POSTPARTUM DEPRESSION
SCREENING AND INTERVENTION
IN THE MARITIMES:
WHERE DO WE GO FROM HERE?

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ACKNOWLEDGEMENTS

CIHR Co-Principal Applicants
Nicole Letourneau    Director, CHILD Research Program, UNB
Linda Duffett-Leger    Research Associate, CHILD Research Program

CIHR Co-Applicants
Cyndi Brannen    IWK Health Centre, Dalhousie University
Kim Critchley    University of Prince Edward Island
Cindy-Lee Dennis    University of Toronto
Loretta Secco    University of New Brunswick

Invited Presenters
Cyndi Brannen    IWK Health Centre, Dalhousie University
Cindy-Lee Dennis    University of Toronto
Peggy Strass    Royal Jubilee Hospital, Vancouver, BC

CHILD Research Team, University of New Brunswick
Joni Leger    Research Assistant
Lisa Pollock    Program Assistant
Penny Tryphonopoulos    Project Director
Natalie Weigum    Research Assistant
Cheryl Hiscock    Research Assistant

Meeting Participants
NB    Claudette Landry    Government of New Brunswick
Anne Lebans    Public Health Agency of Canada
Alan Bechervaise    Telecare, NB
Nicole Poirier    Public Health, NB
Nancy Hambrook    Public Health, NB
Jacqueline Poitras    Public Health, NB
Jeffrey Den Otter    Social Development, NB
Roberta McIntyre    Social Development, NB
Freda Burdett    University of New Brunswick
Sarah Clarke    Kings Clear First Nations, NB
Lindsey Reinhart    Birth Matters, NB

NS    Kim McClellan    Public Health, NS
Sandi Partridge    Prevention and Community Education, NS
Helene Rudder    Mental Health, NS
Sharon Griffin    Public Health, NS

PE    Sarah Henry    Education and Early Childhood Development, PE
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EXECUTIVE SUMMARY

Background
Postpartum depression (PPD) is the most common mood disorder following pregnancy. It affects as many as 15% of new mothers and can have long term negative consequences for women and their families. The CHILD research program at the University of New Brunswick has been conducting PPD research for the past five years and has found evidence of limited resources available to mothers and families affected by PPD, stigma preventing mothers from seeking help, and a wide-spread lack of knowledge about PPD by both the public and professionals. Across the country other PPD researchers have found similar results. These findings were the motivation for this meeting. The purpose of this meeting was to bring together Maritime stakeholders and experts in PPD screening and intervention to discuss current issues and priorities in PPD screening and intervention, to explore the potential for partnerships, and to determine next steps in achieving change in the Maritimes.

Key Findings
The research evidence and the experiences of meeting participants working with women and their families affected by PPD confirm the need to make changes to current practices. The major themes that emerged from the meeting were needs for:
- universal PPD screening
- increased awareness of PPD
- support services that are effective, timely and accessible
- addressing barriers that prevent women from getting help

The Way Forward
How do we achieve these changes? Our first step is to seek feedback from policy and decision makers. Then researchers and policy and decision makers will identify and pursue opportunities for interdisciplinary and intersectoral partnerships. Through these partnerships, we can establish a framework for universal screening, actively raise awareness of PPD, and establish care pathways and appropriate PPD support services for women and their families in the Maritimes.
What is Postpartum Depression?

Postpartum depression (PPD) is characterized by low mood, anxiety, confusion, emotional instability, tearfulness, feelings of inadequacy, inability to cope, and suicidal ideation [1]. Thirteen to 15% of new mothers suffer from postpartum depression and many do not receive the help they need. PPD affects women of all socioeconomic backgrounds and can occur months after a child is born [2].

Why is Postpartum Depression a Societal Concern?

Without diagnosis or treatment, PPD can have lasting negative effects on women’s and families’ health and on children’s intellectual, social and emotional development [3-11]. Often women do not get better on their own – over 60% of affected women remain symptomatic for up to 12 years after the birth their child (Letourneau, in review). Women’s marriages and employment prospects are often collateral damage. Moreover, children exposed to PPD are vulnerable to health, learning and behavioural problems [12, 13]. A growing body of evidence suggests that children of mothers with PPD are prone to asthma, allergies, hyperactivity, and attention disorders [14, 15]. A lack of public and professional awareness has made it difficult for many women to seek and receive treatment for this highly stigmatized mental illness. In addition to stigmatization there can be multiple other barriers to mothers seeking treatment [16].

What Can We Do to Help?

Screening is the first step in providing help to mothers at risk for PPD. Early intervention is important to enhance protective factors and reduce risk factors influencing maternal mental health [2]. Though not well understood, the birth experience itself may play a role in the development of PPD and more research is needed to ensure evidence based best practices for birth.

Early identification and intervention improves long term outcomes for most women. Using a standardized screening tool, such as the Edinburgh Postnatal Depression Scale (EPDS), is an easy-to- implement first-level intervention to identify mothers with symptoms of PPD and refer them for appropriate diagnosis and treatment [17-19]. Appropriate follow-up is the other significant area for change.

Current practices rely on referrals to mental health, public health, private services or family doctors. Public services are overburdened and under resourced creating long wait lists. Private services can be costly to the individual. Often, family doctors and other health care professionals are not aware of tools and methods to sensitively assess and treat women with PPD. As women enter the health care system at various points and present with different care needs, it is essential to establish a framework to ensure accessible, timely and effective service to all women and their families affected by PPD.

The Next Steps

In the Maritimes, partnerships between researchers and policy and decision makers have begun to be formed and need to be nurtured and expanded to help these women and their families. With buy-in from stakeholders, including senior government officials, a framework for feasibly implementing universal PPD screening and intervention can be realized. Working together we can determine the best methods for raising awareness of PPD and ensuring the development of appropriate support services. These next steps are vital for Maritime women and their families to access essential PPD screening and intervention.
# Presentation Summaries

<table>
<thead>
<tr>
<th>Presentation</th>
<th>Summary</th>
<th>Key Findings</th>
<th>Key Recommendations</th>
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<tr>
<td><strong>Mothers Offering Mentorship and Support (MOMS) Study</strong>&lt;br&gt; <em>Dr. Nicole Letourneau</em></td>
<td>The MOMS study was an RCT to examine the relationship between peer support and maternal-infant interactions, infant health and maternal depression. One-on-one peer support was provided in home to mothers with depressive symptomatology assessed by the EPDS.</td>
<td>No differences in maternal-infant interaction quality at any point in time.</td>
<td>Peer support may not be best for moms with high depression scores.</td>
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<td></td>
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<td>Significant difference between groups on measure of depression, favouring the control group.</td>
<td>Some level of support from a professional familiar with PPD may be needed.</td>
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<td></td>
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<td>Helping mothers with PPD interact with their infants may be better provided by a professional than a peer.</td>
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<td>Mothers with PPD may need flexible support, available when they need it, not rigidly applied in weekly visits.</td>
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<td>Care mapping may be useful for determining optimal support.</td>
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<p>| <strong>Reducing Barriers to Women’s Mental Health Services: Using Technology in Interventions for Depressed Mothers</strong>&lt;br&gt; <em>Dr. Cyndi Brannen</em> | Rural living increases the risks associated with social and economic exclusion. Women already face barriers to seeking treatment for PPD and rural living is an additional barrier. The Managing Our Mood (MOM) RCT provides telephone support to rural mothers at risk for PPD. Mothers can access support provided by a female coach at their own pace from their own home. | The MOM model has the ingredients for a strong community-based PPD intervention. | Distance delivery of treatment, including ehealth and telecare/telehealth offers promise. |
|              |         | Barriers to seeking treatment for PPD remain powerful. | Cross-disciplinary collaboration is needed to develop accessible, appropriate, evidence based, cost-effective treatment for PPD. |
|              |         | There is a lack of awareness about PPD, its impact, and treatment. |  |</p>
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<td>Innovative Interventions for Postpartum Depression</td>
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<td>PPD Screening Experience in Rural Alberta “If You Ask the Questions They Will Tell”</td>
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Dr. Cindy-Lee Dennis

Peggy Strauss, RN
The following is a summary of the panel discussion on PPD in the Maritimes: Practitioners’ Perspectives. Each of the panel members has worked with programs aimed at helping women with PPD.

### Key Statements

- We need to link up service providers and make sure there is a safe space for mothers.
- Mothers fear they’ll lose their children.
- If we’re going to ask questions about PPD we need to follow-up, and we often do not have the capacity/support available.
- Family doctors are not aware of how to treat women that have postpartum depression.
- They want to get better. They want to do what’s best for the baby.
- Mother’s health is linked directly to the child’s health.
- Why are we spending so much time teaching expectant mothers how to breathe during labour and delivery? Why are we not helping them deal more with parenting?
- We need to get this information to the people who are making the decisions.

### Key Recommendations

- Make sure that health care professionals are aware of PPD and how to treat women with PPD.
- More resources are needed to provide support and treatment for PPD.
- Universal screening for all mothers is essential.
- Include PPD in school curriculum to help recognize risks and create acceptance.
- Employ care mapping by asking: Who should be looking at this? Are we doing the right thing?
- Policies should be developed or amended to reflect current PPD research evidence.
RECOMMENDATIONS FOR ACTION

Meeting participants took part in discussion groups to answer questions about taking the next steps in PPD screening and intervention in the Maritimes. The following is a summary of their recommendations which have been grouped into four broad categories: Screening, Intervention, Increase Awareness and Address Barriers.

**Screening**
- Implement universal screening
  - Possibly through Telecare/Telehealth
  - Possibly through pairing with routine immunization
- Provide a central intake point
- Screen more than once to reduce false positives
- Explore potential for an online screening tool which could be linked to health care services
- Look to examples of successful screening in other provinces

**Interventions**
- Telephone support
  - Telecare/Telehealth
  - Volunteer peer support
- Support group
  - Professional or peer led
  - No fixed start date
  - Web based
- Professionals trained in PPD
- Care mapping
  - Appropriate level/type of intervention
  - Integration of services
  - Single point of entry into care

**Increase Awareness**
- Public awareness campaign
- Prenatal PPD education
- Educate fathers about PPD
- Provide professionals with the training and tools to help women with PPD
- Include information on PPD in school curriculum
- Garner buy-in and support from various stakeholders
  - Government
  - Community

**Address Barriers**
- Need political and professional will to move forward
- Need to reduce stigma
  - Increase awareness
- Funding and human resources
  - Perform a cost-benefit analysis for decision makers
- Accessibility
  - Private services can be costly
  - Public services often have long wait lists
  - Develop innovative publicly-funded service
- Perform needs assessment to address:
  - Regional/cultural differences
  - Language differences
  - Rural issues
  - Transportation issues
**FUTURE OF PPD SCREENING AND INTERVENTION IN THE MARITIMES**

The presentations, discussions, and comments from meeting participants clearly point to the need for action in addressing PPD screening and intervention in the Maritimes. Current and emerging research evidence will help guide us and support the changes that are needed to ensure improved maternal mental health, family functioning, and childhood developmental outcomes. In partnership, researchers, government officials, and community stakeholders may be guided by the following broad implications for screening and intervention in the Maritimes and suggestions for specific change targets.

**BROAD IMPLICATIONS**

*Changing Current Practices*

Research and anecdotal evidence suggest that current practices are ineffective and in some cases even harmful for women and families affected by PPD. Without adoption of evidence-based best practices, the status quo will result in undesirable, preventable outcomes for women with PPD and their families. One of the key recommended changes is universal screening.

*Universal Screening*

Research is clear on the need to screen mothers for PPD. Universal screening is necessary to reduce societal stigma associated with postpartum mental illness, improve service delivery to improve maternal mental health, and target interventions to reduce risks to child health and developmental outcomes. Successful models are implemented in others provinces and current opportunities exist with telecare/telehealth and immunization clinic in the Maritimes to implement universal screening.

*Support Services*

Current structures create wait lists and gaps in service for women affected by PPD. Innovative strategies (e.g., ehealth, telecare/telehealth) and the resolve to develop and implement changes will work to reduce wait lists and address gaps. Care mapping will help ensure the right service is delivered to the right patient by the right person. Researchers and policy and decision makers need to collaborate to conduct needs assessments, cost-benefit analyses, and establish evaluative measures to assess the effectiveness of new services and programs.

**TARGETS FOR CHANGE**

- Increase awareness (e.g. media campaigns)
  - Professionals
  - Public
  - Media
- Develop a framework for implementing universal screening and intervention
- Establish available, readily accessible PPD support
  - Telephone based (telecare/telehealth), web based (ehealth), face-to-face
  - Professional and/or peer delivery
- Employ care mapping to ensure appropriate service delivery/intervention
- Increase collaboration between researchers and policy and decision makers
- Conduct cost-benefit analysis for providing screening and intervention
- Build in evaluative components to assess the effectiveness of screening and intervention in an evidence based framework of screening and intervention for PPD


