Promoting Maternal Mental Health During Pregnancy

The presence of social support in a woman’s life increases her ability to cope with the transition through pregnancy to parenthood. Support can come from many areas - emotional (partner), instrumental (friends or help at home), peers (informational), and professional (therapeutic interventions). Dr. Joanne Solchany's work in Maternal Mental Health supports the budding mother-child relationship through proactive interventions including: preparing for baby, preparing to mother, and developing a nurturing mother-child relationship.

Women who are at risk for postpartum depression should be identified as soon as possible during pregnancy so that appropriate follow-up and preventative, individualized care can be initiated. Risk factors for postpartum depression include depression during pregnancy, anxiety during pregnancy, stressful life events during pregnancy or the early puerperium, low levels of social support, and a personal or family history of depression. Pregnant or postpartum moms with known risk factors may be selected for screening with the 10-item self-rated instrument called the Edinburgh Postpartum Depression Screen. This screen is available at: www.healthunit.org/children/ under Emotional Health.

The Leeds, Grenville and Lanark District Health Unit - Healthy Babies, Healthy Children program, can provide moms and pregnant women access to these tools to emotionally support them and their families through this change. Parenting groups such as Baby Talk and Prenatal can provide a peer-focused venue and evidence based information to inform our new or pregnant moms about healthy perinatal mental health strategies.

References:


Joanne E. Solchany, PhD, RN, CS: Promoting Maternal Mental Health During Pregnancy; NCAST programs, 2001

Creating Circles of Support for Pregnant Women and New Parents: A manual for service providers supporting women’s mental health in pregnancy and postpartum; Best start, Health Nexus; Hiltrud Dawson, Mary Lynn Trotter, MSW, RSW, Dr. Leslie Born, MSc, PhD
Importance of “Tummy Time” (Infant Prone Positioning)

While it is best for infants to sleep on their backs to significantly reduce the risk of Sudden Infant Death Syndrome, it is also important for the infant to have “Tummy Time”.1-10

Parents should be advised to provide supervised “Tummy Time” daily while infant is awake.1-10 Infants should be placed on their tummies approximately 15 minutes each day and increase by approximately one minute per week.1

The Canadian Paediatric Society has prepared a handout called: “Preventing flat heads in babies who sleep on their backs.” www.caringforkids.cps.ca/handouts/preventing_flat_heads.

If you are concerned about the growth and development of an infant, refer the family to: Lanark County Infant and Child Development Program: http://lcp-home.com/pdf/icdp_referral.pdf Leeds and Grenville Infant and Child Development Program: (613) 345-1662

References

Ensuring a baby has lots of “Tummy Time” is important because it helps to prevent several important health problems:

- **Plagiocephaly (Flathead)** - Asymmetrical flattening of one side or back of the head, which may cause changes to the shape of the face. It’s usually caused by the head of the infant always being in the same position during rest.1-2,10 It is not life threatening, but it does have adverse consequences and if not detected early, some infants may require helmet orthotics to treat the condition. In rare cases, surgery may be required.1

- **Torticollis** - Caused by contracture or tightening of muscles in the neck due to infant’s head continuously being in the same position during rest.1-2,10 It is not life threatening, but it can cause loss of head control, delays in motor skill development and altered visual range from one side.1

- **Shoulder Retraction** - Caused when infant’s arm is constantly in external rotation (turned outward - away from the body) while infant lying on his/her back. This can potentially cause problems with the coordination of both small and large muscle movements, and lead to mouth activities.1

- **Gross Motor Delays** - Tummy Time helps infants to develop strength in their neck, arms and abdomen, and prevent gross motor delays in developmental milestones such as lifting the head and chest when infant on his/her tummy and learning to roll over, sit, crawl and pull to stand.1-10

Changing an infant’s position in the crib so that his/her head is facing a different side of the crib each week will help reduce flathead (plagiocephaly)1,3,6 Other activities such as playing with infant, cuddling with infant and reducing the amount of time he/she is lying on their backs in a crib or car seat can also reduce plagiocephaly, torticollis, shoulder retraction and gross motor delays.1,3,6

Tips for Parents of Infants Who Do Not Like “Tummy Time”:
- For infants who do not initially like Tummy Time, placing a rolled blanket under his/her chest may help - it allows infant to see beyond the floor. Decrease the thickness of the blanket roll over time as infant develops and is able to lift head and chest higher on his own.1,8
- Parent could also try lying on their back with infant lying on his/her tummy on parent’s chest to provide the opportunity for parent/child interaction.1,7,9
- Parent could lie side by side with infant on the floor while reading a book together and parent pointing out pictures to infant.9
- Parent could also lie on their stomach on the floor facing infant at infants eye level.1,8

(Infant Prone Positioning)
**Healthy Weights**

In Leeds, Grenville and Lanark, 32.1% of adults are overweight and 20.7% are considered obese, based on self-reported height and weight. The proportions are likely higher as many people do not accurately report height and weight on surveys. Overweight and obesity increases the risk of many chronic diseases including heart disease, stroke, cancer, diabetes, osteoarthritis, and depression.

The Primary Care Working Group of the Canadian Obesity Network has prepared a Tool Kit outlining a practical approach to discussing obesity in the clinical setting based on the successful 5A's smoking cessation model. Below is an excerpt from the website:

“The 5As of Obesity Management is a set of practical tools to guide primary care practitioners in obesity counseling and management:

- Ask for permission to discuss weight and explore readiness for change
- Assess obesity related health risk and potential “root causes” of weight gain
- Advise on obesity risks, discuss benefits treatment options
- Agree on realistic weight-loss expectations and on a SMART plan to achieve behavioral goals
- Assist in addressing drivers and barriers, offer education and resources, refer to provider, and arrange follow-up.”

For more information check the website with a video and information about how to order material:


---

**Table 1** Proportion of adults in Leeds, Grenville and Lanark who are overweight or obese based on self-reported data. *Canadian Community Health Survey, 2011 Share file, Ontario MOHLTC.*

<table>
<thead>
<tr>
<th>By Sex (%)</th>
<th>Overall</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults aged 18+ years overweight</td>
<td>32.1</td>
<td>39.3</td>
<td>25.1</td>
</tr>
<tr>
<td>Adults aged 18+ years obese</td>
<td>20.7</td>
<td>22.2</td>
<td>19.3</td>
</tr>
<tr>
<td><strong>Men and Women by Age Groups (%)</strong></td>
<td><strong>18-34</strong></td>
<td><strong>35-44</strong></td>
<td><strong>45-64</strong></td>
</tr>
<tr>
<td>Adults aged 18+ years overweight</td>
<td>32.1</td>
<td>22.6</td>
<td>32.3</td>
</tr>
<tr>
<td>Adults aged 18+ years obese</td>
<td>8.9</td>
<td>29.9</td>
<td>26.8</td>
</tr>
<tr>
<td><strong>Men by Age Groups (%)</strong></td>
<td><strong>18-34</strong></td>
<td><strong>35-44</strong></td>
<td><strong>45-64</strong></td>
</tr>
<tr>
<td>Adults aged 18+ years overweight</td>
<td>37.6</td>
<td>22.8</td>
<td>39.2</td>
</tr>
<tr>
<td>Adults aged 18+ years obese</td>
<td>7.0</td>
<td>34.2</td>
<td>33.8</td>
</tr>
<tr>
<td><strong>Women by Age Groups (%)</strong></td>
<td><strong>18-34</strong></td>
<td><strong>35-44</strong></td>
<td><strong>45-64</strong></td>
</tr>
<tr>
<td>Adults aged 18+ years overweight</td>
<td>23.8</td>
<td>22.4</td>
<td>25.4</td>
</tr>
<tr>
<td>Adults aged 18+ years obese</td>
<td>11.8</td>
<td>26.8</td>
<td>19.8</td>
</tr>
</tbody>
</table>

---

**Oral Health: 1st Birthday – 1st Dental Visit**

**Start early - with prevention.** That is the key to a myriad of health problems - and oral health is no exception. Early dental visits are beneficial in many ways, both clinically - to spot problems early and educate parents on proper oral care, but also emotionally to help little ones get comfortable with the process and see dentists as friendly figures. Baby teeth are very susceptible to decay, and are also key elements for a child’s nutrition, speech and permanent tooth health. It’s long been recommended that children should see a dental professional by their 1st birthday.

Primary healthcare professionals can help by echoing this recommendation in their practice, and encouraging parents to get their infant’s oral health checked by the first birthday. As the mouth is an integral part of the body, it is also very beneficial to check it at well-baby appointments. Healthy baby teeth should be shiny and white. See anything unusual? Make a referral to the patient’s dentist - or to the Health Unit if they cannot afford to see a dentist, or cannot find one who will see infants. Let’s build the foundation for good oral health together!

For more information on the Age One Dental Visit, visit the Health Unit’s website at: [www.healthunit.org/dental/infant_oral/1stdental.htm](www.healthunit.org/dental/infant_oral/1stdental.htm)

These websites also have helpful information:

- [www.aapd.org/assets/2/7/GetItDoneInYearOne.pdf](www.aapd.org/assets/2/7/GetItDoneInYearOne.pdf)
- [www.cdhp.org/system/files/July09PDTCDHP.pdf](www.cdhp.org/system/files/July09PDTCDHP.pdf)
**Falls Prevention**

Most falls are predictable and preventable. Falls are one of the leading causes of injury in Ontario amongst adults 65 years or older, often leading to emergency department visits, hospitalizations and admissions to long-term care homes. Unintentional injuries due to falls are the costliest category of injuries within the Ontario health care system - about 7% of seniors will visit the emergency room related to a fall each year, and 1% will be admitted to hospital.

<table>
<thead>
<tr>
<th>Falls amongst seniors (Rate/10,000 Population)</th>
<th>0-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Visits</td>
<td>396.3</td>
<td>705.6</td>
</tr>
<tr>
<td>Admissions</td>
<td>9.5</td>
<td>131.6</td>
</tr>
</tbody>
</table>

Tying falls prevention education into a discussion of healthy aging and independence appeals to an older adults’ desire to hold onto their independence. Motivating benefits include greater enjoyment, confidence, better health, and improved mood.

- Regular physical activity that includes strength development, flexibility, and cardiovascular fitness is key. Research shows that even those over 85 who have not been physically active can benefit from strength training. It helps to reduce the impact of sensory changes associated with aging, such as poor eyesight or hearing, reduced sense of touch and ability to know the position or movement of a body part without looking, and mobility problems, including slower reflexes, muscle weakness, impaired balance and poor gait that include swaying side to side when moving. Being active, outside in nature, helps in dealing with stress and leads to lower levels of anxiety and depression.

- Healthy eating, low alcohol consumption, drinking enough water and adequate sleep all help with general health, reduction in chronic disease and a reduced risk of falls.

- Regular review of medications, e.g. antidepressants, tranquilizers and anti-hypertensives, can decrease the risk of falling.

- Wearing footwear that provides good support, with soles that have non-slip treads and are not too thick.

- Being socially active by joining a community group and getting together with friends or family.

- Making the home safe (Complete a home safety check list)
  - Remove clutter and secure rugs
  - Use night lights to brighten hallways, bathrooms and stairs
  - Install grab bars

- Planning ahead. Rushing increases the risk of falling. Avoid rushing or carrying too much.

For more information on falls prevention visit the Health Unit website.