PHN-PREP
Public Health Nursing Practice, Research & Education Program

Professional Resource

Recognizing Risks for Perinatal Mental Health Concerns

This resource provides information to assist public health nurses in recognizing risks for mental health concerns in the perinatal period. It is framed within the context of applying nursing clinical judgement with emphasis on being attuned to indicators, behaviours or signs that may indicate mental health concerns.

Public health nurses are in a unique position through home visitation to recognize signs and symptoms and identify risk and protective factors for perinatal mental health concerns including **anxiety, depression, suicidal ideation, psychosis,** and **homicidal ideation.**

Refer to the "Public Health Nursing Care Plans for Supporting Perinatal Mental Health" Practice Guidance document and Frameworks for additional information on how to recognize, assess, and respond to perinatal mental health concerns in practice.

Recognizing risk for perinatal mental health concerns centres on:

Inquiry

Noticing

Knowledge

Inquiry

Within the context of a therapeutic nurse-client relationship, nurses are encouraged to ask about the general mental health and well-being of the pregnant individual or postpartum person at every visit.[1]

Ask about an individual's well-being within every nurse-client encounter.

Use the OARS model of communication (open-ended questions, affirmation, reflective listening, and summarizing) to establish and maintain the nurse-client relationship. Start by asking open-ended questions about the client's general well-being.

OARS

Open-Ended Questions

O Allows the client to give more information about their experience, feelings, attitude and understanding of the situation. Promotes trust for enhanced communication.

Affirmation

A Recognizing and acknowledging what is good or going well, highlighting the client's strengths. Helps to build rapport and to validate the client.

Reflective Listening

R Demonstrate active listening and invite exploration. This helps to promote empathy and acceptance.

Asking the question, "*How is that [e.g., any coping strategy shared by the client] going for you*", encourages them to explore their experiences, coping strategies or feelings more in depth. The key is to use this question when a client mentions a strategy, challenge or aspect of their life that could benefit from further exploration (e.g., initiating change talk).

Summarizing

S Pulling together what the client has said to demonstrate that they are being heard and understood as well as for ensuring correct understanding.

Noticing

Public health nurses must be attuned to different types of indicators – signs and symptoms – that might indicate mental health concerns.

SIGNS (objective indicators) are observable behaviours or physical manifestations that can be noticed by others (e.g., partner, friend, family member, public health nurse). Examples could include:

- Social withdrawal or disengagement from baby or partner
- Poor personal hygiene or neglect of self-care
- Flat affect or excessive tearfulness
- Difficulty bonding with the baby
- Changes in sleep or appetite patterns
- Agitation or pacing
- Difficulty following a conversation
- Pressured speech or pattern of rapid, urgent and often difficult-to-interpret speech

SYMPTOMS (subjective experiences) are personal experiences that the individual reports and are not immediately visible to the public health nurse or others. Symptoms are typically assessed through self-report or screening tools. Examples may include:

- Persistent sadness, anxiety, or feelings of worthlessness
- Excessive worry about the baby's health or overwhelming fears
- Loss of interest or pleasure in usual activities
- Difficulty concentrating or making decisions
- Thoughts of self-harm or harming the baby

Knowledge

It is critical that all public health nurses are knowledgeable about individual, social and relational, and healthcare and system-level factors that increase (risk factors) or decrease (protective factors) the likelihood that an individual will experience a perinatal mental health disorder.

RISK FACTORS	PROTECTIVE FACTORS
• Are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes. • **For perinatal mental health,** risk factors are conditions or characteristics that increase the risk of developing postpartum mental health issues.	• Are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. • May be seen as positive countering events. • **For perinatal mental health,** protective factors are conditions or attributes that help reduce the risk of developing mental health issues during pregnancy and postpartum. • Promote resilience and well-being in new parents.

Risk and protective factors can be **fixed**, meaning they don't change over time, or **variable**, meaning they can change over time, and can be **historical**, occurring in the past, or **currently present.**

Perinatal Mental Health Risk & Protective Factors

RISK FACTORS

- Medical history of mental illness, including depression and anxiety.
- History of reproductive trauma (e.g., infertility).
- Grief related to miscarriage, stillbirth, or infant loss.
- Severe maternal morbidity event* or traumatic birth experience.
- Low self-esteem.
- Pregnancy defined by the person as unplanned or unwanted.
- Infant feeding challenges, including lack of social support or support by health care professional.

PROTECTIVE FACTORS

- Positive coping strategies (e.g., mindfulness, problem-solving skills).
- Self-efficacy and confidence in parenting abilities.
- Healthy lifestyle habits (e.g., balanced nutrition, physical activity).
- Adequate sleep and rest (as much as possible with an infant).
- History of good mental health or successful/ongoing management of mental health challenges (previous or current).
- Ability to adjust expectations of birth.

- Stressful life events (e.g., extreme poverty, insecure housing, loss of job, relationship breakdown).
- Current or past experiences of intimate partner violence.
- History of childhood maltreatment or physical/ sexual abuse in adulthood.
- Refugee or immigrant status.
- Low (actual or perceived) social support.
- Experiences of social and economic disadvantage.
- Lack of a significant other or partner; single parent.

- Strong social support network (partner, family, friends, community).
- Positive and supportive partner relationship.
- Access to peer support groups (e.g., new parents' groups, breastfeeding groups).
- Cultural or spiritual practices that provide emotional support.

- Inadequate screening and identification of mental health issues during pregnancy and postpartum.
- Poor continuity of care.
- Stigma surrounding mental health concerns.
- Inadequate support systems for new parents.
- Experiences of structural violence (including discrimination due to race).

- Early and accessible prenatal and postnatal mental health screening.
- Continuity of care with a trusted healthcare provider.
- Access to perinatal mental health services (e.g., therapy, psychiatric care, support groups).
- Trauma- and violence-informed care from healthcare providers.
- Workplace policies that support parental leave and work-life balance.

***Severe maternal morbidity** refers to unexpected outcomes that result in significant short-or long-term consequences to a woman's health. These are often life-threatening conditions that occur during pregnancy, labour and delivery, or the early postpartum period. Examples include: hemorrhage, eclampsia or severe preeclampsia, sepsis, cardiac events, acute renal failure, uterine rupture, amniotic fluid embolism, stroke or pulmonary embolism, hysterectomy, placental abruption, disseminated intravascular coagulation.

When signs, symptoms, risk factors, and protective factors for perinatal mental health concerns have been identified, additional guidance for how to respond is outlined in the appropriate **Nursing Care Plan for Supporting Perinatal Mental Health**. PHN-PREP has developed condition-specific Nursing Care Plans for: anxiety, depression, psychosis, suicidal ideation, and homicidal ideation.

Reference

[1] Provincial Council for Maternal & Child Health (PCMCH). (2021). Perinatal mental health guidance for the identification and management of mental health in pregnant or postpartum individuals. https://www.pcmch.on.ca/wp-content/uploads/PCMCH-Perinatal-Mental-Health-Guidance-Document_July2021.pdf

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