

Meeting Psychosocial Needs in Perinatal Care

Models for Multidisciplinary Collaboration

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Hillary L. McBride^{1 & 2}, B.A., M.A. (current), Janelle L. Kwee, Psy.D.,
R. Psych¹, and Lori Wolfe, RN, MSN, IBCLC²

¹Trinity Western University, Langley, BC

²South Community Birth Program, Vancouver, BC

1. Understand and discuss the research supporting the reciprocal links between medical and psychosocial outcomes in women's perinatal experiences, and the apparent gap in routine care.
2. Identify and describe several ways in which integrated behavioural health consultation models can improve the quality of care and medical outcomes for patients and care delivery experiences for providers.
3. Become familiar with several practical models of integrated behavioural health care, which are specific to meeting psychosocial needs of new and expecting mothers, including current practice innovations taking place at the South Community Birth Program in Vancouver.

Learning Objectives

- Major life event, role and identity transition
- Perinatal experiences can be associated with growth, and heightened vulnerability
- Mothers' experiences and wellbeing impact ability to nurture baby's wellbeing

**What are the psychosocial
"issues" for women, perinatally?**

- Unspecified or subclinical emotional distress (17 in 20)
- Postpartum depression (up to 1 in 5)
- Posttraumatic stress disorder (1 in 20)
- Mother-infant attachment disruptions

Psychosocial "Risks"

- Women's emotional needs are evident
- However, maternity health care providers' expertise and time is limited
- Psychosocial care is not systematic
- Limited access to traditional, compartmentalized psychological services

The Problem

- Women's experience of themselves is impacted by practices in perinatal care (Redshaw & Van den Akker, 2008)
- Psychosocial care can improve medical and psychological outcomes (Griffiths & Barker-Collo, 2008; Saisto et al, 2006; Williams, Zolotor & Kauffman, 2011)

Hopeful Evidence

- A vision for seamless partnerships
(Brown, Mills, McCalmont, & Lees, 2009)
- Specialist mental health teams in maternity networks
- Clear referral pathways and criteria
- Cooperation for shared goals

Shared Responsibility



Integrated Behavioural Health Care

What is it? How can it improve care and outcomes?

- There have been major recent advances in establishing effective models of integrated behavioural health care in primary care settings
- Documented benefits for patients and providers

“Outside the Box” Models

- Providers are able to deliver optimal care by being freed to focus on what they know best
- Cost reductions in care
- Expands roles and expertise for both professions

**Support Providers
(yes, providers!)**

- Reduces stigma
- Increases accessibility to care
- Timely
- Promotes adaptation and thriving

Support Women



What can this look like?

What can trained mental health professionals offer to maternity care teams?





The South Community Birth Program

Clinical Counselling Intern Model

- Family physicians, midwives, community health nurses, and doulas collaborate to provide women-centered care
- Approximately 40 births per month
- Unique group care model
- Postpartum drop-in clinic

South Community Birth Program

- “Felt need”
- Burden for postpartum care nurse
- Months-long wait lists at Reproductive Mental Health



A missing piece

- Since May 2013
- TWU advanced M.A. student counsellor
- Individual, couple, and group counselling
- Co-therapy with postpartum care nurse

An Intern

- “Lighter” appointments for care providers
- Patients’ needs are being met more comprehensively
- Patient satisfaction and “buy in”
- Reduced waiting times for counselling
- Cross-training between professions

Perceived Impacts



Questions & Discussion

For more information,
please contact
janelle.kwee@twu.ca