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POSTNATAL CARE IN A PANDEMIC WEBINAR SERIES:

Supporting Perinatal Mental Health
Part #2

Nov 25, 2020



CHAMPLAIN MATERNAL NEWBORN REGIONAL PROGRAM
PROGRAMME RÉGIONAL DES SOINS À LA MÈRE
ET AU NOUVEAU-NÉ DE CHAMPLAIN

Objectives

- To learn about priority concerns related to perinatal mental health, identified through the CMNRP postnatal care rapid response data collection.
- To develop awareness about available mental health resources in the region.
- To describe features of innovative mental health initiatives in the region.
- To identify tips and tricks for providing virtual mental health counselling and support.



CHAMPLAIN MATERNAL NEWBORN REGIONAL PROGRAM
PROGRAMME RÉGIONAL DES SOINS À LA MÈRE
ET AU NOUVEAU-NÉ DE CHAMPLAIN



- ▶ Home
- ▶ COVID-19
- ▶ [About Us](#)
- Strategic Plan
- Our Team
- Our Partners
- Network Council
- ▶ Professional Development
- ▶ Ways to Engage
- ▶ Resources
- ▶ For Families
- ▶ Contact Us
- ▶ Family Advisory Committee

VISION

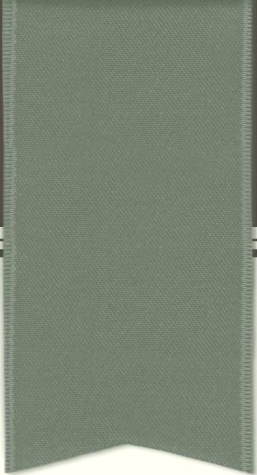
Achieving the best health outcomes for childbearing families in Eastern and South Eastern Ontario.

MISSION

We will optimize pregnancy, birth and postnatal outcomes as a foundation for a healthy population through partnerships and collaboration, and by building a high quality system of care across the perinatal continuum



www.cmnrp.ca



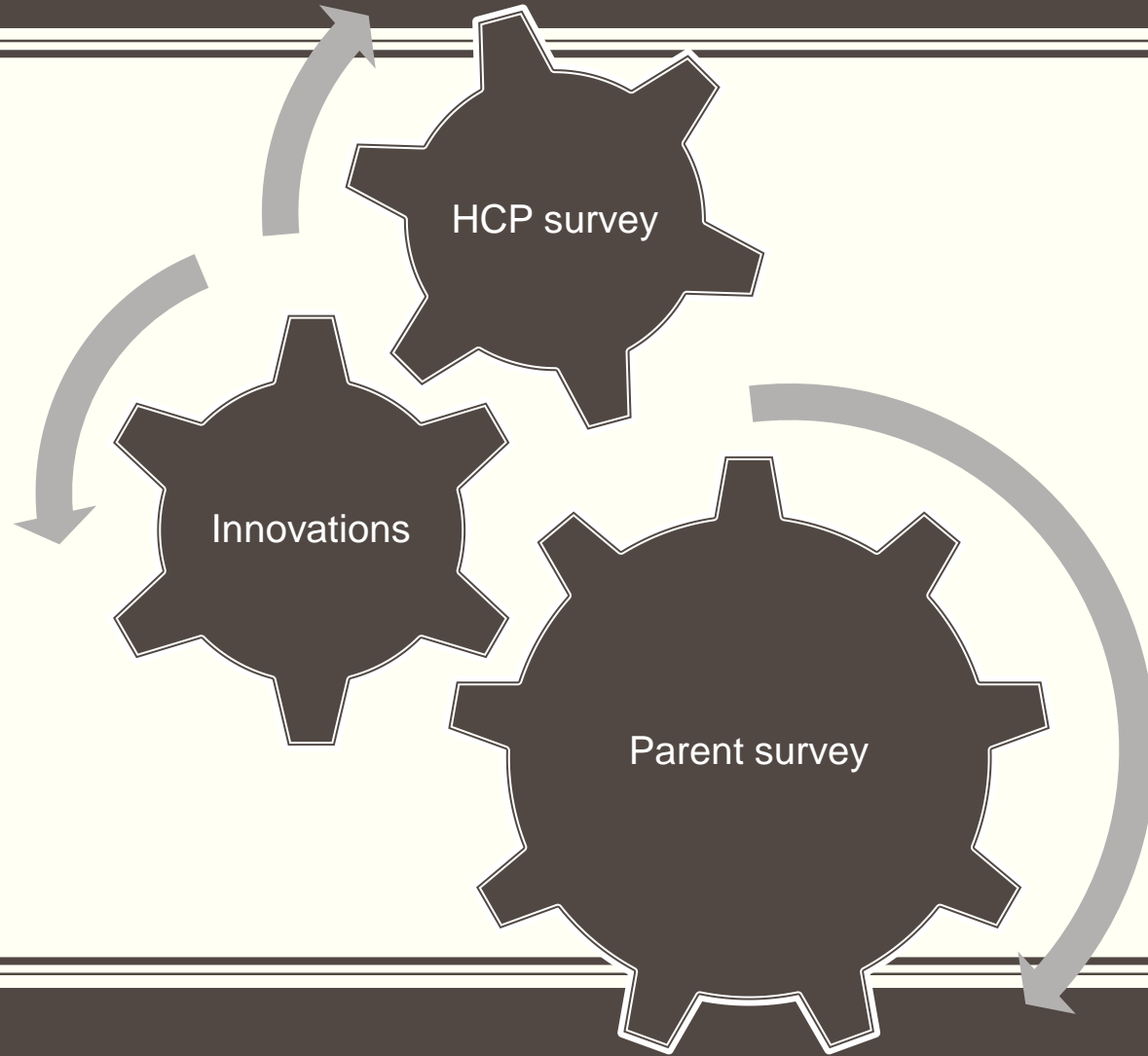
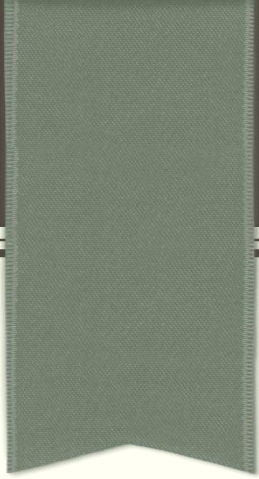
WHAT IS THE NEED THAT IS NOT BEING MET?

Purpose of the CMNRP Postnatal Care
Rapid Response Taskforce



Postnatal Care Rapid Response Taskforce Members

| | |
|--|---|
| Dr. Daisy Moores co-lead , Family Physician, Head, Division of Maternal and Newborn Care, The Ottawa Hospital | Jennifer Theriault , Early Years Coordinator / Health Promoter, Centretown Community Health Centre |
| Christina Cantin co-lead , Perinatal Consultant, CMNRP | Jenny Vandemeer , Public Health Nurse, Leeds Grenville and Lanark Health Unit |
| Amanda DeGrace , Parent Experience Advisor, CMNRP Family Advisory Committee | Keri-Ann Berga , Perinatal Consultant, CMNRP |
| Brittany Martin , Community Health Nurse, Algonquins of Pikwakanagan | Louise Gilbert , Clinical Nurse Specialist, Healthy Growth and Development, Ottawa Public Health |
| Colleen Musclow , Temporary Manager, Healthy Families, Renfrew County and District Health Unit | Marilyn Crabtree , Family Physician / Family Health Organization Lead, Winchester District Memorial Hospital |
| Diane Lalonde , Program Manager, HBHC and Family Health, Eastern Ontario Health Unit | Rachael Jaffray , Registered Nurse, Childbirth Centre, Queensway-Carleton Hospital |
| Elaine Jeffries , Clinical Resource Nurse Specialist Maternal Newborn Care, Weeneebayko Area Health Authority | Robyn Berman , Registered Midwife, The Ottawa Hospital/Midwifery Collective of Ottawa |
| Erin Shaheen , Childbirth Educator / Doula, Ottawa Childbirth Education Association | Stephanie Simchison , Registered Nurse, Wabano Centre for Aboriginal Health |
| Jenna Aubry , Registered Nurse / Clinical Care Leader Mother-Baby Unit, The Ottawa Hospital-General Campus | Sonya Boersma , Private Practice Lactation Consultant, Lactation Care |

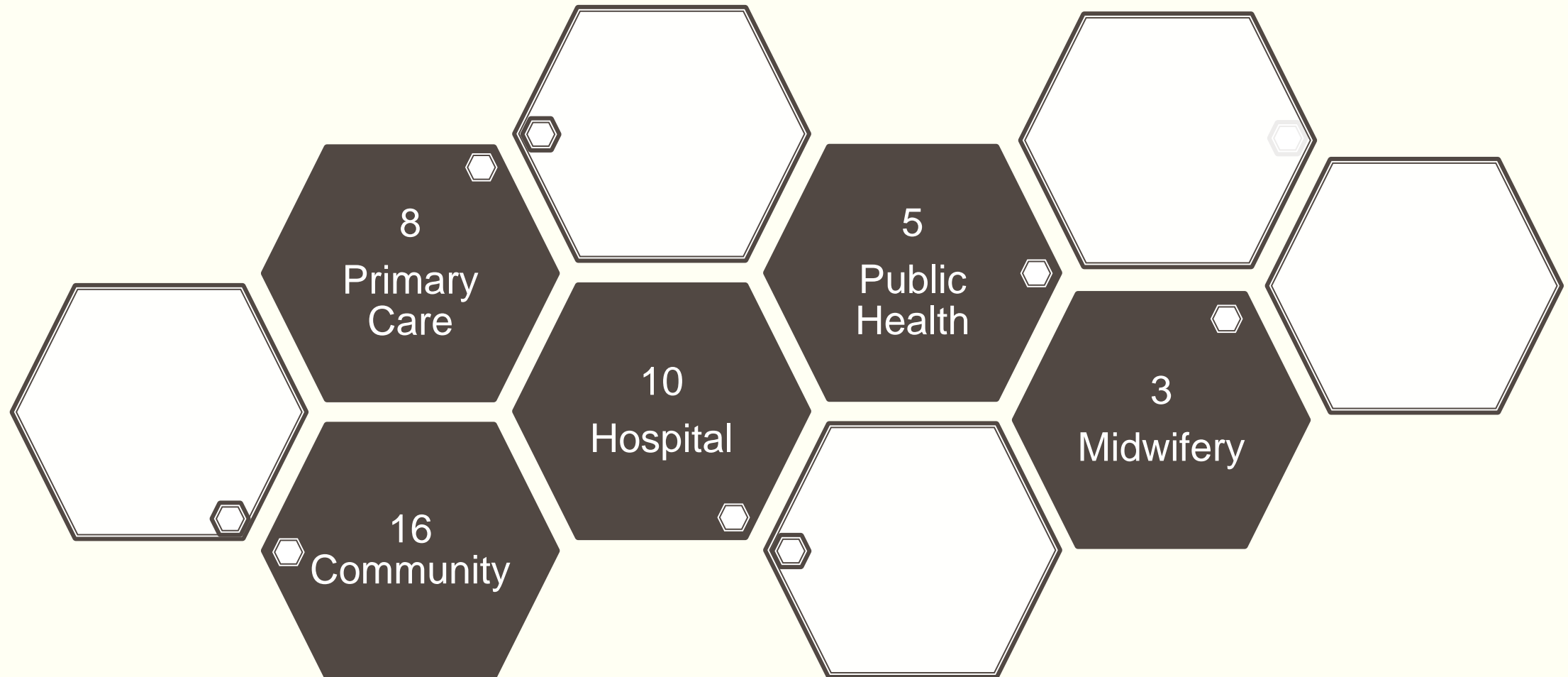


A Model for Evidence-Informed Decision Making in Public Health



A model of the different factors to consider when making an evidence-informed decision in public health

42 Data Collection Forms Received



Priority Concerns

1

Breastfeeding

2

Mental Health

3

Newborn
follow-up



Priority Concerns Related to Mental Health

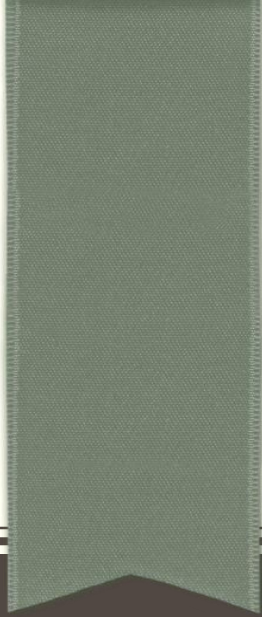
- Given the challenging times that COVID has created we need to put more attention towards our teaching on maternal mental health and the available resources in the community. (Hospital respondent)
- With no in person programming available at this time, parents do not have the same opportunities to create support networks with others. They have fewer opportunities to share their experiences or chance to learn from one another. (Community respondent)
- Virtual programming is not the same as in-person contact. It is much more challenging to build a trusting relationship with clients so that they feel comfortable enough to open up about challenges they are facing. (Community respondent)
- One doctor was offering PP Depression Group sessions. There is a need for more of this and I believe offering these groups prenatally would be key. Working on self-confidence, self-care, relaxation methods all building up to building attachment with their unborn child would be better than simply offering support postnatally. (Public health respondent)
- Increase knowledge of mental health for new mothers and how to manage ideal expectations in this new period. (Hospital respondent)

Panel Presenters

- **Charlotte Maloney**, Chair CMNRP Family Advisory Committee
- **Gillian Szollos**, BA, Family Support Community Worker/Health Promoter, Carlington Community Health Centre, Ottawa
- **Dr. Stéphanie C. Boyer**, Ph.D., C.Psych., Psychologist, The Psychology Clinic at Queen's Director, Perinatal Mental Health Service; Department of Psychology, Queen's University
- **Dr. Jasmine Gandhi**, MD, Program Leader, Perinatal Mental Health, The Ottawa Hospital-General Campus; Faculty of Medicine, Department of Psychiatry, Assistant Professor, UOttawa

Q & A Moderator

- **Keri-Ann Berga**, Perinatal Consultant, CMNRP



CHARLOTTE MALONEY

Chair CMNRP Family Advisory Committee

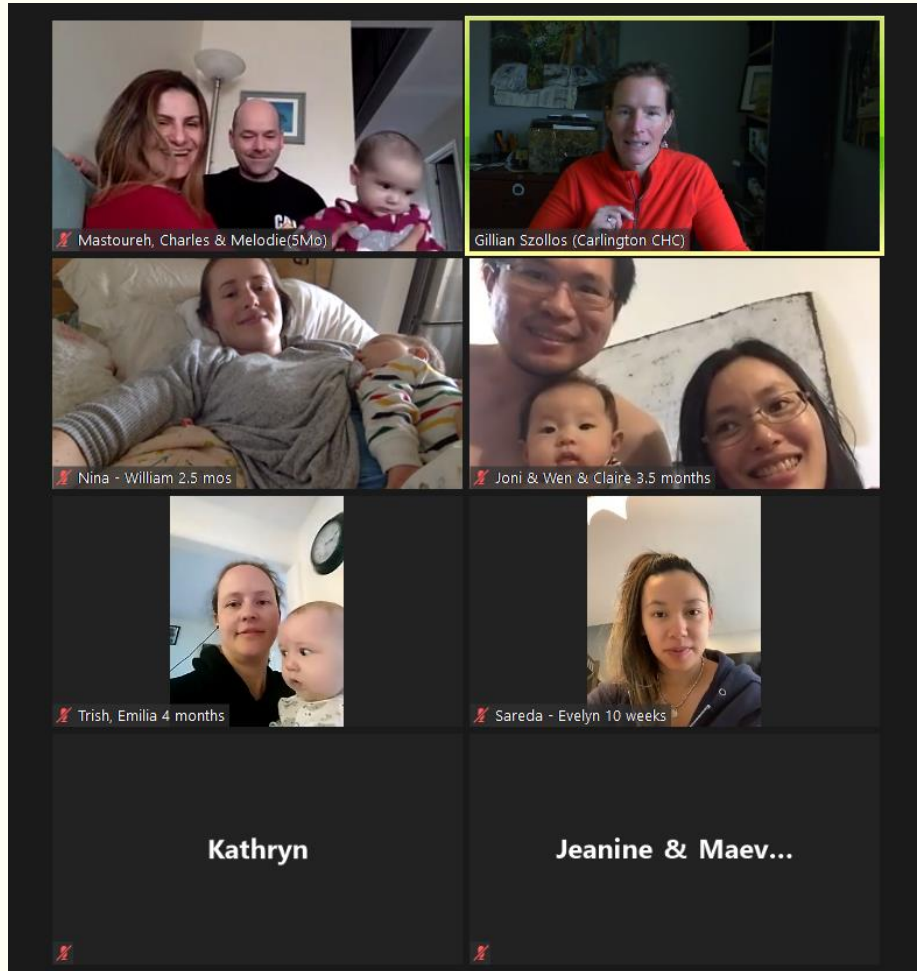


GILLIAN SZOLLOS, BA

Family Support Worker/ Health Promoter
Carlington Community Health Centre

Virtual Parent Support

Facebook Search : Ottawa Prenatal Breastfeeding Support



- ▶ To be responsive to the needs of new parents during a time of severe reductions in access to services
- ▶ Rapid information dissemination during a period of hourly changes in service availability
- ▶ Facilitate access to information and services
- ▶ Group parenting sessions are offered covering topics such as breastfeeding, sleep, crying, safety, maternal mental health, infant behavior and development, prenatal preparation and resources, responsive parenting, nighttime parenting etc.
- ▶ Files section and announcements section
- ▶ Individual parent support

*“I really looked forward to the sessions,
it was something to pin my week to.”*

Survey Results- Demographics

- There were 54 virtual parenting sessions with 469 participants
- 100% of participants were pregnant or parenting their first baby
- Participants were from all across the region
- Over 50% of participants attended at least one session with their partner
- Once clients came to the sessions, they stayed-even when their children passed the three-month stage.
- Nearly half of the respondents had also asked for one-on-one support outside of the sessions

“ It really helped me to gain confidence for the first days of breastfeeding my newborn.”

It was also really cool to see the other participants start to have their babies, and hear about their experiences.”

“The information in the Zoom sessions was relevant and tailored to the participants in the session.”

“I feel I have received more services/contact during COVID then if we were not in a pandemic.”

April 1- Nov 5th

Outcomes

100% would recommend the group to others

100% report that they have gained knowledge on infant/child development

96% report that they have gained confidence in parenting

88% report a sense of increased wellness from participating in the zoom sessions

88% report a sense of decreased anxiety from participating in the zoom sessions

87% report an increase in knowledge around responsive parenting

80% report having changed their parenting behaviors to be more responsive

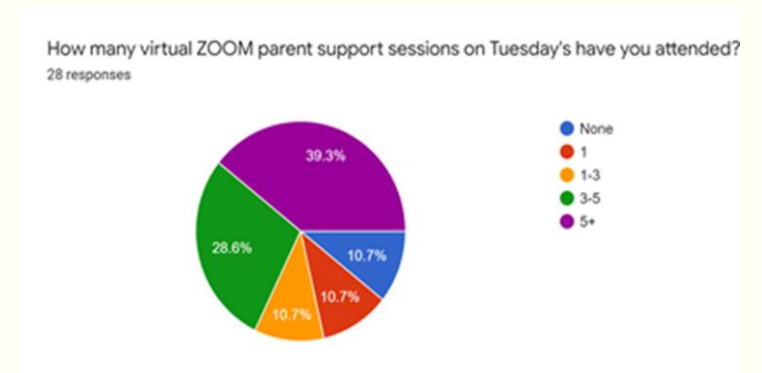
61% report that they have a stronger sense of community since joining the Facebook group

82% report knowing about more regional services, including breastfeeding support, since joining this Facebook group

54% have accessed services they learned about in this group

14% agree to have made other parent friends in this group

"My anxiety has reduced because I'm regularly reminded that I deserve help. Yes, I could do everything and I'd become very sick and my parenting/relationships would suffer as a result. But I'm regularly reminded that this is hard and I don't have to bear it alone".



Recommendations

"This group helps remind me that no one knows it all and everyone is learning as they go and that is normal"

- Over 50% clients are attending sessions with a partner. This is significant as it is optimal to be able to **message both partners**. It is also important to make sure the content is created and delivered in such a way as to be inclusive of partners and engage them.
- **14% of clients report not having any ongoing close support**. This must be taken into consideration when programming and engaging through parent support groups. Additional effort should be placed towards identifying negative maternal mental health and providing resources, outreach services and referral.
- Participants requested **expanded information (3-6 month and 6-12 months)** and more availability after 4 pm. We recommend expanding the virtual platform to provide significantly improved access to support and resources in collaboration with other community stakeholders as it is clear that this platform reduces significant barriers to families parenting through early infancy (transportation, fatigue, support, weather etc.) irrespective of a pandemic scenario.
- Although all participants surveyed felt confident using the social media and zoom platforms we recommend adding a question to the general Carlington client survey that asks specifically about **program accessibility through Facebook /Zoom**.
- Clients are very clear that they would like this form of online support **to continue even after the pandemic** as it reduces barriers to support all new parents face.

VIRTUAL PARENT SUPPORT PROGRAM SURVEY RESULTS

Thank you to all who participated

100%

100 % OF YOU ARE PREGNANT OR PARENTING FOR THE FIRST TIME & WOULD RECOMMEND THIS GROUP TO OTHERS

Wow - THANKS!

95%

96% OF YOU SAID THAT THE SESSIONS IMPROVED YOUR PARENTING CONFIDENCE!

Trust your instincts and remember - You cant spoil a baby!

100%

OF YOU REPORTED GAINING KNOWLEDGE ON INFANT BEHAVIOUR AND DEVELOPMENT

We love learning, we are glad you do too! Your baby's brain is only 25% hardwired at birth. You are literally growing your babies brain through your responsive parenting.

90%

OF YOU REPORT LOWER ANXIETY AND A GREATER SENSE OF WELLBEING FROM COMING TO THE SESSIONS

That makes us happy! Parenting in a pandemic is hard.

80%

OF YOU SAID THAT YOU WERE MORE RESPONSIVE PARENTS AS A RESULT OF THE SESSIONS

WOW that is awesome! Your babies and your families will benefit enormously from that.

Together Apart

Carlington CHC Covid 19 Virtual Parent Support Initiative 2020

THANK YOU FOR PARTICIPATING

7 Stories



Photo used with permission

100% SATISFACTION

96% REPORT GAINING
CONFIDENCE

"The information in the Zoom sessions was relevant and tailored to the participants in the session."

"It really helped me to gain confidence for the first days of breastfeeding my newborn."

"I feel I have received more services/contact during COVID than if we were not in a pandemic."

It was also really cool to see the other participants start to have their babies, and hear about their experiences."

"I really look forward to my sessions"

88% REPORT A DECREASE IN
ANXIETY

100% OF YOU ARE FIRST
TIME PARENTS

"My anxiety has reduced because I'm regularly reminded that I deserve help. Yes, I could do everything and I'd become very sick and my parenting/relationships would suffer as a result. But I'm regularly reminded that this is hard and I don't have to bear it alone."

"This group helps remind me that no one knows it all and everyone is learning as they go and that is normal"

100% REPORTED GAINING
KNOWLEDGE ON INFANT
BEHAVIOUR/ DEVELOPMENT.

WE HEARD YOU!
YOU ASKED FOR:

WE WILL CONTINUE TO
PROVIDE:

Wider range of time slots for parent support sessions (noon and after 4PM) - I've added the noon and working on the after 4pm

Evidenced based, relevant information

Provide more information sessions on parenting infant >3 months old- I have added 3 with 3 more in the new year

Ongoing parent support-both group and individual

Extra programming such as guest speakers and

Have a regular generic Q&A - Done: Once a month I'll do an AMA/Q&A

Rapid access to support and referral for new parents

YOUR PARTICIPATION MEANS A LOT TO US!

breastfeeding opportunity willingness Targeted Zoom participants time content tailored regular presentations love online approach labor facilitator EarlySupport ask needs informative specific helps questions reassure passionate portion parents Informal confident Tuesdays MoreConfidence relevant sessions fantastic Information

Gillian Szollos

Family Support Worker/Health Promoter Parent-Child and Youth Services,
Carlington Community Health Centre

With assistance from Ottawa University Nursing students: Mpendulo Moyo, Kristen Martelock, Aimy Nguyen,
Mackenzie Vermilyea, Lauren Baker, Rebecca Neto



Covid-19 Virtual Parent Support Initiative 2020

Reducing Anxiety and Isolation While Improving Outcomes for New Parents Pregnant or Parenting Infants Under 3 Months

Gillian Szollos

BACKGROUND

In March of 2020 many supports available for expecting or new parents in Ottawa shut down or severely limited access due to the emerging COVID-19 Pandemic. In response, Carlington Community Health Centre developed an online parent support strategy for parents pregnant or parenting infants under 3 months of age. The initial focus was rapid information dissemination during a period of hourly changes in service availability and to facilitate access to information and services. Group parenting sessions are offered covering topics such as breastfeeding, infant sleep, infant crying, infant safety, maternal mental health, as well as infant behavior and development. Individual parent support is available for those requiring a greater level of support. This program is offered on a Facebook private group platform with sessions offered through Zoom.

METHODOLOGY

Anonymous Surveys were created and delivered to all members of the Ottawa Prenatal Breastfeeding Support Facebook Group during the month of October. Analytics were gathered through Facebook and Zoom session attendance from the period of April 1st to November 3rd 2020. Parents willing to share personal stories were interviewed and their stories were shared in the evaluation report.

PURPOSE/OBJECTIVE

To evaluate the Virtual Parent Support Initiative in an effort to improve, support and promote the health and well-being of the people and diverse communities served by Carlington CHC. This evaluation will aid in learning and continuous improvement by requesting parent feedback on the services provided including strengths and gaps. It will ensure accountability and build a case for sustainability.

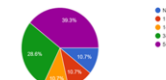
breastfeeding opportunity willingness Targeted Zoom participants time content tailored regular presentations love online approach labor facilitator EarlySupport ask needs informative specific helps questions reassure passionate portion parents Informal confident Tuesdays MoreConfidence relevant sessions fantastic Information

"This virtual program has facilitated a sense of community and reduced my sense of isolation during this time of the COVID-19 pandemic."

DEMOGRAPHICS

There were 54 virtual parenting sessions with 469 participants. 100% of participants were pregnant or parenting their first baby. Participants were from all across the region. Over 50% of participants attended at least one session with their partner. Once clients came to the sessions, they stayed even when their children passed the three month stage. Nearly half of the respondents had also asked for one-on-one support outside of the sessions.

How many virtual ZOOM parent support sessions on Tuesday's have you attended?
28 responses



OUTCOMES

100% report that they have gained knowledge on infant/child development
96% report that they have gained confidence in parenting
88% report a sense of increased wellness from participating in the zoom sessions
87% report an increase in knowledge around responsive parenting
80% report having changed their parenting behaviours to be more responsive
61% report that they have a stronger sense of community since joining the Facebook group
82% report knowing about more regional services, including breastfeeding support, since joining this Facebook group
54% have accessed services they learned about in this group
14% agree to have made other parent friends in this group
100% would recommend the group to others

KEY FINDINGS & RECOMMENDATIONS

- 100% client satisfaction was reported. Clients are happy with the services that they have been receiving and the platform used to share information/support (Facebook/Zoom). They consistently reported reduced anxiety, increased parenting confidence, improved sense of well being and increased sense of community.
- Clients reported improved knowledge and understanding of infant/child development and the majority of those surveyed said that they had changed their parenting practices to be more responsive towards their infants.
- Over 50% clients are attending sessions with a partner. This is significant as it is optimal to be able to message both partners. It is also important to make sure the content is created and delivered in such a way as to be inclusive of partners and engage them.
- 14% of clients report not having any ongoing close support. This must be taken into consideration when programming and engaging through parent support groups. Additional effort should be placed towards identifying negative maternal mental health and providing resources, outreach services and referral.
- Participants requested expanded information (3-6 month and 6-12 months) and more availability after 4pm. We recommend expanding the virtual platform to provide significantly improved access to support and resources in collaboration with other community stakeholders as it is clear that this platform reduces significant barriers to families parenting through early infancy (transportation, fatigue, support, weather etc.) irrespective of a pandemic scenario.
- Although all participants surveyed felt confident using the social media and zoom platforms we recommend adding a question to the general Carlington client survey that asks specifically about program accessibility through Facebook/Zoom.
- Clients are very clear that they would like this form of online support to continue even after the pandemic as it reduces barriers to support all new parents face.

CONCLUSION

The COVID-19 pandemic resulted in the cancellation of many services available to parents including prenatal classes, face to face primary care, Ottawa Public Health Family visiting, visits by public health nurses and face to face visits with Lactation Consultants. Carlington has effectively contributed to filling this gap with this virtual approach to parent support. This program has succeeded in reducing isolation and anxiety for new parents, while improving a sense of well-being during the novel coronavirus pandemic. This program has exceeded expectations and has been shown to be accessible and reduce barriers to participation that having a newborn often entails. The participants reported improved knowledge and confidence as well as reduced isolation and anxiety. They also highlighted profound changes in their parenting behavior towards being more responsive. Parents are adamant that they would appreciate and access this service even if

"I really looked forward to the sessions, it was something to pin my week to."

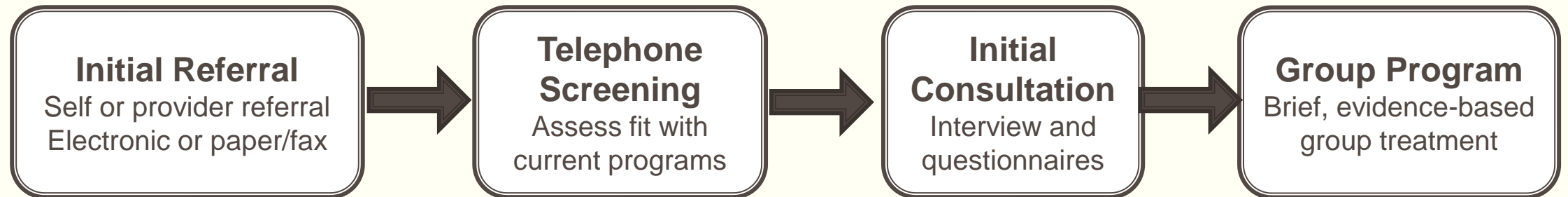


DR. STÉPHANIE C. BOYER, PH.D., C.PSYCH.

Director, Perinatal Mental Health Service
The Psychology Clinic At Queen's University

Development of our Perinatal Mental Health Service

- Psychology Training Clinic
 - Assessment, consultation and treatment services for children, adolescents, and adults
 - All services offered on sliding scale geared to income (including % pro bono)
- Funded by Bell Let's Talk Community Fund
- Service Pathway:



Cognitive-Behavioural Therapy (CBT) for Perinatal Anxiety

- Adapted from treatment protocol at St. Joseph's Healthcare (Green, 2015, 2020)
- 6-week transdiagnostic group program for new and expecting mothers
- Structured intervention to develop coping skills for anxiety and worry
- Pre-post data shows significant decreases in **cognitive and somatic symptoms of anxiety, depressive symptoms**, and level of **perceived stress**

| Feedback survey questions (rated from 1 to 5) | M (SD) |
|---|-------------|
| How would you rate the quality of service you received? | 4.89 (0.33) |
| Do you feel that your coping skills for anxiety have improved since the beginning of the group? | 4.56 (0.72) |
| Did you feel the group leaders gave you enough personal attention? | 4.78 (0.44) |
| Did you feel that the group leaders were warm and accepting of your concerns? | 5.00 (0.00) |

Reflections on Shift to a Virtual Service Delivery Model

- Apart and feeling present and connected
- Need for increased communication and supports
- Creating a private space at home
- Optimal group size



Where do we go from here?

- Prevention and early intervention => Perinatal adjustment and wellness
- Community Foundation for Kingston and Area Grant: Building Family Resilience Through Parent Mental Health (2021)
 - Virtual **Postpartum Adjustment Group**: 6-week group, focused on education and support around changes and difficulties during this transition period to facilitate well-being and self-care
 - Virtual **educational outreach sessions** for new and expecting parents on supporting emotional wellness during this transition period





DR. JASMINE GANDHI, MD, FRCPC

Medical Director, Perinatal Mental Health Program, The Ottawa Hospital
Associate Professor, Department of Psychiatry, University of Ottawa

Our team



TOH Perinatal Mental Health

Inclusion

TOH-affiliated MD, NP,
midwife

Conception to 1y pp/post-
adoption

PMAD/Psychosis,
Bereavement, pre-
pregnancy med
assessment

16y+, Champlain LHIN

Services

Consultation, limited f/u

Social Work support

Group therapy:
Perinatal IPT
Perinatal CBT
Pregnant in a Pandemic
support group

E-consultation
econsultsupport@lhinworks.on.ca

Academic service

Exclusion

Primary Substance Use
Disorder,
Eating Disorder,
Personality Disorder,
Parenting capacity

Infertility, PMDD,
perimenopause

Fathers

TOH Perinatal Mental Health

- Pre-pandemic:

EPIC

Virtual care using OTN

- Post-pandemic:

Exclusive virtual care:
MS Teams, Zoom-EPIC

Collaboration:
Internal/External

Teaching

TOH Pregnancy in a Pandemic Support Group



Having a baby at The Ottawa Hospital?

Worried about how COVID-19 might affect your pregnancy and delivery?

Want to learn how to protect your mental health during this stressful time?

Join this weekly virtual support group led by doctors who specialize in obstetrics, newborn care and the mental health of new parents. We will speak about the most common concerns and struggles of being pregnant during the COVID-19 crisis.

**Tuesdays | 8-9 pm | Zoom
Registration through MyChart**

No cost to participate; coverage is provided through your provincial health insurance. At this time, sessions are conducted in English only.

No funding? No problem

STEP 1: Pre-register for your delivery

Call the Admitting department at 613-737-8200 (General)/ 613-761-4131 (Civic)

STEP 2: Sign up for MyChart

MyChart is a secure, online patient portal that connects you with your medical and personal health information anytime, anywhere.

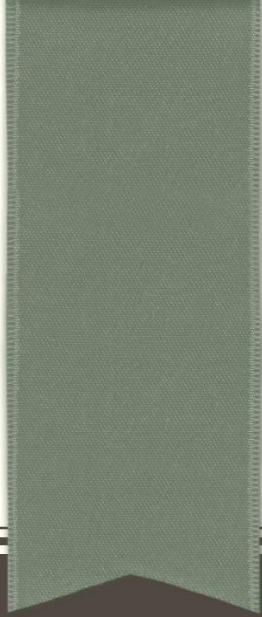
STEP 3: Schedule an appointment

The screenshot displays the MyChart interface for scheduling an appointment. At the top, there are navigation icons for Health, Visits, Messaging, Billing, and Profile, along with a user profile for 'Mom One' and a 'Log Out' option. The main heading is 'Schedule an Appointment' with a 'START OVER' button. Below this, the 'Reason for visit' is 'TOH Pregnancy in Pandemic Support Group'. The 'Time' selection area shows 'Wednesday 16 September 2020' and '8:00 PM' is selected and highlighted with a red box. There are also 'What time works for you?' search options and a 'Related Links' section with a 'Find a new provider' link.

Initial reflections & next steps

- Evaluation
 - Pregnancy in a Pandemic Support Group
 - Virtual care
 - Virtual presence

- Sustained momentum:
 - Human resources
 - Fellowship
 - Outreach

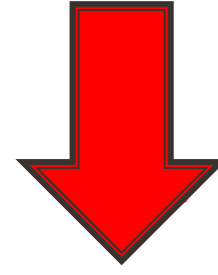


RESOURCES



Search Resources

GO



HOME

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RESOURCES ▾

FOR PARENTS ▾

YOUR ACCOUNT ▾

CONTACT US

Home / Resources / Mental Health

Mental Health

Showing 1–10 of 25 results

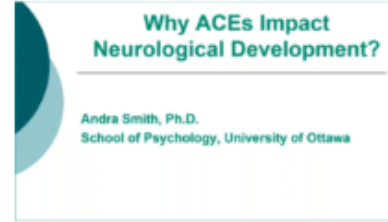
Sort by last revised | Trier par date de révision



W32-E Webinar:
Managing Anxiety
During Social
Distancing



W31-E Webinar:
Infant and Early
Mental Health in an
Indigenous Context

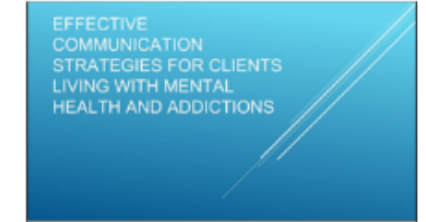


Webinar: Why ACEs
Impact Neurological
Development?

Webinar recording in



W29-F Webinar : La
santé mentale des
tout-petits : éléments
fondamentaux et
application pratique



Communication
Techniques to
Support Clients Living
with Addictions and
Mental Health Issues



Pregnancy and life with a new baby are not always what you expect.

1 in 5 mothers will have depression or anxiety during pregnancy or postpartum.

Depression and anxiety during pregnancy and postpartum are often referred to as perinatal mood disorders (PMD). In this leaflet we will use the short form PMD when talking about these conditions.

If you have PMD you may:

- Have little or no interest or enjoyment in things you used to enjoy.
- Feel sad most of the time.
- Feel nervous, anxious or on edge.
- Feel like you can't stop or control worrying.

You may also feel:

- Really tired.
- Irritable and/or angry.
- Restless.
- Slowed down.
- Worthless.
- Guilty.
- Ashamed.
- Numb or empty.
- Alone.
- Frustrated.
- Hopeless.
- Panicky.

You may also:

- Have no energy.
- Have no appetite.
- Eat too much.
- Sleep too much.
- Not be able to sleep.
- Not be able to concentrate.
- Have aches and pains.
- Have chest pain or shortness of breath.
- Have a "lump" in your throat.
- Have numbness or tingling.
- Not want to spend time with your baby, partner, or family.
- Cry for no apparent reason.
- Keep checking things, e.g., baby's breathing.
- Have negative or disturbing thoughts or images that keep coming back.
- Think bad things may happen to you or your baby.
- Think you are not a good mother.
- Think your family would be better off without you.
- Think about death or suicide.
- Think about hurting yourself or your baby.

If you have had any of these symptoms for more than two weeks, talk to a health care provider. Together make a plan to help you get better. This could include therapy and/or medication.

If you feel like hurting yourself or your baby, or are thinking about suicide, get help right away.

- Call 911.
- Go to the nearest hospital emergency room.
- Contact the mental health crisis line in your area.

Remember...
This is not your fault.
You are not alone.
There is help
for you and
your family.

What you can do:

- ✓ Share your feelings with someone you trust.
- ✓ Ask for help.
- ✓ Take care of yourself.
- ✓ Take time for yourself.
- ✓ Get counselling or join a support group.
- ✓ Talk with your health care provider about taking medications.

What you can do, if you are a partner, family member, or friend:

- ✓ Listen and support her feelings.
- ✓ Be helpful and don't judge her.
- ✓ Encourage her to seek help.
- ✓ Develop your relationship with the baby.
- ✓ Educate yourself about PMD.
- ✓ Take time for yourself.
- ✓ Find someone you can talk to.

1 in 10 fathers may also have PMD. As a new father you may be at risk of PMD. Get information and support as well.

best start
meilleur départ
Ressources Gestive/Centres de ressources
votre health nexus santé

For more resources check
www.en.beststart.org/for_parents

You can get help from:

Your health care provider (family physician, midwife, nurse, nurse practitioner, obstetrician, psychiatrist, or psychologist).

Your public health unit: Call 1-800-268-1154 or visit www.serviceontario.ca to know the location and services of your local public health unit.

The Mental Health Helpline: Call 1-866-531-2600 (24 hours a day 7 days a week) or visit www.mentalhealthhelpline.ca for information about mental health services in Ontario.

Ontario Telehealth: Call 1-866-797-0000 TTY: 1-866-797-0007 (24 hours a day 7 days a week) to get health information from a Registered Nurse.

Online Course: Best Start by Health Nexus Supporting Parents When They Experience Mental Health Challenges

- Free online course for service providers working with parents who are expecting a baby or have young children.
- Filled with interactive activities
- Developed in Ontario, Canada, but much of the content is applicable to other jurisdictions.
- Consists of three modules:
 - Module 1: Understanding Mental Health Challenges.
 - Module 2: Assessing Risk and Managing Crises.
 - Module 3: Supporting Parenting Skills.
- <https://courses.beststart.org/>
- Only available in English at this time



iaBPG

INTERNATIONAL
AFFAIRS & BEST PRACTICE
GUIDELINES

TRANSFORMING
NURSING THROUGH
KNOWLEDGE

Best Practice Guideline

OCTOBER 2018

Assessment and Interventions for Perinatal Depression

Second Edition



 **RNAO** Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

Registered Nurses' Association of Ontario (2018)

<https://rnao.ca/bpg/guidelines/assessment-and-interventions-perinatal-depression>



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- <https://www.ccsa.ca/webinars>



THANK YOU!

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