliated materials at www.iwk.nshealth.ca/mmh

Any professional supporting a birthing person in the perinatal period may also use the resources found within the original community-provider based Toolkit. Self-training materials can be found on a second opening page by clicking on the yellow-gold rectangle labeled 'View Additional Resources for Trainers' at the bottom of the first opening page.

The **PC Perinatal Mental Health Toolkit** that follows was developed specifically for healthcare professionals practicing within the community and in health care facilities including, but not limited to, Family Physicians, Public Health Nurses, Midwives,

Nurse Practitioners and other nurses providing perinatal care. The PC Toolkit was developed by the Dalhousie Faculty of Medicine's Departments of Family Medicine and Psychiatry, with review by IWK Health Centre nurse experts and staff from the Reproductive Care Program of Nova Scotia (RCP). RCP provides leadership, support and direction to Nova Scotia care providers guiding the provision of evidence informed perinatal care. This includes screening recommendations utilizing the widely validated Edinburgh Prenatal/Postnatal Depression Screen (EPDS). The tool is used for brief patient-based assessment during the antenatal and postpartum phases of the pregnancy-birth journey. Screening scores alert the clinician that further evaluation may be needed. The EPDS is found here on page 31 and has also been included within the RCP 2022 revised Nova Scotia Prenatal Record. <http://rcp.nshealth.ca/chart-prenatal-forms/nova-scotia-prenatal-record>



The intention of this resource is to provide brief general guides and resources, supporting positive perinatal mental health practices, that engage the birthing parent and their family and supporters in care, along with health professionals in education, screening, healthcare and early intervention roles. The materials provided are not intended to replace individualized or specialized mental illness care. The user is typically not a trained mental health clinician. Perinatal mental illness assessment and care standards are led in Nova Scotia by the Reproductive Mental Health Service based at the IWK Health Centre.

www.iwk.nshealth.ca/mental-health/reproductive-mental-health-rmh-services

The PC Perinatal Mental Health Toolkit is not intended as a detailed care pathway for the treatment of moderate to severe mental illness. The resources here were created to support care providers with identification and a few quick tools in the management of mild to moderate mental health concerns and illness risk in primary care settings. The hope is that the worksheets will be helpful to the provider and engage the patient and their supports in bolstering strengths, recognizing areas of vulnerability and opportunities for preventative care and intervention.



How This Toolkit is Organized

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Key Ideas for
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& Guides for
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Handouts/Information
for Mothers & their
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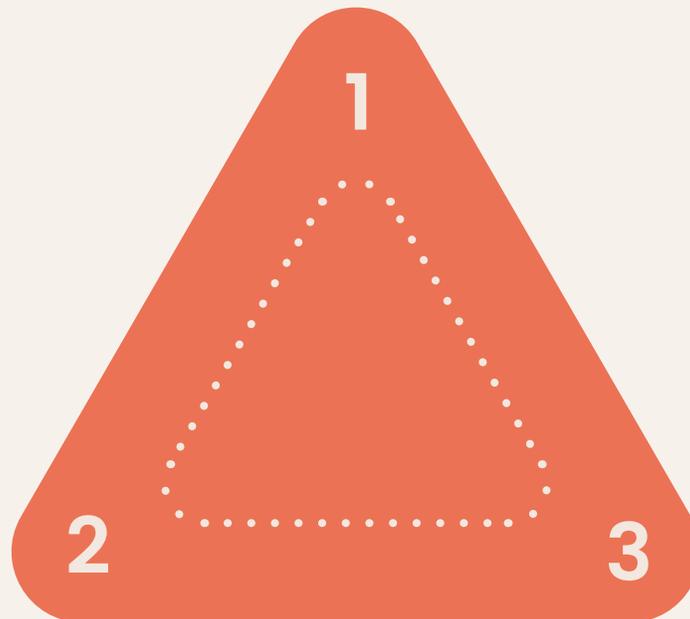
List of Further
Resources

Key Ideas for Mothers & Professionals

Primary Care Mental Health Assessment and Care are based on a BioPsychoSocial model of understanding risk and illness presentations. Understanding the relative contributions of each of the biological, psychological and social aspects of a mother's experience and function will demonstrate where support or interventions should be targeted. Symptom or function change can then be a measure of stabilization and recovery. Psychological dynamics are a blend of Thinking Patterns and Emotions Experienced.

Below are **EXAMPLES** of the contributors in each of these domains. The companion schemas that follow will assist you to:

- Organize your assessment,
- Include the patient and their supports in the assessment
- Create your care plan and
- Mobilize an action plan for your patient and their supports



1. Biological

- Genetics
- Intercurrent Illness
- Prior Hx Mental Illness
- Pregnancy & Delivery Hx
- Sleep/Pain/Fluids/Nutrition
- Substance Abuse

2. Psychological

- Temperament & Traits
- Trauma Hx
- Coping Style
- Self-Concept & Self-Esteem
- Emotional Regulation Capacity

3. Social

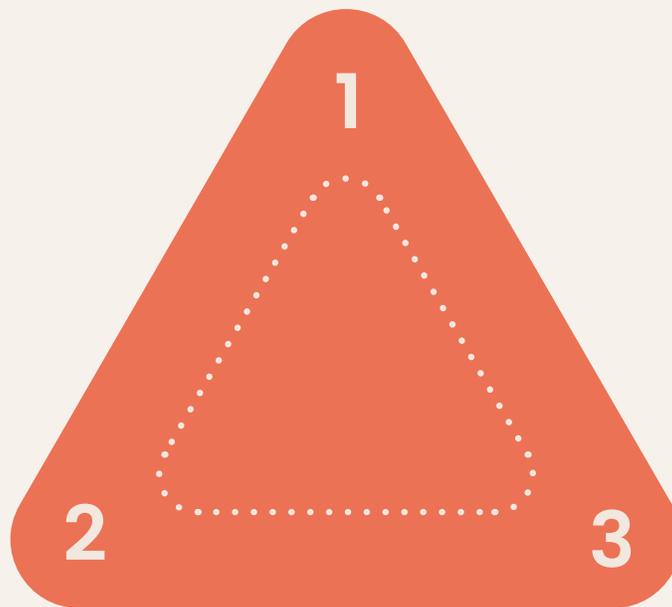
- Relationships Past & Present
- Living Environment
- Parenting Demand/Children's Health
- External Stressors
- Community Structure/Culture

Biopsychosocial Assessment Guide for Professionals

Patient: _____ **Date:** _____

Biological

Genetic HX
Physical Health



Psychological

Emotional HX

Social

People (then and now)

Biopsychosocial Care Plan for Professionals + Mothers + Supports

Patient: _____

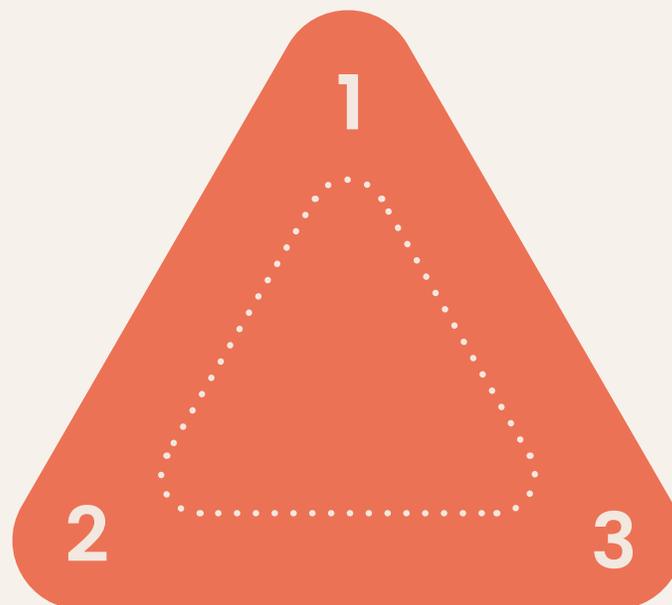
Date: _____

Body

Medication

Body

Non-Medication Physical Rx



Emotions

Cognitive
Emotional Management

People

Supports Now
Community Resources

Self-Assessment for Mothers

As a partner in your care think about and record what describes YOU in these 3 areas of your background:

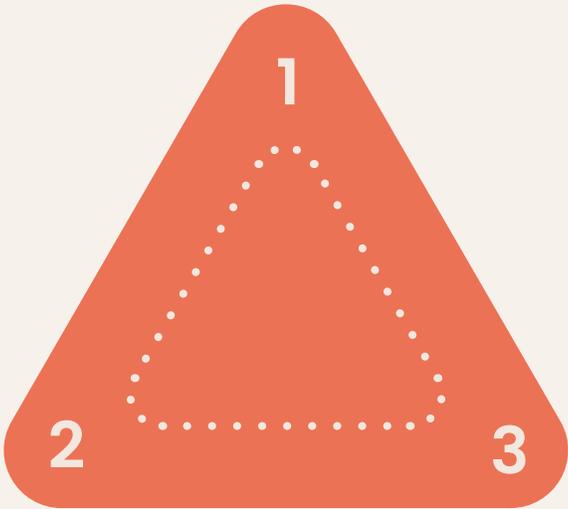
1. Biological/Body

**2. Psychological/
Emotions/Thoughts**

**3. Social/People/
Places**

Body

Biological



Emotions/Thoughts

Psychological

People/Places

Social

Mother, Friends & Family Action Plan

1. Body

2. Emotional Life

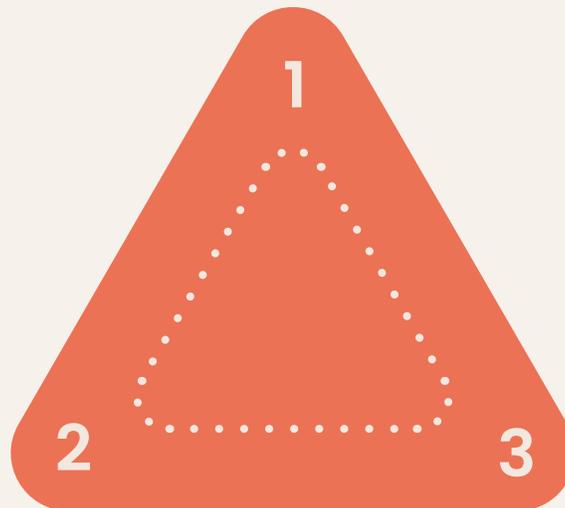
3. People

Body

Medication

Body

Non-Medication



Emotional Life

Thinking & Feeling

People

Places & Help

Section 2

Practice Approaches
& Guides for Professionals

Practice Approaches & Guide for Professionals

Psychotropic Guidelines for Pregnancy & Lactation

Psychotropic use in pregnancy & lactation should be guided by several factors:

1. Care plans, including the risk/benefit analysis of psychotropic use, must be individualized to your patient, at this time, in the context of other co-morbidities.
 2. Seek obstetrical, pediatric and psychiatric expert clinical advice where possible.
 3. Pregnancy and childbirth bring elements of outcome risk to mother and fetus irrespective of any medication use. Psychotropic safety risk should be evaluated compared to the known unpredictable general population rates of adverse infant outcomes without medication.
 4. Guidelines or information never replaces ongoing direct medical monitoring and care plan revision accordingly.
 5. Collaborative care with obstetrical & maternity providers, pediatrics, neonatology, with mental health expertise, is best practice in complicated cases.
- ### **Points to consider**
- Severity of mental illness in the presenting mothering patient
 - History of clear therapeutic benefit from psychotropic medications in past
 - Degree of known likelihood of relapse off medication
 - Risk to mother if not treated with psychotropic medications
 - Possible benefit of non-medication interventions
 - Risk of non-medication interventions
 - Stage of pregnancy re teratology effects (highest risk in 1st trimester, growth important in 3rd trimester)
 - General obstetrical risk is evaluated ongoing with primary maternal care physician
 - Apparent medical or known medical complication for the fetus (maternal-fetal medicine & neonatology consultation have benefit here if available)
 - Infant age and health at the point of active lactation
 - Percentage of infant nutrition from breast-milk (all or partial breastfeeding?)
 - Best risk: safety information available
 - Informed consent discussion with mother and support partner
 - Document discussion, relative pros and cons, any consultant advice, and any witness to the discussion if present.

Primary Care Perinatal Mental Health Toolkit

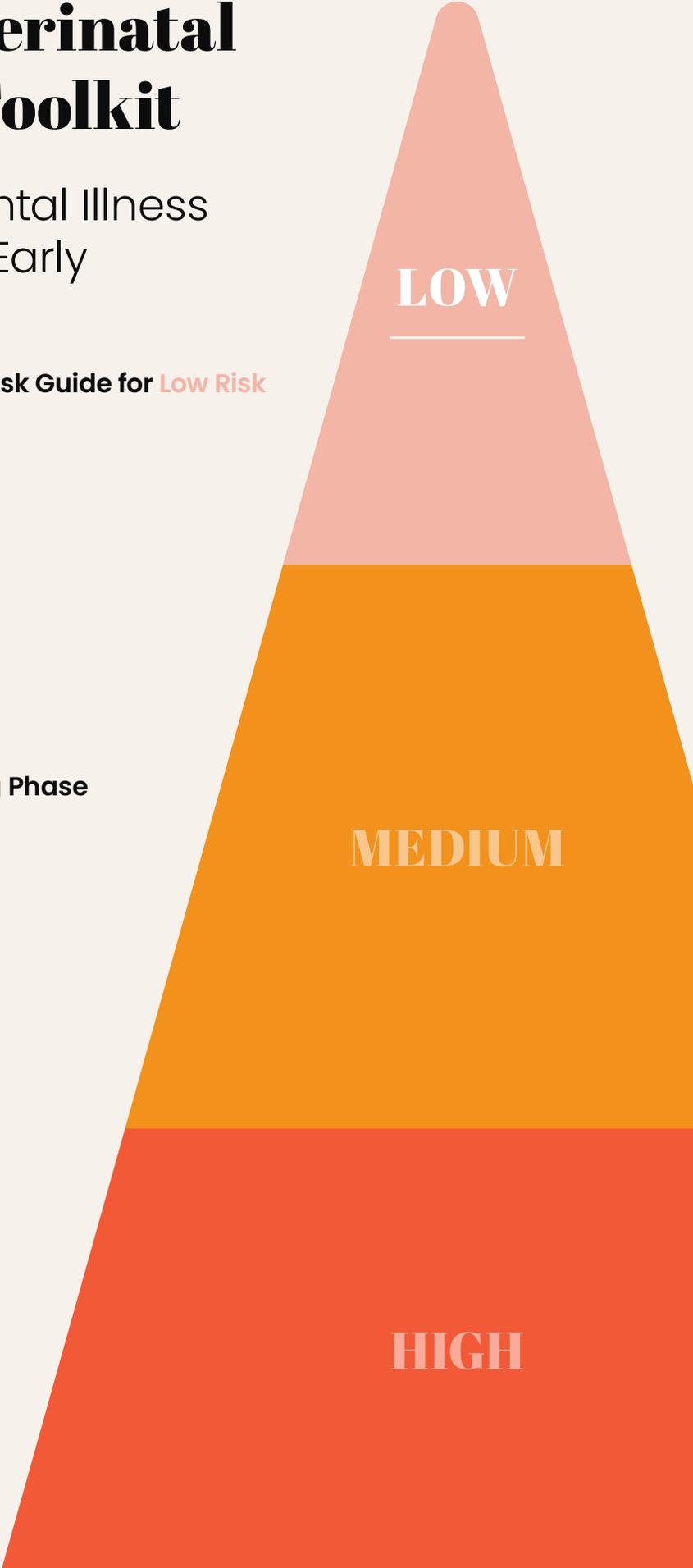
Guides to Evaluate Mental Illness
Risk during Prenatal & Early
Pregnancy Phases

Prenatal & Early Pregnancy Clinical Risk Guide for **Low Risk**

- No personal hx with Mood Disorder
- No other hx mental illness
- No family hx of Mood Disorder
- Positive coping skills
- No OBS complications
- Multiple supports
- Physical and nutrition fitness
- Active co-parent
- EPDS score < 9

Prenatal & Early Pregnancy/Planning Phase for **Low Risk**

- Psychoeducation
- Reduce stressors
- Add support
- Monitor mood & function 1/mo
- Educate partner & family + patient
- Substance use assessment & harm reduction where indicated



LOW

MEDIUM

HIGH

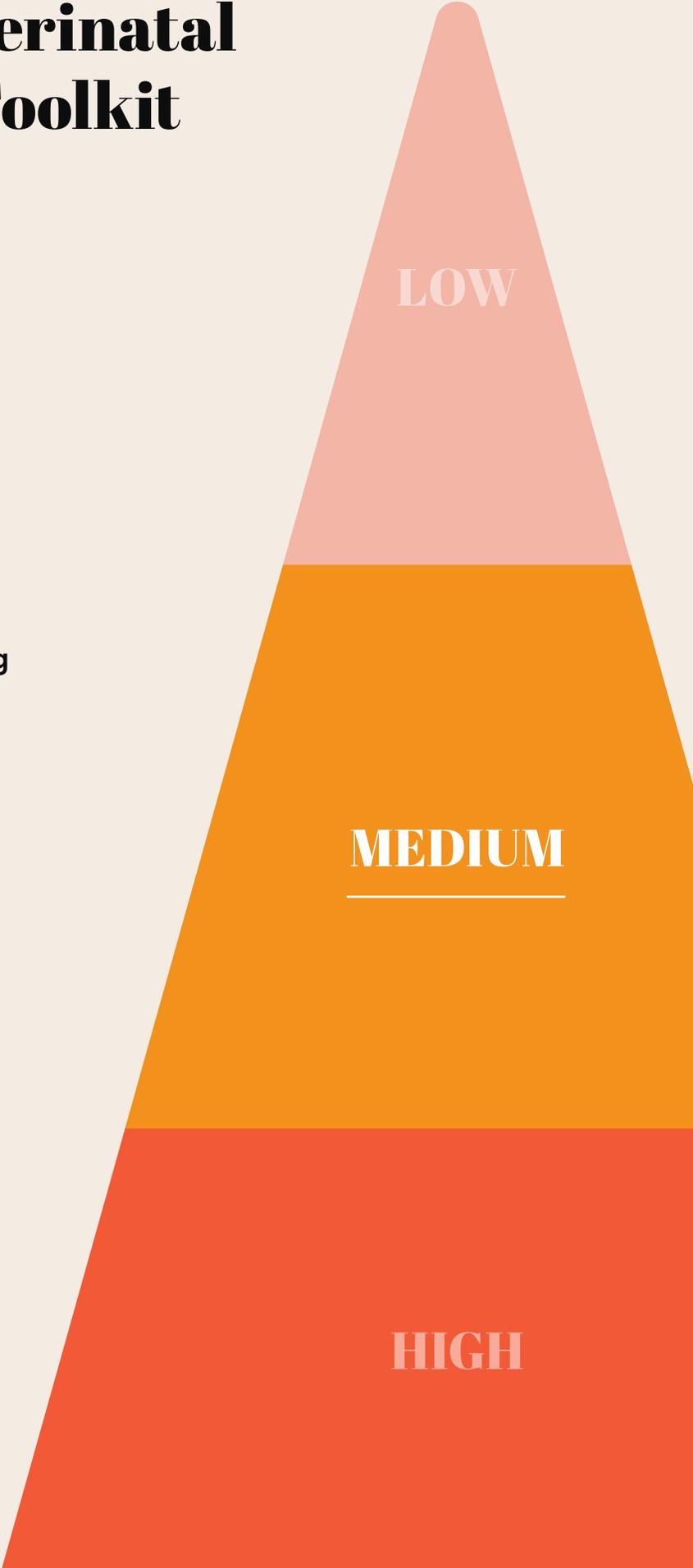
Primary Care Perinatal Mental Health Toolkit

Prenatal & Early Pregnancy Clinical Risk Guide for **Medium Risk**

- Prior hx of Premenstrual Dysphoric Disorder
- Family hx of Mood Disorder/Brief psychosis
- Early childhood abuse
- Hx domestic or other violence
- High parenting load
- Prior substance misuse/dependence
- Only few supports/not reliable
- Food and housing insecurity
- Current emergent stressors
- EPDS score 9–12

Prenatal & Early Pregnancy/Planning for **Medium Risk**

- Monitor mood & function 1-2/month
- Educate partner & family + patient
- Add in supports
- Anticipate Rx pros & cons
- Prescribe sleep & respite
- Active CBT – self-directed or therapist-led



LOW

MEDIUM

HIGH

Primary Care Perinatal Mental Health Toolkit

Prenatal & Early Pregnancy Clinical Risk Guide for **High Risk**

- Prior hx of Postpartum Depression/Anxiety
- Prior hx of Mood disorder, esp Bipolarity
- Severe psychosocial stress
- Medical comorbidities
- Sleep deprivation/pain
- Current domestic violence/abuse
- Poor security/attachment
- Negative about pregnancy
- Co-morbid substance use disorder
- EPDS score > 12 with Suicidal Ideation

Prenatal & Early Pregnancy/Planning for **High Risk**

- Monitor patient mood & function diary weekly
- Assess for co-morbidities
- Ideally MH collaboration
- Active CBT with therapist where available
- Prescribe sleep strategies
- Actively manage any emergent anxiety sx.
If sx increase Rx antidepressants
(SSRI/SNRI most common choices)
- SI screening – self & attending MD/NP/PHN



LOW

MEDIUM

HIGH

Primary Care Perinatal Mental Health Toolkit

Postpartum Plan for the High Risk Patient

- Review pros and cons of psychotropics with breastfeeding before delivery
- 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
- Monitor symptoms weekly x 6 wk; then monthly to 6 mo
- Focus on acceptance of self & 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 Rx and call for consult/backup

Immediate Assessment Indicated if:

- Delirium / severe sleep deprivation
- Extreme unexplained anxiety
- Marked physical agitation
- Rapid atypical shifts in mood
- Rejection of infant
- Undue fear of discharge
- Any early signs of abnormal visions or auditory hallucinations or unusual referential thinking as prodrome for psychosis

Post Partum

Immediate
assessment

Key Questions for Professionals to Guide 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-to-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?

Section 3

Handouts and Information
for Mothers & their Families/
Supports

A Worksheet for Mothers

Bio-Psycho-Social Model

There are many things that can affect your mental health. One way to think about these things is something called the bio-psycho-social model. To learn more about what each of these factors is, and what specific factors could be involved in your life, check out the sections below.

On the next pages, identify and list the different factors in your own life that could be affecting your mental health.



Biological

These factors affect the body. They include things like your family history (when things “run in the family”), how you respond to medications and drugs, how your sleep usually is, and your general physical health. We often can’t control biological factors, but we can understand and manage these influences.



Psychological

These are the combination of our thoughts and feelings. Our thoughts and feelings shape how we cope and interpret situations. These factors are also learned ideas and behaviors. It is possible to learn new ways to think and respond.



Social

Social factors include our community, family ways, culture, income, education, and access to supports. Social factors have a strong influence on our mental health and are often difficult to change alone. This is where supports and people can help a lot

Sleep Habits & Sleep Hygiene

There are many reasons new moms might not get enough sleep. Although some loss of sleep might be expected, there are changes and strategies to help get more and better sleep.

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 it different now?

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

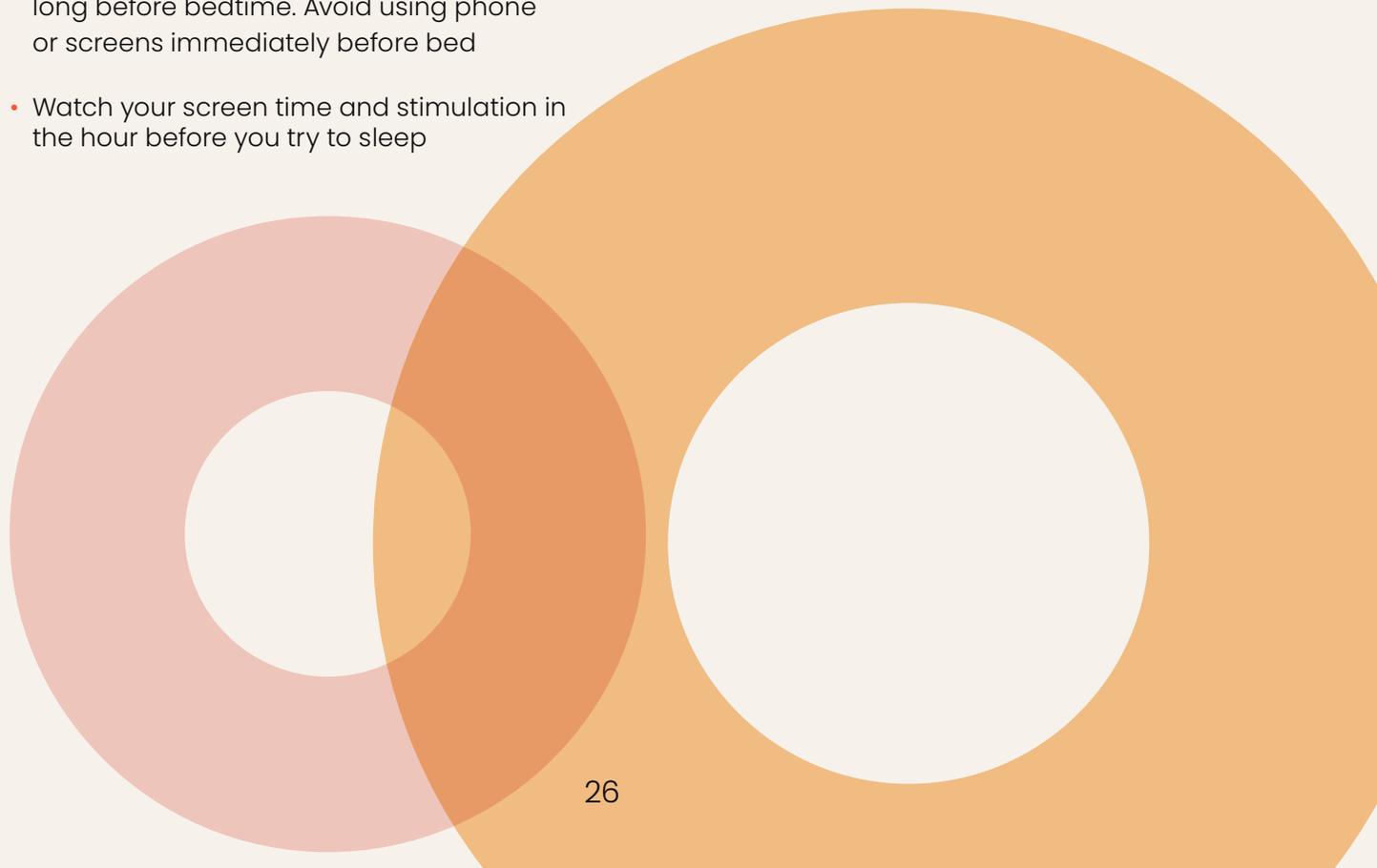
Do I sleep in the daytime?

Sleep Habits & Sleep Hygiene

There are many reasons new moms might not get enough sleep. Although some loss of sleep might be expected, there are changes and strategies to help get more and better sleep.

A Recipe for Sleep

- Try to adjust how you use or depend on substances to manage your sleep eg caffeine, energy drinks, vaping, cannabis, nicotine, alcohol
- Especially 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
- Make 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



Postpartum Mental Health

Reflection

Step 1: Think about the last 1-2 weeks and ask yourself these questions.

Step 2: Consider asking those close to you how they would answer each question about you. Is this different? Do their answers surprise you?

Step 3: Does this tell you anything about yourself?

Am I ...

- | | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Feeling like my usual self? | <input type="checkbox"/> | Eating the way I usually do? |
| <input type="checkbox"/> | Saying or doing things that doesn't seem like me? | <input type="checkbox"/> | Resisting spending time with people who care about me? |
| <input type="checkbox"/> | Crying all the time? | <input type="checkbox"/> | Having trouble sleeping, even when the baby is sleeping? |
| <input type="checkbox"/> | Less interested in things that I used to enjoy? | <input type="checkbox"/> | Isolating myself? |
| <input type="checkbox"/> | Constantly thinking "Is the baby OK?" | <input type="checkbox"/> | Spending time with the baby? |
| <input type="checkbox"/> | Overly concerned with things being done perfectly with no room for mistakes? | <input type="checkbox"/> | Worried I'm not reacting appropriately to the baby? |
| <input type="checkbox"/> | Too angry, too irritable, too anxious, or too short-tempered? | <input type="checkbox"/> | Worried or detached regarding the baby? |
| <input type="checkbox"/> | Having panic attacks, where I feel I can't breathe or think clearly? | | |

Daily Review, 1 AM – 12 PM

It can be helpful to keep track of everything you do in one day. This means writing down when you sleep or nap, what you eat or drink, if you exercise/move, and other activities.

It is helpful to fill this out throughout the day; be as specific as possible.

	Sleep Nighttime, naps	Intake Food, coffee, alcohol, cannabis, etc	Activity Walking, mom & baby exercise	People Friends, family, playgroups
1 AM				
2 AM				
3 AM				
4 AM				
5 AM				
6 AM				
7 AM				
8 AM				
9 AM				
10 AM				
11 AM				
12 PM				

Daily Review, 1 PM – 12 AM

It can be helpful to keep track of everything you do in one day. This means writing down when you sleep or nap, what you eat or drink, if you exercise/move, and other activities.

It is helpful to fill this out throughout the day; be as specific as possible.

	Sleep Nighttime, naps	Intake Food, coffee, alcohol, cannabis, etc	Activity Walking, mom & baby exercise	People Friends, family, playgroups
1 PM				
2 PM				
3 PM				
4 PM				
5 PM				
6 PM				
7 PM				
8 PM				
9 PM				
10 PM				
11 PM				
12 AM				

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How You Can Help

Sometimes it can be hard for new moms to ask for help, or for loved ones to know how best to help. Below are some easy things for friends, neighbours, and family members to do to help you out. Circle any items that would be helpful, or add your own ideas. Post this on your fridge or somewhere else where people can see it.

Food

- Make a meal
- Create a meal plan
- Make a grocery list/Pick up groceries

Rest

- Take an overnight feeding
- Encourage me to nap during the day

Home

- Do laundry
- Clean dishes

Baby

- Change diapers
- If possible take a feeding
- Bring water or food while nursing

Stress

- Check in with me & ask how to help
- Encourage me to take an uninterrupted bath or shower

Self Care Priorities

Score how you are doing so far

Sometimes it's hard to make time for self-care. Everyone has different priorities.

This activity will help you think about different types of self-care and what is important to you.

	How are you doing? 0 = Worst 5 = Best	How important is this to you? 0 = Not important 5 = Very important	Would you like help with this? 0 = No, not ever 5 = Yes, definitely	What would help look like for you? 0 = Lowest value/ kind of help 5 = Highest value/ kind of help
Nutrition				
Activity				
Sleep/Rest				
Stress				
Substance Use				
Self Esteem				

Edinburgh Postnatal Depression Scale

A Screening Tool

Below is an international scale used to measure how you are feeling during pregnancy or postpartum period. We would like to know how you are feeling. Please **CIRCLE** the number next to the answer which comes closest to how you felt **in the past seven days**, not just how you feel today. Return this sheet to your care provider.

I have been able to laugh and see the funny side of things

- 0 As much as I always could
- 1 Not quite so much now
- 2 Definitely not so much now
- 3 Not at all, difficult

I have looked forward with enjoyment to things

- 0 As much as I ever did
- 1 Rather less than I used to
- 2 Definitely less than I used to
- 3 Hardly at all

I have blamed myself unnecessarily when things went wrong

- 0 No, never
- 1 Not very often
- 2 Yes, some of the time
- 3 Yes, most of the time

I have been anxious or worried for no good reason

- 0 No, not at all
- 1 Hardly ever
- 2 Yes, sometimes
- 3 Yes, very often

I have felt scared or panicky for no good reason

- 0 No, not at all
- 1 No, not much
- 2 Yes, sometimes
- 3 Yes, quite a lot

Things have been getting on top of me

- 0 No, I have been coping as usual
- 1 No, most of the time I have coped
- 2 Yes, sometimes I haven't been coping as well as usual
- 3 Yes, most of the time

I have been so unhappy I have had difficulty sleeping

- 0 No, not at all
- 1 Not very often
- 2 Yes, sometimes
- 3 Yes, most of the time

I have felt sad or miserable

- 0 No, not at all
- 1 Not very often
- 2 Yes, quite often
- 3 Yes, most of the time

I have been so unhappy that I have been crying

- 0 No, never
- 1 Only occasionally
- 2 Yes, quite often
- 3 Yes, most of the time

The thought of harming myself has occurred to me

- 0 Never
- 1 Hardly ever
- 2 Sometimes
- 3 Yes, quite often

Source: Cox, J. L., Holden, J. M., e Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 782-786.

Support Network

Many new moms have trouble with friends and family providing too much or too little support. It can be helpful to think about each relationship during this time to ask for help or to set boundaries.

Step 1

Write your and your children's names in the centre pink circle below.

Step 2

Write the names of different support people in the other circles. Make note of how close they are to you and your child right now. You do not need to use all the circles, or you can make more circles if you want to.

Step 3

Consider repeating this exercise on the back of this paper to show how close you would ideally like each relationship. Who would you like closer? Who do you need some distance from?



Section 4

A List of Further Resources

Further Resource for Professionals

Website resources

[The Mothers' Mental Health Toolkit:
A Resource for the Community.](#)

Dr. Joanne MacDonald & Coleen Flynn MSW

[Reproductive Mental Health Program:
BC Women's Hospital](#)

[Guide to Healthy Pregnancy. Government of
Canada](#)

[Centers for Disease Control \(CDC\) US.
Medication and Pregnancy Guide](#)

[Infant Risk Center](#)

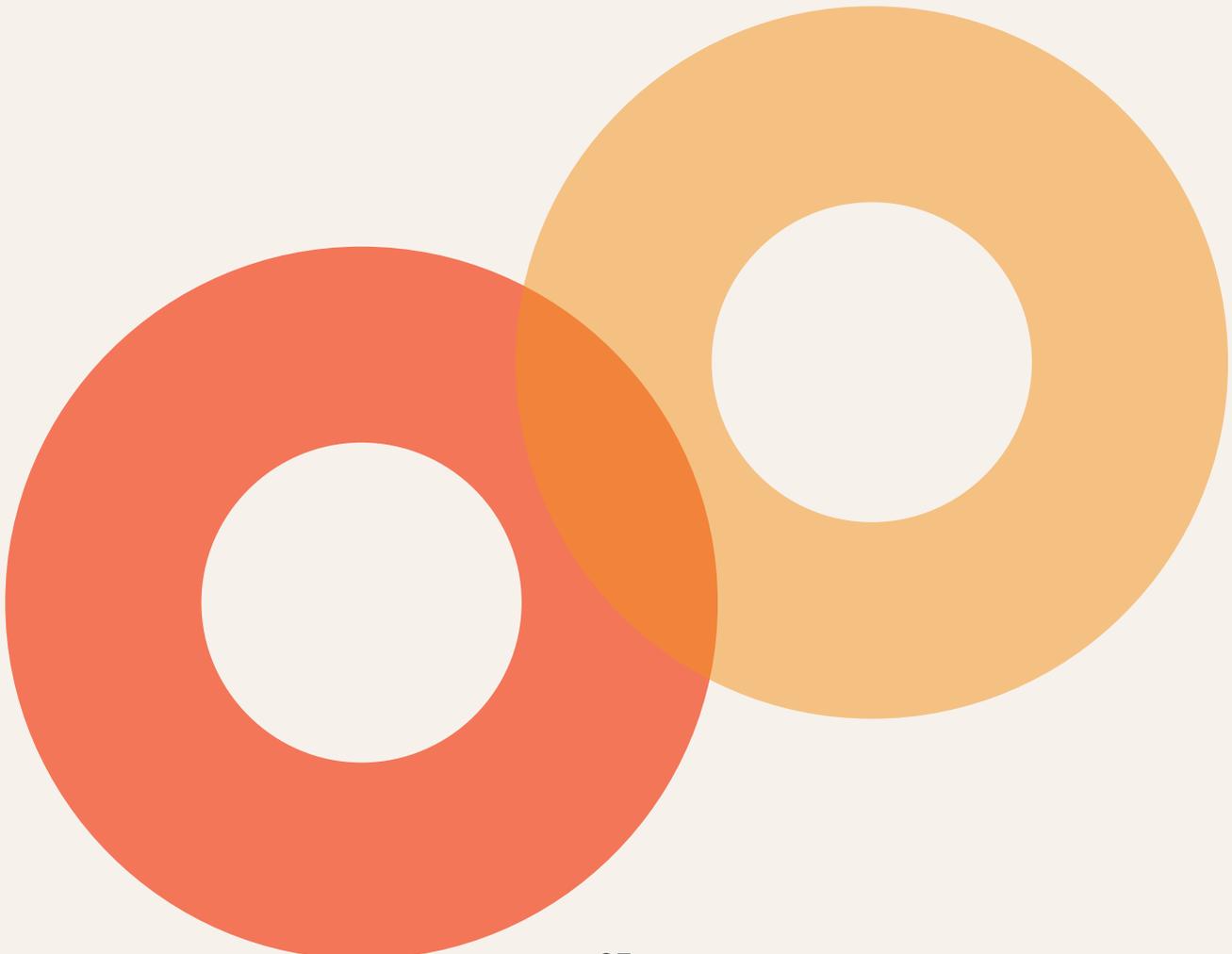
[Reprotox](#)

[MotherToBaby](#)

[MGH Center for Women's Mental Health](#)

[Best Start](#)

[Northern New England Perinatal Quality
Improvement Network \(NNEPQIN\)](#)



Further Resources for Professionals

Apps for Primary Care Providers

MotherToBaby (FREE)

Non profit national US organization of Teratology Information Specialists; well regarded current medical safety resource. Includes an App

MommyMeds (\$6 USD)

Affiliated with infantrisk.com

Books for Professionals

Therapy & The Postpartum Woman

By Karen Kleinman

Perinatal & Postpartum Mood Disorders:
Perspectives & Treatment A Guide for the
Healthcare Practitioner

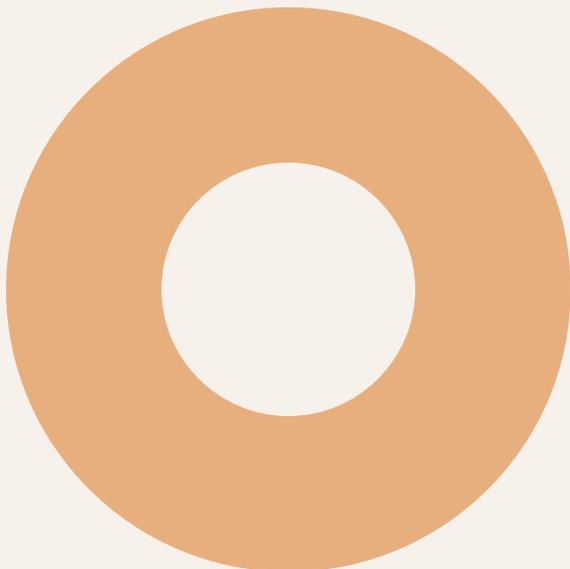
Edited by Susan Dowd Stone

Motherhood & Mental Health

By Ian Brockington

A Traumatic Childbirth

By Cheryl Tatano Beck, Jeanne Watson Driscoll
and Sue Watson



Further Resources for Mothers & their Supports

Website resources

[Reproductive Mental Health Service IWK Health Centre](#)

Your physician or nurse practitioner would need to refer you.

[Mount Sinai Hospital: Baby Blues and Beyond](#)

Quick information on what emotions to expect after your baby comes.

[Postpartum Support International \(PSI\)](#)

US based patient and professional reliable information on mood and mental health problems & issues (remember the political issues may be American only; and the clinical services not the same as in Canada – check with your Primary Care Provider for local resources)

[AnxietyCanada.com](#)

Anxiety tips particularly for mothers from Canadian advocacy non-profit group

[Best Start](#)

Ontario government site for general information on pregnancy and infant care – very reliable information – services may be Ontario only though.

[Beyond Blue](#)

Australian government site that is good general mental health information – this is for parents in particular – services may be Australian only.

[CMHA Nova Scotia – the Canadian Mental Health Association](#)

Canadian mental health association. Community based information. Good for postpartum depression in particular

[PANDA – Perinatal Anxiety & Depression Group](#)

PANDA is Perinatal Anxiety & Depression Group in Australia. You can also navigate to [moodpanda.com](#)

[Reproductive Mental Health Program: BC Women's Hospital](#)

BC government website with great self-help resources. Services may be BC only.

[SleepWell](#)

A NS resource from two Dalhousie Faculty of Pharmacy professors –on non-medication approaches to good sleep habits.

Apps

MGHPDS (FREE)

Massachusetts General Hospital Depression Scale, Boston MA US

Mindshift CBT (FREE)

From AnxietyCanada.com

CBT I Coach (FREE)

For self-help Cognitive Behavioral Therapy for insomnia

Headspace (\$)

Meditation & sleep

Calm (\$)

Stress management

Further Resources for Mothers & their Supports

Books & Readings

For General Postpartum Mood Disorders

This Isn't What I Expected: Overcoming Postpartum Depression

By Karen Kleiman and Valerie Raskin

Dropping the Baby & Other Scary Thoughts

By Karen Kleiman

What Am I Thinking?: Having A Baby After Postpartum Depression

By Karen Kleiman

A Deeper Shade of Blue

By Ruta Nonacs

Beyond the Blues

By Pec Indman and Shoshanna Bennett

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 Workbook

By Pamela Weigartz

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 MD

Pregnant On Prozac: The Essential Guide to Making the Best Decision for You & Your Baby

By Shoshanna Bennett

The Postpartum Husband: Practical Solutions for Living with Postpartum Depression

By Karen Kleiman

Memoirs/Personal Stories

Down Came the Rain

By Brooke Shields

Why I Jumped

By Tina Zahn & Wanda Lee Dyson

Behind the Smile: My Journey Out of Postpartum Depression

By Marie Osmand

A Daughter's Touch

By Sylvia Lasalandra

Inconsolable

By Marrit Ingman

