

Perinatal Mental Health New Zealand (PMHNZ) Trust

Newsletter Welcome

The PMHNZ Trust Board met in February, April, July and October last year and made good progress developing systems, networking, awareness raising, and a website – www.pmhnz.org.nz. Thanks to Lotteries we have a small grant to get some leaflets organized and work is ongoing with the logo and website.

We invited Sonia Gray, a well known New Zealand actor, presenter and mother of twins to be our Ambassador for PMHNZ Trust and we are looking forward to her presence, ideas and commitment to raising the profile of perinatal mental health in a positive way. More about Sonia inside.

We have recently sent out a survey online about ideas for another PND Conference next year 2013?. Please do respond. **If you do not get a survey online please** use this link to feedback. (we could only load 100 addresses) <http://www.surveymonkey.com/s/YS6LZ6D> It would be good to have some volunteers for an organizing committee too. (Here I must attribute organization of the last Conference in 2010 to PND Wellington whilst I was coordinator. I am no longer in that role.)

Jan Klausen went to the Marce Australia Conference in Perth last year and has lots of information she brought back. The next Marce International Conference is in Paris France in October this year.

A huge Thank you to all who have joined in membership – the numbers are small at present. We have a database of at least 200. If all of you joined that would bring in enough money to fund a part-time administrator. We REALLY do need to have a dedicated administrator to deal with membership, publicity, website, correspondence, information management and funding/marketing.

You have received this newsletter because you are someone who is an important link in the perinatal mental health chain. Do pass it on to your colleagues

Please spend \$30 now to continue to receive the newsletter and get access to resources on our website <http://pmhnz.org.nz/membership.html>

PMHNZ Holds First PND Awareness Week Across NZ

Across New Zealand from Whangarei to Dunedin and from New Plymouth to Napier, including Wellington, Auckland, Marlborough and Christchurch - talks, morning teas, and information stands were held in support of PND Awareness Week 13 – 19 November 2011

Thank you to all who took part. We got some publicity for the cause and new enquiries about the Trust. Begin thinking about what you will do for PND Awareness Week next year in November (date to be confirmed)

Wellington

One of our Board members, Denise Garcia, a midwife and CBE.

She organized a morning tea for midwives at Wellington Hospital Delivery Suite.

From PND Wellington

“The stall at the shops in Paraparaumu went well - we gave away a LOT of info etc and people were talking to us so it was nice and is something I would do again!”

Rosie Smith Board Member from Wellington, held a workshop and display for PND at the SANDS National Conference in Wanganui

From Stratford Parents Centre

Well considering the last minute rush, I think we pulled off a great evening!! We got a little write up done before in our local free press, which sadly no-one replied to, but I'm sure many read it, then we did up flyers put them



around Plunket, community centres, birthing centre, midwives doctors. Feedback came from Teen Parent Unit, wanting to know if we could guest speak for them (I directed them on to DHB), one of our lovely parent centre childbirth ed course coordinators. We phoned current & two previous groups too and we managed to get three pregnant woman, one grandmother & one woman who has been 12months since been diagnosed, then myself & our centre president. We got two amazing woman from the Taranaki maternal mental health unit, they were fantastic! We spent from 6.30-8pm with

them. We discussed heaps and had plenty great laughs! We put on some yummy scrummy supper too. So I guess number wise it was very small but you know what I think it was sooooo worth it.

Where to from here for Stratford Parent Centre....we are going to start a support group at our centre for Stratford & Central Taranaki!!!

Well done Stratford – I am sure many more mums and dads will come out and talk about their difficulties once it's OK to talk about it.

Dunedin - Helen Ferguson, another of our Board Members did some baking for midwives in Queen Mary Maternity Unit in Dunedin to publicize PND week. There was an article in the local free paper

From Post Natal Distress Support Network Trust, Auckland

"We had a great week locally with lots of extra women coming to our groups plus the midwife manager from Waitemata DHB came along to one group - really good because we got to talk to her about referring women to our service as well as the new Trust.

Northland - Petite Nathan who works with postnatal mums held a coffee group

PND Marlborough Charitable Trust held a Xmas market to raise funds and network

New Plymouth Parents Centre hosted a morning tea during perinatal mental health week and ordered leaflets and pulled 101 email addresses from database of women who gave birth in the last 11 months, who all got an email.

Post Natal Depression Network Nelson - held an event in the Mongolian Yurt in Nelson during Awareness week. The invitation was extended to the Community to come along and support the work of PNDSN and to raise awareness of PND. There was a screening of the award winning documentary 'babies', home-made Asian food, wine and refreshments on offer. The movie was delightful and everyone thoroughly enjoyed the evening. It was heartening to see the support from the community. We received contributions for raffle prizes and an overwhelming show of support with a sell out audience on the night! Our vice-president addressed the audience (of 70) providing some statistics and information about PND which was received very well. We managed to raise a significant amount of money to support our network, which will go towards the costs of our valued and experienced team of Support Workers to provide one to one support for mothers in the home and to ensure the continuation of our free counselling service.

I may have missed some events and if you have any pictures or stories, we'd love to hear from you for the next newsletter

Sonia Gray - New Ambassador for PMHNZ

Actor, presenter and mother of twins, Sonia is very pleased to be the first ambassador of PMHNZ Trust.



"The birth of a new baby is a magical time – but it can also be incredibly stressful and at times overwhelming" says Gray, "I struggled emotionally for several months after the birth of my own twins. I am supporting the Perinatal Mental Health NZ Trust because I now realise how common it is for both new mothers and new fathers to experience mental health problems that are beyond 'normal'.

I feel very strongly that it is the role of the community to protect and support our families; in doing so we are protecting our most precious resource - our young children".

I was referred to Auckland's Maternal Mental Health fairly early on in my pregnancy as I had a history of issues with depression and anxiety. I was under the impression that if I did have some kind of post-natal depression it would kick in on Day 3 after my babies were born and would feel like every other depressive episode I've ever had. But Day 3 came and went and I felt completely fine (as fine as you can feel after giving birth to twins) so I presumed I had avoided PND.

However, I did really struggle for the first 6 months after my twins were born. I was exhausted because of lack of sleep but I was also feeling very isolated and trapped - I didn't feel any of the joy I had expected to feel as a new mum. I spent a lot of time grieving my old life and felt the responsibility for these two young lives was too much to bear. Because these feelings were different from depression I'd suffered in the past I made an assumption that motherhood was just something I was not very good at.

Looking back I can see I had completely lost perspective. I was so very lucky to have a strong support system around me – a wonderfully supportive partner, and friends and family who were always just a phone call away. Being a new parent is extraordinarily difficult and it becomes even harder if there are mental issues to overcome. The PMHNZ will be a wonderful resource for new and expectant parents and I'm very excited to be a part of it.

What's happening around New Zealand Send in information about your project / service

Maureen Speedy is the Nurse Manager of the Waikato Family Centre, Hamilton

She is a Registered Nurse, Midwife and Plunket Nurse . www.waikatofamilycentre.co.nz

The Waikato Family Centre (WFC) has run under a Trust since 1996, when our doors were closed by Plunket, as a new initiative: three other centre's closed at the same time. Maureen felt there was strong support in the community. With a small committee they worked incredibly hard and found it was manageable to keep the centre open. Our biggest supporters were those that had an association with the centre, and with this support a Trust was formed. The blend of Trustees is quite unique in the fact they come from all walks of life and can help in many ways i.e.; Pediatricians, Lawyer, Barrister, Accountant, Human Resources, Pharmacist, Psychologist, Registered Nurse, Psychiatrist. Our Accountant is from the KPMG and we also we also have a Maori Advisor to the Trust.

The WFC sees clients (mothers and their babies and whanau) with any concern in regard to the crying baby. (lactation, bottle feeding, dysrhythmic, reflux, allergy, sleep concerns, weaning and parenting.

The WFC also sees many clients with post natal depression.

In 1999 Maureen initiated a Post Natal Depression Group in association with Maternal Mental Health. The groups are still running successfully and to date we have run 74 groups since 1999. Maternal Mental Health opted out of the initiative after about three years. Maureen then introduced other health professional to assist her:

Kyle Smith, Psychologist (2 sessions with Maureen)

Dr Margaret Parle (2 sessions with Maureen)

Neville Puckey and Alice Littlewood, Pharmacists (one session by one Pharmacist with Maureen)

On the first session of each group we invite a past PND mum to come along to talk to the new group about what the group is about.

Maureen is present at every group.

Each group is formed by current clients attending the centre who have signs of PND. The group meets weekly for up to eight sessions covering topics;

What is PND, Medication, Changing Thought Patterns, Stress Management, Relaxation.

A Partner evening is included in the eight sessions so the partner is fully aware of PND.

Once the group sessions are completed follow up sessions are held to see how the mums are going.

PIPIS (Parent Information on Parent and Infant Sleep) Study

Bronwyn Sweeney E Moe, Māmā

Bronwyn Sweeney E Moe, Māmā research team on 0800 MUMSLEEP (686 7537) or email mumsleep@massey.ac.nz

How much sleep should my new baby be getting?

Am I making a rod for my own back by rocking my two-week old to sleep in my arms? WHEN will my baby sleep through the night?? These are just some of the questions midwives, Well Child nurses, childbirth educators, doctors and family get asked by tired new parents. They are also questions that we think are really important. Sleep in the early days is important for babies' health and development, including their growth and the establishment of regular sleeping and waking patterns. The amount and quality of sleep that new parents get is also linked to how they are feeling, how they cope with the parenting role and their overall health and wellbeing.



E Moe, Māmā team member, Bronwyn Sweeney, has been running a trial of a sleep education programme aimed at promoting the sleep of first-time mothers and their babies. Women in the PIPIS (Parent Information on Parent and Infant Sleep) study have completed the same questionnaires as those in the E Moe, Māmā study. In addition, they were split into two groups (20 women in each) with one group attending a short, general information evening and the other group attending a comprehensive sleep education evening. The mums who attended the education evening also received regular phone calls after their babies were born to see how things were going and offer support and information about sleep, up until the babies were six weeks old. All the mothers and babies in the study had their sleep monitored for 48-hours when the babies were six and twelve weeks old using a special device called an "actiwatch". The actiwatch measures activity, and we then compare the information collected by the watch with information mothers record on a daily diary to calculate how much sleep everyone was getting (or not!).

Bronwyn is completing this study as part of her PhD research. She has a background in Childbirth Education and has spent many years working with new parents who are always keen to maximise the sleep they can get. "It has been a great pleasure for me to get out into the community again and work with new parents. All of the families in the study have been so generous with their time and interest in what we are doing in the project." Results of the study will be available in mid-2012.

Articles from PMHNZ Trust Board Members

The Mothering Myth - Emma Green

In our journey into the unknowns of mothering we discover many things about life, about ourselves, and about our own mothers. We learn things that are well-kept secrets in our society, where only the 'good' aspects of mothering are mentioned and the worst is not talked about, a conspiracy of silence, partial truths and omissions. It is this conspiracy, I believe, that leads women to some kind of postnatal crisis.

Only a new mother can understand the incredible frustration of the inconsolable, screaming infant who appears to be neither hungry, wet or in pain. Only a new mother can appreciate the torturous effects of another broken night's sleep, and the impact it has on her relationships and her emotional well-being. A crying baby refusing the breast becomes a painful rejection, surely the closeness of that intimate moment is the one thing that we can provide that makes everything better? Isn't that what we are led to believe?

Only a new mother can begin to understand that no matter how much she has dreamed of this moment, she is capable of feeling indescribable helplessness, frustration, vulnerability and desperation.

A partner's gambit for affection becomes another demand on her already 'touched-out' body, her self-esteem can be at an all-time low, as she feels she is failing on all fronts. She can experience an overwhelming urge to run away, to disappear, to simply cease to exist, as though that would somehow end the endlessness of this, this role that we were told to expect would be full of joy, bliss and satisfaction. And how terrible would it be to actually admit to that desire to run away, to leave, to not be a mother any more, what plagues and punishments would be inflicted on us then? How would we be judged in the eyes of society? A mother who has moments of not wanting her children, of wanting to run away, to escape? Yes, far better to avert your thinking from that course, to pretend that everything is fine, that we are all doing OK and that this is all normal. That's right, join the conspiracy of silence, become one of those who perpetuates only the 'good' in mothering, because the alternatives are unthinkable.

So, we go along to our coffee groups, and we talk about how our babies are doing, more specifically about what our babies are doing, their milestones, when we plan to go back to work, where we plan to send our children to daycare, what we will be able to do when they are through this stage, or that, when they are walking, when they are talking, when the next one comes along, always looking forward, too frightened to be in the present, because in the present the truth might catch up with us. Best to keep moving, to tow the line, motherhood is all joy and bliss, don't dissent, don't complain, don't speak out. Everything is fine.

The figures for New Zealand estimate approximately 10-15% of women will experience postnatal distress. Others put this figure at 25%, that's one in every four mothers, and some estimate it to be even higher. I wonder, if we removed the 'diagnosis', choosing to look instead for those mothers who were really struggling with the incongruence between the life they had imagined, and their new reality - what sort of numbers we might be talking about then.

Postnatal distress affects women regardless of social status, ethnicity, educational background, profession, marital status. It does not discriminate. Sure there appear to be some factors which can be said to place women at higher risk, difficult pregnancy, labour complications, caesarean, history of depression or other mood disorder, however postnatal distress also affects mothers who have no such history, who had easy uncomplicated pregnancies and births.

Postnatal distress is often missed, women dismiss what they are feeling, eager to conform to the motherhood equals bliss myth, or they are told what they are experiencing is 'normal', they are adjusting to motherhood; the bliss part must be delayed and will surely follow. Another myth, it's just the hormones, everything will soon settle down, reinforcing the message there is something wrong with her, something that 'should' be fixed.

The very fact that we use the label 'postnatal distress' pathologises women's responses to the changes they are facing in their lives. Labeling women in such a way reduces their individual experience to a 'disorder', a 'dis-ease'. She has failed somehow; she must be fixed, made better; a return to normal, when everything in her life is so far from what she knew as 'normal'. Given that women are more vulnerable after giving birth to developing emotional problems than at any other time in their lives, that failure seems like less of a failure on her part and more of a failing in a society that merely pays lip-service to equality and the value of mothering.

Back at the coffee group where we dare not share how we are really feeling, women receive and reinforce the subtle and very powerful message that it is not OK to be 'not OK'. We are our own worst enemies, our harshest critics, most ruthless judges. The implicit message is clear, "everyone else is coping – there must be something wrong with me". And therein lies the issue, everyone is not coping, it's just that we aren't talking about it. A conspiracy of silence, denial and compliance and we women are certainly complicit in it.

Often there is no extended family around, many grandparents still work full time, often no adult company at all, the woman is alone for long periods of time, alone with a baby, who can't communicate its needs verbally, just with cries, and in no time at all the lack of sleep combined with constant second-guessing herself as to whether she is doing the right thing become an assault on her self-esteem and morale.

No-one expects postnatal distress; no-one expects not to cope, to feel miserable, to feel out of control, to have no hope for the future, to have frighteningly dark thoughts, to long for our pre-child lives and bodies. And in not talking about the dark side of motherhood we participate in a conspiracy that sets pregnant women everywhere up for a huge and unpleasant surprise. A few hours of antenatal classes are woefully inadequate in terms of emotionally preparing women for motherhood; in short, we don't prepare women emotionally at all. A few hours for labour and birth, a few hours for baby's needs. If you are lucky your childbirth educator spends about half the time on post-natal topics, that's 6 hours all up to cover this huge life change, and in that time she needs to get across to you breastfeeding, vitamin K, safe sleeping, vaccinations and a whole host of other things that don't have anything to do with your emotional wellbeing once this baby arrives. And if it did – how much would we be able to take in? – So focused are we on the labour and birth.

Disappointingly, I don't have the solution, we live in a society obsessed with information, the answers to pretty much all of our questions are available at the touch of a button, we can Google anything and everything. The issue now is that we have lost our inner knowing, so reliant are we on the 'experts' to tell us what we should be doing, how we should be feeling, how best to cope. Undoubtedly this is a part of the problem.

Part of the solution, I believe, lies in exposing the myths surrounding mothering. As women, as mothers, we must ask ourselves if the time has come for us to reclaim our inner wisdom, our intuition, and to talk openly about the realities of motherhood, the pleasant and the not so pleasant, to support and nurture each other instead of competing with each other, to form a community of women, of mothers, to bring mothering to ourselves.

About the author

Emma Green is on our Board of Trustees. She is the mother to three lovely children and has personal experience of postnatal distress, she is an antenatal educator and currently facilitates the support groups for the Postnatal Distress Support Network. She is passionate about raising awareness of PND and in supporting other women in their experiences of mothering, their struggles and joys.

For more information you can visit www.postnataldistress.org.nz or call 09 836 6967

Depression in Solo Dads - Harald Breiding Buss

Depression in dads has made some headlines in recent years, but we don't often realise that some of those dads might be parenting without much support at all. About one in six solo parents is a dad, and although that proportion is smaller if the child is a baby, there's nevertheless quite a few of them.

Father & Child did a small study on solo fathers raising young children recently (see <http://fatherandchild.org.nz/papers/dependent-on-dad-study/>), and the results weren't particularly encouraging when it came to how the dads are coping. The study covered fathers with children 0-8 years, who were also quite young (24 years on average when the child was born). It was the dads with children 0-2 years that struggled the most. A majority of them reported depression issues, and three quarters felt isolated. Involvement in the community was poor, and most felt uncomfortable about not being able to meet the provider role. The good news is that the dads were overall fairly confident that they had what it takes and that their babies got what they needed from them.

Solo dads are quite invisible in our society for two reasons.

- We don't see them because we don't look. We automatically assume for young children that they are being looked after first and foremost by their mothers. That's an assumption that we make in our everyday interactions with parents and with children, although dads looking after their young children (not just solo dads) are all around us every day: in the parks, in swimming pools, walking along the street, and elsewhere. In some of these places they often outnumber mums even on a weekday. But for most of us this never makes it to the level of our awareness – we screen it out.
- Solo dads themselves keep a low profile. They're not exactly putting themselves out there. The majority of dads in the study 'never' or 'hardly ever' had their children's friends over at their house. This may be just a 'guy thing', but it's also quite typical behaviour for a depressed person.

Perhaps not surprisingly the one thing solo dads with under 3 year olds wanted most (other than help with money and job) is someone to talk to. That suggestion scored an average nine out of ten, ahead of any other suggestion. I'm quite sure that what the dads want to talk about here is neither rugby nor work. It is - dare I say it - probably about their emotions. This desire to talk in order to make sense of it all is something Father & Child has struck in other dads as well. For anyone working with families, the best thing they can do is ask the dads they encounter genuinely how they are, and make time to hear the answer. Even if there is no answer, asking the question told him that his mental health is important.

Some Recent Research

Healthy Beginnings: Developing perinatal and infant mental health services in New Zealand Ministry of Health January 2012

<http://www.health.govt.nz/publication/healthy-beginnings-developing-perinatal-and-infant-mental-health-services-new-zealand>

Maternity Quality Initiative & National Monitoring Group

The Ministry of Health is in the process of setting up a National Monitoring Group to oversee the implementation of the Maternity Quality and Safety Programme. Early in 2012 the Ministry will call for nominations from professional colleges, DHBs and consumer organisations. Read more about the monitoring group [here](#).

<http://www.hiirc.org.nz/page/30203/maternity-quality-national-monitoring-group>

<http://www.hiirc.org.nz/page/30204/maternity-quality-initiative/?tab=5057§ion=20254>

Australian midwives' knowledge of antenatal and postpartum depression: a national survey

Jones CJ, Creedy DK, Gamble JA. (2011, July). *Journal of Midwifery and Womens Health*, 56(4), 353-61. doi: 10.1111/j.1542-2011.2011.00039.x.

Group treatment for postpartum depression: a systematic review

Janice H. Goodman & Gabrielle Santangelo

Received: 25 July 2010 / Accepted: 16 June 2011 / Published online: 1 July 2011

Arch Womens Ment Health (2011) 14:277–293

<http://www.ncbi.nlm.nih.gov/pubmed/21720793>

Antidepressant Use During Breastfeeding.

[Berle JO](#), [Spigset O](#).

[Curr Womens Health Rev](#). 2011 Feb;7(1):28-34

Department of Psychiatry, Haukeland University Hospital, P.O. Box 23 Sandviken, N-5812 Bergen, Norway.

. <http://www.ncbi.nlm.nih.gov/pubmed/22299006>

Psychiatric illness during pregnancy

Early detection, individualized care can promote health for mother and infant

Maria Muzik, MD, MSc Susan Hamilton, MS University of Michigan Ann Arbor, MI

http://www.currentpsychiatry.com/pdf/1102/1102CP_Muzik.pdf

<http://www.currentpsychiatry.com/Audio1102CP.htm> audio webcast

Which event matters: exploring the relationship between life events, socioeconomic status and psychological distress in mothers of infants

Annemarie Nicol *Australian Social Policy Journal* 24 October 2011

<http://apo.org.au/research/which-event-matters-exploring-relationship-between-life-events-socioeconomic-status-and-psy>

Clinical practice guidelines

Depression and related disorders – anxiety, bipolar disorder and puerperal psychosis – in the perinatal period. A guideline for primary care health professionals

beyondblue: the national depression initiative February 2011

http://www.beyondblue.org.au/index.aspx?link_id=6.1246&tmp=FileDownload&fid=1626

Screening and Counseling for Postpartum Depression by Nurses: The Women's Views

Lisa S. Segre, PhD, Michael W. O'Hara, PhD, Stephan Arndt, PhD, and Cheryl T. Beck, DNSc, CNM, FAAN

In this Part 2 article of research examining a model of care in which nurses screen and counsel postpartum women for postpartum depression, acceptability of such a model to postpartum patients was evaluated with a diverse sample of American women.

[Read Part 1: Nursing Care for Postpartum Depression, Part 1: Do Nurses Think They Should Offer Both Screening and Counseling?](#)

[Maternal Health Needs and Interest in Screening for Depression and Health Behaviors During Pediatric Visits.](#)

Walker LO, Im EO, Tyler DO. J Pediatr Health Care. 2012 Jan 10. [Epub ahead of print]

A mail survey was used with names randomly drawn from birth files and balanced for race/ethnicity and income level. Aims were to assess postpartum health care barriers; health status (including depression and health behaviors); missed opportunities to discuss maternal health at health visits; acceptability of maternal screening in pediatric settings; and association of these variables with income level and race/ethnicity.

[Prenatal health behaviors and postpartum depression: is there an association?](#)

Dagher RK, Shenassa ED. Arch Womens Ment Health. 2012 Jan 4. [Epub ahead of print]

Postpartum depression is a prevalent mental disorder; however, scarce research has examined its association with prenatal health behaviors. This study investigated the associations of cigarette smoking, caffeine intake, and vitamin intake during pregnancy with postpartum depressive symptoms at 8 weeks after childbirth.

Depressive symptoms and intimate partner violence in the 12 months after childbirth: a prospective pregnancy cohort study.

Woolhouse H, Gartland D, Hegarty K, Donath S, Brown S.

BJOG. 2012 Feb;119(3):315-23. doi: 10.1111/j.1471-0528.2011.03219.x. Epub 2011 Dec 7.

Healthy Mothers Healthy Families Research Group, Murdoch Childrens Research Institute, Melbourne, Australia Primary Care Research Unit, Department of General Practice, University of Melbourne, Carlton, Australia.

Brené Brown – One of Susan Goldstiver’s hero’s (Susan is another member of PMHNZ Trust)

http://dumbofeather.com/delve/article/brene-brown-is-a-grounded-academic/?utm_medium=email&utm_campaign=February+2012&utm_content=February+2012+CID_96276201e8b1993afa6a68486b456309&utm_source=Email+marketing+software&utm_term=story+on+grounded+academic+Bren+Brown

I think courage is the ability to tell your story.

I’ve heard so many stories in my life that I know I’m not alone. Everyone has a struggle. It’s what I say about empathy in my shame work. If you have a petri dish and you have shame in there, this pervasive feeling of not being good enough and not being ‘whatever’ enough—thin enough, rich enough, popular enough, promoted enough, loved enough. It only needs three things to survive in this little Petri dish and actually to grow exponentially and creep into every corner and crevice of your life and those are secrecy, silence and judgement. If you have the same amount of shame in a Petri dish and you douse it with some empathy, you share your story with someone who can hear you and look back at you and say you’re not alone, shame dies. You’ve created a hostile environment for those gremlins who keep saying to you ‘you’re not enough, you’re not enough, nothing you do is enough’. So I believe with my whole heart there are only two options; to let what scares us stay inside of us—and fester and grow and take over everything—or to share it. I think that we have to share our stories with people who’ve earned the right to hear them.

Conferences and Training

Marce Biennial Congress Paris, France, from October 3-5, 2012

As President of the International Marcé Society for Perinatal Mental Health, I am pleased to tell you that our next biennial congress will take place in Paris, France, from October 3-5, 2012. Colleagues who are already intending to contribute to the Marcé Society Biennial conference October 3-5, 2012 in Paris are from Canada, Morocco, Turkey, Brazil, Australia, England, Indonesia, Poland, USA, Spain, Italy, New Zealand, India, Germany, Switzerland, France. Please join them.

For information visit our congress website:

http://www.infocongres.com/page6.php?congres_id=123

Ms. Nine Glangeaud - Senior researcher, President of the International Marcé Society

IMHAANZ Infant Mental Health NZ *TOOLS FOR PRACTICE*

27-29 February 2012 Te Papa, Wellington

Keynote Speakers

Dr Deborah Weatherston, Executive Director, Michigan Assn of Infant Mental Health, USA

Beulah Warren, Faculty, Master of Perinatal & IMH Program, NSW Institute of Psychiatry, Australia

Lynaire Doherty, Aroha Gray!and Kararaina Penehira, Ohomairangi Trust, New Zealand

<http://www.imhaanz.org.nz/sites/default/files/IMHAANZ%20Conference%202012%20Full%20Programme.pdf> for registration

Reports from Conferences

PMHNZ profile was raised at the SANDS Conference in Wanganui in November 2011

Perinatal loss is probably one of the least talked about perinatal mental health issues, which include miscarriage, neonatal loss, termination and birth trauma. Losing one's child at whatever gestational age is the most heartbreaking, confusing, shattering, numbing, despairing sometimes hopeless, event that a parent can experience. It is certainly a huge risk factor for anxiety and depression in future pregnancies. But many health professionals and family shy away from talking about a previous loss through fear and ignorance.

There were tens of brave women and men who talked about their experiences. The men's forum was especially poignant – not often a small group of men will talk about their experiences to a roomful of women. Their honesty and candour about their journey was tearjerking. Some of the messages from those present (mums and dads) who had experienced loss are “please talk to me” “acknowledge what I have experienced” “be brave and listen to my story” “give me information about all possibilities” and “don't fob me off with platitudes that everything will be OK next time”.

There is a wide body of research now about perinatal distress, so please do go in and have a look

A couple of excellent speakers who stood out for me were Joanne Cacciatore from Arizona

<http://www.misschildren.org/pro/articles.html> and Amy Keubelbeck

http://perinatalhospice.org/Home_Page.html

Rosie Smith rosie53@gmail.com

2011 Marcé Conference, Perth, Australia 21 October 2011**“Perinatal Mental Health: Across the Spectrum”**Jan Klausen foreel@xtra.co.nz

To say this conference was “life changing” in no small way can describe how I feel about the tremendous privilege of representing our DHB (Hawkes Bay) at such a prestigious global event.

My aims in attending were

1. To present the Childbirth After Thoughts Service (Ch.A.T) to the delegates in Poster form.
2. To up skill in current trends for Perinatal Mental Health diagnosis and treatment.
3. To network with other Health professionals and glean how their perspective on Perinatal Distress differs and aligns with my own and how we can enrich each other’s practice and paradigms.
4. To explore and be challenged by the latest worldwide research on PND (Perinatal Stress) through the work of scientists specializing in cortisol crossing the placental barrier, DOHaD (Developmental Origins of Health and Disease) and Neuroplasticity.
5. To attend a workshop on attachment Theory and discuss case studies that illustrate types of attachment Disorders.

The whole conference has left me reeling with enthusiasm to share what I have learned with my colleagues and eager to apply new Maternal and Infant Health insights to my practice. An emphasis on the role of the Health Professional’s responsibility to consider the “Family Triangle” across the Perinatal Mental Health Spectrum was evidenced by speakers who spoke on behalf of the Mother, Infant and Father.

And don't forget,

You can view ALL the lectures from the Pittsburgh Marcé Society Meeting 2010 on www.MedEdPPD.org. This is a superb site for professionals and public

**NB We have a page on Facebook...just a start, so do visit –
Perinatal Mental Health NZ Trust**

And Finally

A huge thank you to Frances McInnes from Breastmates

Frances contacted PMHNZ early last year and wanted to help. She offered to donate the proceeds – nearly \$1800, from the sale of a special TShirt to PMHNZ –



Go to <http://www.breastmates.co.nz/shop-management/products/b/my-heart%27s-content---womans-tshirt-for-charity.aspx>

And Finally, Finally

Please do send in your articles and information to share with colleagues across New Zealand

pmhnztrust@gmail.com

I have avoided columns in this newsletter as feedback has informed me that it’s easier to read online if it’s not in columns