# Postnatal depression and anxiety webinar transcript

**Fiona Darling (00:00:06):**

Good evening and welcome. I'm Fiona Darling, I work at Jean Hailes for Women's Health in the Translation, Education and Communication team, and we're really excited to present our fifth health professional webinar in our 2016 series, on postnatal depression and anxiety. Firstly, I'd like to start by acknowledging the traditional custodians of the land we're presenting on and the lands we're reaching tonight, and pay our respects to the Elders both past and present, and extend that respect to any Aboriginal and Torres Strait Islanders who are joining us tonight. And we are reaching lands far and wide. We've had more than 1,100 registrations from all over Australia, and from a diverse group of professionals. A special welcome to those of you who might be joining us for the first time.

**Fiona Darling (00:00:55):**

Jean Hailes for Women's Health is a national not-for-profit organisation dedicated to improving the knowledge of women's health by combining research, clinical care, and practical education for women and their health professionals. We support the physical and emotional health and wellbeing of women across all life stages and ages, pregnancy and parenthood being a significant one.

**Fiona Darling (00:01:20):**

It was World Mental Health Day last week, and tonight we're talking about some new ways of understanding and responding to risks of postnatal depression and anxiety. We know that the challenges of becoming a parent can be overwhelming at times, and this is a time when many parents need additional support and helpful resources. The learning objectives from the webinar tonight are for you to be able to recognise modifiable risks for perinatal depressive anxiety and adjustment disorders, and for you to be able to implement some evidence-informed strategies using e-mental health resources, to build skills and promote health adjustment among new parents.

**Fiona Darling (00:02:03):**

The resource we will be showcasing tonight is the What Were We Thinking! mobile app. If you haven't already downloaded it, I would encourage you to download it now so you can explore it as we go through. It's free, it's on both Android and Apple. Just search for 'What Were We Thinking' on your app store.

**Fiona Darling (00:02:21):**

The housekeeping has been covered in the introductory video. We do welcome your questions and have already received many. With so many people registered tonight, we won't get to them all. They are important though, and they will help us plan future events and resources for you. So do send some through. We're also covering the webcast live on Twitter, so if you would like to join the conversation, the hashtag is #JHWHlive. Hopefully you've had a chance to look at the pre-reading. If not, you'll find them and some additional resources, including the stories we'll discuss tonight, in the 'resources library' tab. Once the webinar closes, they'll no longer be accessible, but they'll be available again when the recorded version is on the Jean Hailes webinar library in a few days.

**Fiona Darling (00:03:10):**

This webcast has been endorsed by several professional associations, and if you wish to receive CPD points or a certificate, you need to complete the evaluation on the tab below. Now I'd like to introduce tonight's speakers. I'm not going to read their full bios, but these are in the resources tab as well. We have Professor Jane Fisher, an academic clinical psychologist, perinatal mental health specialist, Director of the Jean Hailes Research Unit at Monash University, and co-developer of the What Were We Thinking program. Dr Deidre Bentley, a Jean Hailes GP and educator, and Jan O'Connell, a Maternal and Child Health nurse and parenting consultant. So let's jump into it because we've got lots to get through tonight. Jane, I'd like to ask you to start, by defining for us what perinatal depressive anxiety and adjustment disorders mean.

**Prof Jane Fisher (00:04:08):**

Well, if you could go to that slide, that would help. Thank you. We know that every single person, when she has a baby, has dramatically increased needs, because she has to make major psychological changes in her life. So she has to give up some of the things that have helped shape her identity, and that have been satisfying to her, in her life before having a baby, in service of caring for a baby. And this can involve a huge increase in the unpaid work of the household in which she lives. And for some women, they can really experience harm to their bodily integrity, through the unexpected things that can happen when they have a baby.

**Prof Jane Fisher (00:04:50):**

The technical descriptor for the mental health problems associated with childbearing is the term 'common mental disorders'. And this is the term that's used to describe non-psychotic mental health conditions, which are readily identifiable in primary health care. And this inclusive term includes depressive anxiety and adjustment disorders, which are having an impact on somebody's day-to-day functioning. We know that the prevalence of these is between three and 10 times higher among women than it is among men. If you could go to the next slide. But we know that these tend to overlap, and that it can, in practice, be quite difficult to draw a distinction between them. The very eminent perinatal psychiatrist Ian Brockington said that we need to remember that when people score high on a screening questionnaire, it might be that they've got significant depressive symptoms, but it might also be that they're anxious, or they're traumatised, or they're feeling stressed, or they're grieving. And that these are very important states of mind to remember, and that using a single term like 'postnatal depression' can sometimes be an oversimplification.

**Prof Jane Fisher (00:06:12):**

But in all the studies that have been done to try and establish how common these conditions are, the data that we have in Australia show pretty consistently that about one in 10 women experience a clinically significant depressive state during pregnancy, and a higher proportion experience pretty significant anxiety symptoms that are causing disability. And that after giving birth, it can range up to one in five women having these experiences, but there is quite a significant gradient across the community, and these problems tend to be most common among people who are also experiencing other disadvantage or life difficulties.

**Prof Jane Fisher (00:07:02):**

So overall, I think in all our work, we need to remember that every woman has heightened psychological needs when she's pregnant, or when she's recently given birth. Some will experience persistent low mood, or sadness, or irritability, or anxiety, and some will experience this for a duration of at least several weeks without much relief, which meets the criteria for being diagnosed with one of these conditions. These are rarely attributable to one causal factor, and usually are reflecting a combination of her past and her recent experiences, some of which we can do something about. But every woman benefits from having primary care from her maternal, child and family health nurse, and her general practitioner, and any allied health professionals she encounters, as well as specialists, that is informed by good understanding of her psychological needs. And it's a phase of life when all our learning needs are high. And so it can be very helpful to have access to the information that you need at exactly that time, and the opportunities to acquire the skills that you need to make a good adjustment to this new phase of life.

**Fiona Darling (00:08:27):**

Thanks, Jane. That's a really lovely introduction for us tonight. Deidre, I'd love to introduce you now into the conversation. In your practice as a doctor, what are some of the common problems that you see with babies, and how does that relate to some of those definitions Jane was giving?

**Dr Deidre Bentley (00:08:42):**

Sure, and thanks Jane. I guess, apart from the medical issues that women come in, in the postnatal periods, such as bleeding or contraception, the ones where they're having difficulty coping is a common problem, sleeplessness, fatigue, relationship issues that are a big part of the story that comes out when you talk to these women. And the last big group would be the anxiety and the worry about how the baby is, what's happening with the baby, are they being a good mother? And as a GP, it's sometimes difficult as you're talking to them to sort out whether it's worry versus anxiety, as you said, or depression, or is it the baby blues? And so I remember back to the old definitions of the baby blues being day three, first few days, and not really lasting beyond that, and also remembering that postnatal depression, or perinatal anxiety, or postnatal anxiety, is not just having a bad day. That it is those symptoms that go on for weeks at a time and with very little resolution.

**Dr Deidre Bentley (00:09:47):**

And, as you said, the symptoms of anxiety and depression and worry just overlap and intersect, and it's sometimes really hard to actually sort them out. And I guess the way I approach it is that you do that by talking to them, and getting that clinical impression, and talking to their partner, and then watching how they are with the babies, and trying to sort of nut out what's actually going on here.

**Fiona Darling (00:10:14):**

Thank you. And Jan, as a Maternal and Child Health nurse, you've worked in a range of different settings as well, and we had quite a lot of questions about working with different groups and their different needs. One particular group that may be especially vulnerable is young parents. Can you tell us a little bit about working with young parents?

**Jan O'Connell (00:10:32):**

Yes. All parents have similar feelings and experiences of joy and excitement when they first have their first baby, regardless of age or family circumstances. However, young parents can have additional risks, because they're still growing, a lot of them, through adolescence. And this is a complex time as the young person's transitioning in a social role from being a child through to being an adult. And research shows us that it's marked by levels of stress and struggles and turmoil. And adolescents also tend to like intensity and excitement and arousal, many traits and behaviours that don't really fit well when it comes to having the roles and responsibilities of having a new infant to care for, or a young child. But each young person has their own story, and not all young parents will struggle with parenting their child, or at least no more than the average parent will. Some people are fortunate enough to have high levels of resilience, motivation, support, and luck, all of which are good protective factors. However, parenting doesn't happen in isolation. Life continues on regardless, and past and ongoing family problems will continue in the parent's life. Emotional maturity and regulation is frequently still developing for both parents, and communication with them will have its challenges for health professionals.

**Jan O'Connell (00:12:14):**

The relationship may not be very stable, as it often isn't, that time of life. And the idea that a child will make things better often doesn't work out that well. The parent's education or career may have been disrupted, and once the excitement of setting up home together settles, the realities of managing a household and budget can be difficult for inexperienced young people, which may place them at higher risk of falling into poverty. So adolescents also have changed sleeping patterns, which is quite difficult to deal with when they're also dealing with the changes and the unpredictability of young infants' sleep patterns. So listen to each parent identify, what their particular issues and needs are, develop a plan that works for them. Respect, educate and support their skill development, so that they can build confidence and competence in their parenting. And build that relationship, and if possible, have someone that they can go to on a regular basis, so that they can build that trusting relationships, that they have a go-to person. But most importantly remember the child throughout this, because his needs for love, security, predictability and safety are paramount.

**Fiona Darling (00:13:40):**

Yeah, that's some great advice there. Building confidence and competence. Thanks, Jan. And I think that brings us nicely to, it's really important to talk about fathers, too, in this equation, Jane. Can fathers get postnatal depression, and what do we know about fathers?

**Prof Jane Fisher (00:13:56):**

It's such an important question. And traditionally the focus has been almost exclusively on women, and the needs of men have been really inadequately understood or explored. But I think that is now being redressed, and we do have much more understanding now of what it is that men experience and need. And we do know that during pregnancy, men can feel really daunted and apprehensive about the responsibility they're facing. Often their worries are very focused on being able to provide sufficiently the financial resources that a family needs, and feeling very conscious of that responsibility falling to them. And most men are very protective of their partner, and of their baby, and their baby who's to come. And they can feel really quite intimidated in healthcare settings, that it's not quite clear where they fit, who they should speak to, what questions they should ask. And they can often feel very uncertain about their competence in caring for a baby. So we do know that after the birth of a baby, if a man is mocked or humiliated about his way of caring for the baby, it can cause him to withdraw very quickly. So one of the things that I think is most important is to encourage couples not to criticise or humiliate each other, as they're seeking to learn to care for a baby.

**Fiona Darling (00:15:21):**

Absolutely.

**Prof Jane Fisher (00:15:23):**

But this has now been measured, how many men experience more clinically significant anxiety or depressive states, and the prevalence is not as high as among women. It's probably about a third the rate that has been established among women. But I think one of the most important findings we have is that it's now well-documented that many men drink, to, drink alcohol or use alcohol in dangerous ways when their partner is pregnant. So they drink more than the standard recommended number of drinks at any one period, and they drink on more days of the week. And we know that this, in combination with feeling anxious, or with feeling very tired, can lead to all the problems that go with losing their temper, with threats of intimidation to each other. And so it's a time, I think, when it's important for clinicians to ask not only about depressive and anxiety experiences, but to ask about alcohol use.

**Fiona Darling (00:16:26):**

Yeah, thanks Jane. And when we start to talk about assessment and making diagnosis, we did have a lot of questions about the Edinburgh Postnatal Depression Scale. Could you talk a little bit, briefly, about that? What are some of the most useful and widely used assessment tools?

**Prof Jane Fisher (00:16:44):**

Well look, the Edinburgh Scale is now internationally used, very widely, as being a very useful both clinical indicator and indicator, in terms of assessing the benefits of interventions, that is accessible, it's easily understood. It's a 10-item questionnaire. I think probably most people working in this field would be familiar with it. If not, it's readily accessible on Beyond Blue's website and on other resources. And there are now established cutoff scores that can give you an indication of whether this person has some disabling symptoms and it's worth following up with them fairly quickly, or whether their symptoms are at a level that might be regarded as clinically significant, and where you should be discussing referral to a specialist. We know that this tool can be used both in pregnancy and after women have given birth, and that it's also been well validated for use among men. But the cutoff scores are different among men, and are different in pregnancy than they are after giving birth.

**Fiona Darling (00:17:55):**

Great. And was there another one that you'd like—

**Prof Jane Fisher (00:17:59):**

There is, and I think this is an important set of questions for people to be familiar with, that in England they have not recommended routine use of the Edinburgh Scale. Because what they have recommended is that you get a more accurate indication of someone's needs, in a very efficient way, through asking some specific questions. And these questions are called the Whooley Questions, and if you search that term, they're readily accessible. But these questions, you ask two questions. You ask someone, 'During the past month, have you often felt bothered by feeling down, depressed or hopeless?' And, 'During the past month, have you been bothered by losing interest or not having pleasure in things that would usually give you pleasure?' And if anyone answers 'yes' to either of those questions, then a third question is asked, which is, 'Is this something you feel you need or want help with?' And these questions have been found to be a very good indicator, in a clinician's hands, of somebody who might need some extra help for psychological care.

**Fiona Darling (00:19:08):**

Great. And so simple, just a couple of questions. Another one. And there is a link to that in the Resource tab.

**Prof Jane Fisher (00:19:13):**

That's terrific. And these are things that it's easy to practice using, and then they become part of your automatic repertoire, I think.

**Fiona Darling (00:19:20):**

Thanks for drawing that to our attention. Now Deidre, I know you use the Edinburg Postnatal Depression Scale in your practice. We've had a question around, once you get a score and you go through the scale, what do you do with that? Is there any follow-up to getting a score?

**Dr Deidre Bentley (00:19:37):**

So I guess once you've got one of those high scores, it depends on what are the questions that are there. I guess an overall score is important, but it's also good to use those scores in conjunction with your clinical assessment, and your gut feeling, and using something like the Whooley Questions as well, or the GAD score as well. I think certainly if they answer, if it's one, two or three on question number 10, which is the one in terms of harm, then that rings just huge alarm bells, and you need to follow that up straight away. But even a score of over 13 is something that you go, 'Woah, this is—'. I think in the lower levels of scoring, you can certainly repeat the test in the next seven days, and then continue to follow it up and make sure that you are available for following up that particular group, as the mother, the father and the baby. We also got asked a question about, somebody that scores high on one of those scores, how you then approach that mother in that? And it's like anybody with a serious mental health issue, you don't overreact, so you don't sort of express the horror, you maintain that calm exterior, and just try and reassure them that it's okay for them to talk about it. And sometimes they actually get quite a good amount of relief, because someone finally has given them the permission to say, yes, I have been feeling about that, and that's when the Whooley Questions can come in as well.

**Fiona Darling (00:21:18):**

Yeah, and you've brought in a story for us today, a couple, and one of the parents' stories from the field. Can you introduce the audience to Petra and Chris?

**Dr Deidre Bentley (00:21:28):**

I have. So Petra was a particular case, but it's a really common story, and it highlights that it's not necessarily in the first few weeks that you see these women, it can be further down the track. And often is, because it takes a while for them to get to the stage where they actually want to come to you. So it's Petra and Chris who are both 34, with three children, aged four, two and baby Amy, three months. And they were all delivered by elected caesarean section. Chris is a bank manager, and he initially does most of the talking in the consultation, which I find quite interesting. And he says that Petra is exhausted, irritable, angry, crying most of the time. And he is generally quite, appears supportive, although he works long hours, and he comes out with that question, he sometimes wonders what she does all day. And yeah, what can you say to that?

**Dr Deidre Bentley (00:22:29):**

The baby, Amy, is exclusively breastfed, and will only settle for short periods during the day, and then wakes three or four times during the night. So Petra is exhausted. They have moved interstate recently, between baby number two and three, for Chris's job, and her family is still in the original home state. So she's got very little family support. Has a few friends from kindergarten, which the older children are now going to, but still is really quite isolated in that she has little family support. Her significant past history was really that in her teens she, with on further discussion, she said, she did have anxiety as a teenager, but she managed to hide that very well from most of the people around her, and didn't ever get any real treatment for it. And then in her second pregnancy, she did have postnatal depression and was treated for a few months with some antidepressants, which had a reasonable response at the time, but didn't receive any other form of intervention apart from the medication. So that's her story, a common story.

**Fiona Darling (00:23:43):**

So could you give us some advice on medication for Petra? What would be your approach with her?

**Dr Deidre Bentley (00:23:52):**

Well, I think because she's had antidepressants in the past, it sort of makes it maybe more likely that you might go down that path this time. I think you do need to consider all the non-pharmacological methods of treatment as well, psychological referral to support services, the What Were We Thinking app, those sort of things. And although this is not a webinar on prescribing patterns in postnatal depression, I think we got so many questions pre on it, on what do I use, when do I use it, what can I use?

**Fiona Darling (00:24:25):**

It's important to talk to.

**Dr Deidre Bentley (00:24:26):**

So I just put together a little slide. And obviously your choice of medication's going to be guided by whatever score you use, by your clinical impression and gut feeling, we've already talked about, but also by your own clinical skills and your scope of practice. It's important, if you don't feel that you are confident about prescribing medication, then there's a whole lot of resources out there which we've listed in the library. And it's like anything in medicine, if you don't feel that it's in your scope of practice, then refer to somebody. So a knowledge of the local resources, especially in the rural areas where you might not have the same resources as the city, who's around, who's your go-to person, who can you call, which support lines can you call? I think you really have to, as I said before, exclude that there's any harm, or the potential for harm, of either mother–baby, father–baby, any of those. And also you have to exclude whether there's an element of psychosis and serious mental, which mandates immediate referral to one of the health teams

**Dr Deidre Bentley (00:25:28):**

In terms of which antidepressants you'd use, she's breastfeeding. And the guidelines from most areas in the world are pretty clear and recommend that sertraline is probably the safest one. All antidepressants are excreted in breast milk, to a lesser or greater degree. Be really careful with paroxetine, that you must give them adequate contraception because it's a category D with congenital malformations, if she was to become pregnant again. Citalopram is sometimes used by some people. If they're breastfeeding, fluoxetine is probably not the best one. And then don't forget the old tricyclic antidepressants, except not doxepin in lactation. So that sort of summarises that.

**Dr Deidre Bentley (00:26:08):**

Obviously you need to discuss this with Petra and Chris, about the side effects, the use of medication, and then it's really that risk benefit analysis as to whether to do, in conjunction with everything else.

**Fiona Darling (00:26:20):**

Well thank you for covering that off, because we did get asked a lot of questions about it, and I think it is important to acknowledge that. But at this point, Jan, I'd really like to ask you about some of your research, and the topic of our webcast tonight around some of the new ways that we might be able to assist parents.

**Prof Jane Fisher (00:26:41):**

Well, thank you for that. I work in the school of public health, so although I'm a clinical psychologist, I have a really big interest in trying to understand what the risks are for a problem, and how those risks can be understood and responded to, in a helpful way, that might reduce the likelihood of the problem occurring, or reduce its severity. So this really represents a relatively new way of thinking, in that it's a public health approach. It's trying to say, what can we change in someone's life or in their circumstances that might reduce the likelihood of a problem occurring in the first place? The starting point is always to go to the literature and see, well, what do we know about the risks, and what are the risks we might be able to change, and what are the risks we really can't do anything much about? So there are some very good systematic reviews, and the one that I've referred to tonight, which is, again, accessible, is the big systematic review completed by the Scottish Intercollegiate Guidelines for the Management of Perinatal Mood Disorders. And it's freely accessible if someone wants to look for it.

**Prof Jane Fisher (00:27:51):**

And it's identified a number of risk factors for which they say there's very consistent strong evidence. And this is, and as we've already heard from Deirdre, if someone's had a past history of mental health problems, especially mental health problems that have occurred at times of adjustment or heightened stress, and this is particularly of anxiety and depression, but it's also if someone's had a problem with eating behaviours, and eating disorder in the past, or of substance abuse in the past, and this is something that should be inquired into. We know from what Jan has said that a baby doesn't come into an empty space. So if at the same time as having a baby, someone's got a really coincidental stressful life circumstance, and we heard about Petra and Chris having moved interstate, this increases risk. If the pregnancy was really unintended or unwanted, that doesn't magically disappear when the baby's born, and can make it much harder to adjust with confidence.

**Prof Jane Fisher (00:28:51):**

And also we know that if someone has experienced a longer time to pregnancy than they wished, and in particular if they've had fertility treatment, or the baby's being conceived by IVF or any other ART, this can make it more difficult. And there are aspects of personality style that we know can make any adjustment more difficult. So if you're very concerned about order, if you prefer things to be in a very perfect state, it can be really hard to tolerate what happens when you have a baby, when there's a lot of unexpected events to adjust to. But very definitely, it's true that if you experience maltreatment or neglect as a child, it's harder when you become a parent. But then there are another set of risks that we would argue are ones that are potentially promising avenues that we can do something about. So the quality of a woman's relationship with her intimate partner is absolutely crucial to her psychological state when she has a baby.

**Prof Jane Fisher (00:29:55):**

If this relationship is characterised by kindness, affection, trust, mutual commitment to the baby, this is protective. But if, on the other hand, a woman experiences her partner as critical, intimidating, coercive, controlling, this is a well-established risk for mental health problems after giving birth. And all these things are made worse if she's socially isolated and lonely. But what we are interested in is some of the risk factors that have been neglected in these big systematic reviews. And one of these is the impact on confidence and wellbeing of caring for a baby who's unsettled, by which we mean a baby who cries a lot and is difficult to soothe or comfort, is generally dysregulated in their sleeping and feeding behaviours. And we know that caring for a baby like this can really lead a woman to feel very incompetent and demoralised and unskilled. And it's also a problem if, as a couple, they don't have strategies for working out who does what in a way that feels fair.

**Prof Jane Fisher (00:31:03):**

And often what happens is they revert to very fixed gendered stereotypes about the division of labour. But most couples nowadays don't want to do things in that very traditional way. And definitely women say they want to share the unpaid work in ways that were different, often, from how their own mum and dad did it. And the last one that we believe is relevant is that the home as a workplace is not dignified with the language of work, and nobody brings occupational health and safety provisions to the consideration of the home as a workplace. We know that in every other workplace, there's a lot of consideration of the impact of fatigue. In particular in a workplace where there are shifts, where there's emotionally important work to be done between midnight and 6:00 AM, where the work involves disruption to normal circadian rhythms, and that this can lead to really disabling occupational fatigue, and to an experience of what's called 'shift work sleep disorder', which is associated with irritability, low mood, poor concentration, some of the other things that we see among women who've recently given birth.

**Fiona Darling (00:32:19):**

Great.

**Prof Jane Fisher (00:32:20):**

So we would argue that these risk factors are ones we might be able to do something about.

**Fiona Darling (00:32:25):**

Yeah, fantastic. So really new ways and different ways, different ways of viewing the risk factors that are modifiable.

**Prof Jane Fisher (00:32:32):**

Exactly. And of realising that this is something that, in every encounter with a patient in our care, or with a group of women if you're facilitating a first time parents group, these are things that it's very helpful to raise people's awareness of, but then also to give them skills to address.

**Fiona Darling (00:32:52):**

Fantastic. And, Jan, I know that that probably makes a lot of sense to you, but could you also talk to us about some of the other ways of understanding and responding to women who are experiencing anxiety and distress after having a baby?

**Jan O'Connell (00:33:08):**

Yes. Well, this leads in well to what Jane was saying, because we know that every parent experiences at some stage, to some degree, anxiety or low mood. The fantasy or the imagined idea of what parenting will be is quite different to the reality. And by saying these things to parents when I see them, it actually helps them to open up and talk about it, because you're not asking them, you are telling them what is normal, what so many other parents do, that life can be very much the same from one day to the other because you're doing the same jobs, the same things, over and over again. It's the sameness of it. That there's a tiredness beyond what they ever could have thought possible, that they can't recover from and just go off and have a good night's sleep, or sleep during the day. That there's little time for their own interests, and that there's frequently a lack of that structure that they've had in their paid work that is really quite frustrating when they have a little one that does keep changing its patterns and may be not sleeping very much at all.

**Fiona Darling (00:34:21):**

Ruining the rhythm.

**Jan O'Connell (00:34:23):**

Not having a rhythm. That would be wonderful for them. So it's not surprising that parents do have times when they really do feel very overwhelmed, and they feel frustrated, feeling that they're not coping as well as they used to, and they blame themselves a lot for a lot of things that really are unnecessary and not blame worthy. So providing that opportunity for parents to talk about it, where you listen, you don't put a judgment on them, you allow them to speak, you normalise, it really does help to bring these sorts of issues out. And so often it is around an unsettled infant. And that can be at any age, because they have unsettled times really for probably the first three years, very intensely early, but it continues.

**Jan O'Connell (00:35:13):**

So listen to what they're saying, and that's when you can provide the information that really is going to build their knowledge base. To build their skills so that they can manage these problems in a positive way. The What Were We Thinking app is going to be really good for this. And I do, I used it today with one of my families who I did an Edinburgh Scale with, she had a score of nine, and it just led beautifully into some of these things that she can now take home.

**Fiona Darling (00:35:46):**

And we'll talk about that.

**Jan O'Connell (00:35:47):**

Which we will talk about.

**Fiona Darling (00:35:49):**

And we have had a couple of questions about the Edinburg Postnatal Depression Scale and the Whooley Questions. So we'll try to refer to them and provide some answers in the follow-up in the recorded version. Now, Jan, you also brought in a story with you, so if we can introduce Kate and Lee and Molly, and then we can talk about some of these new ways and how we apply them, which everybody wants to know about.

**Jan O'Connell (00:36:15):**

This is the first born child for Kate and Lee, and she was born five weeks early. Molly was finishing work that week but hadn't quite made it, so she wasn't fully prepared. So it was an unexpected expected delivery. So being very small, she only weighed well under the three kilos. And so she was in special care nursery for three weeks, just to put on some weight and to establish the breastfeeding, which didn't come easily, as is the case with so very many women. And at seven weeks, things had been going well up until then, but then Molly was changing in her feeding and sleeping patterns, and they were losing any kind of predictability of what she had had before.

**Jan O'Connell (00:37:06):**

Kate didn't have a lot of support around her. Her mother had died five years earlier and she was really feeling the loss. While she had her parents-in-law, there's often nothing like having your own mother around at this time. And her parents-in-law and her father and new partner, while they were around, they were still a couple of hours away and weren't able to support as much as she thought they might've been wanting to. Lee works long hours, and travels interstate, and is often away a couple of days, and this is a very common story among families these days. And so it was leading to some relationship stresses, and some cross words, and Kate feeling guilty that she wasn't bringing in the income, and so life was getting a little strained in the household.

**Fiona Darling (00:38:02):**

You do have these couples and families that you always remember, and I thank you for bringing in some of your stories today. We will look at how we could address some of those solutions for your parents' stories. But before we get that, Jane, I'd like you to introduce, us at this point now, to your research with What Were We Thinking. What is it, what's it all about, and how do we know it's safe?

**Prof Jane Fisher (00:38:23):**

Well, What Were We Thinking really represents, as Fiona has said, a new way of thinking about these problems which we've been talking about tonight. And what my colleague Heather Rowe and I have done over the last 10 years is to develop this new program, in close consultation with our colleagues from general practice and maternal and child health nursing, and in early parenting services. And it seeks to address, very directly, some of these potentially modifiable risks, and it seeks to do this for everybody. So we presume that everybody has these higher learning needs when they have a baby, and that if they're given some of these skills and this information and knowledge at the life stage when they need it, then there's less likelihood that the problems will develop.

**Prof Jane Fisher (00:39:14):**

And so we talk about this, technically, as addressing some of the social determinants of these mental health problems directly. But the principles of What Were We Thinking is that we believe agenda-informed approach is crucial. And by this we mean that the work of caring for a baby, and running a household in which a baby lives, should be valued and respected as a very important form of work, and therefore it should never be referred to as 'not working'. And therefore, every opportunity should be taken to honour and value that work, and as Jan has already described, to really acknowledge how difficult it is and what a good job people are doing when they struggle to do their very best with it.

**Prof Jane Fisher (00:40:01):**

And what we have shown in this approach is that if you use psychiatric language, this can constitute a real barrier to participation. So we have found it's much more engaging for people if you talk about this as being a way of learning how to feel confident as a parent, and competent as a parent, and that actually promotes wellbeing. And so we argue that you don't always have to use the psychiatric framework in the approach that you take to people in your care.

**Fiona Darling (00:40:38):**

So if we looked at some of the factors or the real foundations that we've already talked to a little bit around unsettled infant behaviour and the intimate partner relationship.

**Prof Jane Fisher (00:40:50):**

So that's a very useful introduction. Thank you. So What Were We Thinking seeks to address two of the risk factors that we argue are potentially modifiable at this phase of life. And one is the impact on both parents of caring for a baby who is unsettled, with dysregulated sleep and who's crying intensely. And the other is, what they need to do together to adjust to their new roles and responsibilities, and to negotiate the unpaid workload, and the need to have leisure time that is either shared or given to each other freely so that they can reduce occupational fatigue.

**Prof Jane Fisher (00:41:35):**

And What Were We Thinking in the format that we have trialled it, and we've done two trials in community settings, is that routine care is provided by a Maternal and Child Health nurse who's been trained in these principles, and in this language and framework. But the part that's most powerful is a seminar offered to couples with their first baby, within the first six weeks after the baby's born. And adult learning approaches are taken to give them opportunities to work through a series of worksheets, and we'll be introducing these to you in a little while, that give them an increased emotional vocabulary, an increased way of understanding each other's changed needs, and gives them lots of practice at learning how to soothe and settle a baby in a way that's sustainable.

**Fiona Darling (00:42:31):**

So in doing that, is that, and the gender-informed nature of it, which I love as an approach, and challenging practitioners to think about the language. Disrupting gender stereotypes, how important is that and any advice on how to do that?

**Prof Jane Fisher (00:42:46):**

Well, we believe it's absolutely crucial, and stereotypes are not an intrinsically bad thing. They're a thing that we all hold, stereotyped views. But when they come out automatically, they can either reinforce things as they are, or they can be used to give people a new way of understanding and thinking. The example that I always find telling is that women are often asked at this phase of life, 'When are you giving up work?' or, 'When are you going back to work?' with the clear implication, in that question, that what you're doing is not work. And that suggests that somehow it's a leisure activity, you'll have a lot of discretionary time, and it's not respectful of the work of mothering. So it can be very different to a woman to be asked, not, when are you giving up work, but when are you starting work as a mother? And that simple reframing can lead her to think in a new way, and can lead to a new conversation with the health professional.

**Fiona Darling (00:43:46):**

And the partner as well.

**Prof Jane Fisher (00:43:47):**

Absolutely. And so really to use these opportunities to get people to think and express themselves in a new way. One of the others is that women are often told just to trust their intuition. And, in my opinion, in no other really skilled activity would we say 'trust your intuition'. And I think that it's especially difficult for a woman whose own experience of being mothered was actually unhelpful, or insensitive, or possibly even harmful. And to tell her to trust her intuition can really be distressing. She can really feel 'I don't know what to do, I know I don't want to do it the same way as was done to me, I want to do it with more sensitivity, care and skill'. So I think it's immensely helpful not to use that language, not say, ever, 'trust your intuition', but to say, 'What is it you need to know, and how might we help you learn how to do that?'

**Fiona Darling (00:44:47):**

Yeah. Because it is something that women are often told or feel, 'you'll know what to do', 'it'll come naturally to you', but that's often not the case. That's great. So how do we know What Were We Thinking works?

**Prof Jane Fisher (00:44:59):**

Well, we've recently published, and if anyone is interested to look at the paper, it was published in a journal called BMJ Open earlier this year.

**Fiona Darling (00:45:10):**

It's in the Resource tab.

**Prof Jane Fisher (00:45:12):**

It's in the Resource tab. So we conducted what's called a cluster randomised control trial, in collaboration with six local government areas in Victoria. And we assigned 24 maternal and child health centres to provide usual care, and 24 provided usual care plus the full What Were We Thinking program. One of the things we learned through this was that while many men said they would come to the seminar component, in practice, fewer than half actually came. So what we found in our comparisons was that when we made a direct comparison between the two conditions, it did have a direct benefit for anxiety. Anxiety was significantly lower in the group who had the What Were We Thinking program, and their own self-rated health, which means their fatigue was also significantly better. But when we compared the group who had the seminar, plus the care from the nurse, plus the print materials to take home, there was a very markedly lower prevalence of common mental disorders in the group who received the program, compared to those who had usual care. And this is the first time that an approach, a preventive approach, applied universally, has been shown to have such a powerful impact.

**Fiona Darling (00:46:38):**

Fantastic.

**Prof Jane Fisher (00:46:38):**

So we looked at the mechanisms. We found that indeed it did improve interactions between members of the couple. There were fewer of the critical controlling exchanges, and they were making greater use of the infant care strategies that Jan has been talking about. We looked carefully if there were any adverse impacts on breastfeeding or the mother–infant relationship, and we found no difference between groups. It did not have any harms of those kinds. So we feel now really very confident in saying this psychoeducational approach, which means a combination of providing support and education, is a very helpful approach to take to improve mental health in the early perinatal period.

**Fiona Darling (00:47:25):**

And because of that effectiveness and that research and your work, that's brought us here with funding with the e-mental health strategy into these resources, which we'll get to now. Because Jan, you have been trained in the maternal, in the What Were We Thinking program, so if we now go back to the stories that you've both brought into tonight and we look at Kate and Lee and Molly. If we, now I'd really like to get to demonstrate this resources and the worksheets for the audience. Can you talk us through some of how you would use the resource and the information for the couple?

**Jan O'Connell (00:48:04):**

Yes. There are many ways that you can use the app for this, because there are many resources, so many resources that you will find in there. And you keep delving and you keep finding more wonderful ones. You can go in and look at the particular things that you want. So for Kate, Lee and Molly looking at—

**Fiona Darling (00:48:27):**

Would you like to show us?

**Jan O'Connell (00:48:28):**

Yes, definitely.

**Fiona Darling (00:48:29):**

So we've got the app with us there.

**Jan O'Connell (00:48:35):**

Now where I like to go in for this is the 'things to know', and going, for this family, going to the 'crying, settling and sleeping' because in there you can go in and get, for example, for the 'settling your baby', there's—

**Fiona Darling (00:48:54):**

So these topics for the baby, it's the one with these symbols?

**Jan O'Connell (00:48:57):**

Yes. Each one has something that is very useful. So you can go in and out of different things to get different resources that you want. So for example, if you went into 'settling your baby' and you went onto that section there, you can go down and you can find some information that tells you about sleep. You can then go down and have a look at some videos which are very helpful. You can go into the settling activity, and you can click on a worksheet, here, and it goes into—

**Fiona Darling (00:49:39):**

So can parents do that within the app?

**Jan O'Connell (00:49:41):**

Yes, they can.

**Fiona Darling (00:49:41):**

And you use that within your practice for them to complete?

**Fiona Darling (00:49:44):**

Yes, I do. What I frequently do is to ask them, show them this, how to navigate through this, and to get them to go home and fill this in at a home, with their partner, so that they're both involved, they're both understanding, because both of them are going to be wanting to be able to settle their child. And for something like this—

**Fiona Darling (00:50:06):**

So mum can fill in that, if I'm doing this right, and then dad can fill his in, and he can get his responses. We click those, for example, and then we can compare. And then that's something that then you could work with with those compared responses in the worksheet.

**Jan O'Connell (00:50:22):**

It is. And also, parents may see different things in their own child, and so both parents are going to bring wonderful things to the relationship, and to their child. So being able to describe that, they're actually supporting and teaching each other and learning as they go along. So it's wonderfully interactive for that.

**Fiona Darling (00:50:42):**

What else do you like to use in the app?

**Jan O'Connell (00:50:44):**

The other things that I really enjoy are the quizzes. There are a number of quizzes throughout the app.

**Fiona Darling (00:50:55):**

So that's the symbol for the quiz?

**Jan O'Connell (00:50:57):**

Yes.

**Jan O'Connell (00:50:58):**

And it's by week-by-week. And so I can see it's got the topics and the themes.

**Jan O'Connell (00:51:06):**

That's right.

**Fiona Darling (00:51:07):**

And is there one that you particularly like?

**Jan O'Connell (00:51:11):**

Yes. Which one? This one is a very nice one of 'what have you been doing all day'? And there's a number of questions. What I do like about the quizzes is that they're thought provoking, but they feel very safe to do. There is nothing that you think, oh, I wish I hadn't said that. As you go through you think, oh, this is actually interesting. And so there's not a lot of them to go through. And at the end there's a nice little piece that sums it up for you. And then there are also additional resources that you can go into. And Jane, I love many of the articles that you have written in that. These are great, the articles, because they're fabulous for health professionals, being able to use some of the words that you have come out with, to be able to talk to parents, to be able to understand what's going on.

**Fiona Darling (00:52:09):**

Fantastic. So do you find it quite easy to use?

**Jan O'Connell (00:52:14):**

It's very easy to use. And the more you use it, the more you become familiar with it, and the more you find. So I'm constantly finding new things and I've been using it for quite a long time.

**Fiona Darling (00:52:26):**

There is a lot of content in there, I can vouch for that.

**Jan O'Connell (00:52:31):**

And then before you know it, I've spent a lot of time reading a lot of things. Today, I actually used it with a family, that family and I was telling you about, and I was directing her through to part of this where it goes into talking about the crying and the purple crying link. And so there's, suggesting that she gets her husband to read it, because she's going to be too tired. But that's a way also of bringing that knowledge into the family and being able to understand it at the time that it's most relevant to them, because they're searching, parents are searching for information. They're going to many places where they're not getting correct information. And this is evidence-based, it's up-to-date, and it's very readable.

**Fiona Darling (00:53:21):**

Fantastic. So in summary, if we looked at, talking about Kate and Lee and Molly, we'll just talk about some take home messages from them.

**Jan O'Connell (00:53:31):**

Yes. For them, they need knowledge and skills to raise Molly. This is their first child, they don't have them. They're willing to learn them, but you need to be able to fill in those gaps for them so that they can feel competent and confident, and to provide that safe, secure place for her to grow up in. The relationship with the parents, there's a new language, as you were saying, about how to speak to each other. How to change this, accommodate and adapt to the very big difference there is between being partners and being parents.

**Fiona Darling (00:54:09):**

So much adjustment.

**Jan O'Connell (00:54:10):**

So much adjustment, and it's constantly going on. This app has a lot of wonderful quizzes and worksheets in there that actually nicely support the parents through that.

**Fiona Darling (00:54:22):**

And as you say, it's not in that psychiatric language. So it's an easily accessible language that doesn't make, keeps it simple and accessible.

**Prof Jane Fisher (00:54:31):**

And what we hope, and I think what you've described so well Jan, is that it has meaning for everybody. It's not just for a particular group who might be having difficulties, it really says this is something that concerns us all, and would be useful for us all.

**Jan O'Connell (00:54:45):**

Very much so.

**Fiona Darling (00:54:46):**

Thanks for demonstrating that. I'd like to go to Deirdre now and talk about Petra and Chris, and if we are looking at the resources, I know that you've got some of your favourites that you like.

**Dr Deidre Bentley (00:54:58):**

Yes. I mean it would've been wonderful for Petra and Chris to have had that early intervention as part of the program, wouldn't it? Because they might not have gotten to be quite the state that they were in when they came to see me. But yes, I actually like going to week-by-week, the week-by-week part of the screen. So is that going to be on the screen?

**Fiona Darling (00:55:16):**

Yep, that's on the screen.

**Dr Deidre Bentley (00:55:18):**

And so, week-by-week. So in particular for Petra and Chris, there's some things in week 12 that I just know that they're in week 12. You get used to it, as you say, the more you know, the more you know where to find things.

**Fiona Darling (00:55:30):**

So you like searching week-by-week and you go through things to know and things to do?

**Dr Deidre Bentley (00:55:35):**

Yeah. And because the week-by-week things seem to be really specific and really apt for that particular—

**Fiona Darling (00:55:42):**

Yeah, because three months old isn't she?

**Dr Deidre Bentley (00:55:44):**

Yeah. So she's 12, 13 weeks. And I like the losses and gains one, which has, you can go into that. It's got the, it's about what we were talking about before about the new reality of 'it's so different', 'who would've thought that it would be like this?' Nobody can actually tell you what it's like to have a new baby, can they? But this one, with the quiz and the video, is a good one to look at. And then, also in week 12, there's also about labelling your baby, and it goes into, with various activities, it goes into just about how every baby's different. And as we all know, just because your first two children have not been like this, then baby number three can be. And that was the case with Petra and Chris with their third child as well.

**Fiona Darling (00:56:35):**

So is that divided up? The couple is obviously, that's information every week for couples, and then, so every week you get something for the parents and then something for the baby?

**Dr Deidre Bentley (00:56:46):**

Yep, exactly.

**Fiona Darling (00:56:47):**

Fantastic.

**Dr Deidre Bentley (00:56:48):**

And then the one that I love, which kind of matches in with your 'what have you been doing all day' is the video, which is in week 13. And I think it should be mandatory viewing.

**Prof Jane Fisher (00:56:58):**

This is my favourite.

**Dr Deidre Bentley (00:56:59):**

It's my favourite video.

**Prof Jane Fisher (00:57:01):**

Agree with you.

**Dr Deidre Bentley (00:57:02):**

And it's a video which you can go to by going to, doing that. And then down to the video, we won't show the video, but I encourage you all to actually have a look at it because it's a brilliant, brilliant video.

**Fiona Darling (00:57:11):**

We did send that in the link in the pre-reading.

**Prof Jane Fisher (00:57:14):**

Interestingly, we've shown that video in different countries where people don't even necessarily speak the language, but somehow what it conveys has value for people everywhere.

**Jan O'Connell (00:57:24):**

Everyone will recognise that.

**Prof Jane Fisher (00:57:26):**

Exactly.

**Dr Deidre Bentley (00:57:27):**

And the other bit of the app that I really find really useful as, so there's bits for parents, but there's also for GPs, is the support page for both parents and GPs. And that's sort of divided into state-by-state. And it's just brilliant, because, say for example, in Western Australia, it's got the various phone numbers there in big letters, so it's easy to access, easy to read, and it goes through all the different ones, the different states. And as well, it includes the reminder that there is the triple zero.

**Fiona Darling (00:58:03):**

And there is also the journal, isn't there?

**Dr Deidre Bentley (00:58:05):**

Absolutely.

**Dr Deidre Bentley (00:58:05):**

Like if people can make use of, in a lot of the activities, prompt people to record some reflections on the activities that they've been guided. So people can write responses to that, and then they can share that with you. So they could email that to you and you could talk about that in your discussion as well. So it's interesting to know, you've got things to know and things to do, which you like to use, Jan and Deirdre, you like going through week-by-week. And also all the videos that are selected there, that's another way that you could find that video, 'what have you been doing all day'. And if you wanted to share that, if they didn't have it with you, you could share it and you can send it to Petra and Chris either by SMS or on email, or across social media. So fantastic. So there's some solutions there that we could look at. Use this e-resources, through Jane's research in your workshop and the research that you've developed, practical applications for referring parents to it, either going through it with them while you're with them or sending them home and hoping they're using it. Yeah.

**Prof Jane Fisher (00:59:16):**

I think that's the really remarkable thing about the e-resources is they increase enormously. So at the moment nobody's offering the seminars, because they were done within a research context, but these resources make that widely available to people.,

**Jan O'Connell (00:59:33):**

And I find it's a very good way of bringing the fathers into the discussion and into feeling comfortable about learning as well, and practicing, without someone looking over their shoulder and them feeling uncomfortable about it.

**Fiona Darling (00:59:47):**

Great. And I think one of the most challenging things is though, is that because it is for six months, so the app really carries through week-by-week information, that there is a lot of content available within the app. And I think it's challenging for health professionals to know exactly where the content is that they're looking for. So we have a slide that I know you can use as a desktop prompt, as a tool, that really breaks it down into the six key themes, Jane, of the What Were We Thinking, and the topics and where the interactive worksheets are. So that can be a go-to reference guide.

**Prof Jane Fisher (01:00:21):**

Exactly. And I think that really does make it easy to talk about and easy to point out where people might go to find that particular bit of information that might be useful.

**Fiona Darling (01:00:31):**

Great. So, Jan, we've heard about how health professionals and practitioners can use the app and the worksheets and link to the quizzes, but I also know that as a trained What Were We Thinking nurse, and you're also a blog moderator for us, that was another resource that we can refer parents to make use of. Can you tell us a little bit about the blog, and we'll guide people through with a demonstration if that's okay?

**Jan O'Connell (01:00:59):**

Certainly. The blog is something, an application where parents can write in to, and put their thoughts and their experiences, which others can read. And is it is professionally moderated, which means that there is either a Maternal and Child Health nurse, Jane, or someone else who has skills and training in this area, who are able to reply to what a particular person has said. Bringing in also the What Were We Thinking principles and ideas and helping them to guide through that. Parents can go in, health professionals can go in, and there's a range of blogs that people can go into and get a sense of what it is like for other people. So a lot of good normalising can happen. People don't feel alone. They can see that their experience is also other people's experience.

**Fiona Darling (01:01:57):**

So it's broken into the topics as well, and stages. So parents can search by age and stage-related information, or those topics. So if I just choose one here that we can have a look at with the audience. What you give up when giving a baby.

**Jan O'Connell (01:02:12):**

Yeah. This one I like very much. It's quite a recent one. It's written by a father, and it's his experiences, and they can sometimes be quite different to a mother's experience. And it's wonderful for fathers to be able to read what someone else has said, and to feel that it's okay for them to feel that way too. It gives a lot of permission. The response has then been given by one of the moderators, and going through and replying directly to that person. So while it's a direct reply to that, which is always very positive and can add a little bit more knowledge, a little bit more skill development, a little more pointing to resources or supports if that was required, we can then link through to different resources that can be used, and anyone can go in and read these things at these blogs at any time, which is, they're so accessible.

**Fiona Darling (01:03:13):**

Yeah. And Jane, did you have anything to add about the blog?

**Prof Jane Fisher (01:03:16):**

Look, I think this is absolutely the way of the future, that people are using online resources, e-resources in new ways. I think sometimes as practitioners it can take us more time than it does for people in our care to use these, but I think what we know from the use of the blog is that people are finding it helpful in the ways Jan's described. That being able to read someone else's words and recognise your own experience there, and then to have the wise voice of a maternal and child health nurse or GP helping you understand what might be taking place here, what you might be able to do about it. As you said earlier, Jan, in a nonjudgmental way, just a really quite an affirming, educative way. I think it is a remarkably helpful.

**Fiona Darling (01:04:07):**

And it's written in the own voices of the parents.

**Prof Jane Fisher (01:04:09):**

Exactly. Very much.

**Fiona Darling (01:04:09):**

So we have, I think there's over 200 posts on the blog from different parents that have shared their experiences, their trials and tribulations, in their own words, the raw nuts-and-bolts of what they've been going through, with the professionally moderated response. And then links to the What Were We Thinking worksheets, to add support or further links as well to other useful resources. So it is a longer read than something shorter than the app, but really beautiful stories and expertise to draw on.

**Prof Jane Fisher (01:04:39):**

Exactly.

**Fiona Darling (01:04:40):**

Yeah. Fantastic. So we hope then that you've been able to see a little bit around the What Were We Thinking app, and I hope you've been able to download it and have a play with it as well. In the Resource tab we do also have a 'how to use' guide for health professionals, so you can find out a little bit more about it. The blog also, as we've seen, is a great place that you could refer parents to if they were wanting a little bit more reassurance with that professionally moderated responses and support. Jane, we know that the face-to-face program that you've been involved with for so years has been proven to be really effective. But what do we know around the evidence of these kind of new e-mental health resources around?

**Prof Jane Fisher (01:05:26):**

Well, I think in general we know that by user downloading, but also by user feedback, that people are finding them relevant, helpful, engaging, interesting. They haven't yet been tested in perhaps some of those clinically gold standard ways. But I think because the content is derived exactly from the program that we have evaluated and tested, that we feel confident in saying that these are safe. We don't believe that they're harmful, but that they should be used within your clinical care, within the relationship that you build as a healthcare provider. And that it's very helpful to a family, if they're using this at home, to be able to come in and ask you your views about it, and for you to have formed an opinion about what's the best approach to settling an unsettled baby, what are some of the helpful approaches to dealing with arguments and conflict at home, what are some of the things we need to do if there's tensions within our family or if we're lonely or isolated. I think used in that collaborative way, we think it can be very helpful.

**Fiona Darling (01:06:37):**

And I like the variety of learning opportunities as well. Depending on your style, we know that parents are really time-poor, and sometimes it's just a bite-size video, they might want to, sometimes they might be wanting involved with a bit more of a longer content or an activity, depending, in support with their health professional. So I mean, Deirdre, did you want to add anything more about the resources?

**Dr Deidre Bentley (01:07:05):**

I think one thing I would add was in the blog, I think it's actually a really good resource for health practitioners too, to actually look at what other ways people are dealing and advice that they're giving. And so just expanding your horizons outside your own sphere a bit. So it's a very good educational tool for GPs.

**Fiona Darling (01:07:28):**

Yeah, and it can be on the iPad as well. Everyone. Yeah.

**Dr Deidre Bentley (01:07:32):**

That's right. It's good to know what other people are doing, isn't it?

**Jan O'Connell (01:07:37):**

It is. We often don't know.

**Dr Deidre Bentley (01:07:38):**

Exactly.

**Fiona Darling (01:07:39):**

I think not just for parents but for health professionals, there's a lot of information out there, and sometimes that's really overwhelming as well. So in terms of, where do you send people to? Having that evidence-informed background to it, and that research, hopefully it's a resource people, you can rely upon with confidence.

**Dr Deidre Bentley (01:08:00):**

And it's a resource that's available 24 hours a day, unlike, as long as you've got internet connection, which is, something of an issue. So you feel as though you're connected to other people dealing with the same problems, not only as a parent but also as a health practitioner.

**Fiona Darling (01:08:19):**

Fantastic. So as I said in the introduction, with so many amazing registrations, we have had a lot of questions, and there are still a lot of questions coming in now. So I'd really like to leave this in the next 20, 15 minutes or so to address some of those. So I might start, Jane, by asking you, because a lot of questions we had around dealing with reluctance or resistance when parents or mums aren't either acknowledging where they're at, or open to support, that can be a real challenging thing. What do you say in that situation?

**Prof Jane Fisher (01:09:01):**

Well, look, I think this is a very common experience, and if I encounter someone having this experience, I usually form two hypotheses in my mind that I want to try and explore in conversation with them. The first one is that if somebody seems very reluctant to talk about what they're experiencing, and to actually hear what you are saying in response, I usually believe, first of all, perhaps it's that they lack the words to describe their experience. So I often find in that situation it can be helpful to use a statement followed by a question. I've met lots of people with a new baby, and I often hear this kind of experience. 'What's it like for you?' And sometimes people really respond to that and I think Jan gave us an example a bit like that before. So sometimes realising that people might need your help to give them the words that they need to describe their experience.

**Prof Jane Fisher (01:10:01):**

But the other thing is that it can be very hard for people to trust others. And it can be especially hard at this phase of life. And if someone's having difficulty trusting you, it tells you something about what their day-to-day experience is, and that it's hard for them to trust generally. And usually for them, I think it's more powerful for them to experience what you do rather than what you say. So in those experiences, for them to experience you as affirming, and encouraging, and as demonstrating interest in them and interest in their baby, and then to invite them to come back and perhaps come back often, can be extraordinarily helpful. And usually it's through that slow bit-by-bit process that someone will find you someone trustworthy and helpful. And I think if you can couple that with some of these small bits of information as suggestions of things you might try, if someone finds it helpful, the chances are they're likely to come back and see you again. So to regard it as a slow process of building a trusting relationship.

**Fiona Darling (01:11:07):**

That's really great advice. Did anybody else want to add anything to that, or? Another question that we also get asked a lot about is bonding and attachment with the baby at this time. So I'll just open it up to anybody, but how can you strengthen emotional attachment while you are caring for a mother that might be experiencing anxiety or depression?

**Jan O'Connell (01:11:34):**

I'll start. I think there's a couple of ways that we look at, particularly, and one is to check in to see how a mother is enjoying parenting, and get her to talk about a little bit, because often it is felt to be quite a bit negative. So if you can ask, 'What are the sorts of activities that you like doing with your child? And what are the sorts of things that she likes to do, and how does that work?' And you can really start to change the language. You can start to do some role modelling so that she gets an idea. She may not know how to play with a child, many parents don't, you can't assume that all of these things are known.

**Jan O'Connell (01:12:18):**

So we're in a wonderful opportunity to provide that role modelling. And the other thing is to point out when the child is trying to connect with the mother. When he's reaching out with the cues of looking at and smiling and trying to get that reaction back, and pointing out that this child is loving you, is just falling in love you, and is trying to get that, and how important you are in the life of your child. And that is going to do so much for the child's growth and development as they get older.

**Dr Deidre Bentley (01:12:55):**

Yes. And saying things like, 'You'll never be loved by anybody else like this child loves you.' And the response you can get from mums by just saying that is sometimes very overwhelming. And I also think it's important if women are having problems bonding, to just say that it doesn't always come naturally, as we all know, sometimes it takes time, and giving them that permission to talk about it or the permission to open up. And they're often quite relieved about that, 'Actually, I don't feel I've bonded with it and I'm so glad I can talk to you about it, because I'm scared to talk to anybody else about it.' And giving them that permission to take the time to let that bonding grow, that it doesn't always happen as soon as the baby's born, or it can sometimes take time and they need that time and space to heal a bit too.

**Fiona Darling (01:13:51):**

Yeah, I think giving permission is a good one.

**Prof Jane Fisher (01:13:53):**

I think sometimes if someone says they don't feel bonded with the baby, it can be helpful to just ask, well, what does that really mean? You've got your baby with you, you took your baby home from the hospital. You clearly are protecting and caring for your baby. And often what they really want is to feel more warmth, more confidence, more skilled in looking after the baby. And helping them understand that nuance. It's not that they haven't bonded, it's that they would like to feel different in that relationship.

**Prof Jane Fisher (01:14:24):**

I think it's always important to acknowledge that ambivalence characterises all the important things in our lives. And you shouldn't expect only to feel joy, only to feel affection. There might be times you have mixed feelings about the baby, and that that's normal. It's not good, though, if you act on those. And the other thing is I think it can be very, very powerful to encourage them to allow the baby to look into their eyes. Not to hold the gaze too long, but that is a very powerful experience, just to allow the baby to look at them.

**Jan O'Connell (01:15:02):**

And I think one other thing is to get some supports in there for the mother. Because if the mother is overwhelmed or other things that are happening in life that are making her not very available emotionally, then she doesn't have a lot to give to that child.

**Prof Jane Fisher (01:15:16):**

If she's distracted or preoccupied.

**Jan O'Connell (01:15:18):**

Yes. So some opportunities that can support the baby, but opportunities to help the mother, and that will then also help the wellbeing of the child.

**Fiona Darling (01:15:27):**

And another question we got asked a lot is around lifestyle, diet, exercise, other avenues for supporting women at this time, that might also be e-resources or medication, but just kind of general—

**Dr Deidre Bentley (01:15:43):**

Absolutely. I don't think you can ever underestimate the effect of lifestyle on so many aspects of our life. The suggestions such as getting out in fresh air and putting the baby in the pram, doesn't need to necessarily be a sunny day. Babies don't melt in the rain, they will survive. And the effect of the vitamin D, mental health, the meditative effect of just pushing that pram down the street, and it's just all, you can't underestimate it. And also as we, as lots of our Jean Hailes resources have with the lovely Sandra Villella, the rainbow diet, so eating really healthily in that period, even though that sometimes can be quite hard, I think it's really important for the new mums.

**Fiona Darling (01:16:30):**

And Jane, you talk a little bit about that, and in the app there's some content around, as Deidre was saying, about panicking or worrying about going outside in the rain with the baby, or going to the shopping centre and catastrophising, and then those thoughts and actions and how they all interact. Is there something you'd like to say?

**Prof Jane Fisher (01:16:50):**

Well, I think this really is a phase of life when it can be really useful to learn to recognise the thoughts that precede very intense experiences of anxiety, and to remember that that's the one bit we can change. And that disasters are very rare, but when you are caring for a baby who's very dependent on you, you can really fear that a disaster's about to happen. But it can be very important to recognise that, and to reframe it and say, 'There's not going to be a disaster here. I'm finding it difficult, but if I practise doing it, if I get some education, I will find it easier to do it.' And generally, that then leads to a reduction in anxiety. And always the rule with anxiety is 'avoidance makes it worse'. So if you're worried about going out with your baby for the first time and you don't go, that's going to make it worse the next time. If you're worried and you somehow get the car seat put together and you do go, it will be less next time.

**Fiona Darling (01:17:53):**

And that's some of my favourite content in the app, that managing worry and thoughts, feelings and behaviours and those interactions, so, lovely. Deidre, did you have something? No, that's fine. I do want to just go to a couple of these questions that we've had come in, and thank you to everybody for sending them. There's lots coming through. Now, What Were We Thinking, Jane, it is for designed for couples.

**Prof Jane Fisher (01:18:16):**

Yes.

**Fiona Darling (01:18:16):**

What about single parents, or somebody that doesn't have support, or culturally linguistically diverse parents, how can we support them?

**Prof Jane Fisher (01:18:26):**

Look, it's an excellent question, and this is one of the things we are very conscious of. Not only has it been framed for couples, it is described as being heteronormative in that we haven't included enough yet about diverse families which might have same-sex parents, or be in other family constellations. If we can encourage you, this is what we are seeking to do in the future. But nevertheless, people of these diverse family types have used it and said that they can take the intent and apply it. I think that we were conscious of the impact of what it's like to be single in a very coupled world. So there is specific content about going it alone and what that experience is like, and how in that circumstance there has to be much more intentional reaching out to others. And it's where your peers and your own parents become even more important, and that it's very crucial to try to minimise the kind of isolation that you can experience if you're on your own with the baby. So really being very active about making friends and participating in mothers groups and music groups and activities that bring you into contact with others is, I think, crucial at this life phase.

**Fiona Darling (01:19:50):**

And we did have a specific question, and Jan, I might throw this to you, around supporting a mum for example, from a cultural linguistically diverse background, who's new to a rural town, connecting her with supports. What would you say to the questioner that asked that? How would you go about supporting a mum in that situation?

**Jan O'Connell (01:20:12):**

Well, moving house is another of life's major events. And moving from another country where the culture and practice are completely different to where she's now living in a rural area brings around a whole complexity that adds to the ability to adjust. Having young children and trying to navigate the health system can be very daunting and quite frightening. In Maternal and Child Health, we're actually in a very good position to be able to provide information and links into the community, as well as supporting the health and wellbeing of the children. So we might provide additional visits for the family, so that we can support her both emotionally and practically in her parenting role, and into settling into the new community.

**Jan O'Connell (01:21:03):**

So getting to know a little bit more about her, getting to know about her background, her interests, can begin that relationship that builds the trust and that rapport. We might need to arrange for an interpreter so that she can fully understand what we're saying and we can understand exactly what her needs are. Having, again, those ideas about what her interest can assist in linking her into the local group. So it's services that not only meet her needs, but also some groups that might meet the child's needs, like the library where they have book reading, and there might be some music and those sorts of things which are great. Local churches are often a point of particular use for people from other countries.

**Jan O'Connell (01:21:49):**

Childcare might also be of use, just occasional, perhaps, childcare. And maybe some other families that we might know who are from the similar backgrounds, and link them together. Because we often know where these families are, as so GPs, and many other of you who will be working with her. She might feel reluctant to actually move into the community, particularly if she thinks her language skills are not good enough. Even though we may understand them well, it is so common that they feel that they're not enough. So maybe even trying to link her into some language classes. And finally, if possible, go with her for the first couple of times, or arrange for someone to go with her. It just eases that anxiety and helps her to get into the community. Once she's made links, it will start to build and build.

**Fiona Darling (01:22:40):**

And you've got the capacity to do that, to go along?

**Jan O'Connell (01:22:42):**

Yes we do.

**Fiona Darling (01:22:43):**

Yeah. That's fantastic.

**Jan O'Connell (01:22:43):**

Well, it can vary from place to place, but look, we usually can find a bit of extra time for, because it doesn't take long. And once you've got those roots just started, then they get roots and off they fly.

**Fiona Darling (01:22:57):**

So how important is it, when we talk about different professionals, and I know that we've got many professionals from different areas joining us tonight, from social workers to mental health nurses to community workers to GPs, allied health, psychologists, the list goes on. How can we best facilitate that understanding of each professional's services, knowledge and interlink? Is there a way that we can best go about finding out?

**Dr Deidre Bentley (01:23:25):**

It's a really good question. I think nights like this is a really good start.

**Jan O'Connell (01:23:29):**

And everyone has a part to play in this.

**Prof Jane Fisher (01:23:34):**

Exactly.

**Jan O'Connell (01:23:34):**

And the more that are able to assist and support, it's that 'village raising a child'.

**Prof Jane Fisher (01:23:44):**

I think one of the most valuable things is for health professionals to work together.

**Jan O'Connell (01:23:50):**

Most definitely.

**Prof Jane Fisher (01:23:51):**

And one of the things that people say is difficult is when they're given different advice by different people. So I think it's really important for all of us to try to ensure that we are not giving people conflicting advice. We're not disparaging a professional colleague, but we are making sure that, to the greatest extent possible, we are giving consistent messages to people about how they manage this phase of life.

**Jan O'Connell (01:24:18):**

And coming back to what I was saying before, this is where that app is very useful, because there's some very good pieces, gems of information, where any of us can pick up on that and start to use it, and we'll all start to have a shared language. It doesn't mean we have to have that exactly, but we can, by having bits and pieces of it, it really does support the parent to not have conflicting information.

**Prof Jane Fisher (01:24:44):**

Yes. Yeah, I think that's really crucial.

**Fiona Darling (01:24:47):**

Thanks Jan. We've also had a question around, we talked about supporting culturally linguistically diverse parents, young parents, single parents, but also around indigenous parents. And I just wanted to draw attention to that we have had an adaptation for indigenous parents in there. I've just got a little demo of it here. It's called Yarning about Parenthood and your Bub, and so that's a resource that's been designed through the What Were We Thinking work. To be used by health professionals. It's beautifully designed. So that is available on the Jean Hailes website to order as well. So thank you for whoever asked that question. You might like to go and order some, that's free to order as well.

**Fiona Darling (01:25:33):**

So I think, on that note, I might show you this slide, which just does talk about some further e-resources and support that we have at Jean Hailes. So all of these are available to you, to either download or order, free of charge, for your practice or workplace setting. From getting the worksheets, to your hands on the 'yarning about parenthood', the free postcards, infographics, posters, and the 'how to use' guide. So they're available on the website. And in terms of finding out more, you've got the links there to the Jean Hailes What Were We Thinking Website. You've also got a link to the program and training at the Monash University website, Jane's website. We also have a Vimeo channel for What Were We Thinking. And you can have a look at all the videos that we have within the app if you are looking for that kind of content.

**Fiona Darling (01:26:36):**

The Jean Hailes Anxiety website is also a fantastic resource to refer women to look at talking about worry, depression and anxiety. There's self-assessment tools there, and there's a particular section around pregnancy which you might like to use. And I would really encourage you, if you're not already subscribing to the monthly health professional updates, to go and do that, because a great resource for keeping up to date with the organisation. So at that point, I guess I had like to say that unfortunately we have run out of time. We'll have to wrap it up for now. And I'm sorry that we couldn't get to all the questions, but thank you very much to our panellists for joining us tonight. It has been lovely to have you with us. Thank you. I've enjoyed myself and I hope you have as well. As I mentioned, the recorded version of all of the resources will be available on the Jean Hailes website soon.

**Fiona Darling (01:27:36):**

As I said, you can order the range of supports, and if you'd like to find out more, you've been given the links. I also just wanted to quickly mention that we've partnered with the Black Dog Institute, who are running a webinar on perinatal wellbeing next month, on the 10th of November. So visit their website if you'd like to find out more. They're looking at more e-resources to help expectant and new parents. And Jane, you've contributed to that as well.

**Fiona Darling (01:28:02):**

Remember, if you are chasing your CPD points or certificate, please do the evaluation, which you can find at the bottom on the right, on evaluation tab. And really, thank you again for joining us tonight, for being part of the event, and we'll look forward to seeing you at the next event. And thank you once again to all of you. Thanks very much.

**End of transcript**

**Information about Jean Hailes for Women’s Health**

Jean Hailes for Women's Health is a national not-for-profit organisation dedicated to improving the health of all women, girls and gender-diverse people. For free, evidence-based and easy-to-understand health information, visit [www.jeanhailes.org.au](http://www.jeanhailes.org.au).

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