



REGINA PERINATAL HEALTH NETWORK

Program Evaluation 2021



**Regina Perinatal
Health Network**
A program of The Regina Early Learning Centre
#MoreThanPostpartum



**Child Trauma
Research Centre**
UNIVERSITY OF REGINA

BACKGROUND

Anxiety and/or depression affect up to 1 in 5 pregnant or new parents and their families. These illnesses are known as perinatal mood and anxiety disorders (PMADs). PMADs are the #1 complication of pregnancy and childbirth. Symptoms can appear anytime during the two-year span from conception through the baby's first birthday. PMADs are caused by a combination of biology, physiology, environment, and expectations (Postpartum Support Virginia, n.d.). PMADs not only affect the birthing person, but can also cause developmental damage to the fetus, which can last well into adulthood. Children of people who experience PMADs may also face greater risks of being subjected to child maltreatment due to negative parental mental health (Plant et al., 2015).

PMADs are temporary and can be treated with a combination of self-care, social support, talk therapy, and medication if necessary (Postpartum Support Virginia, n.d.). People experiencing PMADs may not seek or receive proper support due to the fear of discriminatory health practices, such as birth alerts. Since the banning of birth alerts in Saskatchewan on February 1, 2021, alternative supports are still lacking and there are many gaps in services for birthing people to seek support for PMADs (Latimer, 2021). These gaps in supportive services place birthing people experiencing PMADs and their babies at considerable risk.¹

The Regina Perinatal Health Network aims to mitigate these risks by providing non-judgmental, individualized, and safe support to birthing people experiencing PMADs.

For more information about PMADs and their effects, please see Appendix A. 1

SERVICES

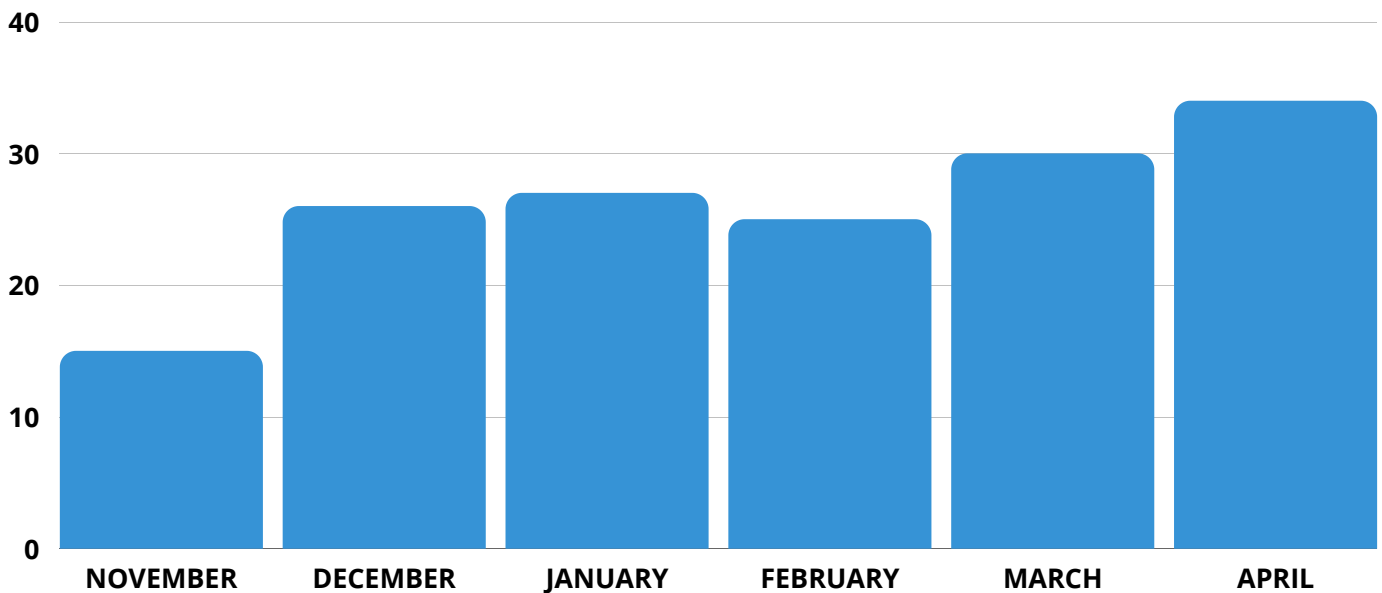
The Regina Perinatal Health Network is committed to improving the perinatal health of birthing people, their babies, and their families through offering a safe, non-judgmental, and supportive environment for birthing people to seek social support and connect with other services. This support is offered through:

- A 4-week Prenatal Education Series
- A weekly Postpartum Support Group
- A bi-weekly Prenatal and Perinatal Loss Group
- A Connect and Play Group to support attachment between parents and their children, as well as parents with other parents
- A prenatal Facebook group and a postnatal Facebook group
- One on one sessions to discuss prenatal and postpartum options
- Support through text
- Public education to raise awareness of PMADs and reduce stigma
- Intensive outreach support to prenatal parents in vulnerable contexts

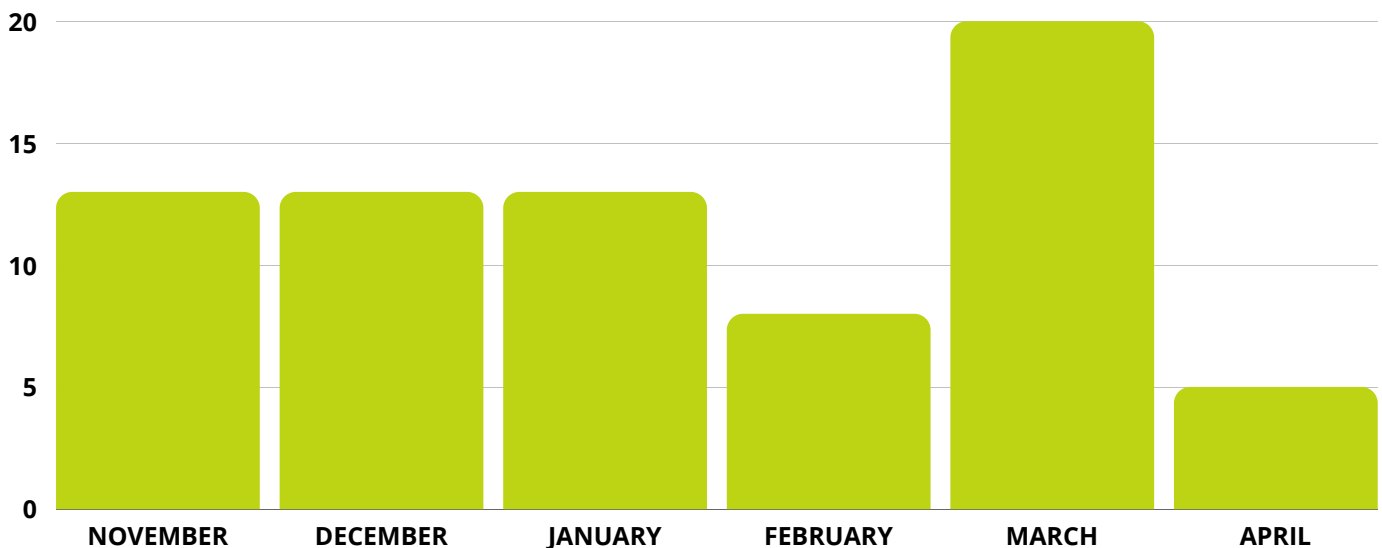


The RPHN was developed during the COVID-19 pandemic for new and expectant parents to access supportive services that can be delivered remotely. Interacting virtually has allowed the RPHN to remove travel barriers and reach people through social media during a time where their feelings of isolation may be more intense than usual. In-person outreach and the ability to connect in a group environment are expected to take place when public safety restrictions decrease, but efforts for virtual connections will remain.

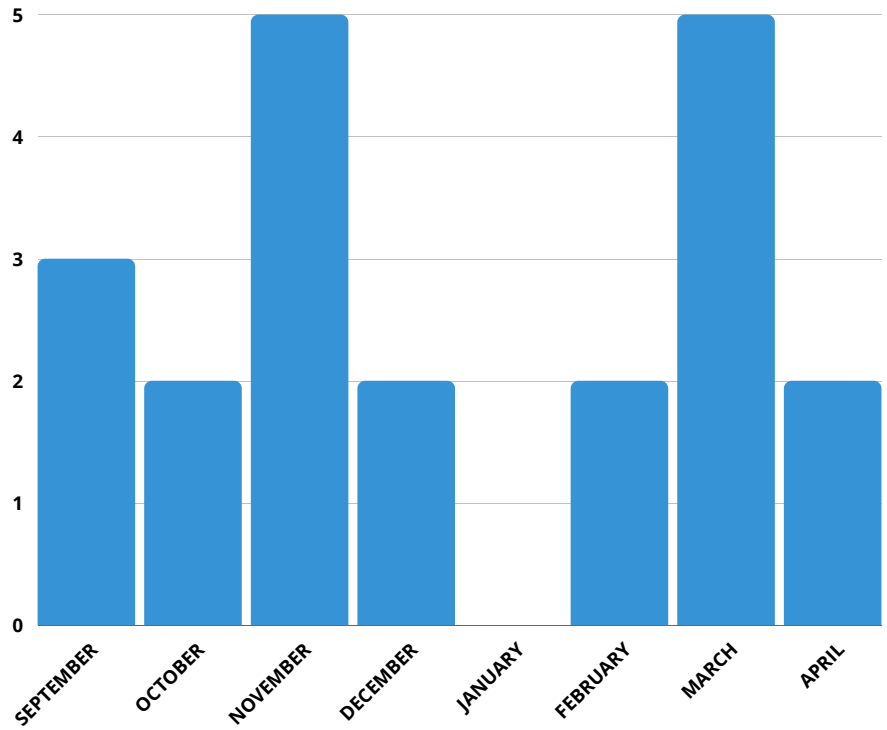
PMAD's ZOOM GROUP REGISTRATION



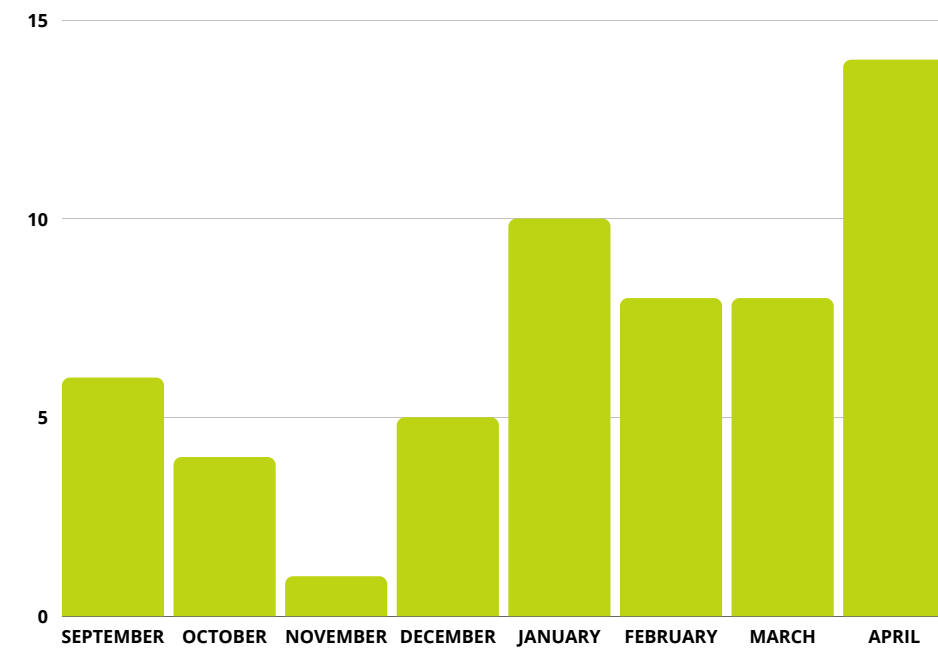
PRENATAL EDUCATION SERIES



PRENATAL SUPPORT SESSIONS

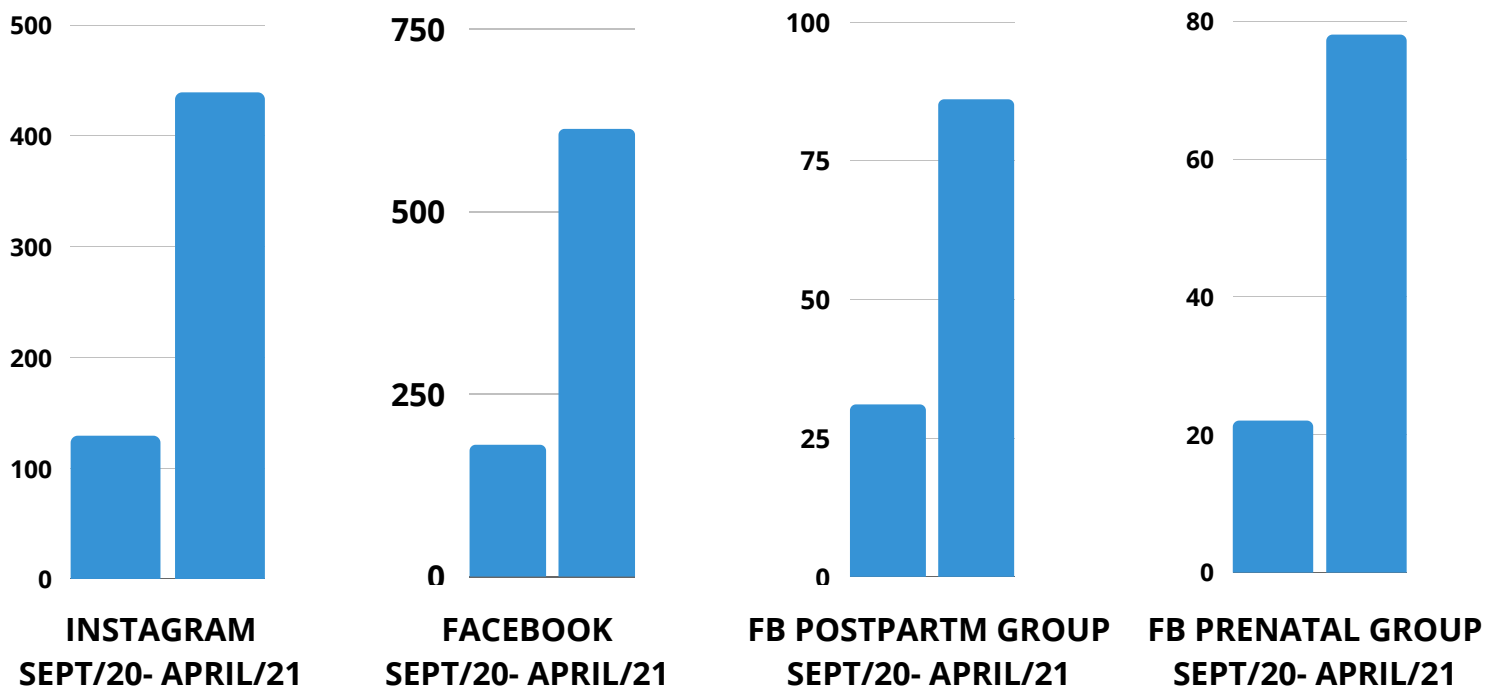


POSTPARTUMS SUPPORT SESSIONS

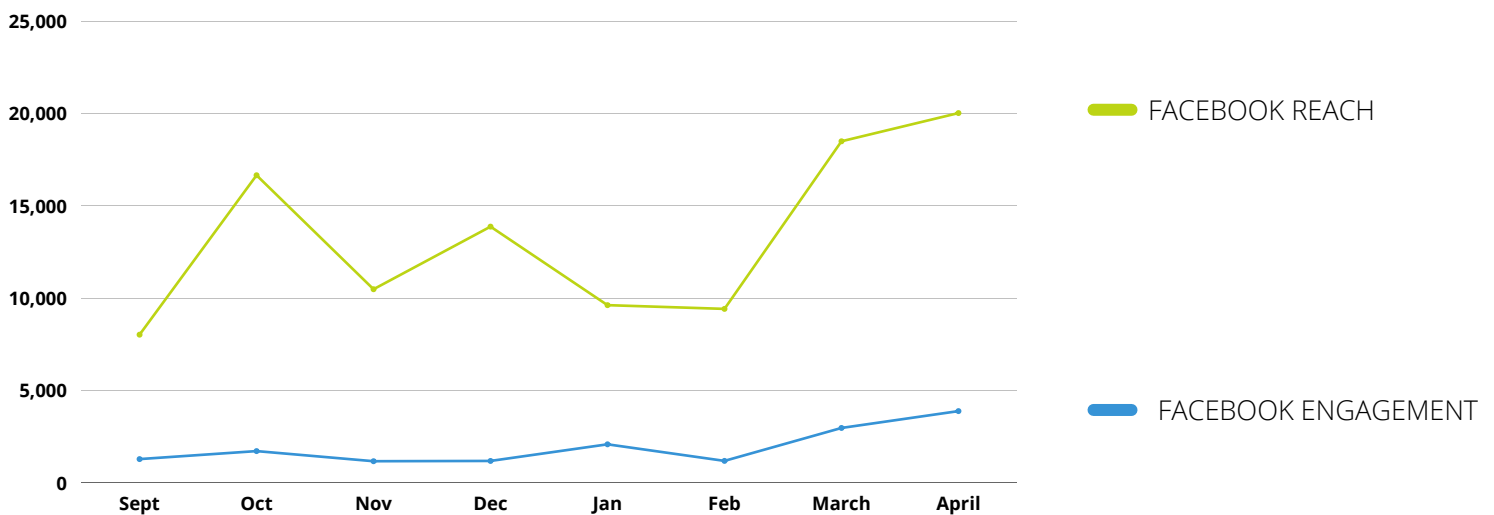


Research has shown that connecting through online networks during the pandemic has been beneficial for the mental health of caregivers (Weiss, S., 2021). As we continue to manage the effects of the COVID-19 pandemic on expectant or new parents, the RPHN's social media platform has been successful in supporting people through their perinatal period and raising awareness of PMADs.

SOCIAL MEDIA FOLLOWERS



SOCIAL MEDIA ENGAGEMENT & REACH





"I am a mother of two children who are 10 and 15 and only recently recognized I struggled during the postpartum period and could have benefitted from more support ... I have family who has struggled during this period and I see the impacts it has on the whole family."

RPHN SUPERVISOR- MONICA TOTTON

Monica is the supervisor for the Regina Perinatal Health Network, and the assistant director for the Regina Early Learning Centre. Monica's main roles at the RPHN are administrative oversight, collaborative support, ensuring the financial stability of programs, and creating community network connections.

"[My personal mission at the RPHN is to provide] positive guidance [and] strength-based support for the staff and patrons involved."

Monica has worked in the community with families struggling with the impacts that come with a lack of community supports. She sees the need for a strategic approach to navigating access to services.

"[My future vision for the RPHN is to create a] provincial strategy to extend services, [provide] training for all family centre staff in the province, and enhance awareness and usable navigation strategies."



"Perinatal Mood and Anxiety Disorders (PMAD) are the number one birth complication to date yet they remain motherhood [parenthood's] best-kept secret... My vision for the RPHN is to grow our services across the province and ensure that all Saskatchewan families are well cared for and gain the same access to treatment and coordination of care during the perinatal period that they deserve."

RPHN COORDINATOR- SARA BECKEL

Sara has been a Perinatal Health Coordinator with the Regina Perinatal Health Network since the program commenced 1 year ago.

"My personal mission is to change the way families experience the perinatal period and ensure that no new parent suffers in silence from a perinatal mental health complication like postpartum depression and anxiety... Being in this role allows me to be a safe, non-clinical, support person for new parents who are struggling with their mental health in our community."

Sara has two daughters of her own and experienced PMADs herself after the birth of her second child.

"I personally suffered in silence for 6 months before admitting I was in over my head and then finally reaching out for support. Not only did the shame and stigma hold me back, but anxiety is a vicious cycle and I spent months trying to rationalize what was happening to me... I was then faced with the realization that "help" didn't really exist ..."

RPHN COORDINATOR- SARA BECKEL Cont'd...

"... I remember searching for counselors online and reviewing their listed specialties and realized not ONE of them listed postpartum depression. This made me feel even more isolated and afraid to reach out because I couldn't imagine telling someone about the thoughts and experiences I was having in fear they would take my baby... As I recovered, I knew I couldn't turn my back on the moms coming up next. I knew I had to do whatever I could to ensure changes were made. [That] help was made accessible for everyone."

Sara also has experience as a Doula, and has dedicated herself to ensuring birthing people experience appropriate mental and physical support.

"So now I know that this is my life's work. To do whatever I can in my lifetime to ensure birthing people have easy access to treatment and support. What we know for sure is that PMADs are temporary and treatable with help! We just need to build the pathways for parents to use."

Sara has the necessary ambitions for the RPHN and hopes to see it continue to grow and expand.

"I'd love to see us be able to offer counseling services and continue to grow our prenatal education series with hopes we can reduce ppd [postpartum depression], reduce birth trauma, and increase breastfeeding rates (for those who choose) across Saskatchewan. My vision for the RPHN is to be a provincial leader in perinatal services and create a strong network of like-minded providers all working towards the common goal of improving birth, improving perinatal mental health, and therefore; improving the overall well being of Saskatchewan families."



"My role is important as there are many gaps in the system with so many prenatal persons in high risk situations that are not accessing services or are unaware of the services available in the community. I meet the prenatal persons where they are at and build on their strengths as well as let them know their rights and options."

PRENATAL OUTREACH COORDINATOR- TRACY BONDY

Tracy has been a Prenatal Outreach Coordinator with the Regina Perinatal Health Network for 6 months.

"My mission is to engage and work with high risk prenatal persons in our community to help give confidence and empower them to live a healthy lifestyle so that they are ready to parent their baby when the time comes. I help them access prenatal healthcare, offer prenatal information, help to stabilize if transient, advocate for them, help overcome barriers such as transportation to doctors appointments and food security, work on goals, make referrals to other services such as Mental Health and addiction services as well as other services as needed ... just to be a consistent support in their life. I would also want to transition them to other supports offered in the community that would continue to support parent / child development and supports for the future."

Tracy recognizes that there are many gaps in services for prenatal persons considered high-risk, through both avenues of falling through the cracks or being unaware of what services do exist for them.

PRENATAL OUTREACH COORDINATOR- TRACY BONDY CONT'D....

Tracy's goal is to support prenatal outreach clients to be aware of their rights and have confidence in making parenting decisions.

A client with cognitive delays had unfortunately fallen through the cracks of the system throughout her life. She was unaware of her rights, low confidence, had a baby at a young age which was adopted out, she had signed papers that she thought was to provide medical attention for the baby and was not informed that she signed her parental rights away and has never seen her child again, that was over twelve years ago."

Many prenatal persons in Saskatchewan are not aware of their rights or how to access appropriate services. Through the support offered by Tracy and the RPHN, this prenatal person has gained confidence in their ability to parent. As they have been connected to resources and informed of their rights as a birthing person, Tracy has seen growth and an appropriate parental experience with this client and their new baby.

"I supervise visits with her and her baby as her baby is in the care of the Ministry. She was unaware of how to parent, but with positive encouragement and reassurance she is making great progress. She can read many of the baby's cues such as when he is hungry, tired, or wants to play, she is able to see the bond she is building with baby and baby engages her with smiles and coo's; mom lights up during these special moments. It feels amazing to be apart [of] and witness these precious moments, I feel blessed."



"Having these services is absolutely crucial for the community ... Parenthood can be challenging, and like the saying goes: "it takes a village". RPHN is part of that village."

A MOTHER'S STORY: ROSE

Rose is a female-identifying mother of one child in a common-law relationship. Through the RPHN, she attended the Postpartum Wellness/Support group.

Around 6 weeks postpartum, Rose began feeling like she was not herself, and recognized that this was more than just the "baby blues". Rose thought she may be experiencing Postpartum Depression, which was later confirmed through screening but she felt she was not quite ready to discuss this with family or friends.

"I was just hoping to have someone to talk to that was not my family or friends (mostly so I could discuss things without judgment). I was blown away with the support through the postpartum support group ... I think deep down I kind of just expected some simple lists like "here's how to help cope" type things. But what I gained from the support group was friends, a safe place to talk openly about really anything, lots of advice and suggestions, and many many resources."

Rose praises the RPHN for their kindness, understanding, and knowledge that help parents feel confident in their abilities.

"I don't know how I would have gotten through it without Sara and the supports she created. After the first few Zoom calls, I felt like a new person. It was SO great to have people to talk to that are going through the same thing ... As a new mom, I needed that support that family and friends weren't able to give. I needed to know I wasn't alone in this journey and that PPA/PPD is fairly common. Having someone to check in with, something to look forward to each week, truly saved me in a difficult time ... Anyone I know who is pregnant or recently had a child, I have passed on the information to them as I feel it needs to be promoted more so families know there are resources out there and they are not alone!"



"This program is saving lives. It's saving mothers, and it's saving the future generations. This program is worth developing. Expanding. Investing. If you invest in moms, you're investing in families and the future."

A MOTHER'S STORY: JASMINE

Jasmine is a female-identifying married mother of two. Through the RPHN, she attended the Postpartum Support group and one-on-one sessions. Jasmine found out about the RPHN through Sara, who was Jasmine's Doula for both her births. Jasmine decided to attend the Postpartum Support group after experiencing trauma during the birth of her second child.

Since joining her first group session, Jasmine looks forward to group every week. She enjoys having a safe, non-judgmental space to connect with other moms who have experienced the struggles she is experiencing, where she is a person first and foremost.

"[These services are necessary and beneficial to the community] because no program in the city provides the services Sara offers. She is trying to keep the experiences of moms struggling to be FREE ... Sara is not biased, not pushing anyone in any particular way, she just wants moms that are struggling to feel connected and be able to say "you're not alone and it's not your fault". I have struggled so much this postpartum, and I reach out for individual social support from her often. It's a virtual safety net that the RPHN is offering to everyone with no limitations."

Jasmine understands that moms suffer, and they often suffer alone. Many if not most do not get screened for PMADs, and Jasmine has never felt comfortable discussing her mental health with her obstetrician or midwife postpartum. "Sara has pulled me out of some of the darkest moments I've experienced postpartum. She's given amazing insight and wisdom that no amount of Googling can provide."



"It surpassed my expectations. Group Therapy and Sara's one-on-one meetings saved me... It has helped me survive Postpartum Anxiety."

A MOTHER'S STORY: LILY

Lily is a female-identifying married mother of three. Through the RPHN, she attended the Postpartum Wellness/Support group and one-on-one sessions.

"I was hospitalized for the second time in February 2021 for Postpartum Anxiety. I didn't know where else to turn; I found the RPHN online and reached out to Sara ... I just needed additional support. I don't know what I expected but I desperately needed help that I wasn't getting elsewhere."

Lily is incredibly grateful to Sara and the RPHN for their support. She still attends the Postpartum Wellness/Support group every week, and claims the RPHN has been an irreplaceable service to help her survive her mental illness.

She strongly recommends that other new or soon-to-be parents who are experiencing PMADs reach out to the RPHN for support in their healing journey.

"[The services] are FREE. They are accessible. They don't have a waitlist. They are consistent ... Don't wait, if you think you need help, access the Postpartum Support group and create a space for yourself before you hit rock bottom."



"I had challenges understanding the medical culture here as an immigrant. The classes were so beneficial as it demystified birth and made me very comfortable with natural birth options."

A MOTHER'S STORY: VIOLET

Violet is a female identifying married mother of one. Through the Regina Perinatal Health Network, she attended the Prenatal Education Series. Violet was new to Canada when she decided to seek support from the RPHN.

"I wanted to know more about preparing for birth in Canada ... [the RPHN is] very beneficial. It accommodates all cultures and enables informed decisions."

Violet recounts how she felt empowered by Sara and the RPHN, and is grateful for their services as she navigated her way through Canadian birth options and services.

"It was so balanced and objective. Not focusing on scientific practices but more natural comforting practices ... I'm more psychologically prepared for birth."



"Birthing people need better access to supports both pre and postnatally. My first pregnancy and birth was not as well supported and my physical and emotional health suffered as a result ... The wide variety of services the RPHN offers gives people the tools to access what they need."

A MOTHER'S STORY: IVY

Ivy is a female identifying married mother of one. Through the Regina Perinatal Health Network, she attended the Prenatal Education Series and one-on-one sessions.

Ivy recounts how she struggled physically and mentally during her first pregnancy, and how the RPHN has provided her the support she needs during her second pregnancy.

"Even 2 years later I continued to struggle with PPA and Sara was able to direct me to the counselling and physical health supports that have made this pregnancy so much better ... Sara offered a great 4 week prenatal class and [the] one on one [sessions] have given me direction for other community resource recommendations and emotional support."

Ivy is experiencing a much calmer and more supported pregnancy this time with support from the RPHN, and encourages people to seek out their services.

"You will never regret getting support (of any kind) before, during, or after pregnancy."



"Thank you so much for what you do! Being quite new in Saskatchewan, [the RPHN] also helped me to have a better support group for my first pregnancy... I think it should stay an essential service as it can be pretty a lot of people."

A MOTHER'S STORY: FLORA

Flora is a female identifying mother of one in a common law relationship. Through the Regina Perinatal Health Network, she attended the Prenatal Education Series and one on one sessions.

Flora was new to Saskatchewan while her partner was still working out of province. She was about to have her first baby, and sought out the RPHN education series for pre and post birth information as well as a support system.

"It was definitively a positive impact, especially with the one on one session with my boyfriend since he is pretty stressed and working out of province ... I'm glad I was able to make the 4 sessions and [it] definitely helped [me] to be more prepared as a new mother."

Flora mentioned how she really appreciated all of the extra references and resources that participants could watch or read once the classes were completed. These allowed her to feel more prepared as she approached the birth of her first child. She encourages all people who are pregnant to seek support from the RPHN.

"Take some time to attend the classes, they are helpful and I am sure there is some new information you will learn throughout the process."

IMPACT STATEMENTS

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"I just want to say thank you so much for providing a supportive community for moms! I really enjoyed being a part of the Zoom today. It was so nice to talk to other adults... Even my boyfriend said I seemed more uplifted and energetic after having chatted with other moms."

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"Thank you so much for listening and supporting me the day we chatted. I finally feel like I've somewhat got my feet under me again."

“

"It helps knowing there are people outside of my family and friends that I can talk to and come to for advice. In a way it's like having another family outside of your own... you end up building connections with the people around even if you aren't trying to."
-Intensive outreach participant

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"The health nurse eventually did my screening. She called and apologized to me and admitted she is not very good at mental health, and also admitted that the health region tells them to screen moms but gives them no resources for when the moms screen high except a referral to maternal wellness. Mind blowing -there really are some fabulous community supports in Regina, but us moms are left to seek them out ourselves. Thank you again so much. Your work and support does not go unnoticed!!"

IMPACT STATEMENTS

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"I can honestly say that I feel like I have enough tools that I am good without sessions anymore. I'm not anxious, panic attacks are a thing of the past and I have a newfound sense of peace with my role as a mom and wife. I am more confident and relaxed with things."

“

"I definitely think this work needs to be expanded and shared. I always tell everyone you saved me. I was just barely getting by until I came across RPHN, even with mental health support. It was the community I didn't know I needed."

“

"I've been on medication since the end of September and I can finally say that I feel like I am in a place where I feel more myself. 2020 brought challenges for everyone and for me it was one of the hardest years of my life. I have been very open with people about my postpartum struggles, even if it makes people uncomfortable. I have done so much self growth that I wouldn't change my postpartum experience for anything, struggles and all."

THE REGINA PERINATAL HEALTH NETWORK : CASE FOR FUNDING

The prevalence of PMADs has increased during the COVID-19 pandemic, with 69% of Canadian healthcare professionals reporting that the pandemic disrupted appropriate perinatal services (Hooykaas et al.,2021).

- **The Regina Early Years initiated the RPHN program in response to the COVID-19 pandemic in an effort to reduce feelings of isolation and increase options for supportive services.**
- **It was quickly realized that the supports being offered were necessary and beneficial to the community of Regina based on:**
 - rising growth in social media engagements
 - people participating in services
 - positive feedback from service participants
- **The RPHN has been described as important for its ability to create accessible support through:**
 - fostering virtual connections
 - offering wide-ranging eligibility criteria for services
 - eliminating travel barriers
 - offering all services free of charge
- **The RPHN staff have been described as:**
 - compassionate and kind
 - non-judgmental
 - knowledgeable
 - understanding and accepting
 - supportive and uplifting

THE REGINA PERINATAL HEALTH NETWORK : CASE FOR FUNDING

The RPHN received its initial funding in 2020 from an Emergency COVID-19 Federal Funding opportunity administered through the South Saskatchewan Community Foundation. This funding kept the RPHN in operation for 9 months, which was time enough to establish that this program was considered necessary and beneficial. Given this, the Regina Early Years has been determined to continue the RPHN, and has been supplementing the program through reallocating other program funding.

2020 South Saskatchewan
Community Foundation funding

9 months = \$43,000



Estimated funding needed to
continue, expand, and grow the
RPHN

12 months = \$150,000



Growth & Expansion:

- Staff training
- Staff hiring
- Website development and enhancement
- Creating different opportunities for parental and child connection
- Offering more frequent opportunities for parental and child connection

THE REGINA PERINATAL HEALTH NETWORK

Regina Early Years has been and will continue to be tenacious in applying for funding opportunities to ensure the continuation of the RPHN. As competition for funding has been fierce since the COVID-19 pandemic, it has been predicted that Regina Early Years may not be able to support the RPHN through the reallocation of funds for longer than 6 months should no other funding be available for this service.

The RPHN is a strong and effective support for people experiencing PMADs and isolation. Given the high and increasing rate of people experiencing PMADs, the continuation and growth of the RPHN is necessary to fill service gaps in Saskatchewan by providing virtual and in-person support to birthing people attempting to navigate their mental and physical health and treatment plans.

To support the RPHN through advocacy, raising awareness, volunteering services, and/or financing the program, please contact:



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APPENDIX A :

DEEP DIVE INTO THE IMPACT OF PMADS

20% of women and 10% of men in Canada experience PMADs. PMADs are the number one medical complication during pregnancy and postpartum, and suicide is the fourth leading cause of maternal death in Canada (Hooykaas et al., 2021). Birthing people experiencing PMADs may experience isolation and stigmatization in addition to their experience with negative mental health (Howard et al., 2014). PMADs can also contribute to poor infant and child outcomes. High levels of mood disturbance and stress in people who are pregnant can directly affect fetal development and activity and double the risk of preterm birth or fetal growth restriction compared with those reporting low levels of stress (Apter et al., 2011).

PMADs do not only affect those giving birth but the involved partner or family of the person giving birth may also experience depression and anxiety during their partner's experience of PMADs. When untreated in a primary caregiver, PMADs adversely affect parental cognitions and beliefs, attachment to the infant, and the growing caregiver-infant relationship. Given this, PMADs can affect early developmental outcomes of infants, including regulatory development and developmental milestones (Hoffman et al., 2017).

In addition to infant developmental consequences, a connection has been made between a birthing person's experience of PMADs and their child's experience of adult depression. A link has also been identified between a birthing person's experience with PMADs and their child's experience of harsh parental discipline and unintentional neglect (Plant et al., 2015). The adverse effects of PMADs on children are not inevitable. Whether and to what extent children are affected by PMADs depends on a range of mediating factors. The most important of which includes the length and severity of PMADs, the quality of parenting, and the social support the birthing person receives. Therefore, effective identification of PMADs and early intervention to treat the parent(s), establish social supports, and enhance parenting skills (Howard et al., 2014) are necessary for optimal caregiver and infant health (Hoffman et al., 2017).

APPENDIX A :

DEEP DIVE INTO THE IMPACT OF PMADS

In Saskatchewan, the controversial practice of Birth Alerts was banned on February 1, 2021. Under the practice, social workers or healthcare workers could place an alert on the file of a birthing person considered to be high-risk. This has caused many birthing people, especially those who have historically been culturally victimized and traumatized by the healthcare system, to fear and avoid seeking perinatal supports. Before and since the banning of Birth Alerts, many gaps in services still exist in Saskatchewan for birthing people to seek support for PMADs, as well as connecting them to timely, culturally safe, and evidence-based care (Latimer, 2021).

The 2021 Canadian action plan advocating the need for a national perinatal mental health strategy found that 42% of people experiencing PMADs in Canada waited over two months for screening and access to mental health treatment from healthcare professionals. 87% of Canadian healthcare professionals reported that they do not have mandated screening for perinatal mental health at their workplace. 57.3% reported that they do not feel adequately trained to screen or handle perinatal mental health, and 95% reported that perinatal mental health services in Canada are insufficient. This national lack of perinatal mental health support is exacerbated by inequities, with 87% of Canadian healthcare professionals reporting that peoples from diverse backgrounds regularly experience cultural, language, and cost barriers to accessing perinatal services. This inequity is particularly important to recognize as BIPOC, people with disabilities, and sexual and gender minority populations experience higher rates of PMADs in Canada (Hooykaas et al., 2021).

Not only do untreated PMADs affect the long-term physical and mental health of birthing peoples and their children, but they also strain economic resources. The consequences of one case of PMADs experienced by a mother-child dyad is estimated to exceed \$150,000 in long-term costs to Canada. With appropriate screening and treatment options in place, this amount could be reduced to only \$5,000 per mother-child dyad (Hooykaas et al., 2021).

APPENDIX A :

DEEP DIVE INTO THE IMPACT OF PMADS

With the prevalence of PMADs in Canada, along with the lack of awareness, training, and services for perinatal mental health, a Saskatchewan organization known as the MotherFirst Working Group was created to address the issue of inconsistent identification and treatment of maternal mental health problems. This initiative brought together interdisciplinary stakeholders, including major professional health associations, community organizations, First Nations groups, and women with lived experience to support the development of a consistent provincial perinatal mental health policy.

The MotherFirst Working Group provided policy recommendations in 2010 for the Saskatchewan Ministry of Health and First Nations health leaders to improve identification and treatment of birthing people with mental health problems during the perinatal period.

As an organization committed to improving perinatal mental health, the RPHN has intertwined these calls to action into their mission, vision, and goals to create a common agenda for timely, culturally safe, and evidence based services in Saskatchewan.

The RPHN aims to execute these policy recommendations through advocacy and service delivery:



APPENDIX A :

DEEP DIVE INTO THE IMPACT OF PMADS

RECOMENDATION #1: EDUCATION

Increase awareness of the frequency, impact, and treatment of maternal mental health problems and promote positive mental health through ongoing access to evidence-based resources. Educating healthcare professionals, birthing people, families, and the public about PMADs will increase knowledge about treatment options and establish perinatal mental health as a public issue. Awareness and education of PMADs will increase knowledge and decrease the stigma that may alienate many pregnant people from seeking help.

RECOMENDATION #2: SCREENING

Implement a universal perinatal screening protocol for depression and anxiety using the Edinburgh Postnatal Depression Scale (EPDS). The EPDS should be used at multiple intervals during healthcare visits. Positive mental health should be promoted with all birthing people. Specifically determining scores will result in either a referral to a mental health professional, follow-up consultation, or access to support. Partners of birthing people who score positive for depression should also be offered the screening.



APPENDIX A :

DEEP DIVE INTO THE IMPACT OF PMADS

RECOMENDATION #3: TREATMENT

The mental health of birthing people should be prioritized and accessibility and options for treatment should be increased. Screening and treatment should be offered in a timely manner to avoid lengthy suffering and to minimize adverse effects on birthing people, their infants, and their families. A stepped-care strategy should be utilized to provide efficient, cost-effective services by matching the severity of the symptoms to the appropriate level of treatment.

RECOMENDATION #4: SUSTAINABILITY AND ACCOUNTABILITY

Implement the MotherFirst policy recommendations through creating accountable health systems consisting of multiple and diverse stakeholders, including Indigenous peoples. Improve data collection procedures within the provincial Mental Health Information System to identify and evaluate the impact of the MotherFirst recommendations. Ensure maternal mental health remains a priority within Saskatchewan (MotherFirst Working Group, 2010).



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