

Perinatal Mental health education in Norway

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Anxiety and pleasure

"In order for a mother to be able to give her child space, it is necessary for her at certain moments to lose herself, give up control and allow anxiety and pleasure to come»

Michelle Montelray





CONSTRUCTIVE FRAGILITY

- Becoming a parent is a transition. The nine months of pregnancy are designed for the mother and father to adjust and meet the child as best as possible
- Neurobiological and hormonal changes help mother and father in the transition process
- This happens for most parents totally intuitively,
- For some women, the painful feelings become pervasive, or the thoughts too intrusive





Motherhood constellation

- Create life, sustain life, am I good enough, who have I have around me, who am I....
- What have I learned about motherhood ?
- Who will I or we be as parents ?
- Thoughts about the fantasy baby, or more precisely the mother's inner mental representations of the baby, say something about the prenatal attachment



Pregnant women's mental health; a continuum of reactions:

Babyblues

Depression

Anxiety

Severe mental illness

Bipolar disorder

Obsessive thoughts

Psychosis

Intoxication

Grief and loss

Trauma and retraumatization

PSTD

Eating Disorder

Risk to the child's development, and the more
risk factors, the more concern (ACE)

For the helper as well

- The perinatal period is emotionally demanding for the helpers as well. Both because of the actual vulnerability of the unborn/newborn child, and because of the feelings this arouses in the helper him- or herself.
- The helper's own early care experiences play a role in the encounter with the other.
- Mirror neurons, affective regulation and mentalization.
- By knowing one's own history, one better understands one's interaction with others.
- Knowledge of one's own vulnerability is important in order to create change in others, and also provides help for one's own development and well-being.



Maternity Ward in Norway

Norway have 5.7 million inhabitants.

53000 births in 2020

Most parents spend 2-3 days at maternity ward

Within the first week postpartum, the family should receive a home visit by a midwife or a public health nurse to ensure that mother and baby are healthy, but many municipalities do not have enough time and/or resources to follow up on postnatal women and newborns.

Maternity Ward in Norway

- All pregnant women are entitled to free maternity care from a midwife at a maternal and child health (MCH) centre or from their general practitioner (GP) -
- All costs related to delivery and hospital stay are covered (except women without residence permit)
- One home visit from midwife after delivery, later visits are on the local maternal and child health center

Maternity Leave in Norway

- Parents have up to 52 weeks of paid parental leave before and after delivery
- A minimum of 15 of these weeks are reserved for the mother or the father
- 71% of fathers use this opportunity
- If a new mother is too ill to take care of her infant, the father is entitled to take over her part of the leave.

The Norwegian guideline for pregnancy care

- Recommend that health services identify women with perinatal mental health problems. No directive for how this should be done or what help those identified should receive.
- 50% of midwives and primary health nurses use the Edinburgh Postnatal Depression Scale (EPDS) for exploring mental health issues in pregnant and postpartum women.
- The MCH centres offer both individual and group-based support for families, addressing difficulties with the child, the parental role and interaction problems.
- An increasing number of MCH centres have access to psychologists. This has facilitated implementation of early prevention and treatment for perinatal mental disorders.
- Unfortunately, many MCH centres do not employ psychologists, as this service is not mandatory.



But

- Even though Norway is one of the safest countries to give birth in, maternal care is free and maternity leave is long, we see that women are struggling more and more
- More women with mental health problems are found, due to EPDS
- Increased both external and internal stress among women.
- More knowledge about the concept of vulnerability
- EARLY IN (a municipality program)

Too many
are not
being heard

- Many midwives and health nurses are reluctant to ask how mothers really feel, as there is no one to refer to.
- Specialists are trained in mental health care in either children OR adults psychiatry. Perinatal mental health care falls between two professional chairs



The "new patient"

- Not only the mother, not only the father, not only the baby, but the dyad and/or triad.
- This requires specialized knowledge about adults, about unborn/newborn babies and about the interaction between them.

Stepped Care

- The right help at the right time
- Basic knowledge of mental health in the perinatal period should be present at all levels in the treatment chain.
- This includes midwives, telephone and online helplines, therapists and hospital staff alike: All the places where "the new family" is taken care of.



To help

Both in Norway and in other countries there is good help for pregnant women and new mothers

What characterizes many, however, is that they are driven by enthusiasts, and are not necessarily part of the public health system

The public services are often run on project funds, which makes it uncertain how long they will last

Many offers do not capture the whole family, the dyad or the triad, but are offers with either the most knowledge about, and focus on, the mother, or the most knowledge about the child

In other words: It may look like the family as such, or «the new patient», falls between two chairs (Brockington et al 2015)

RBUP; mental health in the perinatal period

RBUP is a competence network, a public service for the services

RBUP provides:

- Day courses
- Education programs
- Research on mental health in children of any age

PERINATAL MENTAL HEALTH TRAINING

- On the basis of knowledge about increased vulnerability, more stress, more and more midwives and nurses using EPDS, and not least the importance of getting «early in», we created in 2011 the education program "Mental health in pregnancy and childbirth"
- The desire was to deliver better care to women struggling in the perinatal period

A newborn baby is wrapped in a white cloth, lying on a bed with a patterned blanket. The baby's face is visible, looking towards the camera. The background is a light-colored, textured surface, possibly a wall or a curtain.

Mental health in pregnancy and childbirth

- An education for midwives, nurses, psychologists and psychiatrists.
- 9 sessions of 2 days through 3 semesters.
- Alternates between theory, exercises, reflection and guidance.
- Deals not only with mother, father or baby, but the dyad and/or triad.
- Provides specialized knowledge about adults, the unborn/newborn and the interaction between them.
- Builds on basic thinking about therapy; moments of change, developmental psychology, perinatal psychology, neurobiology and attachment theory.
- Emphasizes affective regulation, mentalization and the moment of meeting.

Program

- Each 2 day session follows the same pattern: One day of theory, one day of self-compassion, exercises and supervision.
- A total of about 170 midwives, health nurses, psychologists and physicians have participated, from all over Norway.
- The key topics cover the specialized knowledge that is needed
- The interdisciplinarity of the program covers all relevant aspects. This facilitates necessary interdisciplinary and interagency reflections and collaboration.

Session 1

- Perinatal mental health
- The psychology of pregnancy

Session 2

- EPDS screening
- Nondirective psychotherapy counseling/ client-centred or person-centred Counseling

Session 3

- The pregnant brain
- Brain development
- Brains in interaction
- The brain in motherhood

Session 4

- Pre- and postnatal attachment
- Circle of security

Session 5

- Fetal development
- Developmental psychology
- NBO

Session 6

- Selfcompassion
- How both mother and helpers can practice self-compassion

Session 7

- Traumas and birth
- PTSD
- Complex PTDS


Session 8

- Severe mental illness

Session 9

- Couple relationships
- Couple therapy

Good help in the perinatal period
provides:



- Introduction to perinatal psychology
- Overview of mental disorders related to the perinatal period
- Overview of normal and abnormal development in the young child
- Necessary basic knowledge in the therapeutic meeting
- Concrete tools in the meeting with the other
- Focus on affect regulation (therapist, mother, father and child)
- The helper with security to face the other and own vulnerability
- Reflections on the helpers own vulnerability
- Reflections on compassion and self-compassion

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ORIGINAL ARTICLE

An international position paper on mother-infant (perinatal) mental health, with guidelines for clinical practice

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Abstract The purpose of this paper is to set out informal, provisional and comprehensive but concise guidelines for mother-infant (perinatal) mental health (psychiatry), as an area of specialisation. It is *informal* in the sense that the authors are clinicians and researchers from many different nations, who share a common goal and vision, speaking on their own behalf and not with the backing of any authority or society. It is *provisional* in the expectation that it can be improved by criticism and new research findings. It is a *comprehensive* summary of the development of the specialty, its core knowledge and recommended investigations and interventions. It is

Keywords Mother-infant psychiatry · Perinatal mental health · Clinical guidelines · Adjustment to pregnancy · The psychiatry of pregnancy · The psychopathology of parturition · Postpartum psychiatric disorders · Child-related maternal psychiatric disorders

Part 1

The specialty of mother-infant psychiatry (perinatal mental health)

Perinatal mental health as own speciality

- **Healthcare personnel often lack expertise about perinatal mental health.**
- **To safeguard the mental health of infants and parents, we need to establish systematic communication between primary healthcare professionals, as well as between primary- and secondary-level professionals.**



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Perinatal mental health around the world: priorities for research and service development in Norway

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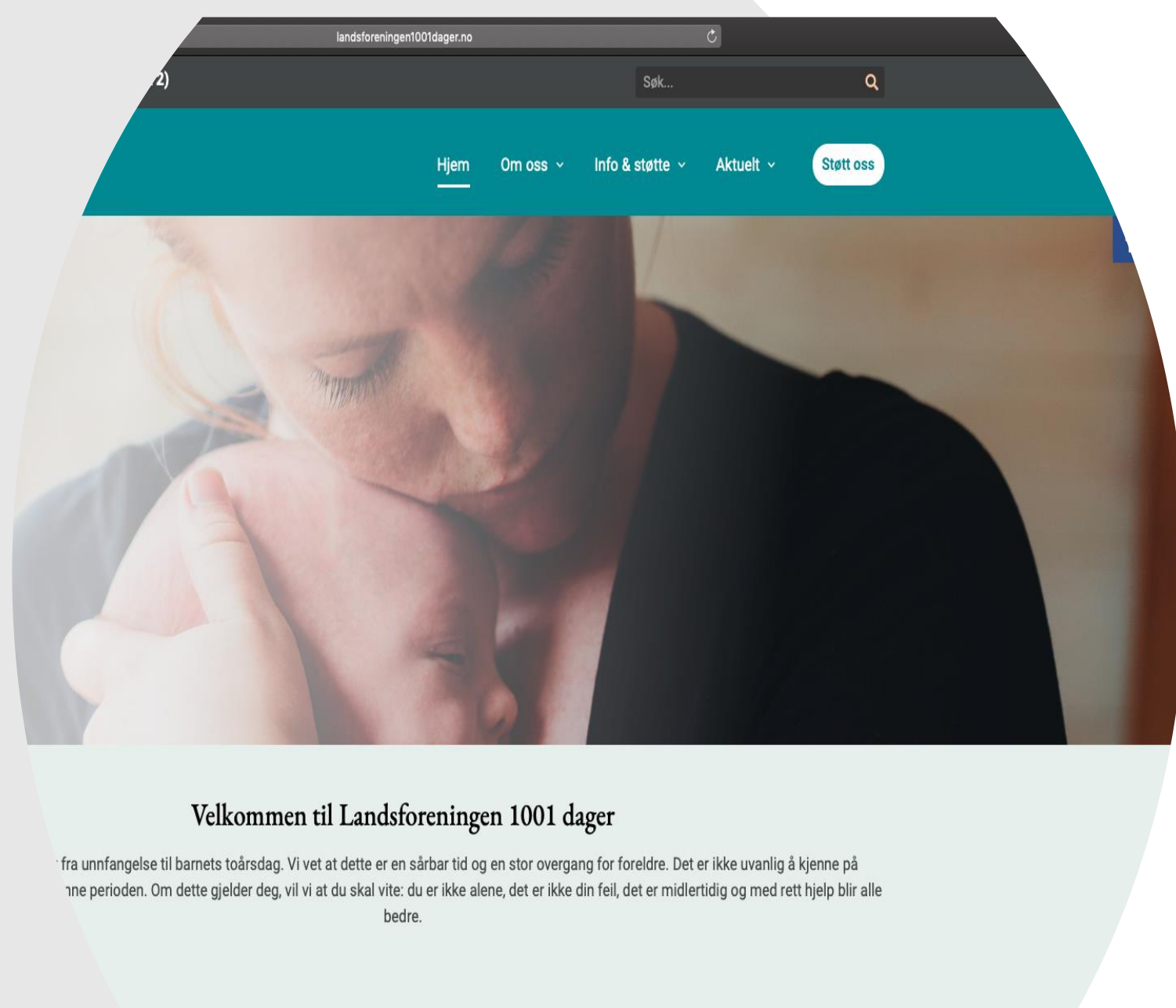


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Abstract

Despite the country's generous social welfare systems, perinatal mental health problems are prevalent in Norway. National guidelines recommend that health services identify women with perinatal mental conditions, but systematic screening and clear treatment pathways are not nationally endorsed, neither are recommendations for evaluating and treating possible parent–infant interaction difficulties of affected mothers. There are no subspecialties in perinatal psychiatry or psychology, hence healthcare personnel often lack expertise about perinatal mental health. To safeguard the mental health of infants and parents, we need to establish systematic communication between primary healthcare professionals, as well as between primary- and secondary-level professionals.

- The lived experience organization Landsforeningen 1001 dager (1001 days) was established in 2017
- Through cooperation between clinicians, resarhes and lived experience we all stand stronger.
- Political lobbying and advocacy is easier to achieve for a joint organization than in separate organizations.



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