Connecting With Expectant Parents Through Collaboration With Consumers

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The Collaborators

1. Midwives
2. Perinatal Mental Health Nurses
3. Consumers/Peers

Why Peers?
Principals of Peer Support
New: The Perinatal Peer Educator

- Educate health providers: undergrad & beyond
- Universal health education
- Direct patient support
- Policy development
- Organisation engagement
- Consumer Carer Peer

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Why Did We Collaborate?

Opportunity for improvement – right place, right time

Together we can provide something greater than the sum of the parts

Independent identification of NEED
Perinatal Mental Illness: The Need

• Suicide is the leading cause of maternal death in QLD during pregnancy and within 365 days of the end of pregnancy (QMPQC 2015)
• 16% of women will experience postnatal depression (beyondblue, 2011)
• Depression identified postnatally begins antenatally in up to 40% of women (beyondblue, 2011)
• 10% of men will experience PND (beyondblue, 2011)
• If mum has severe PND, 40% of the partners will also develop PND
• Despite improved community attitudes to perinatal mental illness, self stigma is a barrier to seeking help (PANDA 2017)
Antenatal Emotional Preparation for Parenthood - Content Overview

- What does emotional wellbeing mean?
- The wellness-illness model
- Normal transition to parenthood and Baby Blues
- Perinatal mental illness
  - Statistics of common mental illnesses
  - Signs & symptoms
  - Risk & protective factors
- Personal story
- Seeking, accepting & providing help, Role Plays
- Available supports & resources
- Reflection
Why Story-telling Works...

- For parents
- For midwives
- To promote change
Parenting Partners

It would mean a lot to me if you could be my Parenting Partner.

We agree to check in my emotional wellbeing regularly by:

Tick at least two options

- Speaking over the phone regularly
- Touching base online regularly
- Meeting up face to face regularly
- Using a code word to start a conversation
- Write a code word here:
- Requesting a time for an honest conversation
- Making a call with my permission to an agreed service
- Going with me to my appointment

Being someone’s Parenting Partner is a very privileged role. It means you are trusted to keep an eye on the emotional wellbeing of someone you care about. Your job is to look out for subtle changes in behaviour or a sense that your loved one just doesn’t seem quite themselves. This can be tricky when someone is pregnant or has just had a baby added to their family. Life will definitely change!

You are looking for things like a loss of enjoyment, a sense that they seem on edge or that they keep making excuses to avoid social situations. By noticing these signs early, you can have a conversation starting with something like: ‘I’m worried about you. You don’t seem quite yourself’. Or use your agreed codeword. Ask them open ended questions and wait for an honest answer. Just being with someone can be very supportive!
Jen: Are you out of chocolate?
Sue: Yes
Jen: I could pop over tonight for a chat?
Sue: That would be great. Around 7pm?
Jen: Perfect! See you then xxxx
Feedback From Parents

To sit in the rubble with my wife and let her vent and unwind from her everyday new life

Provided us with a platform to begin a conversation about emotions

Being given some tools to help my partner if needed

Personal stories, honesty and opportunity to raise issues

Learning lots of things I would never have thought of
Feedback From Midwives

‘For those who haven’t done classes, I now have a lengthier discussion on emotional health and healthy transition to parenting along with discussing community supports for parents’

“Spend more time on the emotional wellbeing session of the discharge talk, try to go through with partner present”
What Worked For Us

• What are our values?
• How did we communicate?
• What worked well?
• What were the barriers?
• What can other sites or regions establish to promote effective connections between staff and consumers/peer workers/peer educators?
Collaborative Practice in the Perinatal Context

Family RELATIONSHIPS and Wellbeing

- Parents and Consumers
- Midwives
- Other supports: NGO's, Social Work, Child Health
- GP's and Obstetrician
- Perinatal Peer Educators and Peer Workers
- Perinatal and Infant Mental Health services

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Community and Health Service Benefits

• Impacts for midwives
  o Increased empathy for parents
  o Improved communication skills
  o Improved detection of subtle signs and symptoms
  o Increased respect for peers/consumers
  o Increased connection to other supports

• Impacts for peer workforce
  o A new realm of work
  o Developing skills beyond story sharing
  o Re-introduction of mothers in to the workforce

• Impacts for parents
  o Improved mental health literacy
  o They become their own early detectors
  o Improved help-seeking behaviours
  o Improved communication skills
  o Improved family relationships

• Impacts for health services
  o Increased consumer/peer involvement
  o Embedding National Standards
  o Improved community connections
  o Meeting the needs of the community rather than the needs of the health service
Organisational Change

Management and executive level need to:

• Understand model, it’s value and benefit

• Embrace the practice

• Drive the implementation of the model
Collaborating With Peer Educators....

‘On some positions, Cowardice asks the question, ‘Is it safe?’ Expediency asks the question, ‘Is it politic?’ And Vanity comes along and asks the question, ‘Is it popular?’ But Conscience asks the question, ‘Is it right?’ And there comes a time when one must take a position that is neither safe, politic, nor popular, but he must do it because Conscience tells him it is right ...

This is the challenge facing modern man

(Martin Luther King, 1968,)’
Connecting people, not completing projects, is the great challenge of leadership.
Acknowledgements

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- Metro North Perinatal Mental Health Service
- Redcliffe Maternity Services
- Redcliffe Hospital Executive Team
References