Letters

Providers need guidance on managing perinatal mental health

The Society of Obstetricians and Gynaecologists of Canada (SOGC) represents 4000 health care providers from the areas of obstetrics and gynecology, family practice, nursing and midwifery. Perinatal mental health is a key focus as evidence emerges of adverse effects of perinatal mental illness on pregnancy outcomes, postpartum health and child development.

One of Canada's great unknowns is the state of perinatal mental health, its role in perinatal morbidity and mortality and the opportunities for prevention to improve the outcome for people who are pregnant and for children across generations. Consequences of untreated illness can be severe and have negative implications for the health of the parent and child, including suicide or infanticide.¹

Over the last 4 years, the SOGC has been leading the implementation of a confidential-enquiry approach to the deaths of pregnant people to learn of the circumstances, contributing factors and opportunities for prevention. Canada does not have accurate information related to perinatal health, but data from the United Kingdom and the United States suggest that 60% of perinatal deaths are preventable and perinatal mental illness has been recognized as a leading factor.^{2,3}

Limited Canadian data suggest that mental health contributes to the deaths of pregnant people, yet there are huge gaps in systems to support perinatal mental health; one-quarter of patients have perinatal mental illness,⁴ and reports suggest that suicide is the fourth leading cause of perinatal death in Canada.⁵

Unlike the United Kingdom and Australia, Canada does not have a national strategy to guide clinical care for perinatal mental health. Preliminary data from a survey we have in the field suggest that patients who are pregnant or postpartum have issues with their mental health, and health care providers want more information and training. Initial data show an urgent need for education and guidance allowing for health care providers to be properly equipped to care for the escalating population of people living with perinatal mental illness.

It is more urgent than ever to supply providers and patients with evidence-based information, education and practice guidelines that incorporate appropriate and effective discussions about perinatal mental health and that yield information to inform the type of care that people need, when they need it.

Routine clinical care should inform patients of the circumstances regarding perinatal mental illness and to facilitate a patient–provider partnership to identify effective treatment approaches and supports. Unfortunately, we are not there yet in Canada and the rising prevalence underscores the necessity of effective identification, treatment and prevention across the continuum of mental health.

We are committed to learning more about perinatal mental illness and its consequences, including maternal death.

Our providers need guidance. If they are being advised not to use screening instruments, then we need to come up with evidence-based effective approaches and help clinicians incorporate them into routine clinical practice for all patients.

Jocelynn L. Cook PhD MBA

Chief scientific officer, The Society of Obstetricians and Gynaecologists of Canada, Ottawa, Ont.

R. Douglas Wilson MD

Obstetrician-gynaecologist, University of Calgary, Calgary, Alta.

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