



Maternal Mental Health: Is Canada Doing Enough?

A review of maternal mental health support across the country

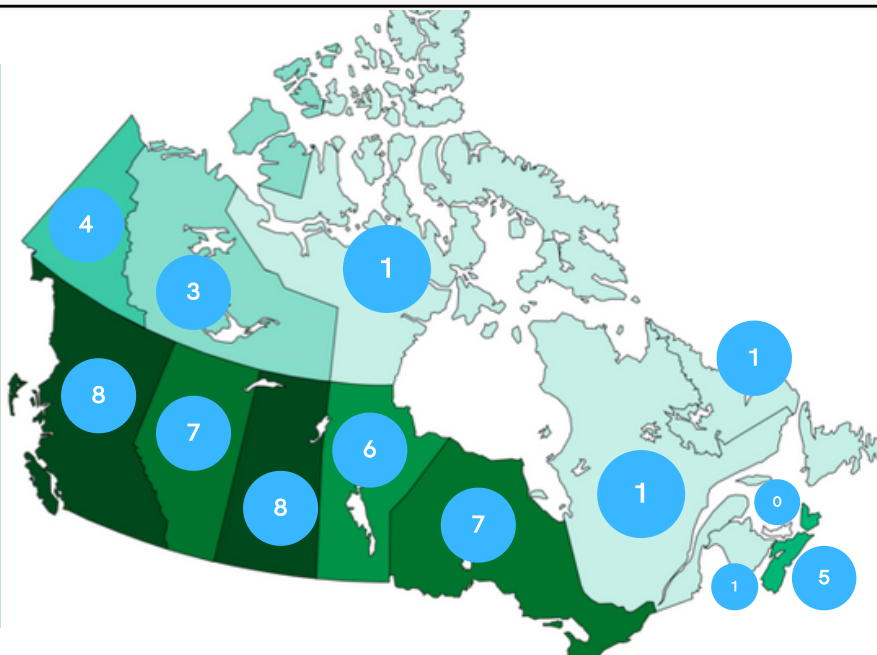
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**REPORT COMMISSIONED
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Life With A Baby Foundation



TABLE OF CONTENTS



03

RESEARCH METHODOLOGY

04

SCORING METHODOLOGY

05

ALBERTA

19

NORTHWEST TERRITORIES

07

BRITISH COLUMBIA

21

ONTARIO

09

MANITOBA

23

PRINCE EDWARD ISLAND

11

NEW BRUNSWICK

25

QUEBEC

13

NEWFOUNDLAND

27

SASKATCHEWAN

15

NOVA SCOTIA

29

YUKON

17

NUNAVUT

31

CONCLUSION



Research Methodology

An environmental scan¹ was conducted within a constructivist, feminist paradigm, and results were analyzed using interpretive description². The environmental scan was focused on the research question: **what infrastructure for perinatal mental health screening is currently in place in each province/territory in Canada?**.

The search employed formal and informal strategies, including searches of both the published academic literature (through the PubMed database) as well as grey literature. Internet searching was conducted for each province/territory, using search terms such as “postpartum depression” and “maternal mental health”. In the event that these more focused searches were unsuccessful, broad searches of the websites of government agencies for provincial/territorial mental health, as well as provincial/territorial non-governmental organizations were conducted using terms such as “pregnancy” or “mental health”. Searches were conducted only in the English language.

From there, webpages were searched for content relevant to perinatal mental health. Snowball sampling, posts to relevant email lists and Facebook groups (e.g., the reproductive psychiatry listing of Postpartum Support International, the listing of the Marce Society of North America, and the Facebook groups “Maternal Mental Wellness: by Moms for Moms, and Perinatal Mental Health Coalition Canada), and key informant interviews were also used to complement the internet searches.

1. Graham, P., Evitts, T. & Thomas-MacLean, R. Environmental scans: How useful are they for primary care research, *Canadian Family Physician* 54, 1022-1023 (2008).

2. Thorne, S. Interpretive description: Qualitative research for applied practice, Second edition. *Interpretive Description Qualitative Research for Applied Practice, Second Edition* (Taylor and Francis, 2016). doi:10.4324/9781315545196.



Scoring Methodology

POSSIBLE SCORE RANGE: 0 - 8

CONSIDERATION	POINTS AWARDED
PROVINCIAL GUIDELINE/STRATEGY/POLICIES IN PLACE	2 POINTS
IF NO PROVINCIAL GUIDELINES, CHECK IF REGIONAL	(1 POINT)
IF UNIVERSAL PERINATAL MENTAL HEALTH SCREENING IS RECOMMENDED	1 POINT
IF THERE IS A PUBLISHED PATHWAY TO PERINATAL MENTAL HEALTH CARE	1 POINT
IF PERINATAL DEPRESSION SCREENING (NOT JUST EDUCATION) IS INTEGRATED INTO PRENATAL RECORD	1 POINT
IF PERINATAL DEPRESSION SCREENING (NOT JUST EDUCATION) IS INTEGRATED INTO POSTPARTUM RECORD	1 POINT
IF SPECIALTY PERINATAL MENTAL HEALTH CLINICAL SERVICES ARE PUBLICALLY AVAILABLE	1 POINT
IF THERE IS ANY EVIDENCE OF CROSS-CULTURAL CONSIDERATIONS INCLUDED IN PERINATAL MENTAL HEALTH GUIDELINES/RESOURCES	1 POINT

Alberta

SCORE
7

**PROVINCIAL
GUIDELINE IN PLACE?**



**REGIONAL GUIDELINES
IN PLACE?**

NOT CHECKED

**UNIVERSAL SCREENING
RECOMMENDED?**



**PUBLISHED
PATHWAY TO CARE?**



**PERINATAL MEDICAL
HISTORY
INTEGRATION?**



**SPECIALTY CLINICAL
SERVICES AVAILABLE?**



**CROSS-CULTURAL
CONSIDERATIONS?**



Alberta

SCORE
7

PROVINCIAL & REGIONAL GUIDELINES

- Alberta has adopted British Columbia's guidelines; The Public Health Postpartum Depression Screening Policy Suite has been approved and came into effect on March 6, 2019.
- This Policy Suite replaces all legacy policies, guidelines, protocols and zone specific health care provider educational modules, etc. The Postpartum Depression Screening Policy Suite will improve maternal mental health and the health of families through a standardized and coordinated approach to Postpartum Depression (PPD) screening, referral and surveillance within Public Health Child Clinic (WCC) visits.
- Parent resources, services and programs available in your zone can be found online.

UNIVERSAL SCREENING

- Yes, postpartum; clearly articulated in Antenatal pathway.
- Edinburgh Postnatal Depression Screen (EPDS) by public health nurses at 2 month well baby visit.

PATHWAYS TO CARE

- Anxiety/depression included in Antenatal Pathway, at 28, 34, 36 week appointments.
- Anxiety/depression included in maternal assessment and also in education/counselling/resources in 1st, 2nd and 3rd trimester visits.
- Recommended interventions based on comprehensive e-mental health assessment
- There is an e-learning module that accompanies the guideline: Postpartum Depression Screening & Referral in Public Health: eLearning Module, is available to all Public Health Nurses within Alberta Health Services.

PERINATAL MEDICAL RECORD INTEGRATION

- For antenatal record, postpartum depression is included as a "postpartum/newborn topic" for discussion on page 2 of prenatal record, but anxiety/depression screening results not included anywhere. However, for postpartum, there is extensive and detailed data reporting and database.

SPECIALTY CLINICAL SERVICES

- Women's Mental Health Clinic at Foothills Medical Centre (Calgary); Lois Hole Hospital for Women (Edmonton); East Calgary Health Centre; resources differ by zone.
- Specialist services available in Edmonton zone, Calgary zone, and South Zone, but not Central or North Zones.

CROSS-CULTURAL CONSIDERATIONS

- Support for completing EPDS in other languages included in guideline, education and training for public health nurses in diversity and Indigenous Peoples required in the guideline.



British Columbia

SCORE

8

**PROVINCIAL
GUIDELINE IN PLACE?**



**REGIONAL GUIDELINES
IN PLACE?**

NOT CHECKED

**UNIVERSAL SCREENING
RECOMMENDED?**



**PUBLISHED
PATHWAY TO CARE?**



**PERINATAL MEDICAL
HISTORY
INTEGRATION?**



**SPECIALTY CLINICAL
SERVICES AVAILABLE?**



**CROSS-CULTURAL
CONSIDERATIONS?**



British Columbia

SCORE

8

PROVINCIAL & REGIONAL GUIDELINES

- Yes. Provincial guidelines last updated in 2014; currently under review for revision.
- All regions were required to create a plan for perinatal depression care.

UNIVERSAL SCREENING

- Completed Prenatal (28-32 weeks) and Postnatal (6-16 weeks) using EPDS.

PATHWAYS TO CARE

- Reproductive Mental Health guidelines; included in Perinatal Services BC Maternity Care Pathway
- Screening at 28-32 weeks using EPDS, with associated recommendations regarding score interpretation, education about postpartum depression (PPD) at multiple time points.
- Maternity care pathway also currently in the process of revision.

PERINATAL MEDICAL HISTORY INTEGRATION?

- Antepartum clinical path: EPDS, score, date, and follow-up yes/no included in record.
- Postpartum clinical path record: included in Section 3: Maternal assessment - emotional status and mental health, Section 4: education/anticipatory guidance - postpartum blues/depression.

SPECIALTY CLINICAL SERVICES

- Yes, including: Ronald McDonald House BC & Yukon program, BC Women's, St. Paul's, Richmond, Royal Columbian, Surrey Memorial, Victoria General, Kamloops Perinatal Support Services.

CROSS-CULTURAL CONSIDERATIONS

- Aboriginal care guideline co-created with Aboriginal community.



Manitoba

SCORE

6

**PROVINCIAL
GUIDELINE IN PLACE?**



**REGIONAL GUIDELINES
IN PLACE?**

NOT CHECKED

**UNIVERSAL SCREENING
RECOMMENDED?**



**PUBLISHED
PATHWAY TO CARE?**



**PERINATAL MEDICAL
HISTORY
INTEGRATION?**



**SPECIALTY CLINICAL
SERVICES AVAILABLE?**



**CROSS-CULTURAL
CONSIDERATIONS?**



Manitoba

SCORE
6

PROVINCIAL & REGIONAL GUIDELINES

- Service delivery standards and clinical practice guidelines for Winnipeg Regional Health Authority (WRHA) public health nurses. (2017); Perinatal mental health toolkit, 2014, WRHA.
- No region-specific guidelines on record.

UNIVERSAL SCREENING

- Yes - in the service delivery standards and clinical practice guidelines for WRHA public health nurses. (2017).

PATHWAYS TO CARE

- In the public health nursing guidelines, screening is recommended using the two-question approach (modified Whooley questions (2 weeks instead of a month) included in toolkit quick reference guide).
- Public health nursing postpartum nursing care pathway: "PPD assessment and use of a tool for screening and education such as the Edinburgh Postpartum Screening Tool between 6 – 8 weeks". Public health nurse recommended to arrange for evaluation through Primary Care Provider (PCP) if concerned about PPD. There is also a pathway to care for postpartum psychosis in the toolkit.
- WRHA Mobile Crisis Service (MCS) available for access to mental health clinicians who complete home visits and assess the client and situation.
- The MCS has access to an on-call psychiatrist for psychiatric assessment OR the client may go to the Crisis Response Centre, or the nearest Hospital Emergency Department.

PERINATAL MEDICAL RECORD INTEGRATION

- Not included in the prenatal record, but is in the Postpartum Assessment record.
- The Manitoba Public Health Nurse Postpartum Assessment form does include a place to document assessment of emotional status and mental health.

SPECIALTY CLINICAL SERVICES

- None on record.

CROSS-CULTURAL CONSIDERATIONS

- Sociocultural issues, special populations and considerations are explicitly addressed in the WRHA perinatal mental health toolkit; toolkit includes acknowledgement of gender diversity in gestational carrier parent.

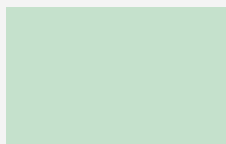


New Brunswick

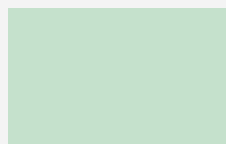
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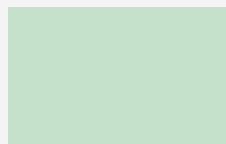
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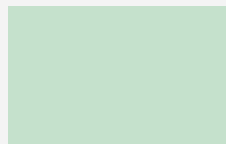
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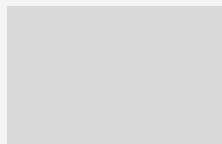
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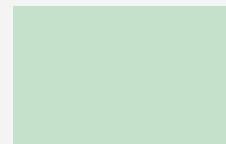
**PUBLISHED
PATHWAY TO CARE?**



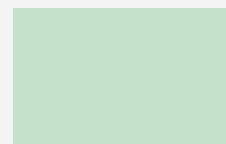
**PERINATAL MEDICAL
HISTORY
INTEGRATION?**



**SPECIALTY CLINICAL
SERVICES AVAILABLE?**



**CROSS-CULTURAL
CONSIDERATIONS?**



New Brunswick

SCORE

1

PROVINCIAL & REGIONAL GUIDELINES

- None on record.

UNIVERSAL SCREENING

- No policy on record.

PATHWAYS TO CARE

- None on record.

PERINATAL MEDICAL RECORD INTEGRATION

- Referenced within the Antenatal record: "Indicate the score of Edinburgh Postnatal Depression Scale (EPDS), along with 'yes' or 'no' for a follow-up. This screening is required for women between 28-32 weeks gestation and again at 6-8 weeks postpartum. Directed to refer to the EPDS screening tool attached on appendix D" Cut-off score of 14 - recommends "follow-up with comprehensive bio-psychosocial diagnostic assessment for depression.

SPECIALTY CLINICAL SERVICES

- None on record, though those seeking help may have access to services at IWK Health Centre in Halifax, Nova Scotia.

CROSS-CULTURAL CONSIDERATIONS

- None on record.

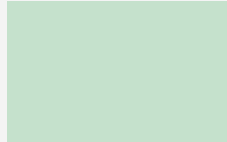


Newfoundland & Labrador

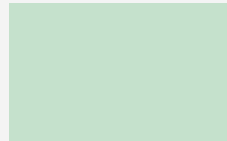
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1

**PROVINCIAL
GUIDELINE IN PLACE?**



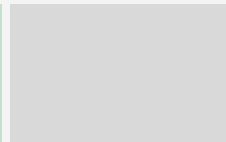
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IN PLACE?**



**UNIVERSAL SCREENING
RECOMMENDED?**



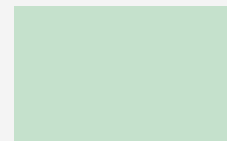
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PATHWAY TO CARE?**



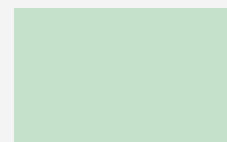
**PERINATAL MEDICAL
HISTORY
INTEGRATION?**



**SPECIALTY CLINICAL
SERVICES AVAILABLE?**



**CROSS-CULTURAL
CONSIDERATIONS?**



Newfoundland & Labrador

SCORE

1

PROVINCIAL & REGIONAL GUIDELINES

- None on record.

UNIVERSAL SCREENING

- No policy on record.

PATHWAYS TO CARE

- Grassroots efforts and peer support; the "Live Birth Notification Form Reference Manual" (2018), includes the EPDS, scoring, and interpretation as an appendix: "Referral to the appropriate professional is indicated if the EPDS score is above 13. The nurse will discuss the results of the test with the client and encourage her to seek counselling either through her family physician, obstetrician or mental health professional."

PERINATAL MEDICAL RECORD INTEGRATION

- Not specifically, however in the "Live Birth Notification Form Reference Manual" (2018), includes the EPDS, scoring, and interpretation as an appendix: "Referral to the appropriate professional is indicated if the EPDS score is above 13. The nurse will discuss the results of the test with the client and encourage her to seek counselling either through her family physician, obstetrician or mental health professional."

SPECIALTY CLINICAL SERVICES

- None on record, though those seeking help may have access to services at IWK Health Centre in Halifax, Nova Scotia.

CROSS-CULTURAL CONSIDERATIONS

- None on record.



Nova Scotia

SCORE

5

**PROVINCIAL
GUIDELINE IN PLACE?**



**REGIONAL GUIDELINES
IN PLACE?**

NOT CHECKED

**UNIVERSAL SCREENING
RECOMMENDED?**



**PUBLISHED
PATHWAY TO CARE?**



**PERINATAL MEDICAL
HISTORY
INTEGRATION?**



**SPECIALTY CLINICAL
SERVICES AVAILABLE?**



**CROSS-CULTURAL
CONSIDERATIONS?**



Nova Scotia

SCORE
5

PROVINCIAL & REGIONAL GUIDELINES

- Provincial guidelines are Included in the general perinatal guidelines (2020); Perinatal mental health toolkit, IWK Health Centre.
- While no regional guidelines exists, there may be some local initiatives established historically.

UNIVERSAL SCREENING

- Yes, but only in the Postpartum period.
- Included in general perinatal guidelines (2020): "All new families will be offered postpartum screening, in particular to identify family mental health concerns. For example, assessing for the risk of, or presence of, postpartum depression using a standardized screening tool such as the Edinburgh Postnatal Depression Scale. Recommended screening times are at 2 to 6-8 weeks after birth, repeated at 4 months after birth; with referrals made as appropriate." (p.17).

PATHWAYS TO CARE

- Toolkit includes guidance on opening a conversation about screening and the EPDS, but then there is a bit of a disconnect in terms of follow up. Later in the toolkit, there is a section for Connecting to Mental Health Services (p. 156) with some very broad, general guidance.

PERINATAL MEDICAL RECORD INTEGRATION

- In Prenatal Record 2, postpartum depression is included as a checkbox in topics for education/discussion, but screening is not mentioned or documented. Rourke Baby record for NS includes "parental fatigue/postpartum depression" as a topic for "education and advice", but screening not mentioned or documented at all.

SPECIALTY CLINICAL SERVICES

- Access to care at IWK Health Centre in Halifax, Nova Scotia.

CROSS-CULTURAL CONSIDERATIONS

- Cultural competence addressed in toolkit (p. 131).

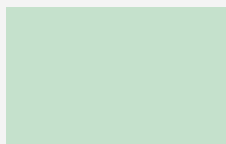


Nunavut

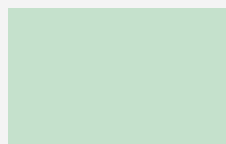
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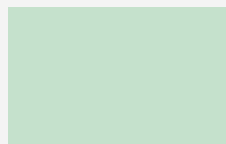
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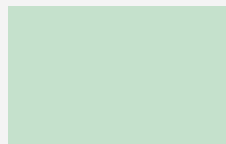
**REGIONAL GUIDELINES
IN PLACE?**



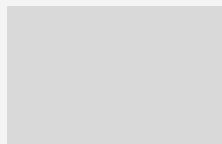
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RECOMMENDED?**



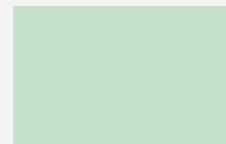
**PUBLISHED
PATHWAY TO CARE?**



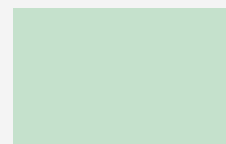
**PERINATAL MEDICAL
HISTORY
INTEGRATION?**



**SPECIALTY CLINICAL
SERVICES AVAILABLE?**



**CROSS-CULTURAL
CONSIDERATIONS?**



Nunavut

SCORE

1

PROVINCIAL & REGIONAL GUIDELINES

- None on record.

UNIVERSAL SCREENING

- No policy on record.

PATHWAYS TO CARE

- None on record, though, from the user guide for prenatal record: "Provider can ask pregnant woman the 10 questions on the EPDS and refer women whose score is 14 or above to mental health services as appropriate. If a woman reports thoughts of self-harm she should be referred to mental health services immediately." Posters about PPD on the Nunavut government website encourage women to go to their local health centre for help.

PERINATAL MEDICAL RECORD INTEGRATION

- Yes, within the Prenatal record: "second and third trimester topics discussed" - EPDS, but no place to enter score or whether follow up initiated; well child record includes "parental fatigue/postpartum depression" as a topic for "education and advice", but screening not mentioned or documented at all.

SPECIALTY CLINICAL SERVICES

- None on record.

CROSS-CULTURAL CONSIDERATIONS

- Generally, yes, but not specific to perinatal mental health.

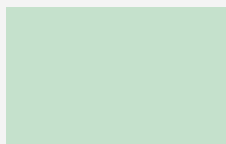


Northwest Territories

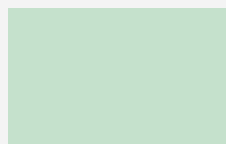
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3

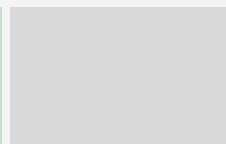
**PROVINCIAL
GUIDELINE IN PLACE?**



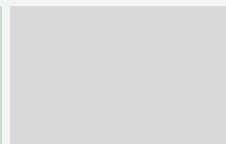
**REGIONAL GUIDELINES
IN PLACE?**



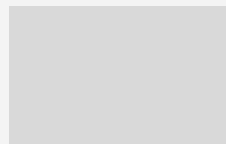
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RECOMMENDED?**



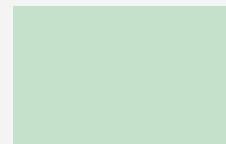
**PUBLISHED
PATHWAY TO CARE?**



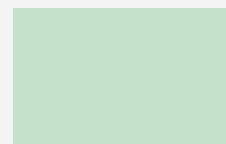
**PERINATAL MEDICAL
HISTORY
INTEGRATION?**



**SPECIALTY CLINICAL
SERVICES AVAILABLE?**



**CROSS-CULTURAL
CONSIDERATIONS?**



Northwest Territories

SCORE

3

PROVINCIAL & REGIONAL GUIDELINES

- None on record.

UNIVERSAL SCREENING

- Yes; included in guide to completing prenatal record (2017), and in guide to completing well child visit records.
- Recommended at 28-32 weeks, and again at 6 wks postpartum.

PATHWAYS TO CARE

- The prenatal record recommends that "A score of ≥ 14 indicates need for follow-up with biopsychosocial diagnostic assessment for depression." but does not include any guidance on resources available for referral.
- "NWT residents can self-refer to their local counsellor. In the communities that do not have a counsellor available, residents can call their regional Community Counselling Program office for a referral to SFI." - from a news article about the introduction of the e-mental health program through the Strongest Families Institute (SFI) (Nova Scotia) and supported by Bell Let's Talk funding for child and youth mental health (Jan 2020).
- NWT government website has phone numbers for community counsellors in all regions.
- The well child visit record guide recommends asking about parental depression, and referring to a Primary Care Provider (PCP) in the community if there is a concern of postpartum depression.

PERINATAL MEDICAL RECORD INTEGRATION

- Prenatal record includes a place to enter EPDS score (recommends screening at 28-32 weeks GA and at 6 weeks PP), date, and referred yes/no. The well-child visit record guide, recommends asking about parental depression, and referring to PCP in the community if there is a concern of PPD.

SPECIALTY CLINICAL SERVICES

- None on record.

CROSS-CULTURAL CONSIDERATIONS

- Generally, yes, but not specific to perinatal mental health.



Ontario

SCORE

7

**PROVINCIAL
GUIDELINE IN PLACE?**



**REGIONAL GUIDELINES
IN PLACE?**

NOT CHECKED

**UNIVERSAL SCREENING
RECOMMENDED?**



**PUBLISHED
PATHWAY TO CARE?**



**PERINATAL MEDICAL
HISTORY
INTEGRATION?**



**SPECIALTY CLINICAL
SERVICES AVAILABLE?**



**CROSS-CULTURAL
CONSIDERATIONS?**



Ontario

SCORE
7

PROVINCIAL & REGIONAL GUIDELINES

- Registered Nurses' Association of Ontario (RNAO) - document for perinatal mental health - 2nd version 2018; accompanying Perinatal mental health toolkit for Ontario public health units (2018).
- Linda Rankin: developed strategy for perinatal mental health for Northern Ontario;
- Created toolkit for public health units to develop their own approach to perinatal depression screening.

UNIVERSAL SCREENING

- Guidelines do recommend universal screening or make any recommendations on the timing for screening or how to screen.
- Information on a variety of screening tools is available, and includes EPDS along with guidance for interpretation, but no recommendations on which tool to use.
- Toolkit recommends that public health units implement depression screening during pregnancy and in the postpartum - between 6-12 weeks postpartum; recommends public health units implement depression screening using the EPDS, with a score of 13 or more triggering referral to primary care or community services for diagnostic evaluation.
- However, toolkit also explicitly states that it is up to the individual unit and that they may choose not to adopt universal screening.
- The Perinatal Record (2017) includes the screening tools GAD-2 (anxiety) and PHQ-2 (depression) in the Medical History section, promoting use of these screens in the first trimester by primary care providers such as family doctors and midwives.

PATHWAYS TO CARE

- Noted in guidelines; perinatal record user guide recommends that individuals screening positive be connected to a primary care provider for ongoing support.

PERINATAL MEDICAL RECORD INTEGRATION

- Perinatal record, updated 2017, record 1 includes place for GAD-2 and PHQ-2 scores, and whether screen positive (depression/anxiety present currently Yes/No), also includes the items and interpretation for GAD-2 and PHQ-2, with a positive screen on PHQ-2 - consider using EPDS or PHQ-9, and EPDS.
- Perinatal record includes prenatal and postpartum sections. Postnatal visit record includes a spot for "Postpartum depression screen (EPDS or other)".

SPECIALTY CLINICAL SERVICES

- Mount Sinai, Women's College Hospital, Credit Valley, Ottawa Regional Perinatal Mental Health Program, Monfort Hospital Perinatal Psychiatry Clinic (Ottawa); Orillia Soldier's Memorial Hospital.

CROSS-CULTURAL CONSIDERATIONS

- In guidelines: Acknowledgement of gender diversity in parenting - use of term "person"; cultural consideration integrated into approach to screening (p.37); sociocultural issues also included in the toolkit.

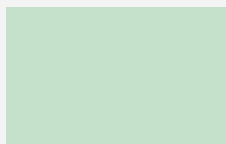


Prince Edward Island

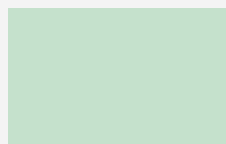
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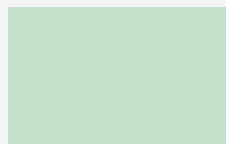
**PROVINCIAL
GUIDELINE IN PLACE?**



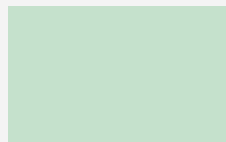
**REGIONAL GUIDELINES
IN PLACE?**



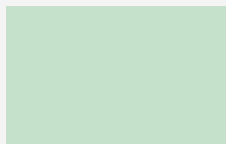
**UNIVERSAL SCREENING
RECOMMENDED?**



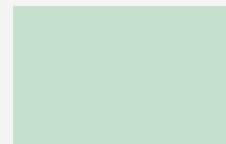
**PUBLISHED
PATHWAY TO CARE?**



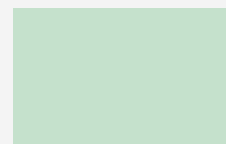
**PERINATAL MEDICAL
HISTORY
INTEGRATION?**



**SPECIALTY CLINICAL
SERVICES AVAILABLE?**



**CROSS-CULTURAL
CONSIDERATIONS?**



Prince Edward Island

SCORE

0

PROVINCIAL & REGIONAL GUIDELINES

- None on record.

UNIVERSAL SCREENING

- May be an opt-in guideline through Public Health. Unclear if the public health nurses have guidelines with expectations that they will screen, or if the onus is entirely on parents.

PATHWAYS TO CARE

- Available resources provided are mostly from British Columbia.
- On Health PEI website (June 9, 2020): "New parents are invited to participate in screening for perinatal depression and anxiety using the Edinburgh Postnatal Depression Scale (EPDS) screening tool at their child's 2 month child health clinic visit. If you are concerned about how you are feeling, your Public Health Nurse can assist you to complete the Edinburgh Postnatal Depression Scale (EPDS) screening tool before your child's appointment. Contact your local Public Health Nursing office and ask to speak to a nurse."

PERINATAL MEDICAL RECORD INTEGRATION

- None on record.

SPECIALTY CLINICAL SERVICES

- May have access to care at IWK Health Centre in Halifax, Nova Scotia. Also, Women's Wellness program includes "maternal mental health services through telephone and in-person visits".

CROSS-CULTURAL CONSIDERATIONS

- None on record.

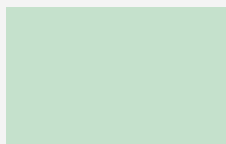


Quebec

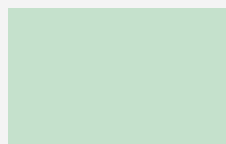
SCORE

1

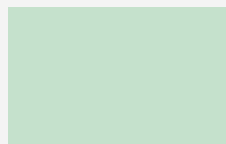
**PROVINCIAL
GUIDELINE IN PLACE?**



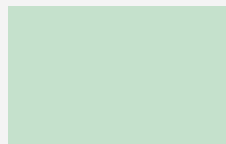
**REGIONAL GUIDELINES
IN PLACE?**



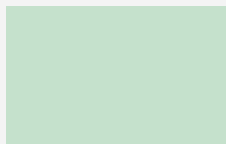
**UNIVERSAL SCREENING
RECOMMENDED?**



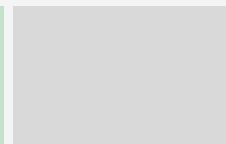
**PUBLISHED
PATHWAY TO CARE?**



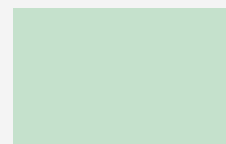
**PERINATAL MEDICAL
HISTORY
INTEGRATION?**



**SPECIALTY CLINICAL
SERVICES AVAILABLE?**



**CROSS-CULTURAL
CONSIDERATIONS?**



Quebec

SCORE

1

PROVINCIAL & REGIONAL GUIDELINES

- No. Notable absence of any reference to perinatal depression on any Quebec government health sites, from mental health perspective - pregnancy/hormones not included as a risk factor for depression; from pregnancy side, mental health not mentioned.
- Though there is no evidence of formal regional guidelines, there are local strategies and projects, e.g. Projet Trajectoire Obstétrique CIUSSS Ouest-de-L'île & MUHC which are partly backed by provincial funding and aim to connect first-line mental health care during pregnancy with second and third-line specialized psychiatric care. Also, the provincial networks Quebec Reproductive Psychiatry Network, and the Ludmer-backed Montreal Antenatal Wellbeing Study and Maternal Mental Health Symposium, are to developing training capacity for perinatal mental health professionals, but this is not part of an official governmental initiative.

UNIVERSAL SCREENING

- No policy on record.

PATHWAYS TO CARE

- Though there is no evidence of formal regional guidelines, there are local strategies and projects, e.g. Projet Trajectoire Obstétrique CIUSSS Ouest-de-L'île & MUHC which are partly backed by provincial funding and aim to connect first-line mental health care during pregnancy with second and third-line specialized psychiatric care. Also, the provincial networks Quebec Reproductive Psychiatry Network, and the Ludmer-backed Montreal Antenatal Wellbeing Study and Maternal Mental Health Symposium, are to developing training capacity for perinatal mental health professionals, but this is not part of an official governmental initiative.

PERINATAL MEDICAL RECORD INTEGRATION

- No policy on record.

SPECIALTY CLINICAL SERVICES

- Perinatal Mental Health Services at Jewish General Hospital; Reproductive Psychiatry Clinic at McGill University Health Centre (Glen site).

CROSS-CULTURAL CONSIDERATIONS

- Information specific to perinatal mental health in Quebec (on a government level) is essentially absent altogether.



Saskatchewan

SCORE

8

**PROVINCIAL
GUIDELINE IN PLACE?**



**REGIONAL GUIDELINES
IN PLACE?**

NOT CHECKED

**UNIVERSAL SCREENING
RECOMMENDED?**



**PUBLISHED
PATHWAY TO CARE?**



**PERINATAL MEDICAL
HISTORY
INTEGRATION?**



**SPECIALTY CLINICAL
SERVICES AVAILABLE?**



**CROSS-CULTURAL
CONSIDERATIONS?**



Saskatchewan

SCORE

8

PROVINCIAL & REGIONAL GUIDELINES

- Maternal Mental Health strategy: MotherFirst: Developing a maternal mental health strategy in Saskatchewan. Health. Policy 8, 46-55 (2012); initiative originated in 2009.
- All regions were required to create a plan for perinatal depression care.

UNIVERSAL SCREENING

- According to the Maternal Mental Health SK website, "there is now EPDS screening at 2 and 6 month public health child health checks, provincially, in all sites".
- Apparent trend towards screening twice in pregnancy - at first visit and 28-34 wks, updating prenatal record as of 2019, and also screening early postpartum prior to discharge from "early visit program" (2-3wks pp).

PATHWAYS TO CARE

- Centralized in-take line (to maternal mental health clinic - requires physician referral), paediatricians screen mothers during well-baby visits.
- Maternal mental health toolkit and video & community care guide - includes interpretation for EPDS and suggested guidance. Guidance recommends that, for individuals with an EPDS score of 12 or more, the provider should: "Take action: Offer referral to a family doctor or nurse practitioner to initiate medical management, and also: Share concerns with healthcare team, encourage family involvement, promote positive mental health, increase contact - visits, and offer EPDS to partner, screen partner for depression".

PERINATAL MEDICAL RECORD INTEGRATION

- "After a petition was presented to the Minister last May 4, 2016, the "Prenatal Checklist/Form Working Group" was organized this August and is now nearing completion of a PERInatal Form that will include the Edinburgh Postnatal Depression Screen (EPDS) whereby women will be universally screened throughout pregnancy AND within the first month after delivery her baby.
- Public Health Nurses will then resume screening during immunization appointments or when required.; included in postpartum record: Document results of the Maternal Mental Health screening as part of the targeted questions on the Early Childhood Assessment Form" - Saskatchewan Child Health Clinic Guidelines for Standard Practice (Gvmt of SK, MOH, 2015).

SPECIALTY CLINICAL SERVICES

- West Winds Primary Health Centre.

CROSS-CULTURAL CONSIDERATIONS

- Resources for First Nations communities: website refers to ongoing collaborations with First Nations communities; Maternal Mental Health toolkit was translated into Arabic.

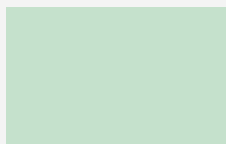


Yukon

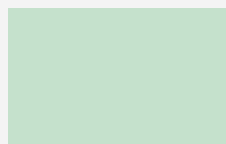
SCORE

4

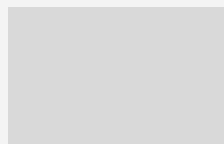
**PROVINCIAL
GUIDELINE IN PLACE?**



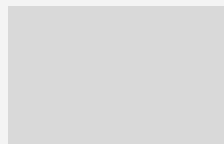
**REGIONAL GUIDELINES
IN PLACE?**



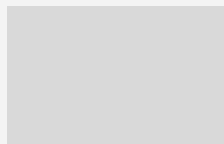
**UNIVERSAL SCREENING
RECOMMENDED?**



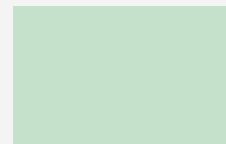
**PUBLISHED
PATHWAY TO CARE?**



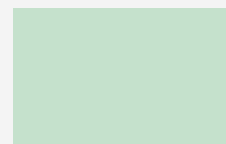
**PERINATAL MEDICAL
HISTORY
INTEGRATION?**



**SPECIALTY CLINICAL
SERVICES AVAILABLE?**



**CROSS-CULTURAL
CONSIDERATIONS?**



Yukon

SCORE
4

PROVINCIAL & REGIONAL GUIDELINES

- No, although they might have informally adopted British Columbia's guidelines.
- Also interestingly, the Yukon Mental Wellness Strategy (2016-2026), published by Yukon Health and Social Services, does include the following in its guiding principles: "We will review and adjust our mental wellness services and supports to ensure a focus on collaborative and integrated delivery and capacity development, and to ensure service delivery across a continuum of promotion, prevention, assessment, intervention, aftercare and self-support throughout the life span. This includes prenatal..."

UNIVERSAL SCREENING

- Yes, by virtue of using British Columbia's protocols for antenatal and postnatal records.

PATHWAYS TO CARE

- Nothing specific to the Yukon, however, adopting the BC forms qualifies with their associated guidance information.
- Additionally, postpartum depression is specifically mentioned as a topic for postpartum care provided in home visits by community health nurses: "Each Yukon family will be offered a home visit where a Community Health nurse will come to your home to support you and your new little family. This is a great opportunity to get support with breastfeeding, baby blues, postpartum depression, sleeping, nutrition, growth and development. The nurse will talk about what the next few weeks will look like for a family with a new baby." In addition to these home visits, Whitehorse Health Center nurses are available to families with new babies by phone call or drop in during regular office hours. The site also has a PPD info sheet for download.

PERINATAL MEDICAL RECORD INTEGRATION

- Yukon uses the same records protocol as British Columbia.

SPECIALTY CLINICAL SERVICES

- No - except potentially through psychologist at CMHA Yukon Canadian Mental Health Association, Yukon Division.
- Since closure of Many Rivers Counselling and Support Services (August 2019), access to even non-specialist services has been reduced.

CROSS-CULTURAL CONSIDERATIONS

- None on record.





Conclusion

We want first to acknowledge the inherent privilege built into Canada's medical system and its administration by countless dedicated and knowledgeable healthcare workers and practitioners. It is not our intention to suggest maternal mental health isn't a complex challenge, nor that its challenges are solvable through a single body of research. Canada is a country long focused on ensuring its citizens have access to the primary medical care we believe should be afforded to all. However, even within a beautiful system, there is room for improvement, innovation and growth. Rigorous introspection allows us to set a blueprint for continually striving to be better, more effective, and to have support and treatment pathways become accessible to more people. This act of introspection acted as the catalyst to commission this report.

To answer the question posed at the beginning of this journey, whether Canada as a country is doing enough for maternal mental health support, in short, the answer is no. First, our healthcare system resources are not equally accessible, distributed or even available. What is standard in one province may be entirely unavailable in the next; resources may be abundant in one municipality, while less is offered just a few kilometres away.

Based on the enclosed research, the sage advice, research and analysis of our partners and friends, and our experience as a peer support network, we believe a top-down, bottom-up strategic approach is necessary to improve maternal mental support across Canada. National attention and action, coupled with grassroots initiatives advanced by organizations, individuals, teams and groups, will mean a tangible progression in the right direction.

A myriad of possibilities exists for how such an approach may work, and indeed, collaboration will be the path to improvement. Once and for all, we believe there needs to be a Federal focus on creating a national perinatal mental health strategy to address gaps in the framework and execution of maternal mental health prevention, diagnosis, treatment, and support. Ideally, the Federal Government then equips provinces with the mandate and funding to design a universal perinatal support strategy in their region. This action would trickle down to referral pathways, to the regional and municipal bodies whose responsibility includes first-contact and day-to-day patient care.

Second, grassroots action fuels the bottom-up strategy. There are thousands of dedicated individuals, advocates, practitioners, organizations, hospitals and clinics, collaboratives, and coalitions whose sole reason is to support maternal mental health. By working in concert with those within and outside the province, we'll increase our collective ability to close gaps in care and increase the number and access to referral pathways.

We hope this report acts as a catalyst for all of us to work together to improve maternal mental health support in Canada.

Life With A Baby Foundation

