

East Toronto Postpartum Adjustment Program 416-469-7608

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Learning Objectives

- Participants will better understand the strengths and limitations of a community-based interdisciplinary program for enhancing the well-being of postpartum mothers and their infants
- Participants will be able to apply components of this approach to other partnerships involving hospitals and community-based agencies
- Participants will update their knowledge of postpartum adjustment and better understand the types of cases presenting in the community over the past few years

History of the Partnership

- 1996 –Needs assessment was conducted by the Maternal/Newborn Network with support from Partners for Health
- Program was created and based on the model used by Women’s Health Centre at St Joseph’s Health Centre
- 1998 – Sept. MHN from TEGH – 10 hrs
- 1999 – PHN 4 hrs from City of Toronto was added to deliver an 8 week closed group co-led by these nurses
- Dec 2002 - sufficient human resources were not available from the agencies to sustain the program at that time
- Ideal time for evaluation

History cont’d

- 2003 – Partners continued to meet
- Evaluation provided useful information to best help meet the needs of clients:
 - Childcare needs
 - Clients’ partners to be included
 - Ongoing intake and program availability
 - Need for multidisciplinary approach

History cont'd

- Memorandum of Understanding was created and signed by all partners:
- Act as the Steering Committee
- Monitor the implementation of the services
- Commit resources (staff, space, money, etc)

Community Partners

Toronto East General Hospital

Toronto Public Health

Alternatives

South Riverdale Community Health
Centre

Community Partners

- TORONTO EAST GENERAL HOSPITAL
- Funds Clinical Social Worker (1.5 days per week).
- TEGH also contributes to costs of childcare, TTC and food
- Clerical support and printing costs
- Management support
- Office space at TEGH
- Mental Health Department provides psychiatric services and therapy

Community Partners

- TORONTO PUBLIC HEALTH
- One Public Health Nurse (1 day per week)
- Major referral source for program
- HBHC Home Visiting program
- Management support

Community Partners

- SOUTH RIVERDALE COMMUNITY HEALTH CENTRE
- Space for group
- Childcare workers/childcare room
- Management support

Community Partners

- ALTERNATIVES
- Prioritize referrals for case management
- Provide some language services

Program staff

- Clinical Social worker with mental health expertise
- Conducts individual counselling using a variety of therapeutic modalities such as CBT
- Plan, co-facilitate process-oriented group on a weekly basis
- Shares responsibility for intake/assessment/crisis intervention

Program staff

- Public Health Nurse with Reproductive and Infant Health Focus
- Provide health promotion/prevention strategies
- Shares responsibility for intake/assessment/ crisis intervention/group facilitation

Program Goals

- To contribute to the decrease in the severity and duration of postpartum depression experienced by women in the community.
- To increase awareness of postpartum depression in the community.

Target Population

- Women, with infants under the age of one, who are at risk of, or diagnosed with PPD and who are experiencing poor adjustment to motherhood or PPD symptoms

Service Area

- East Toronto
- Yonge St. to eastern border of Toronto
- Steeles to Lake Ontario

Components of the Program

- Administration and Coordination
- Intake and Assessment
- Client advocacy and linkage to resources
- Group support and education
- Individual counselling
- Crisis intervention
- Education, awareness and recruitment

Administration and Coordination

- Support and implement program planning, design and evaluation
- Hire appropriate staff
- Provide staff training and development
- Develop policies and procedures
- Maintain program budget
- Maintain program activities and resources
 - child care, food, TTC
 - pamphlets/flyers
 - schedule groups

Intake and assessment

- Client or professional makes referral to phone line. Within two working days, PHN or SW administers intake and initial assessment by phone.
- Complete in person assessment to further identify risk factors for PPD and to assess their needs
- Provide individual telephone support for clients who are on the wait list for the group

Client advocacy and linkage to resources

- Make appropriate referrals
- Establish and maintain collaborative linkages in order to develop a strong safety net for the family
- Advocate to mobilize network of support
- Advocate to access health care

Group support and education

- Provide continuous open group
- Facilitate and encourage women to share personal stories and problem solve with support of peers and professionals
- Use narrative and brief solution-focused techniques
- Offer quarterly partner/support person nights
- Client-centred curriculum/provide handouts/books

Individual Counselling

- Assess client's mental health status
- SW provides short term counselling to mothers
- Occasional partner counselling provided by SW
- Counselling services provided to clients awaiting group space or who do not want group services

Crisis intervention

- Determine plan of action
- Refer to community supports
- Implement plan of action
- Establish and maintain collaborative linkages

Education, awareness and recruitment

- Provide training in community to professional and community groups
- Provide program brochures and posters to community agencies

Program Curriculum/Counselling themes

- Coping with depression (signs and symptoms)
- Stress management
- Infant attachment
- Motherhood Myths
- Relaxation techniques
- Coping with anxiety
- Food and mood relationship
- Self care
- Community resources
- Relationships

Baby Blues

- The Blues happen to about 80% of new mothers.
- Mothers may feel sad, overwhelmed and tired for a few days or weeks after giving birth.
- These symptoms are brief and usually go away on their own.
- No treatment is necessary; reassure mother

Postpartum Depression

- About 15% experience depression that does not go away within a few weeks. It may occur:
 - Within days of having the baby
 - After adoption of a child
 - Very slowly, sometimes up to a year later.

Postpartum Psychosis

- This is a rare and severe reaction affecting 1-2 in 1000 women. It is characterized by loss of contact with reality for long periods of time.
- Postpartum psychosis requires immediate medical treatment.

Stressors affecting postpartum adjustment

- Lack of social support
- Marital/relationship problems
- Sleep deprivation
- Infertility
- Low confidence in parenting skills
- Problems with initiation of breastfeeding
- Birth complications
- Medical problems of mother or baby

Demographics of Service Users

- Range of social economic backgrounds including women in shelters, teen mothers, middle class and highly educated women.
- Range of cultural backgrounds including a variety of immigrant women.
- The program is delivered in English.
- 1st time, and experienced mothers

Strengths of the Program

- Steady intake
- Timely service provided
- Steering committee composed of managers from partnering agencies and program staff
- Flexible care plan for individual clients

Limitations of Program

- Limited staff hours
- Wait list for our program and those we refer to in the community
- Service only provided in English

Next Steps

- Program evaluation needed
- Enhance outreach efforts with family physicians
- Continue to collaborate with other service providers in GTA through Postpartum Depression Network

Infant Mental Health Rounds

are made possible by

Infant Mental Health Promotion (IMP)
and
The Infant Psychiatry Program
of the Hospital for Sick Children

www.sickkids.ca/imp

www.sickkids.ca/Psychiatry/section.asp?s=Clinical+Care&SID=10101&ss=Infant+Psychiatry+Program&ssID=10104



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