



Perinatal mental health screening conversations

Educate whānau on the emotional challenges during the perinatal period, support infant bonding and relationships.



**E kore e taea e te whenu kotahi ki te raranga
i te whariki kia mohio tatou ki a tatou.**

**Ma te mahi tahi o nga whenu, ma te mahi
tahi o nga kairaranga, ka oti tenei whariki.**

**I te otinga me titiro tatou ki
nga mea pai ka puta mai.**

**A tana wa, me titiro hoki ki nga raranga i
makere na te mea, he korero ano kei reira.**

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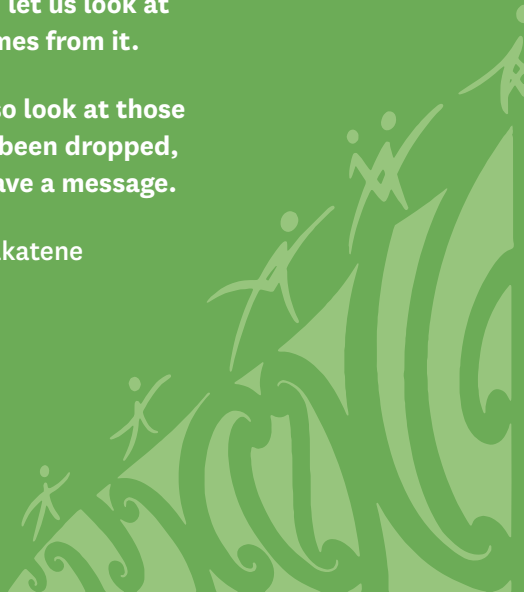
**The tapestry of understanding cannot
be woven by one strand alone.**

**Only by the working together of strands
and the working together of weavers
will such a tapestry be completed.**

**With its completion let us look at
the good that comes from it.**

**In time we should also look at those
stitches which have been dropped,
because they also have a message.**

- Kukupa Tirakatene



Screening



Perinatal mental health screening is a crucial component of maternal and infant healthcare. Screening helps to identify and address mental health issues that may arise during the perinatal period that impact both the pregnant whānau and prenatal/postnatal pēpi.

There are two main approaches to perinatal mental health screening: traditional methods and relational approaches. Often we see a use of both these methods to support a more holistic approach.

Traditional methods

Traditional methods of perinatal mental health typically involve screening through self-report questionnaires, such as the Edinburgh Postnatal Depression Scale (EPDS) or the PHQ-3. These questionnaires are designed to help identify possible depression or symptoms of depression postnatally. If a person's score on the questionnaire is high, they may be referred for a more in-depth assessment to understand the nature of difficulties.

Relational approaches

Relational approaches to perinatal mental health screening focus on building a relationship with the pregnant or postnatal person and understanding their experiences. This may involve asking open-ended questions about thoughts, feelings, and behaviours. The care provider may also observe the woman's interactions with her baby and other family members.



Pros and cons

Both traditional and relational approaches to perinatal mental health screening have pros and cons.

Traditional methods are relatively easy to administer and can be used to screen large numbers of women quickly and efficiently. The EPDS is the most commonly used perinatal mental health screening tool. However, it has some limitations, i.e., screening

for anxiety symptoms. Cultural considerations for engagement, administration, and scoring are required.

Relational approaches can support with identification of women/birthing people who are at risk for mental health problems, but they are also more time-consuming and require more skilled healthcare providers.

Reasons for screening

Early detection

It helps identify mental health problems early, allowing for timely intervention and support.

Prevention

Screening can prevent more severe mental health issues from developing and reduce the risk of adverse outcomes for both the mother and child.

Improved outcomes

Identifying and addressing mental health concerns can lead to improved maternal and infant outcomes.



Perinatal conversations



Some of the following are added considerations to support screening conversations and improve outcomes for whānau.

Edinburgh Postnatal Depression Scale (EDPS)

This is a screening tool that was developed to identify women who may have postnatal depression or symptoms of depression.

Family Violence (FV)

Assessing for family violence is critical as it can have severe consequences for both the mother and the child's well-being.

Alcohol and Other Drug (AOD) use

Identifying substance use issues is important as they can impact the safety and health of both the mother and the baby.

Past mental health problems

Gather history of mental health problems that may increase the risk of perinatal mental health issues.

Past traumatic experiences:

Be sensitive to past traumatic experiences as they can impact a mother/birthing person and the pēpi's mental health.

Smoking cessation

Ensures that people that need support receive evidence-based smoking cessation interventions.

Pēpi

Ensure that prenatal/post natal pēpi is kept in mind. Enquire about bonding of pregnant/post natal whānau with pēpi.

HoNOSI

Consider this new validated outcome measure designed for infants aged 0-47 months being implemented into mental health services

Routine mental health screenings

Implement screenings at prenatal and postpartum visits.

Access to mental health care

Ensure access to professionals and community resources.

Whānau and partner support

Involve whānau for mental health support during and after pregnancy.

Personalised care plans

Tailor care plans based on individual mental health needs.

Promotion of self-care

Emphasise self-care, including exercise, nutrition, sleep, and stress management.

Education on coping strategies

Teach coping skills for stress and anxiety symptoms, including unhelpful assumptions about pregnancy and parenting.

Reducing stigma

Promote open communication and reduce mental health stigma. Encourage individuals to seek help when needed without fear of judgment.

Screening for past trauma

Screen for past traumatic experiences that may impact mental health during pregnancy and childbirth. Be prepared to provide trauma-informed care if needed.

Communication

Foster open dialogue between providers and whānau. Ensure continuity of care between providers.

Postpartum planning

Encourage postpartum planning, including mental health support discussions.

Community resources

Share local and national mental health resources and support groups.

Core wellness

Take an holistic approach. Consider social, financial, practical, housing support needs. Dispell parenthood myths, and nurturing strong bonds with the pēpi.

Further referrals

When indicated, support the whanau to engage with community or specialist mental health and addiction services.



Wāhanga matuatānga - stages of pregnancies

The following are recommended considerations during different stages of pregnancies that can support screening conversations.

All pregnancies

Prenatal education on mental health

Educate individuals and partners on emotional challenges during pregnancy and postpartum. Monitor infant bonding and relationships.

Routine mental health screenings

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Access to mental health care

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Family and partner support

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Pre-pregnancy

Online resources

Share pre-conception mental health awareness materials via websites, social media, and blogs.

Healthcare provider guidance

Encourage pre-conception healthcare visits with mental health support and personalised plans for those with mental health or addiction histories.

Hapūtanga wānanga

Consider this wānanga, to restore traditional pregnancy and birthing knowledge, offering komirimiri and rongoa rakau for fertility support.

Workshops and webinars

Link whānau to pre-pregnancy mental health workshops/webinars, providing insights, coping strategies, and support resources.

Supports

Advocate for pre-pregnancy discussions or therapy within whānau, addressing pre-existing mental health issues preventively, involving whānau ora practitioners.

Stress management

Promote stress management techniques like mindfulness, meditation, and relaxation exercises as vital tools for mental health preparation.

During pregnancy

Prenatal classes

Incorporate mental health discussions into prenatal classes, covering various pregnancy aspects and emotional wellbeing.

Care provider communication

Promote emotional well-being discussions during prenatal visits, addressing stressors, coping strategies, and mental health screenings.

Online communities

Guide individuals to pregnancy-focused online communities that raise awareness of emotional well-being and provide trusted resources.

Prenatal mental health education

Provide prenatal support on mental health, including emotional changes and challenges. Use a trauma-informed approach to prevent re-traumatisation.

Mental health and alcohol and drug screenings

Stress the importance of routine mental health screenings during prenatal visits, to enable early intervention for detected issues, including checks on infant bonding and relationships.

Community support

Encourage participation in support and counselling services focusing on emotional well-being during pregnancy, including Whānau Ora, marae, Family Start, teen parent support services, and Iwi health and social services.

Hapūtanga wānanga

Connect pregnant individuals to wānanga that provide a te ao Māori space in which traditional knowledge is restored.



Post pregnancy

Postnatal support groups

Promote engagement with postpartum support groups as spaces for shared experiences and support.

Check-in initiatives

Encourage regular check-ins by whānau with new parents, inquiring about their mental well-being, and providing help with tasks like childcare or household chores.

Care provider follow-up

Highlight the importance of postpartum check-ups for emotional well-being, mental health and screening of infant bonding and adjustment.

Postpartum depression awareness

Raise awareness about postpartum depression and anxiety, normalising the need for support.

Support networks

Highlight the importance of a robust postpartum support network, including domestic help, feeding support, and community activities, with the involvement of whānau, healthcare providers, and support groups.

Mental health check-ins

Encourage self-assessment and timely help-seeking for postpartum mental health issues, with a focus on infant bonding and relationships.

Wellbeing practitioners

Link in with practitioners who work to restore of cultural knowledge and confidence. Strengthen pēpi-whānau bonding and aid collaboration among care providers.



Post-post pregnancy (after the first child)

Reinforce awareness

Advise that mental health issues can continue after childbirth. Share stories of parents seeking help for extended challenges.

Self-care strategies

Offer resources for ongoing self-care to manage stress and emotional well-being during the transition to parenting, including support for those who have experienced birth trauma.

Reaching out

Emphasise seeking help from friends, family, or mental health professionals for persistent anxiety, depression, or other mental health concerns.

Long-term mental health

Mental health concerns can persist postpartum, impacting daily life and parenting. Encourage ongoing self-care and monitor pēpi bonding.

Continued support

Share information about support groups and resources that cater to whānau with multiple children.

Resilience building

Promote resilience-building strategies and coping mechanisms for managing the demands of parenting more than one child.



Consecutive pregnancies

Preconception planning

Prioritise mental health in consecutive pregnancies. Encourage emotional self-assessment and support seeking.

Family planning services

Integrate mental health discussions into family planning services, addressing concerns of closely spaced pregnancies.

Interpregnancy care

Promote mental health-focused interpregnancy care, especially for those with frequent pregnancies. Monitor pēpi bonding and relationships and child adjustment.

Planning and counseling

Educate about the role of mental health counseling and planning for a positive experience in multiple pregnancies

Continuity of care

Advocate for consistent mental health care between pregnancies to ensure ongoing support.

Self-care across pregnancies

Offer guidance on self-care practices for managing mental health challenges during consecutive pregnancies



How to support whānau



Screening tools can be the start of enquiring about wellbeing. When someone checks a box on a screening tool, it could be their way of reaching out.

Create an opportunity for a meaningful kōrero by considering these relational threads.

How do you support whānau

- Consider the setting
- Involve whānau in the process
- Apply cultural safety
- Build trust and rapport
- Explain the process
- Use plain language

Normalise adjustment difficulties during pregnancy and postnatally - these experiences are very common and there are things that can help. That is why we ask everyone and often.

- Talk whānau through the process, including a conversation together following the screening
- Talk whānau through the process of risk assessments before you implement them when possible. This eliminates anxiety and ensures that whānau are aware that the risk assessment process is required for

everyone and can help people start conversations if they are feeling vulnerable

What you as a practitioner need to consider:

- How do I apply cultural safety?
- How do I make this purposeful for the whānau in front of me?
- How do I introduce these tools to whānau?
- How do I frame it as an invitation?
- Does the whānau have its own resources to support it during the screening process?
- Do I have a safe space to debrief when things haven't gone well?
- How do I establish supervision lines for discussing risk?
- **How do I ensure that I am considering risk assessments for the whānau I am supporting?**

Perinatal care provider supports

Lead maternity carer (LMC)

As soon as your pregnancy is confirmed, you need to choose an LMC. Most LMCs are registered midwives, but an LMC can also be family doctors who provide maternity care or obstetricians (doctors who specialise in pregnancy and childbirth). Your LMC will provide care throughout your pregnancy, be with you when you give birth, and provide care to you and your baby for 4 to 6 weeks after the birth.

General practitioners (GPs)

General practitioners in New Zealand can also provide perinatal care, especially in the early stages of pregnancy. They can offer initial pregnancy confirmation, prenatal check-ups, and basic antenatal care. GPs may refer patients to specialise services or midwives if required.

Obstetricians

Obstetricians are medical doctors who specialise in pregnancy, childbirth, and women's reproductive health. They are often involved in the care of high-risk pregnancies or in situations where specialise medical intervention may be necessary. Obstetricians typically work in collaboration with midwives and other healthcare professionals to ensure safe and healthy pregnancies and births.

Antenatal programmes

Pregnancy programs can provide vital support through education, prenatal care, emotional guidance, and community resources to help individuals have healthy pregnancies and prepare for parenthood.



Well child tamariki ora

The WCTO programme aims to support whānau to nurture tamariki early development. Needs for support are assessed at each contact, including maternal mental health, bonding, feeding, sleeping, and development. Support is provided by WCTO within the contact. Referrals for further health and social service support are made for the child and/or parent as needed.

Maori health and mental health providers

There are a number of Māori health providers contracted to Te Whatu Ora throughout Aotearoa. Such whānau-centred services provide cultural and practical support for Māori and whanau. They assist by providing whakawhanaungatanga (relationship building), manaaki (support), practical help and information for you and your whānau.

Family planning

Family planning is a national organisation that provides reproductive and sexual health services. They offer a range of services, including contraception advice, pregnancy testing, preconception care, and counseling. Family planning clinics can be a valuable resource for individuals seeking reproductive healthcare and support during the perinatal period.

**Scan this QR
code or visit
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