



# Perinatal Mental Health: Practical Screening and Support for Family Physicians

PANELISTS

Dr. Alison Shea • Dr. Milena Forte • Dr. Ariel Dalfen

WITH

Dr. Stephanie Zhou • Dr. Carrie Bernard

Ontario College of  
Family Physicians  *Thriving Family Physicians  
in a Healthy Ontario*

 Family & Community Medicine  
UNIVERSITY OF TORONTO

**Mental Health  
and Addictions**

January 28, 2026

Practising Well: Your Community of Practice

Please introduce yourself in the chat!

Your name,  
Your community,  
Your X (Twitter)  
handle

Interested in becoming a  
speaker at our CoPs?  
Send us an email with your  
name & topic(s) of interest to  
**[practisingwell@ocfp.on.ca](mailto:practisingwell@ocfp.on.ca)**

@OntarioCollege  
#PractisingWell

# Your Panelists: Disclosures

## Dr. Alison Shea

Relationships with financial sponsors (including honoraria):

- OCFP Practising Well CoP speaker
- Knight, Lupin, Eisai, Organon, Idorsia, Astallas, Bayer (honorarium)
- Knight, Lupin, Eisai, Organon, Idorsia, Astallas, Bayer (ad board)
- Pfizer (grant)

## Dr. Milena Forte

Relationships with financial sponsors (including honoraria):

- OCFP Practising Well CoP speaker
- University of Toronto (funded role as Postgraduate Education Lead, Office of Education Scholarship)
- Mount Sinai Hospital (funded role as Scholarship and Research Director, Family Practice)
- Federation of Medical Women of Canada (honouraria for consulting)

## Dr. Ariel Dalfen

Relationships with financial sponsors (including honoraria):

- OCFP Practising Well CoP speaker
- Better BRIA Inc (CEO and co-founder, owner)

# Disclosures

## Dr. Stephanie Zhou @stephanieyzhou

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Scientific Planning Committee
- Canadian Medical Association – Honoraria for practice management lectures
- Department of Family and Community Medicine (University of Toronto)
- Toronto Public Health – Board of Directors member

## Dr. Carrie Bernard

Relationships with financial sponsors (including honoraria):

- University of Toronto – Stipend for role in the Division of Mental Health and Addictions
- Ontario College of Family Physicians – Practising Well Scientific Planning Committee
- FPME – Medical Editor

Membership on Advisory boards or speakers' bureaus:

- College of Family Physicians of Canada – Past President of the Board of Directors

# Mitigating Bias

## Disclosure of financial support



This program has received funding from the Ontario Ministry of Health and in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto.

## Potential conflicts



N/A

## Mitigating potential bias



The Scientific Planning Committee (SPC) has control over the choice of topics and speakers.

Content has been developed according to the standards and expectations of the Mainpro+ certification program.

The program content was reviewed by the SPC.

# Practising Well Self-Learning Program

**The Practising Well CoP is certified for self-learning credits!**

Earn **1-credit-per-hour** for reviewing the recording and resources from **past CoP sessions**. The self-learning program is certified for up to 63 Mainpro+ credits.



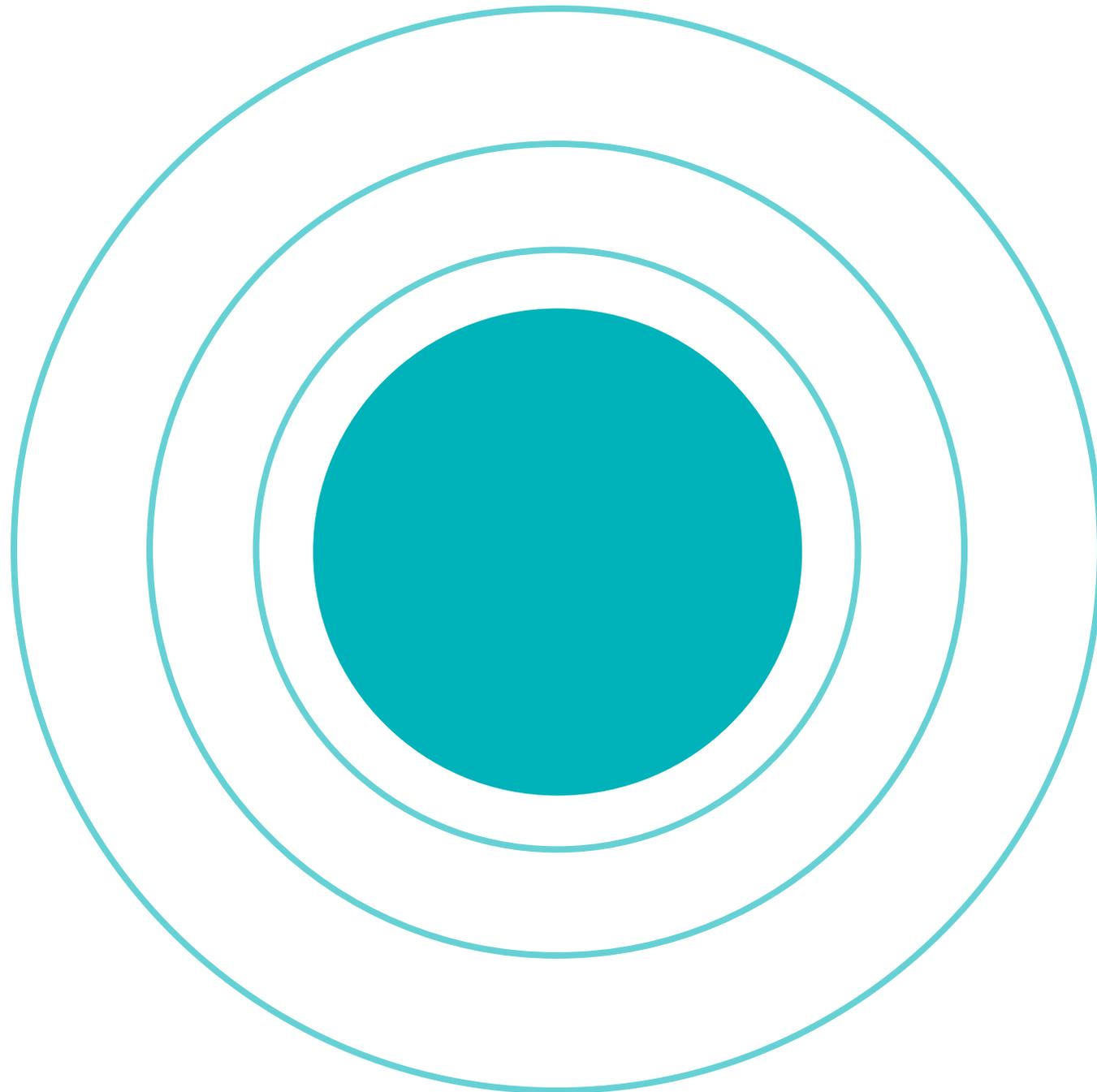
**Learn More and  
Participate**

# Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.



# Your Panelists



Dr. Alison Shea

Dr. Milena Forte

Dr. Ariel Dalfen

**Perinatal Mental Health: Practical Screening and Support for Family Physicians**

---

# **COP: Perinatal Mental Health**

*Alison Shea, MD, PhD, FRCSC*

---



# Clinical case #1

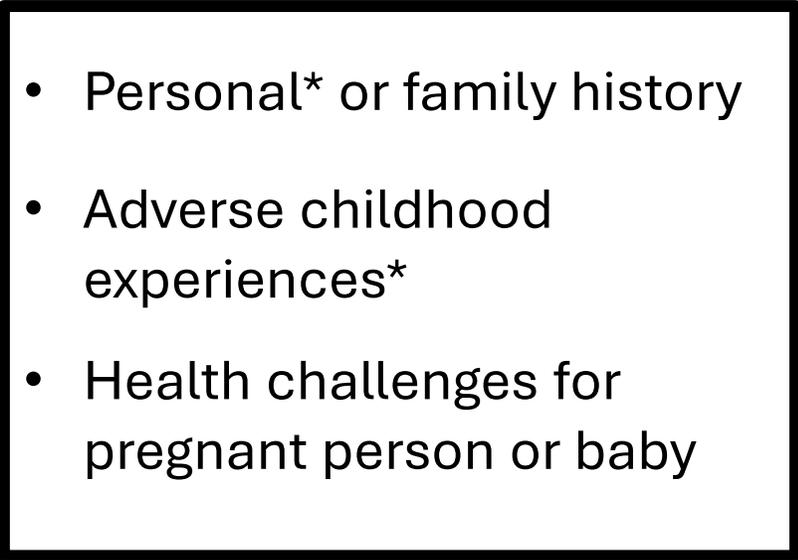
- Healthy 27 year G2P0 presents to your OB clinic for the first time at 14 weeks gestation
  - unplanned pregnancy
  - endorses history of major depression and generalized anxiety disorder
  - mood has been stable for the past several years
  - one past hospitalization following a suicide attempt after a relationship break-up
  - only medications currently : prenatal vitamin
- took escitalopram until about 5 weeks gestation when learned she was pregnant
- didn't discuss this with her family physician, nor did she taper down slowly
- She didn't want to expose her baby to her medication due to fears of heart defects and the baby "being born addicted"
- Her mood has been up and down. Her sleep has not been good; her appetite has been low. She has not gained any weight so far in the pregnancy. She is very worried about affecting her baby.



# Risk factors

## Generalized anxiety disorder

- Life changes / stress
- Lack of social support
- Poor sleep
- Depressed mood
- Intolerance of uncertainty

- 
- Personal\* or family history
  - Adverse childhood experiences\*
  - Health challenges for pregnant person or baby

## Major depressive disorder

- Fetal/newborn loss
- Substance use and/or dependence
- Unplanned pregnancy
- Intimate partner violence

# Risk factors

- Perinatal death or losing custody of the infant both increase the vulnerability for mental illness for the mother and additional monitoring and support may be needed (*strong, high*).
- For patients who have experienced trauma, education to help reduce fears related to childbirth should be provided (*strong, moderate*).
- A review of health history should be included in mental health assessments, and risk factors should be discussed during pre-conception counselling and/or during pregnancy (*strong, high*).



# Screening

Not everyone  
needs  
psychiatry!

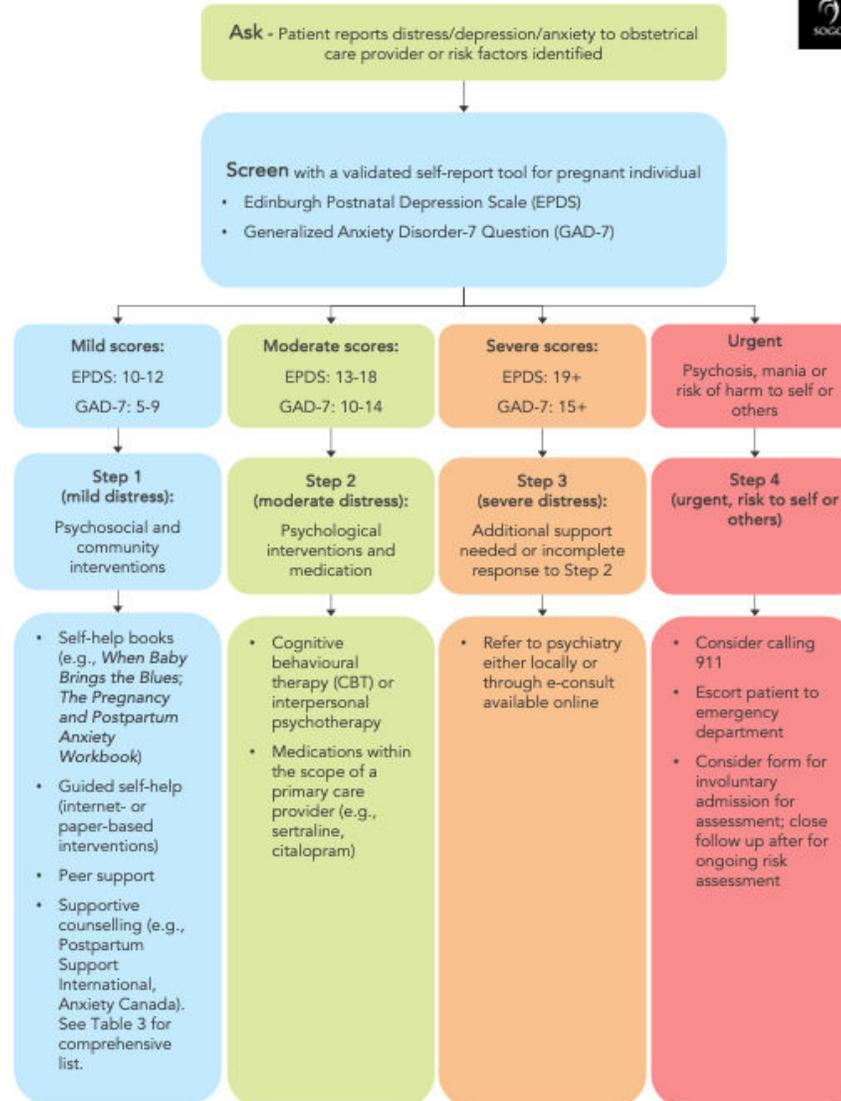
Perinatal care providers may be **the patient's first point of contact with the health care system** as well as the first health care provider to establish a positive and trusting relationship with them. They play an important role in identification, screening, and referral for perinatal mood and anxiety disorders (*moderate*).

Perinatal care providers **should inquire about** mental health status at each visit throughout pregnancy and in the first year following the pregnancy, especially in circumstances of perinatal loss (*strong, high*).

Screening should be complemented with a clearly defined, and locally tailored, referral process (*strong, high*).

Patients with risk factors for mood and anxiety disorders should be screened at least once during pregnancy and once during the postpartum period using a validated screening tool (e.g., Edinburgh Postnatal Depression Scale, Personalized Health Questionnaire- 9, Generalized Anxiety Disorder-7) (*strong, moderate*).

# PATHWAY



# Edinburgh Perinatal/Postnatal Depression Scale (EPDS)

For use between 28–32 weeks in all pregnancies and 6–8 weeks postpartum

Name: **Barbie** Date: \_\_\_\_\_ Gestation in Weeks: **14**

As you are having a baby, we would like to know how you are feeling. Please mark "X" in the box next to the answer which comes closest to how you have felt in the **past 7 days**—not just how you feel today.

## In the past 7 days:

- |  |   |
|--|---|
| 1. I have been able to laugh and see the funny side of things<br>0 <input type="checkbox"/> As much as I always could<br>1 <input checked="" type="checkbox"/> Not quite so much now<br>2 <input type="checkbox"/> Definitely not so much now<br>3 <input type="checkbox"/> Not at all | 6. Things have been getting on top of me<br>3 <input type="checkbox"/> Yes, most of the time I haven't been able to cope<br>2 <input checked="" type="checkbox"/> Yes, sometimes I haven't been coping as well as usual<br>1 <input type="checkbox"/> No, most of the time I have coped quite well<br>0 <input type="checkbox"/> No, I have been coping as well as ever |
| 2. I have looked forward with enjoyment to things<br>0 <input type="checkbox"/> As much as I ever did<br>1 <input checked="" type="checkbox"/> Rather less than I used to<br>2 <input type="checkbox"/> Definitely less than I used to<br>3 <input type="checkbox"/> Hardly at all     | 7. I have been so unhappy that I have had difficulty sleeping<br>3 <input type="checkbox"/> Yes, most of the time<br>2 <input checked="" type="checkbox"/> Yes, sometimes<br>1 <input type="checkbox"/> Not very often<br>0 <input type="checkbox"/> No, not at all   |
| 3. I have blamed myself unnecessarily when things went wrong<br>3 <input type="checkbox"/> Yes, most of the time<br>2 <input checked="" type="checkbox"/> Yes, some of the time<br>1 <input type="checkbox"/> Not very often<br>0 <input type="checkbox"/> No, never                   | 8. I have felt sad or miserable<br>3 <input type="checkbox"/> Yes, most of the time<br>2 <input type="checkbox"/> Yes, quite often<br>1 <input checked="" type="checkbox"/> Not very often<br>0 <input type="checkbox"/> No, not at all   |
| 4. I have been anxious or worried for no good reason<br>0 <input type="checkbox"/> No, not at all<br>1 <input type="checkbox"/> Hardly ever<br>2 <input type="checkbox"/> Yes, sometimes<br>3 <input checked="" type="checkbox"/> Yes, very often                                      | 9. I have been so unhappy that I have been crying<br>3 <input type="checkbox"/> Yes, most of the time<br>2 <input checked="" type="checkbox"/> Yes, quite often<br>1 <input type="checkbox"/> Only occasionally<br>0 <input type="checkbox"/> No, never   |
| 5. I have felt scared or panicky for no very good reason<br>3 <input checked="" type="checkbox"/> Yes, quite a lot<br>2 <input type="checkbox"/> Yes, sometimes<br>1 <input type="checkbox"/> No, not much<br>0 <input type="checkbox"/> No, not at all                                | 10. The thought of harming myself has occurred to me<br>3 <input type="checkbox"/> Yes, quite often<br>2 <input type="checkbox"/> Sometimes<br>1 <input type="checkbox"/> Hardly ever<br>0 <input checked="" type="checkbox"/> Never  |

Total Score **17**

## Case #1



EPDS 17= Moderate Depression

## GAD-7 Anxiety

### Case #1 – Barbie

- GAD-7 score: 15
  - Severe anxiety

#### Action items:

- Psychoeducation about importance of sleep, food, improving mental health, as well as about medications
- Provide list for local support and therapy
- Refer to perinatal mental health program if available

Over the <u>last two weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	<del>2</del>	3
2. Not being able to stop or control worrying	0	1	<del>2</del>	3
3. Worrying too much about different things	0	1	<del>2</del>	3
4. Trouble relaxing	0	1	2	<del>3</del>
5. Being so restless that it is hard to sit still	0	1	<del>2</del>	3
6. Becoming easily annoyed or irritable	0	1	<del>2</del>	3
7. Feeling afraid, as if something awful might happen	0	1	<del>2</del>	3

Column totals    \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ =

*Total score*    **15**

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# Case #2- Tran

- Tran is 31 year, who is 29 weeks pregnant with her first baby
- She was recently diagnosed with gestational diabetes and has had to start insulin
- This is causing anxiety and she is worried about the baby and knowing that she will need induction of labour
- She works in sales and is finding this very stressful with increasing demands from her boss to get deals closed before she goes on maternity leave
- She asks you if you can write her a note to go off work



## Let's see how she scores

- GAD-7 score=4
- Not significant
- EPDS done and similar scores
- Action: provide reassurance and support, psychoeducation. Direct to online resources.
- Invite her to rate her symptoms again in a few weeks and consider starting her maternity leave at 36 weeks.

### GAD-7 Anxiety

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	X	2	3
2. Not being able to stop or control worrying	0	1	X	3
3. Worrying too much about different things	0	X	2	3
4. Trouble relaxing	X	1	2	3
5. Being so restless that it is hard to sit still	X	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	X	1	2	3

Column totals    \_\_\_\_ + \_\_\_\_ + \_\_\_\_ + \_\_\_\_ =  
 Total score 4

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?			
Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Case #3- Manpreet

- Manpreet is 41 yr G1P0 presents for her postpartum visit at 6 weeks.
- She had a traumatic delivery with a terminal bradycardia and required a vacuum assisted delivery



shutterstock.com · 2372014025

She appears flat and says she doesn't feel like talking much.

She describes her mood as "not great" and is not sleeping well when she has the chance.

- Next step: screen with the EPDS and GAD-7.

# EPDS- Manpreet

In the past 7 days:

1. I have been able to laugh and see the funny side of things
- As much as I always could
  - Definitely not so much now
  - Not at all
2. I have looked forward with enjoyment to things
- As much as I ever did
  - Definitely less than I used to
  - Hardly at all
- \*3. I have blamed myself unnecessarily when things went wrong
- Yes, most of the time
  - Yes, some of the time
  - Not very often
  - No, never
4. I have been anxious or worried for no good reason
- No, not at all
  - Hardly ever
  - Yes, sometimes
  - Yes, very often
- \*5. I have felt scared or panicky for no very good reason
- Yes, quite a lot
  - Yes, sometimes
  - No, not much
  - No, not at all
- \*6. Things have been getting on top of me
- Yes, most of the time I haven't been able to cope at all
  - Yes, sometimes I haven't been coping as well as usual
  - No, most of the time I have coped quite well
  - No, I have been coping as well as ever
- \*7. I have been so unhappy that I have had difficulty sleeping
- Yes, most of the time
  - Yes, sometimes
  - Not very often
  - No, not at all
- \*8. I have felt sad or miserable
- Yes, most of the time
  - Yes, quite often
  - Not very often
  - No, not at all
- \*9. I have been so unhappy that I have been crying
- Yes, most of the time
  - Yes, quite often
  - Only occasionally
  - No, never
- \*10. The thought of harming myself has occurred to me
- Yes, quite often
  - Sometimes
  - Hardly ever
  - Never

- EPDS score 19
- Severe depression
- Provide psychoeducation about PPD and offer a referral to psychiatry. She has benefits for therapy but says she does not feel like or want to talk about it.
- You discuss sleep protection and getting out of the house.
- Medication is offered.
- Book follow up a two weeks later.

# Your Panelists



Dr. Alison Shea

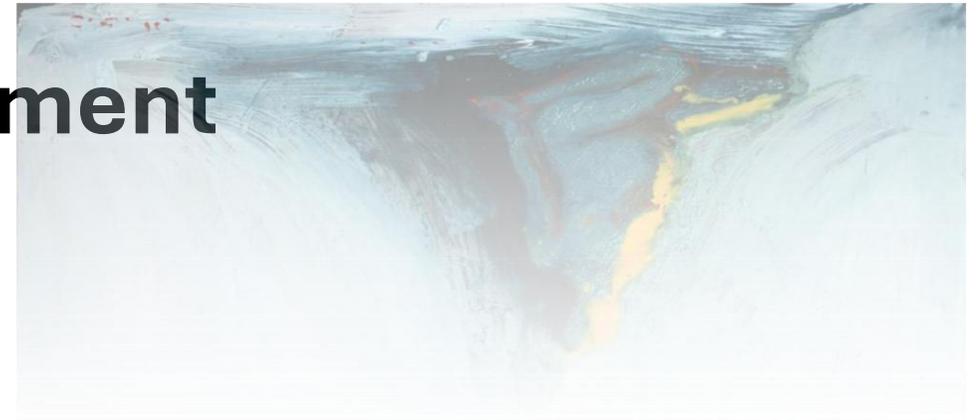
Dr. Milena Forte

Dr. Ariel Dalfen

**Perinatal Mental Health: Practical Screening and Support for Family Physicians**

# Perinatal Mental Health: Non-pharmacologic Management

Milena Forte MD, CCFP



# Treatment Gap in Perinatal Mental Illness (PMI)

- 50% of patients experiencing PMI go undiagnosed
- Only 15% of patients experiencing PMI get adequate treatment



## SOGC (2024)

### SOGC CLINICAL PRACTICE GUIDELINE

It is the Society of Obstetrician and Gynaecologists of Canada's (SOGC) policy to review the content 5 years after publication, at which time the document may be revised to reflect new evidence, or the document may be archived.

No. 454, October 2024

## Guideline No. 454: Identification and Treatment of Perinatal Mood and Anxiety Disorders

*(En français : Identification et traitement des troubles périnataux de l'humeur et de l'anxiété)*

The English document is the original version; translation may introduce small differences in the French version.



## CANMAT (2025)

*A Clinician  
Pocket Guide*



### Management of Perinatal Mood, Anxiety and Related Disorders

from the 2024 CANMAT  
Clinical Practice Guideline



## PCMCH (2021)



# SOGC/ PCMCH: Care Pathway

**Ask** - Patient reports distress/depression/anxiety to obstetrical care provider or risk factors identified

**Screen** with a validated self-report tool for pregnant individual

- Edinburgh Postnatal Depression Scale (EPDS)
- Generalized Anxiety Disorder-7 Question (GAD-7)



**Mild Sx**

- Self help resources
- Peer/ Community Supports
- Psychosocial/ Lifestyle interventions

**Mild-non remitting/ Mod Sx)**

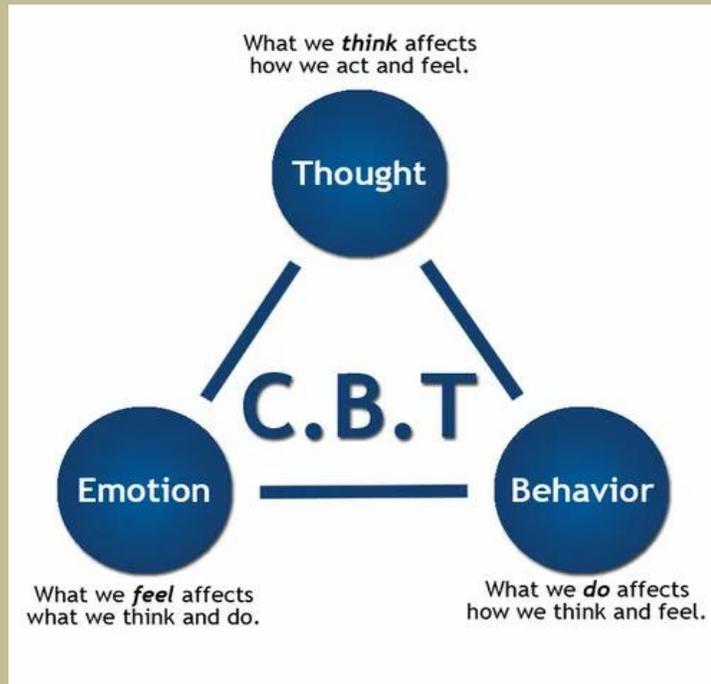
- Psychological Interventions
- (CBT, IPT )
- Medications



# Psychological Interventions

## Cognitive Behavioural Therapy

Supports new ways of thinking and coping



## Interpersonal Therapy

Addresses interpersonal issues, role transitions, and sources of distress

**ROLE TRANSITION**

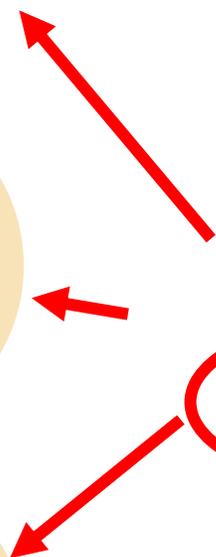
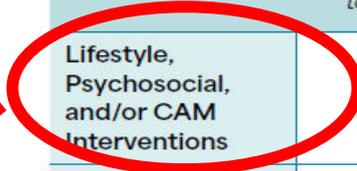
- ✓ **Goal**
  - ✓ Help patients relinquish old roles
  - ✓ Accept new roles
  - ✓ Develop a sense of mastery in the new role
- ✓ **Strategies**
  - ✓ Explore meanings, feelings and expectations regarding transition
  - ✓ Learn new interpersonal skills
  - ✓ Develop social support around transition

The notes are on lined paper and include a small graphic of two sticky notes. One sticky note has a yellow smiley face and the word "SINGLE" written on it. The other sticky note has a yellow frowny face and the word "MARRIED" written on it.

# CANMAT



	Mild	Moderate	Severe
<b>Overall Assessment of Severity</b>	Symptoms meet diagnostic criteria, intensity is distressing but manageable, some interference with function	Symptom number, intensity and impact on function are all significant but main/basic functions are maintained	Mental distress is substantial; unable to maintain basic functions without help from others
<b>Standardized scales to aid in assessment of severity</b>			
EPDS Score (depression/ anxiety)	10-12	13-18	19 or more OR Q10 > 0*
PHQ-9 (depression)	5-9	10-14	15 or more OR Q9 > 0*
GAD 7 score (anxiety)	5-9	10-14	15 or more
<b>Initial Treatment Selection</b> <i>Note: Also consider patient preference, previous response to treatment, and treatment availability</i>			
Lifestyle, Psychosocial, and/or CAM Interventions	✓	✓	✓
Psychological Interventions	✓ **	✓	✓
Pharmacological or other somatic interventions (e.g., ECT)		✓ ***	✓
Care Setting	Community and primary care	Primary and specialist care	Specialist care



# Lifestyle Interventions



## Sleep Protection

- minimizing the time mother has to be awake at night
- interventions to treat insomnia (e.g., Cognitive-Behavioural Therapy, CBT).



## Bright Light Therapy

- Used to treat PPD
- High intensity white light to simulate natural daylight while filtering out UV rays
- 30 min/day upon awakening, (6 wk minimum).



## Physical Activity

- Low to moderate intensity exercise can help **prevent and treat** PMAD symptoms in pregnancy and the PP.

[Management of Perinatal Mood, Anxiety and Related Disorders \(CANMAT Clinician Pocket Guide\)](#)



**Mount Sinai Hospital**  
Joseph & Wolf Lebovic Health Complex



# Impact of Physical Activity on Mood

- **Exercise During Pregnancy**
- 67% ↓ depression/(depressive Sx)
- **Postpartum exercise**
- 45% ↓ odds of postpartum depression
- ↓ severity of maternal depressive Sx
- ↓ anxiety Sx
- Improves sleep



- Exercise is a **safe, accessible and inexpensive** Tx to prevent and treat Mood disorders in pregnancy and the Postpartum
- Benefits seen with a variety of exercise:  
(strength training, aerobic and yoga)



# Exercise During Pregnancy & Postpartum



Rx

Example Exercise  
Prescription

- Brisk walking
- 15-20 min/day
- 4-5 days/wk

# Canadian Society for Exercise Physiology (CSEP) – Get Active Questionnaires for Pregnancy and Postpartum



## GET ACTIVE QUESTIONNAIRE FOR PREGNANCY



NAME (+ NAME OF PARENT/GUARDIAN IF APPLICABLE) (PLEASE PRINT): \_\_\_\_\_

TODAY'S DATE (DD/MM/YYYY): \_\_\_\_\_ YOUR DUE DATE (DD/MM/YYYY): \_\_\_\_\_ NO. OF WEEKS PREGNANT: \_\_\_\_\_ AGE: \_\_\_\_\_

Physical activity during pregnancy has many health benefits and is generally not risky for you and your baby. But for some conditions, physical activity is not recommended. This questionnaire is to help decide whether you should speak to your Obstetric Health Care Provider (e.g., your physician or midwife) before you begin or continue to be physically active.

Please answer YES or NO to each question to the best of your ability. **If your health changes as your pregnancy progresses you should fill in this questionnaire again.**

1. In this pregnancy, do you have:		
a. Mild, moderate or severe respiratory or cardiovascular diseases (e.g., chronic bronchitis)?	Y	N
b. Epilepsy that is not stable?	Y	N
c. Type 1 diabetes that is not stable or your blood sugar is outside of target ranges?	Y	N
d. Thyroid disease that is not stable or your thyroid function is outside of target ranges?	Y	N
e. An eating disorder(s) or malnutrition?	Y	N
f. Twins (28 weeks pregnant or later)? Or are you expecting triplets or higher multiple births?	Y	N
g. Low red blood cell number (anemia) with high levels of fatigue and/or light-headedness?	Y	N
h. High blood pressure (preeclampsia, gestational hypertension, or chronic hypertension that is not stable)?	Y	N
i. A baby that is growing slowly (intrauterine growth restriction)?	Y	N
j. Unexplained bleeding, ruptured membranes or labour before 37 weeks?	Y	N
k. A placenta that is partially or completely covering the cervix (placenta previa)?	Y	N
l. Weak cervical tissue (incompetent cervix)?	Y	N
m. A stitch or tape to reinforce your cervix (cerclage)?	Y	N
2. In previous pregnancies, have you had:		
a. Recurrent miscarriages (loss of your baby before 20 weeks gestation two or more times)?	Y	N
b. Early delivery (before 37 weeks gestation)?	Y	N
3. Do you have any other medical condition that may affect your ability to be physically active during pregnancy? What is the condition? Specify:	Y	N
4. Is there any other reason you are concerned about physical activity during pregnancy?		

Go to Page 2 Describe Your Physical Activity Level

© Canadian Society for Exercise Physiology (CSEP)

Page 1

### Active in the First Year Postpartum

Follow the advice in the 2025 Canadian Guideline for Physical Activity, Sedentary Behaviour and Sleep throughout the First Year Postpartum which recommends: following an

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct. **If my health changes, I will complete this questionnaire again.**



Physical activity during pregnancy has many health benefits and is generally not risky for you and your baby. But for some conditions, physical activity is not recommended. This questionnaire is to help decide whether you should speak to your Obstetric Health Care Provider (e.g., your physician or midwife) before you begin or continue to be physically active.

Physical activity during pregnancy has many health benefits and is generally not risky for you and your baby. But for some conditions, physical activity is not recommended. This questionnaire is to help decide whether you should speak to your Obstetric Health Care Provider (e.g., your physician or midwife) before you begin or continue to be physically active.

**DURATION**  
(minutes per session)

<20  31-60

20-30  >60

<20  31-60

20-30  >60

<20  31-60

20-30  >60

**Physical activity:** Your heart rate is elevated, you feel hot and it may be more than a few minutes. Examples include cycling and running.



## GET ACTIVE QUESTIONNAIRE FOR POSTPARTUM



NAME (+ NAME OF PARENT/GUARDIAN IF APPLICABLE) (PLEASE PRINT): \_\_\_\_\_

TODAY'S DATE (DD/MM/YYYY): \_\_\_\_\_ DATE OF DELIVERY (DD/MM/YYYY): \_\_\_\_\_ NO. OF WEEKS POSTPARTUM: \_\_\_\_\_ AGE: \_\_\_\_\_

Physical activity after childbirth has many health benefits and is generally safe for you and your baby. But for some conditions, physical activity is not recommended. This questionnaire is designed to help you to determine whether you should speak to your primary health care provider (e.g., your physician or midwife) before you begin or continue to be physically active.

Please answer each question to the best of your ability by circling Y for Yes or N for No. **If your health changes at any point in the 12 months after childbirth you should complete this questionnaire again.**

1. In the first year after childbirth, have you experienced any of the following?		
a. Loss of consciousness for any reason?	Y	N
b. Neurological symptoms such as poor coordination or muscle weakness affecting balance?	Y	N
c. Deep vein thrombosis (blood clot in legs; can cause leg pain and swelling, or red/warm skin around painful area) or pulmonary emboli (blood clot in lungs; can cause shortness of breath, dizziness)?	Y	N
d. High blood pressure (≥140/90mmHg) that is not stable?	Y	N
e. An eating disorder(s) or malnutrition?	Y	N
f. Postpartum cardiomyopathy (heart disease after childbirth)?	Y	N
g. New symptoms of heart disease (e.g., chest pain or discomfort) or stroke (e.g., face drooping, slurred speech) during activities of daily living or at rest?	Y	N
h. Severe abdominal pain?	Y	N
i. Chest pain/discomfort, dizziness or lightheadedness during exercise?	Y	N
j. Breathing difficulties such as shortness of breath at rest that does not improve with medications?	Y	N
k. Kidney disease?	Y	N
l. Excessive fatigue (e.g., beyond tiredness, does not improve with rest)?	Y	N
m. Severe infection accompanied by fever, body aches, or swollen lymph glands?	Y	N
n. Broken bone(s) or another significant injury?	Y	N
o. Caesarean section pain that worsens with exercise (e.g., surgical incision pain)?	Y	N
p. Vaginal bleeding not associated with menses?	Y	N
2. Do you have any other medical condition that may affect your ability to be physically active following childbirth? What is the condition? Please specify:	Y	N
3. Are you concerned about returning to, or increasing your physical activity following childbirth? Please explain:		

Go to Page 2 Describe Your Physical Activity Level

© Canadian Society



Physical activity during pregnancy has many health benefits and is generally not risky for you and your baby. But for some conditions, physical activity is not recommended. This questionnaire is to help decide whether you should speak to your Obstetric Health Care Provider (e.g., your physician or midwife) before you begin or continue to be physically active.

Physical activity during pregnancy has many health benefits and is generally not risky for you and your baby. But for some conditions, physical activity is not recommended. This questionnaire is to help decide whether you should speak to your Obstetric Health Care Provider (e.g., your physician or midwife) before you begin or continue to be physically active.

**DURATION**  
(minutes per session)

31-60

>60

31-60

>60

31-60

>60

**Physical activity:** Your heart rate is elevated, you feel hot and it may be more than a few minutes. Examples include cycling and running.

---

# Questions?

[milena.forte@sinaihealth.ca](mailto:milena.forte@sinaihealth.ca)

@LinkedIn

# Your Panelists



Dr. Alison Shea

Dr. Milena Forte

Dr. Ariel Dalfen

**Perinatal Mental Health: Practical Screening and Support for Family Physicians**

---

# **An Overview of Psychiatric Medications During Pregnancy and the Postpartum Period**

Dr. Ariel Dalfen, MD, FRCP(C)

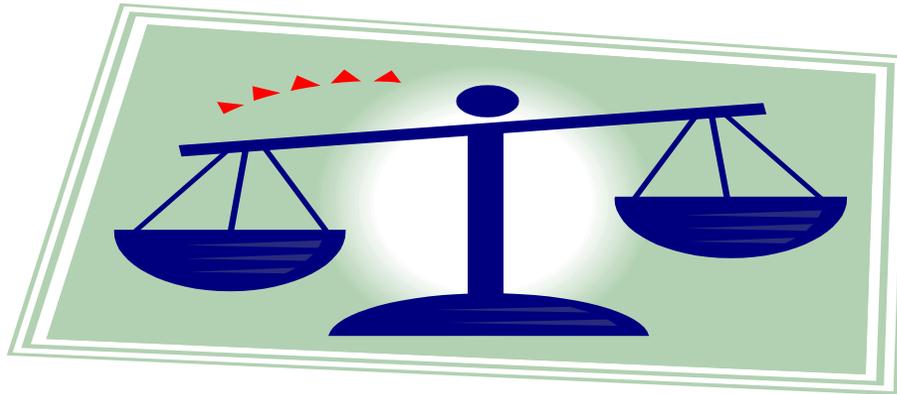
Women's Mental Health Psychiatrist

Co-Founder of BetterBRIA Inc.

---

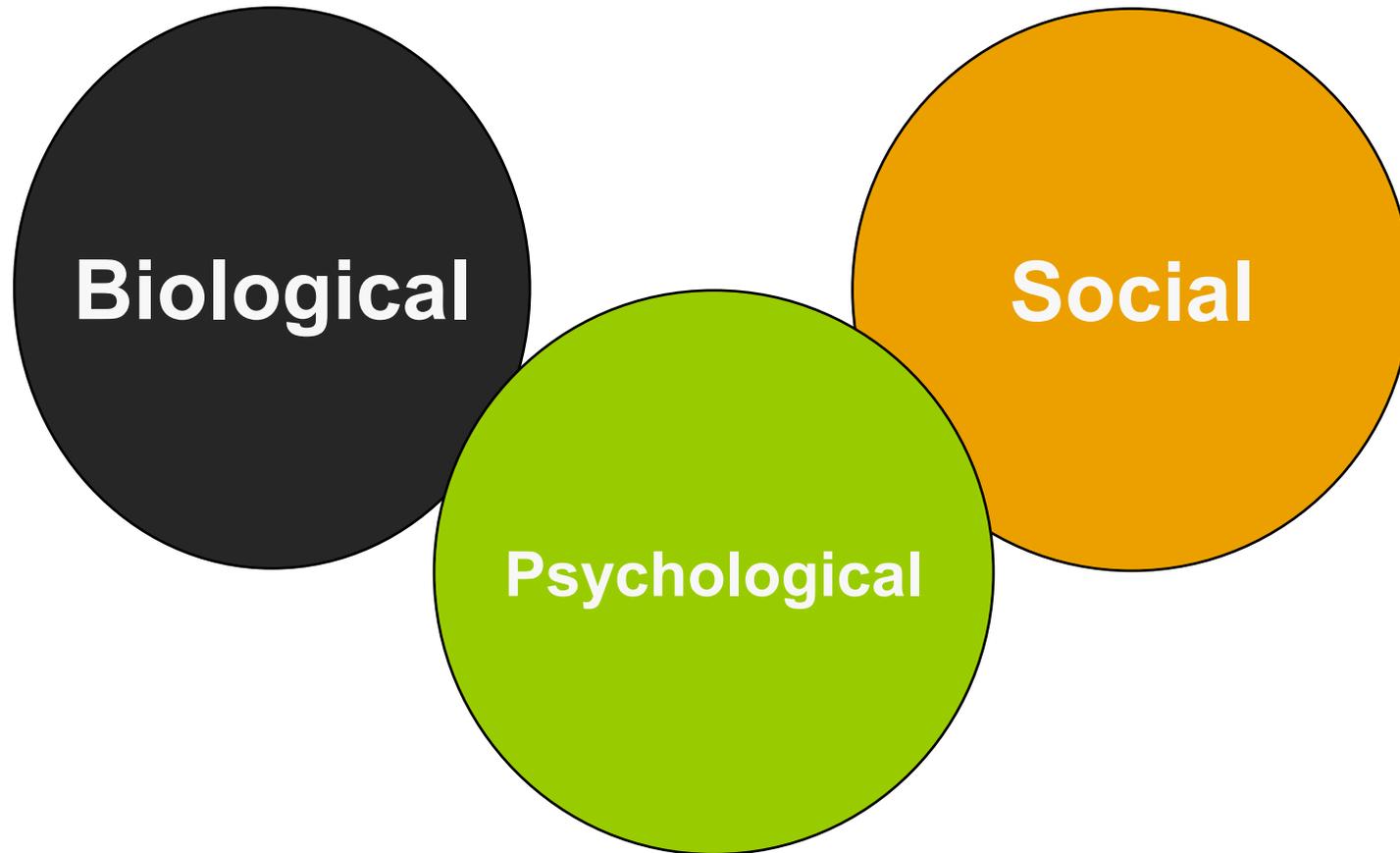
---

# The Doctor's Dilemma



- The risk of untreated illness vs. The risk of treatment
- Non-exposure does not exist

# Treatment Principles



# Treatment

- **Prevention/Early intervention**
- **Identify & treat medical problems**
- **Ensure sleep**
- **Social interventions:**
  - **Increased supports (family, friends, peers).**
  - **Social worker, public health nurse, CCAC etc.**

---

# Treatment

- **Psychological:**
  - **Individual:**
    - **Cognitive Behavioural Therapy**
    - **Interpersonal Therapy**
    - **Mindfulness Based Stress Reduction**
    - **Behavioural Activation**
  - **Group therapy**
  - **Couple therapy**
  - **Psycho-education**
- **Medications**
- **ECT**

---

# Don't Believe the Hype!

- We know more about psychotropic meds than most other categories of drugs
- Most MDs rely on FDA/Health Canada
- Evidence not reflected in guidelines

---

# The Risks of Prenatal Exposure

1. Teratogenicity/Organ malformation (T1)
2. Neonatal adverse effects (T3)
3. Long term sequelae

---

# “Safe” Medications for Pregnant Women

- **Antidepressants: SSRI's, SNRI's, TCA's**
  - 1<sup>st</sup> line: sertraline, citalopram, escitalopram
- **Typical antipsychotics** (haloperidol etc)
- **Atypical antipsychotics** (olanzapine, quetiapine, risperidone)
- **Benzodiazepines prn?** (lorazepam, clonazepam)
- **Zopiclone**
- **ADHD medications:** Very limited data, need risk-benefit analysis

---

# Mood Stabilizers In Pregnancy

- **Lithium:** risk of Ebstein's anomaly is 2-8/200K →not a major teratogen (vs. 1-5/200K)
- **NO: Valproic acid:** 5-9% neural tube defects (NTD), 11% malformations, ↓verbal IQ
- **Carbamazepine:** 1% NTD, 6% malformations
  - Rx: folic acid 4mg/day, lowest divided doses, U/S
- **Lamotrigine:** Increased cleft palate?, no ↑malform's

---

# Treatment Tips: When to Use Medication

- For depression, anxiety, OCD, PTSD, BD, psychosis etc
- When non-pharmacological interventions are not effective
- Moderate/severe sx, severe sx
- Patient preference
- Use medications that are “older”, or what worked in the past

---

# Treatment Tips: How to Use Medication

- Do risk/benefit analysis
- Treat as you would treat the non-perinatal patient
- Treat the clinical picture not the dose number
- Doses may need to be increased throughout pregnancy
- Do NOT reduce/stop the dose in T3
- Most data are for ONE med, but often multiple meds are needed

# Breastfeeding

- *All* medications are excreted in breast milk, considered “safe” if <10% of maternal dose
- Breastfeeding need NOT be an obstacle to taking meds or vice versa
- Continue what worked in pregnancy (except Li)
- No specific monitoring for healthy babies

---

# Medication and Breastfeeding

- **Antidepressants:** considered to be safe (not doxepin)
- **Lithium:** variable concentrations, ↓ clearance in infants, **NOT advisable**
- **Valproic Acid and Carbamazepine:** , < 5%, ok, monitor liver function tests
- **Lamotrigine:** ↑ levels, Stevens-Johnson Syndrome risk but no reports

---

# Medication and Breastfeeding

- **Antipsychotics:** typicals ok (not CPZ), atypicals ok, monitor for lethargy
- **Benzodiazepines:** monitor baby for sedation, avoid long acting
- **Zopiclone:** ok

---

# Take-home Messages

- Safe medications exist
- Weigh risks and benefits of meds for each pt
- Counsel patients to stay on meds when needed
- When in doubt, stay the course with meds
- Non-treatment is not a viable option

DR. ARIEL DALFEN M.D.

when baby  
brings  
the blues



SOLUTIONS FOR  
POSTPARTUM DEPRESSION

# Resources

# Tools



Links to resources shared today will be sent to participants following the session.

# Tools and Resources

Resource	Link
Ottawa Depression Algorithm	<a href="https://ottawadepressionalgorithm.ca/en/content?id=38">https://ottawadepressionalgorithm.ca/en/content?id=38</a>
Mother To Baby	<a href="http://www.movertobaby.org">www.movertobaby.org</a>
MGH Women's Mental Health	<a href="http://www.womensmentalhealth.com">www.womensmentalhealth.com</a>
OTN e-consults for rapid access	<a href="https://otn.ca/">https://otn.ca/</a>
CANMAT Guidelines	<a href="#">Management of Perinatal Mood, Anxiety and Related Disorders (CANMAT Clinician Pocket Guide)</a>
MOVIN Study	<a href="https://www.womensacademics.ca/active-studies/movin/">https://www.womensacademics.ca/active-studies/movin/</a>
CSEP questionnaire	<a href="https://csep.ca/wp-content/uploads/2021/05/GETACTIVEQUESTIONNAIRE_ENG.pdf">https://csep.ca/wp-content/uploads/2021/05/GETACTIVEQUESTIONNAIRE_ENG.pdf</a>
SOGC (2024)	<a href="https://csep.ca/wp-content/uploads/2025/03/CSEP-PATH_GAQ_PP_Guidelines.pdf">https://csep.ca/wp-content/uploads/2025/03/CSEP-PATH_GAQ_PP_Guidelines.pdf</a>
PCMH (2021)	<a href="https://www.jogc.com/action/showPdf?pii=S1701-2163%2824%2900519-X">https://www.jogc.com/action/showPdf?pii=S1701-2163%2824%2900519-X</a>
	<a href="https://pcmch.on.ca/wp-content/uploads/PCMCH-Care-Pathway-for-the-Management-of-Perinatal-Mental-Health_23July2021.pdf">https://pcmch.on.ca/wp-content/uploads/PCMCH-Care-Pathway-for-the-Management-of-Perinatal-Mental-Health_23July2021.pdf</a>

Resources

# Education



Links to resources shared today will be sent to participants following the session.

# Join a series of small group learning sessions!

Engage in **open discussions** where you're invited to **share the difficulties you're facing in your practice, in areas related to mental health, substance use disorders, chronic pain and your own wellness.** Groups are held between April 1, 2026 and March 26, 2026.

- Family physicians at all stages of their career
- Transitioning to retirement
- Psychiatry in primary care
- Transitioning to GP psychotherapy
- Support for family physicians with lived experience of a chronic illness/disability
- Boundaries/work-life balance



**The deadline to register is March 9, 2026**

**[Learn More and Register](#)**

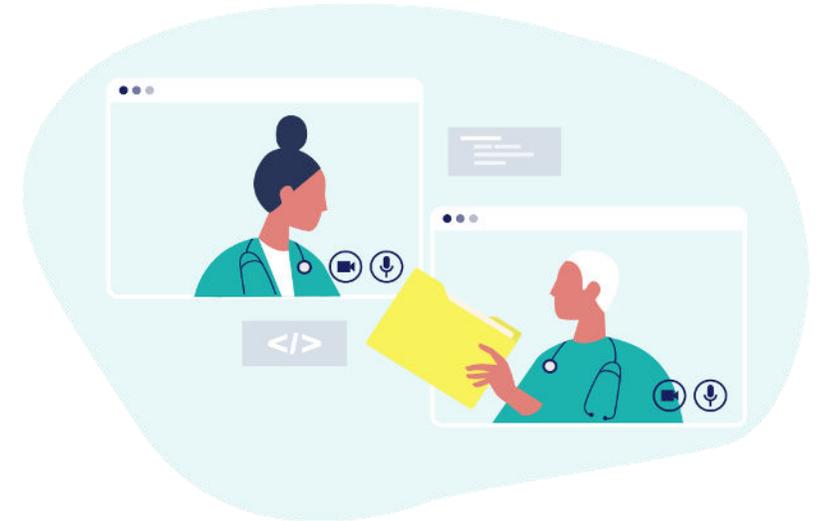
# Mentorship Program - Connect with a Peer Guide!

## Interested in continuing your learning journey while prioritizing your own well-being?

Connect with another family physician through OCFP's one-to-one mentorship program for educational support on topics related to physician wellness, mental health, chronic pain and substance use disorders.

### Examples of topics Peer Learners have explored:

- Guidance for early career/work-life balance
- ADHD and approach to management



Scan the QR code for more information!



[Peer Connect](#)



[practisingwell@ocfp.on.ca](mailto:practisingwell@ocfp.on.ca)

**REGISTER TODAY!**

Ontario College of  
Family Physicians



## **Health Equity Community of Practice for Family Physicians**

**February 19, 2026 | 12 P.M. - 1 P.M. EST**

**Practical Strategies for Supporting Patients on OW & ODSP**



# Upcoming Community of Practice

## Prescribing for Insomnia: When and How to Use Medications Safely

with Dr. Purti Papneja, Dr. Colleen Carney, Dr. Shayna Watson

**February 25, 2026**  
**8:00am – 9:00am**

[Register Now](#)

[practisingwell@ocfp.on.ca](mailto:practisingwell@ocfp.on.ca)

