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# POSTNATAL CARE IN A PANDEMIC WEBINAR SERIES:

Supporting Perinatal Mental Health  
Part #1

Nov 18, 2020



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

# Objectives

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- 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  
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- Our Partners
- Network Council
- ▶ Professional Development
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- ▶ Resources
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## VISION

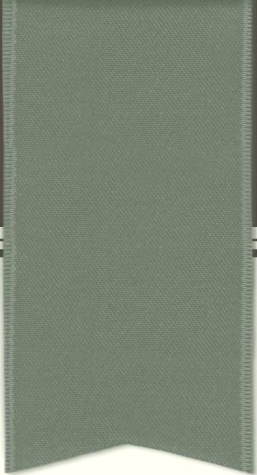
*Achieving the best health outcomes for childbearing families in Eastern and South Eastern Ontario.*

## 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](http://www.cmnrp.ca)



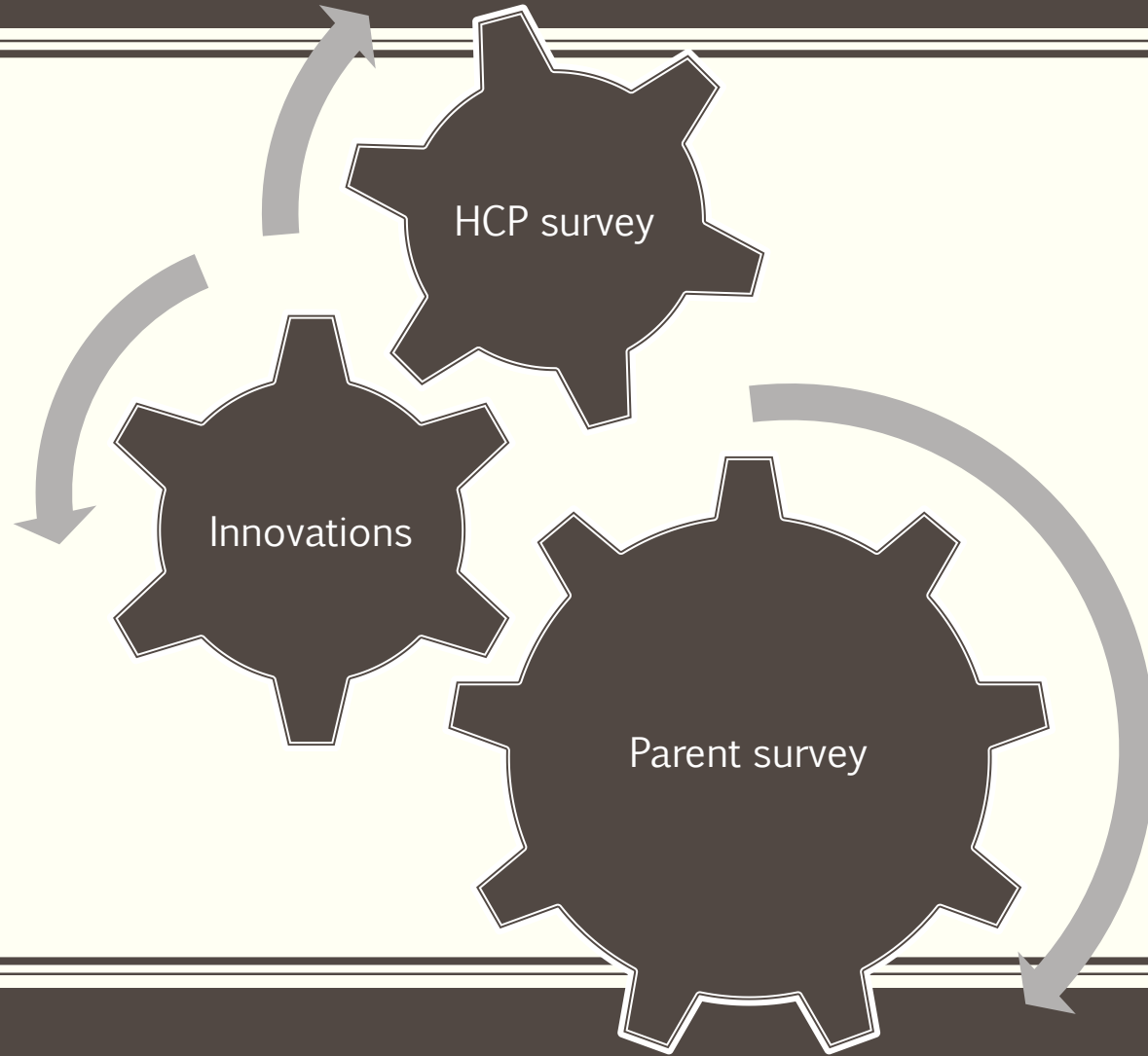
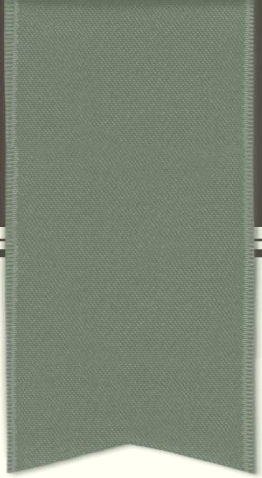
# WHAT IS THE NEED THAT IS NOT BEING MET?

Purpose of the CMNRP Postnatal Care  
Rapid Response Taskforce



# Postnatal Care Rapid Response Taskforce Members

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



# A Model for Evidence-Informed Decision Making in Public Health

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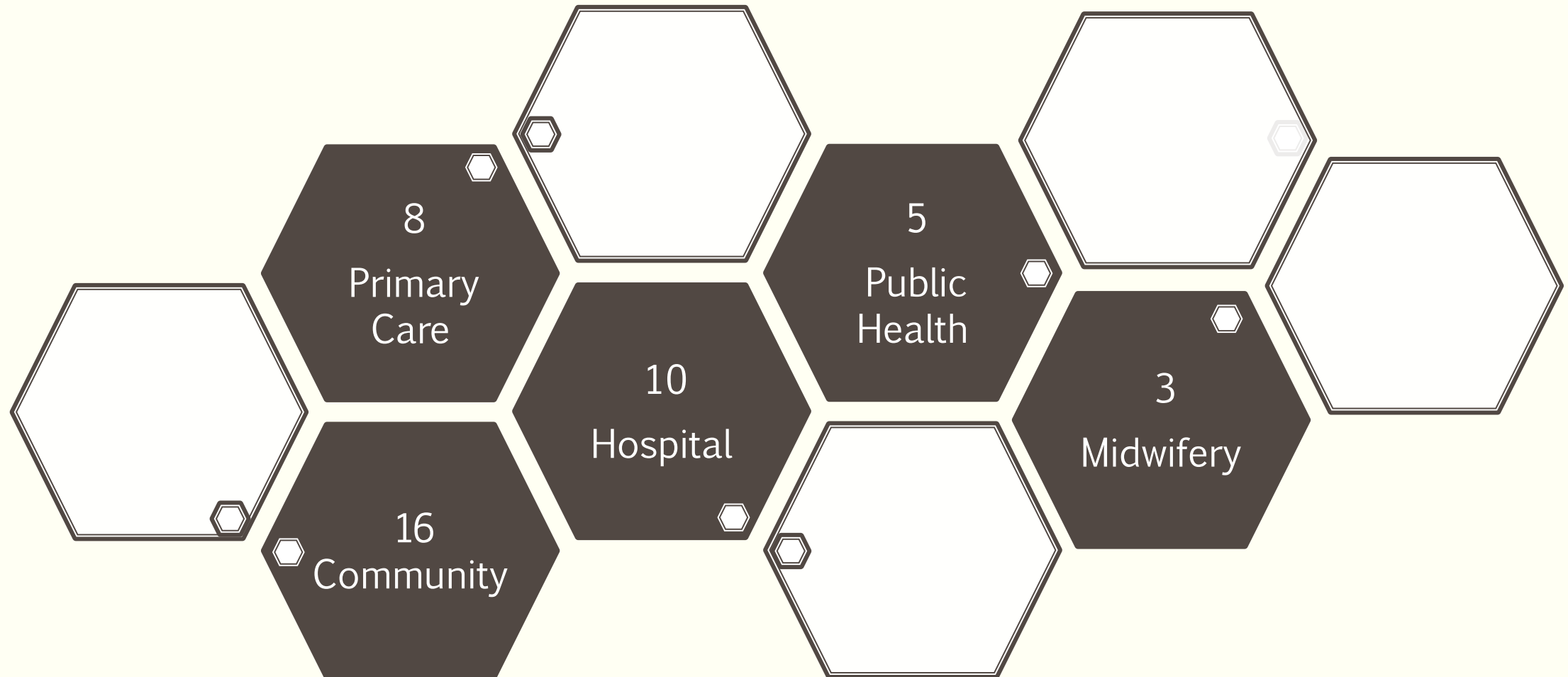


A model of the different factors to consider when making an evidence-informed decision in public health

# 42 Data Collection Forms Received

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# Priority Concerns

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1

Breastfeeding

2

Mental Health

3

Newborn  
follow-up



# Panel Presenters

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- **Amanda DeGrace**, CMNRP Family Advisory Committee, Postnatal Taskforce Member
- **Nancy McLaren Kennedy**, Peer Specialist/Mental Health Worker, Women's Mental Health, The Royal Ottawa Health Care Group
- **Courtney Holmes**, Family Outreach and Birth Companion Support worker for the Birth Companion Program, Birth/Postpartum Doula and Prenatal Educator, Mothercraft
- **Susan Martensen**, Certified Postpartum Doula, Past President DONA International, Facilitator of Mothercraft Ottawa's Postpartum Support-Drop-in
- **Greg Lubimiv**, Executive Director of the Phoenix Centre for Children and Families

## Q & A Moderator

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



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# AMANDA DEGRACE

CMNRP Family Advisory Committee Member  
Postnatal Task Force & Breastfeeding Promotion Committee  
Pre/Postnatal Yoga Teacher, Mom Of 3

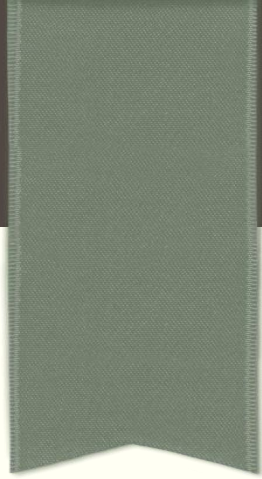
[amanda@amandadegrace.ca](mailto:amanda@amandadegrace.ca)

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# The Voice Of The Family

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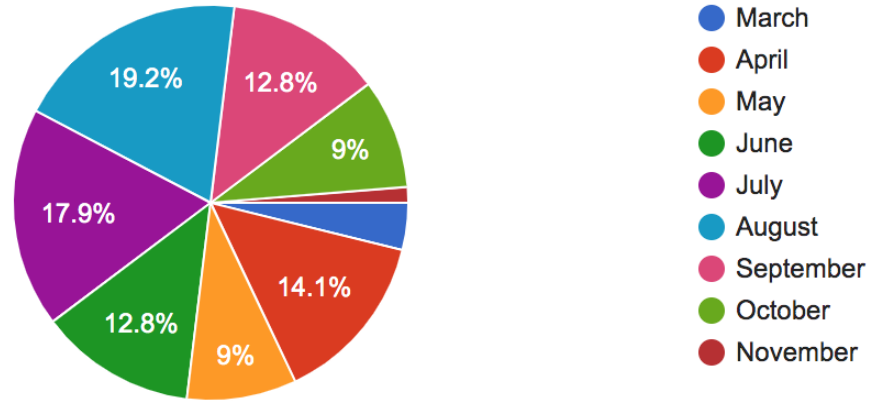
- ✦ What we are hearing from families
- ✦ Factors that cause stress from a family perspective
- ✦ Parent Experiences
- ✦ Yoga & Mindfulness, a program that is bridging the gap for parents



PAINTING THE PICTURE...

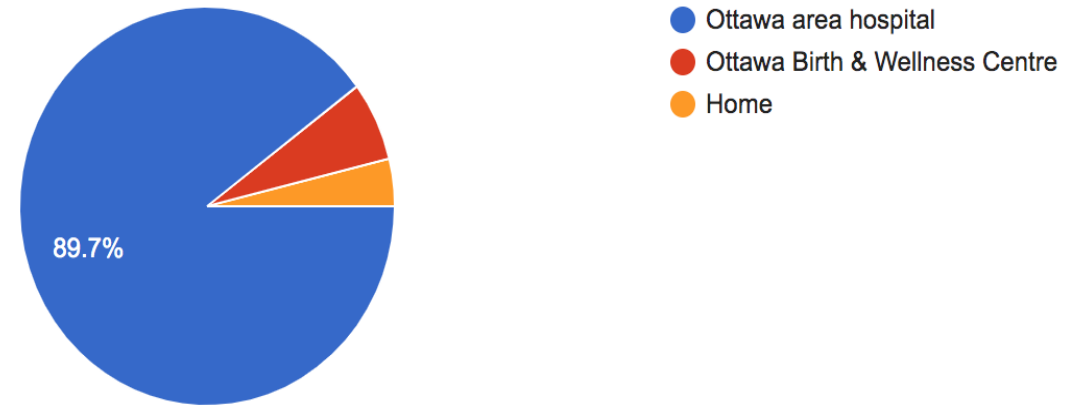
## What month did you give birth in 2020?

78 responses



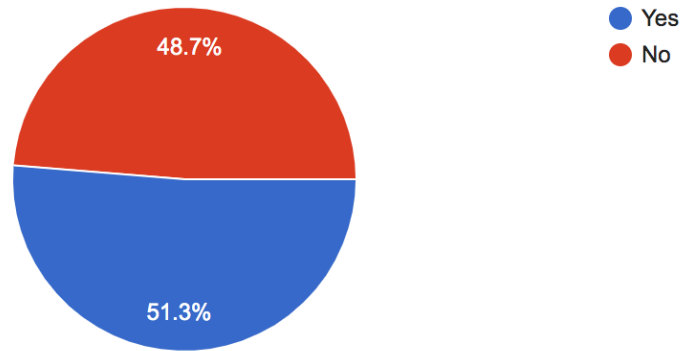
## Where did you give birth?

78 responses



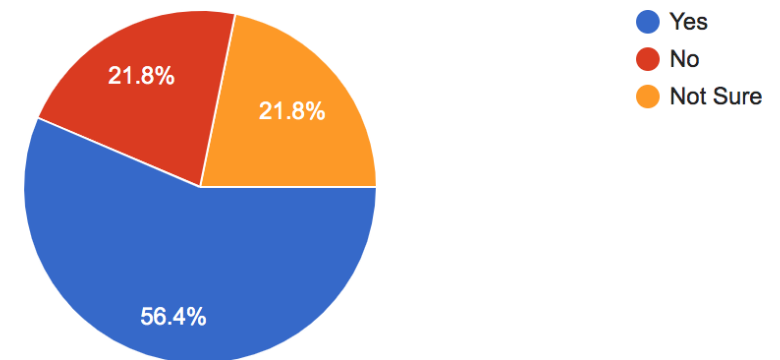
### This is my first birth experience

78 responses



### I knew where and how to access resources during the postpartum period

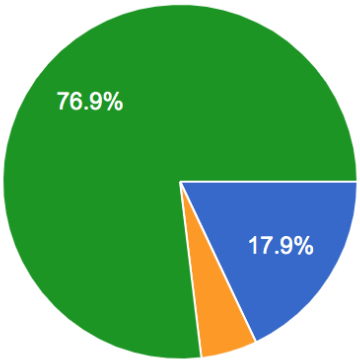
78 responses





### I have accessed mental health resources during Covid-19

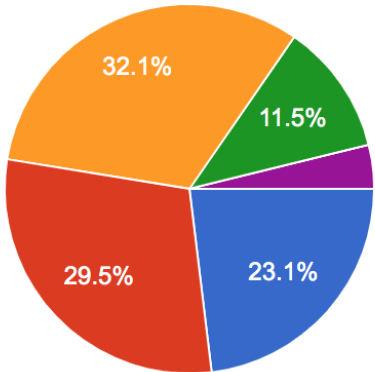
78 responses



- Virtually
- In Person
- Both Virtually and In person
- N/A

### I needed to access mental health resources and didn't know how to access them.

78 responses



- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree



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WHAT FACTORS BROUGHT YOU STRESS  
DURING YOUR PREGNANCY, BIRTH &  
POSTPARTUM PERIOD

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Community



Connection



Resources

“ was very **anxious and stressed** during pregnancy, in a debilitating way. I was **terrified of getting covid**, the **unknown** effects of it on my baby, but also terrified of my toddler getting it. I hate that we don't fully understand long term effects and have been very worried about my choices affecting their long term health. Also keeping my toddler home from daycare has been a challenge, and I am **unsure if I am making the right choice**. I was also very **anxious not knowing what the hospital experience would be like**. Once I did go into labour (less than 2 weeks ago) it progressed very quickly. **I hated being in triage on my own** filling out paperwork, being asked a million questions before my husband was allowed to come up. I needed his support and was so worried he may miss the birth.”

“After going through a miscarriage just before getting pregnant again, I was **scared and wished my spouse could have come with me** to my appointments. He never got to meet my OB, missed the gender ultrasound, and this was our last baby.”

“Not knowing if my husband would be able to be with me. **Would I be alone?** Why he couldn't attend appointments even with a mask - the whole thing has been crappy and not what was planned at all. There is nothing running for new mums during this pandemic that is not online and that's not helpful when you've been indoors for basically 8 months already! **I am dreading the winter** 😞”

“**Not sure of hospital expectations, lack of in-person appointments, not having partner join any appointments for support,** not sure who to contact for any concerns during pregnancy/delayed responses.”

“**Not having my husband attend appointments with me.** It was and still is frustrating to see restaurant and bars open, yet my husband could not be at any ultrasounds to see his first baby or any doctors appointment where we could hear the heart beat.”

“**Waiting alone**, no family support at the hospital, no access to food at hospital (accept food trays at specific times), no access to fridge at hospital. During pregnancy husband was not allowed for appointments: **really stressful to go alone.**”

“Being stuck in my room for 4 days not being able to even roam the halls. **I was beginning to be very anxious and irritable.**”

“It was my second child so I knew more about the resources and where to access. **The new program at [hospital] for early leave was helpful in reducing stress as I was out of hospital faster.** Overall I still had a good birthing experience even with masks ;)”

“My husband, baby’s **father, experienced severe mental health distress** at the hospital since he was not allowed to leave the room for 6 days (baby required monitoring as he was born at 35 weeks). He is a very physically active man and he was not allowed to step foot outside of the room. Both of our mental health were greatly affected by our experience at the hospital.”



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PARENTS SHARED SOME OF THEIR  
EXPERIENCES ACCESSING MENTAL  
HEALTH SERVICES DURING COVID-19

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“**Virtual is hard**, meeting someone while talking from your living room or bedroom is not the right setting to properly discuss issues.”

“I didn't have to reach out for any support however I did notice that if I needed it **I wouldn't have known where to start.**”

“I was followed by the hospitals perinatal mental health. **It took about two months to get an appointment online** (reached out in the beginning of the pandemic). They were very helpful but by then I was feeling better on my own.”

“**Virtually made it easy** with a newborn and toddler.”

“I wish there was more detailed mental health follow ups after birth. I kept asking how I was doing and I would just answer "fine" which I wasn't. **Opening up was hard so being asked more detailed questions would have definitely helped.**”

“I reached out to my OB/GP and they referred me to support. **I was able to connect with a group very quickly.**”

“I’ve found there are **more opportunities to see psychologists because of virtual sessions.** Allowed therapists to see more clients despite lengthy pre-Covid wait lists.”



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HOW A YOGA & MINDFULNESS  
PROGRAM IS BRINGING TOGETHER  
COMMUNITY, CONNECTION &  
RESOURCES

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# Creating Community, Connection & Resources

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- ✦ **Movement & Breath Work** = releasing tension, building confidence, calming, reducing stress & anxiety
- ✦ **Virtual-** be creative in creating connections & community. Holding space for discussions, safe place for conversations to continue outside of the class/workshop/offering (ex: private facebook group)
- ✦ Opportunity for **partners** to attend as well.
- ✦ **Resources-** 30 minutes after each class is educational focus with experts & professionals in the field (pregnancy, postpartum, nutrition, wellness)
- ✦ **Safe Place-** to ask questions, to share resources, to connect, create community, to feel supported and heard.
- ✦ **Online social platforms** sharing resources, building community, fostering connection through Facebook & Instagram.



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**NANCY MCLAREN KENNEDY, MSW, RSW**

Peer Specialist/Mental Health Worker, Women's Mental Health,  
The Royal Ottawa Health Care Group

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# To be Discussed

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- Introduction
- Value of peer support
- Collaboration between the Ottawa Birth & Wellness Centre and Women's Mental Health at the Royal Ottawa Mental Health Centre
- Facebook Live sessions (past and future) and perinatal groups

Nancy McLaren Kennedy, MSW, RSW. Peer Specialist/Mental Health Worker, WMH

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# Collaboration Between WMH and the OBWC

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Women's Mental Health at The Royal has three areas of focus:

- Capacity Building
- Peer Support
- Research

The Ottawa Birth and Wellness Centre:

- individualized approach to childbirth in a community-based setting
- a midwife-led facility, it provides a broad range of maternal and infant services to Ottawa clients, newborns, and their families
- For labour and delivery the OBWC has 3 birthing suites and 2 assessment rooms
- On the Wellness side of the facility, we offer educational programming to the perinatal community



# Peer Support

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- The Mental Health Commission of Canada recognizes Peer Support as an important component of Recovery (Mental Health Commission of Canada, 2020)
- Peer Support works from the recovery perspective and supports a person's wellness holistically
- Support is offered from a perspective of "I've been there too"
- Promotes a strengths based approach
- Disclosure of diagnosis (if there is one) is not necessary
- Reduces power differential between people
- Peer is an example that recovery is possible
- Wisdom comes from participants

# Collaboration Between WMH and the OBWC

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## Project goals

- Recruit and hire a Peer Specialist to co-facilitate WRAP groups at the OBWC.
- Conduct a needs assessment to determine the mental health needs and experience of women accessing OBWC to set priorities for peer facilitated groups and education sessions.
- Deliver and evaluate four (4) peer facilitated wellness groups to a maximum of 40 women who attend OBWC.
- Provide five (5) mental health information sessions to a total of 50 moms and partners who attend OBWC.
- Provide three (3) mental health education and training sessions to a total of 50 midwives through OBWC.

## Facebook Live Total Views 5080

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- World Maternal Mental Health Day: Ann-Marie O'Brien, MSW and Emma Slaney-Gose, MSW
- Community Resources (Mothercraft and Family Services Ottawa) Wendy Davis and Courtney Holmes
- PMAD Treatment Options with Dr. Jasmine Gandhi
- Ask the Experts: Pandemic Edition with Midwives Teresa Bandrowska, RM and Nicole Pichette, RM
- Overview of Perinatal Mood and Anxiety Disorders (English and French), Dr. Valerie Giroux
- Perinatal Mental Health and the Role of the Postpartum Doula, Community Doula Access, (English and French)
- Closed session Perinatal Loss: Ethan's Story, Kimberley Waara, Chair of the Family Advisory committee at the Roger Neilson House
- First Facebook live on April 15, 2020. Based on Advisory Committee.

# Facebook Live: Understanding and Healing Birth Trauma

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- Facebook Live, December 10, 2020
- English: 10 a.m.-11 a.m. and French: 1p.m.-2 p.m.

Presenter: Christiane Laflèche, MSW, RSW currently in private practice in Ottawa.

French Moderator: Erica Green, Head Birth Centre Aide at the OBWC and Birth Doula

- 1) What is trauma?
- 2) Causes of birth trauma
- 3) Preventing trauma from occurring or reoccurring
- 4) Healing from trauma (practical guidelines to deal with triggers and overcome PTSD symptoms)
- 5) Post-traumatic growth (the gift of trauma)

# Journaling as a Wellness Tool-First offered April 2020

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- Journaling is an evidence based wellness tool Journaling can help individuals “Manage anxiety, Reduce stress and cope with depression. Journaling helps control symptoms and improve mood (University of Rochester Medical Centre, 2020).
- Program created by two peers Anita Manley and Patricia Stockwell, in person 8 sessions, 2 hours each
- Closed group
- Anita and Nancy revised it to take place on Zoom: adapting activities, more check in, sharing of self
- 9 weeks including: intentions and gratitudes, self esteem, emotional vocabulary, goal setting, evaluation.

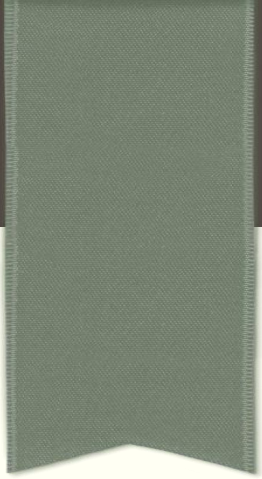
*“ I don't know how I could've gotten through it without this course. Additionally, it has given me the momentum to look past the current crisis to see a life beyond and decide what shape it should take.”*

-Kathleen Conibear

## Perinatal Wellness-First offered May 2020

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- Required phone number and residential address
- Sent Zoom guidelines
- Peer based
- Look for the strengths in participants
- Encourage sharing the wisdom of group members
- Encourage group members to connect outside of group
- Ongoing evaluation (in group, survey monkey, emails)
- Topics suggested by participants: boundaries, family traditions, gender roles, becoming a mother, COVID and impact on pregnancy, birth and mothering
- 2 groups, open group



*I am so impressed by all of the work that is being done to support perinatal mental health in our community. I'm thankful that during this stressful time, the healthcare community has stepped up to ensure that extra supports are available for those who are struggling. It's really quite inspiring.*

**Tamara Brown**, Acting Executive Director, Ottawa Birth and Wellness Centre



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# COURTNEY HOLMES

Family Outreach and Birth Companion Support worker for the Birth Companion Program, Birth/Postpartum Doula and Prenatal Educator, Mothercraft

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# SUSAN MARTENSEN

Certified Postpartum Doula, Past President DONA International,  
Facilitator of Mothercraft Ottawa's Postpartum Support-Drop-in

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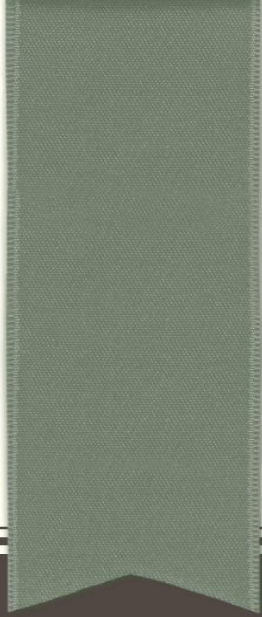


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**GREG LUBIMIV**, BSW, MSW, RSW, CAPT-S

Executive Director of the Phoenix Centre for Children and Families

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# RESOURCES

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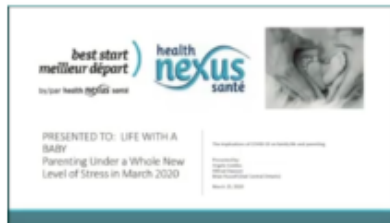
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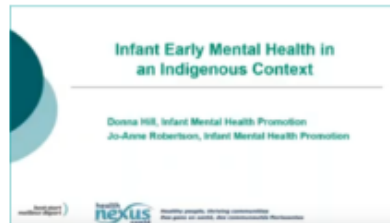
# Mental Health

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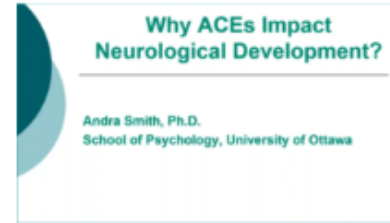
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W32-E Webinar:  
Managing Anxiety  
During Social  
Distancing



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

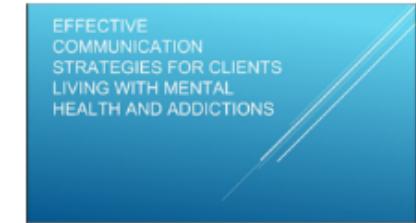


Webinar: Why ACEs  
Impact Neurological  
Development?

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.

## 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](http://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](http://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.

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 Santé/Centre de ressources  
by/par health nexUS santé

For more resources check [www.en.beststart.org/fr\\_parents](http://www.en.beststart.org/fr_parents)

# Durant la grossesse et avec un nouveau bébé, la vie n'est pas toujours rose.

Une mère sur cinq souffrira de dépression ou d'anxiété durant la grossesse ou en période post-partum.

On qualifie souvent la dépression et l'anxiété pendant et après la grossesse comme étant des troubles de l'humeur périnataux.

## Si vous souffrez de troubles de l'humeur périnataux, vous pouvez montrer les signes suivants :

- Avoir peu ou pas d'intérêt pour les activités que vous aimiez faire par le passé.
- Vous sentir triste presque tout le temps.
- Vous sentir nerveuse ou anxieuse ou avoir les nerfs à fleur de peau.
- Avoir l'impression de ne pas pouvoir arrêter de vous inquiéter ou de maîtriser vos inquiétudes.

## Vous pouvez aussi :

- Vous sentir très fatiguée.
- Être en colère et irritable.
- Être agitée.
- Avoir l'impression de tourner au ralenti.
- Vous sentir inutile.
- Vous sentir coupable.
- Avoir honte.
- Vous sentir paralysée ou ressentir un grand vide.
- Être frustrée.
- Être désespérée.
- Être prise de panique.

Si vous ressentez un de ces symptômes depuis plus de deux semaines, parlez à un professionnel de la santé. Vous pourrez ensemble établir un plan pour vous aider à vous sentir mieux. Ce plan peut comprendre des séances de thérapie ou des médicaments.

## Vous pouvez aussi :

- N'avoir aucune énergie.
- Avoir aucun appétit.
- Manger trop.
- Dormir trop.
- Ne pas pouvoir dormir.
- Ne pas pouvoir vous concentrer.
- Avoir des maux de toutes sortes.
- Avoir des douleurs à la poitrine ou vous sentir essouffée.
- Avoir une boule dans la gorge.
- Ressentir des engourdissements ou des picotements.
- Ne pas vouloir passer du temps avec votre bébé, votre partenaire ou votre famille.
- Pleurer sans raison apparente.
- Toujours sentir le besoin de vérifier quelque chose, par exemple si votre bébé respire.
- Avoir des images ou des pensées négatives et troublantes récurrentes.
- Penser qu'un malheur peut vous arriver à vous ou arriver à votre bébé.
- Avoir l'impression de ne pas être une bonne mère.
- Penser que votre famille serait mieux sans vous.
- Penser à la mort ou au suicide.
- Avoir l'idée de vous faire mal ou de faire mal à votre bébé.

Si vous avez envie de vous faire mal ou de faire mal à votre bébé, ou si vous pensez au suicide, n'attendez pas, demandez de l'aide immédiatement.

- Appelez le 911.
- Rendez-vous aux urgences de l'hôpital le plus proche de chez vous.
- Entrez en contact avec la ligne d'aide sur la santé mentale de votre localité.

## Vous pouvez obtenir de l'aide en ayant recours à :

**Votre prestataire de soins de santé** (médecin de famille, sage-femme, infirmière, infirmière praticienne, obstétricien, psychiatre ou psychologue).

**Votre bureau de santé publique local :** Composez le 1-800-268-1154 ou visitez le site Web <http://www.ontario.ca/welcomeserviceontario> pour obtenir de l'information sur l'endroit où se situe le bureau de santé publique local et sur les services offerts.

**La ligne d'aide sur la santé mentale :** Composez le 1-866-531-2600 (24 heures sur 24, 7 jours par semaine) ou visitez le site Web [www.mentalhealthhelpline.ca/Accueil](http://www.mentalhealthhelpline.ca/Accueil) pour obtenir de l'information sur les services en santé mentale offerts en Ontario.

**Télé Santé Ontario :** Composez le 1-866-797-0000 ou ATS: 1-866-797-0007 (24 heures sur 24, 7 jours par semaine) pour parler à une infirmière autorisée.

**Ontario 211 :** Visitez <https://211.ontario.ca/fr/> ou appelez le 211.

Pour commander d'autres blocs de feuilles détachables, téléphonez au 1-800-397-9567, poste 2260. 2017 | Ce document a été préparé avec le soutien financier du gouvernement de l'Ontario.

Ne l'oubliez pas... ce n'est pas de votre faute. Il y a de l'aide pour vous et votre famille.

## Ce que vous pouvez faire :

- ✓ Confiez-vous à une personne de confiance.
- ✓ Demandez de l'aide.
- ✓ Prenez bien soin de vous.
- ✓ Réservez-vous du temps pour vous-même.
- ✓ Obtenez de l'aide d'un service de counseling ou joignez-vous à un groupe de soutien.
- ✓ Demandez à votre prestataire de soins de santé ses recommandations concernant la prise de médicaments.

## Ce que vous pouvez faire comme partenaire, membre de la famille ou ami :

- ✓ Écoutez et soutenez la nouvelle maman.
- ✓ Aidez-la et ne la jugez pas.
- ✓ Encouragez-la à demander de l'aide d'un professionnel.
- ✓ Tissez des liens avec le bébé.
- ✓ Renseignez-vous sur les troubles de l'humeur périnataux.
- ✓ Réservez-vous du temps pour vous-même.
- ✓ Confiez-vous à quelqu'un.

Un père sur dix peut également souffrir de troubles de l'humeur périnataux. Si vous êtes un nouveau papa, vous êtes peut-être à risque d'en souffrir. Renseignez-vous et n'hésitez pas non plus à demander du soutien.

best start  
meilleur départ  
Ressources Santé/Centre de ressources  
by/par health nexUS santé

Pour obtenir d'autres ressources pour les parents, rendez-vous à l'adresse [www.fr.meilleurdepart.org](http://www.fr.meilleurdepart.org)

## 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](http://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](http://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

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- 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



# Webinar: Registered Nurses' Association of Ontario

## November 19, 1200-1245

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**Best Practice  
Champions Network**

Information Sharing Webinar

**Capacity Building and the  
Implementation of the  
Assessment and Interventions  
Perinatal Depression Best  
Practice Guideline**

Thu, 2020-11-19 12:00 - 12:45

[Register Now](#)

Filed in: [Bpg](#) [Depression](#) [Implementation](#) [Webinar](#)

- Free to members and non-members
- Participants will learn about:
  - solution finding for community maternal mental health gaps
  - facilitating access to resources
  - the experience of providing service provider education on perinatal mood difficulties
- Question and answer period with the speaker and opportunities to network with the speaker and other champions after the webinar.
- Presenter:
  - Rosemary Scofich, Public Health Nurse, Family Health Program, Thunder Bay District Health Unit

<https://rnao.ca/events/capacity-building-and-implementation-assessment-and-interventions-perinatal-depression-best-p>



iaBPG

INTERNATIONAL  
AFFAIRS & BEST PRACTICE  
GUIDELINES

TRANSFORMING  
NURSING THROUGH  
KNOWLEDGE

Best Practice Guideline

OCTOBER 2018

# Assessment and Interventions for Perinatal Depression

Second Edition



 **RNO** 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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SUPPORTING PERINATAL MENTAL  
HEALTH IN A PANDEMIC WEBINAR  
PART #2:

Nov 25, 2020 4-5pm

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# THANK YOU!

Christina Cantin on behalf of the CMNRP Postnatal Care Rapid Response Taskforce

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[cmnrpinfo@cmnrrp.ca](mailto:cmnrpinfo@cmnrrp.ca)