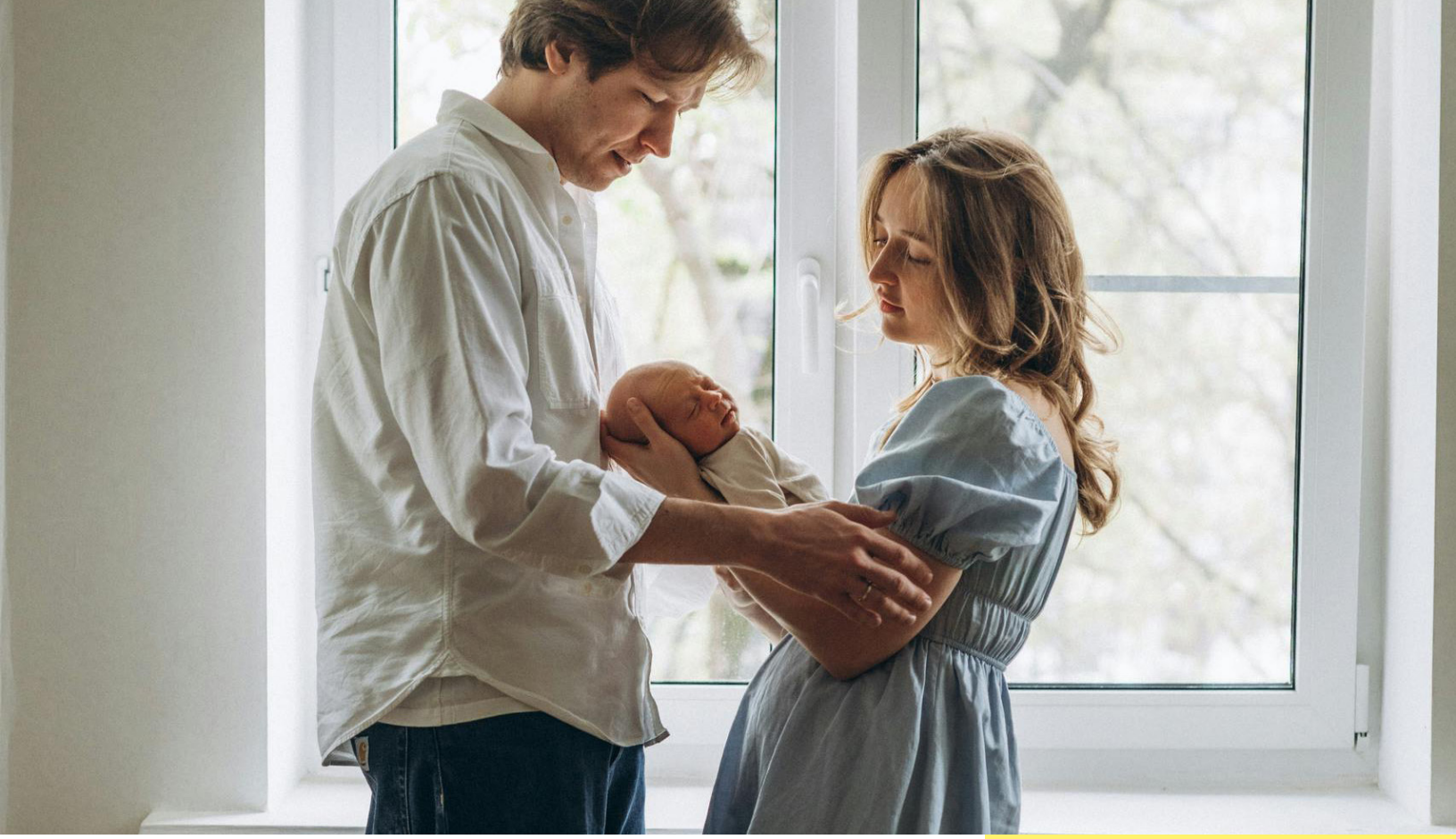
BC WOMEN'S HEALTH FOUNDATION

INVEST IN

BUILDING NORTH AMERICA'S FIRST INPATIENT PERINATAL MENTAL HEALTH UNIT



BC WOMEN'S HOSPITAL + HEALTH CENTRE, A GLOBAL LEADER IN WOMEN'S HEALTH IS BUILDING NORTH AMERICA'S FIRST INPATIENT PERINATAL MENTAL HEALTH UNIT (PMHU)

For most women, the experience of pregnancy and childbirth brings excitement and joyful anticipation as families prepare to welcome a precious newborn into their lives.

For people living with mental health concerns or for those who experience a decline in mental health following the birth of their child, it's a different story.

Perinatal mental illness refers to the range of issues a pregnant or parenting person can face during pregnancy and in the year after giving birth. This includes prenatal and/or postpartum anxiety, depression, post-traumatic stress disorder, psychosis, obsessive-compulsive disorder, and bipolar disorder. Mental illness is one of the most common issues that arises during pregnancy and the postpartum period. Untreated or undertreated, perinatal mental illness can have a profoundly negative impact on the health and lives of affected people, their children, and families.

Perinatal mental illness is a critical issue that mothers often hide because of shame and stigma. Many women hesitate to report symptoms, fearing judgment for not feeling overjoyed about pregnancy or parenting.

2X

Rates of self-reported perinatal depression and anxiety doubled during the COVID-19 pandemic period and continue at this alarmingly increased rate today.

4TH

Suicide is the 4th leading cause of maternal death in Canada.

25%

1 in 4 of Canadian families are impacted by perinatal mental illness.

WITH THE RIGHT CARE, AT THE RIGHT TIME, BY THE RIGHT PROVIDERS, LIVES CHANGE.

Together, the expert multidisciplinary team at **BC Women's Hospital + Health Centre (BCWH)** is working to **redefine perinatal mental health care**—not just within our hospital, but across the entire system. Our work will transform care delivery, research, education, and workforce development to drive lasting change across the province and beyond.

We are leading **global innovation that will reshape the future of care** for the perinatal population:

- **Our inpatient unit will be the first of its kind.** Our integrated care model will be North America's first and will serve as the foundation for a provincial hub, positioning BCWH at the forefront of perinatal mental health care.
- **Our seamless, specialized continuum of care** ensures mother-baby connection while supporting people who are pregnant and parenting at every stage of their mental health journey.
- **Our commitment to research and knowledge exchange** means our discoveries don't stay within our walls; they influence policy, shape training for future healthcare providers, and set new standards of care provincially, nationally, and globally.
- **Our work to reduce stigma** will be underpinned by integrating patient care, research, education, and advocacy in one place. This approach not only improves outcomes but also **creates a more inclusive, dignified, and supportive system** for perinatal mental health care.
- Through this work, BCWH will become a **global leader in clinical practice, research and innovation**, advancing the standard of care for future generations of patients, babies, and families.

BC Women's Hospital & Health Centre's expert multidisciplinary Mental Health Team includes representation from:

- **Psychiatrists**
- **Addictions medicine specialists**
- **Registered Nurses**
- **OB/GYN consultation**
- **Elders**
- **Peers**
- **Clinical social workers**
- **Dietitians**
- **Quality & Safety staff**

Our partners include:

- **Primary Care Professionals**
- **Regional Health Authorities**
- **Community agencies who serve women who are pregnant or newly parenting**
- **BC Ministry of Health**
- **University of British Columbia**
- **Simon Fraser University**
- **BCCSU**

As a teaching hospital, BC Women's trains multidisciplinary teams in trauma-informed practice, harm reduction, and specialized perinatal mental health and addictions care, while embedding principles of Indigenous Cultural Safety across care and learning environments.

THE RESULT: LIFE-SAVING CARE FOR PEOPLE EXPERIENCING PERINATAL MENTAL ILLNESS AND THEIR BABIES TODAY—AND TRANSFORMATIVE CHANGE THAT WILL IMPACT GENERATIONS TO COME.

WHY THIS MATTERS

According to the Canadian Perinatal Mental Health Collaborative, maternal mental health is the single greatest determinant of a child's health. Perinatal mental illness can be a significant barrier to parental-infant attachment and can cause long-term harm to a child's cognitive and psychosocial development:

- Untreated, perinatal mental health issues can lead to **chronic depression and other psychiatric conditions that last a lifetime in mothers**, leaving a lasting intergenerational imprint.[1]
- Some studies point to a **4-5x increased risk of mental disorders such as depression and anxiety** in children of mothers with postnatal depression[2], lasting into adolescence.

1 Canadian Perinatal Mental Health Collaborative (CPMHC), October 2022

2 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6610252/

HOW WE HELP

BC Women's has several programs providing support to women with mental health and/or substance use concerns, but no dedicated in-patient psychiatry unit.

Our current programs include:

- The **Reproductive Mental Health Program** is a holistic program that offers outpatient treatment and support:
  - Pre-pregnancy consultation for people with psychiatric illness who are thinking about pregnancy and want advice about the management of their illness before, during, and after pregnancy and birth.
  - Assessment and treatment for people with mental health disorders who are pregnant and have given birth.
  - Individual and group therapy to support people's adjustment through this new life stage, develop tools to handle the stressors of parenthood, and address distressing thoughts and feelings while practicing mindfulness and self-compassion.
- Advice to community physicians/NPs by psychiatrist is provided to healthcare providers around the province through the Rapid Access to Consultative Expertise (RACE) program:
  - Provides expert consultation to healthcare providers who support those in need of therapeutic interventions for conditions including depression, anxiety, bipolar disorder, and others.
  - This is vital for rural and remote community residents with limited options for local care—significantly increasing access for those who need it most.
- **Families in Recovery (FIR)** launched in 2003, providing specialized, combined care inpatient support to individuals who are pregnant or newly parenting while navigating substance use, and their infants:
  - BC Women's was the first to provide this model of care in Canada and continues to be a global leader in this unique approach to care.
  - Adhering to culturally sensitive, trauma-informed care and harm reduction principles, the program meets patients where they are.
  - The interdisciplinary care team creates individual care plans, supports the parent-infant bond, and focuses on attachment and well-being in a safe, supportive environment.

4 IN 1,000

Over a 5-year period in BC, at least 4 in 1,000 pregnant or newly parenting people are hospitalized for psychiatric illness.

70%

Of those admitted for psychiatric illness within one year following delivery, 7 in 10 had a history of psychiatric illness within the two years before conception or pregnancy.

RISK FACTORS

For postpartum hospitalization due to psychiatric illness:

- **Younger maternal age at delivery**
- **Multiple births**
- **Pre-term birth**
- **Low newborn APGAR score[3]**

2 https://med-fom-psychiatry-sandbox2019.sites.olt.ubc.ca/files/2023/05/Hippman-Catriona-Postpartum-psychiatric-hospital-admissions-A-population-based-study-from-British-Columbia-1.pdf

CLOSING THE GAP IN OUR CONTINUUM OF CARE

Despite these significant advancements in perinatal mental health care, there are many patients for whom these programs of care do not meet their needs. The PMHU will be a lifeline for our patients.

When severe psychiatric instability is present before, during or after birth, time is of the essence, and highly specialized expertise is necessary. Women experiencing psychosis, anxiety and mood disorders, or post-traumatic stress often need admission to an inpatient psychiatric setting at the earliest opportunity for assessment and treatment.

Together with our donors, BC Women's Health Foundation is raising $11 million to develop North America's first acute inpatient unit for perinatal psychiatric patients and their babies.

Currently, in BC, postpartum people needing inpatient care for acute psychiatric illness—those in significant distress or who may be a danger to themselves or others—are separated from their babies when they are admitted to the hospital. Available beds may be located at facilities without expertise in treating perinatal patients or the capacity to meet the baby's medical needs.

Understandably, **fear of separation is a significant barrier to many women seeking help**, putting their health and their baby's health at risk. Left untreated, these risks include low infant birth weight, preterm delivery, childhood emotional and behavioural problems, and poor infant learning and cognitive development.

Separation is unacceptable and leads to poor outcomes for both mother and infant, so BCWH is taking immediate steps to close this gap and make it right.

BC Women's new Perinatal Mental Health Unit (PMHU) will break new ground by offering an innovative model of care that seeks to minimize mother-baby separation, even during periods of acute mental health instability. In this new unit, mothers and infants will receive care together—as much as is safely possible—to maintain the mother-infant relationship and support the bonding and attachment that gives babies their best chance and increases the likelihood of a return to well-being for mom.

PMHU will offer eight private rooms designed to support mothers requiring acute inpatient support related to their mental health. Offering 24/7 psychiatric, nursing care, and a multidisciplinary team of clinical and allied health roles to support attachment, parenting, and recovery needs for patients and families. This high acuity unit will accept referrals from psychiatrists and other physicians across the province, whether through BC Women's Reproductive Mental Health Program, Urgent Care Centres, Emergency Departments, or the FIR program.

THE NURSERY

Babies will be cared for in an inpatient nursery, when indicated, to allow mothers a focused period of rest in support of their healing. Physicians with specialized skills in caring for both mom and baby will address the unique medical needs of all patients. Highly trained team members will attend to the baby's needs, including feeding, diapering, consoling, and establishing sleep routines, as well as responding to any needs for first aid. Specialized pediatric care will be arranged if babies are experiencing medical symptoms.

Wherever possible, to facilitate attachment in a safe environment, mothers admitted to the PMHU, and their babies will be closely supported in nurturing the bonding that is so critical during the postpartum period.

If mothers' mental health has yet to stabilize fully, trained volunteer cuddlers, will be available in the Nursery to ensure newborns are held, comforted, and receive optimal stimulation and interaction each day. Responding to every baby's needs in a timely and compassionate way is critical to their healthy development and ongoing capacity for bonding and attachment.

The concept of dyad care, otherwise referred to as 'rooming-in' within an acute inpatient psychiatric unit, is groundbreaking, positioning BC Women's as an international leader with this innovative model of care.

THE JOURNEY

In the PMHU, patients will receive intensive, life-saving wraparound psychiatric care until their acute mental health needs stabilize.

The most vulnerable women requiring admission are those with acute psychiatric symptoms. The PMHU will provide a safe space where people who are pregnant and newly parenting can address the root causes of their psychiatric condition, receive treatment, and be supported to develop an ongoing recovery plan for care post-discharge.

Patients may be admitted at any time during their pregnancy or within the one-year postpartum/perinatal period. Postpartum women may stay as long as clinically indicated to ensure bonding can be fully supported and their acute care needs have stabilized.

Once the care team has deemed the patient is stable and can safely care for their baby, women will then 'step down' to receive care for their ongoing recovery and treatment either in their community, another care setting, at FIR or at home, depending on their needs and those of their baby. During this time, the team at BC Women's will provide the support needed for a smooth and safe transition back to the community. Central to this is BC Women's commitment to working with the patient's community care team and supports, ensuring the family has the resources for a successful recovery.

Research Profile: Dr. Catriona Hippman, PhD, CGC

Dr. Hippman's research focuses on understanding the experiences of people who need hospitalization for postpartum mental illness.

"Postpartum psychosis is a psychiatric emergency that impacts 4 women in 1,000. Pregnant individuals with psychosis or severe postpartum depression need a high level of care to protect their health and the health of their families."

Dr. Hippman is a postdoctoral research fellow with the BC Women's Reproductive Mental Health Program, the BC Ministry of Health, and Simon Fraser University.

The groundbreaking new PMHU is vital to ensure the best possible outcomes for individuals needing urgent treatment and care for perinatal mental health disorders and their babies.

Your investment in this Unit will **create transformative, life-changing impacts for both mother and baby**—delivering immediate benefits and shaping healthier futures for a lifetime. PMHU will:

- **Keep moms and babies safe** during periods of acute instability, accelerating a return to positive health for mom.
- **Enable bonding and attachment** at the most critical time to promote healthy infant brain development that impacts lifelong language, memory, and emotional regulation.
- **Build caregivers' confidence and skills** to care for themselves and their babies through an intensive, comprehensive, holistic, and supportive model of care.
- **Connect parents with appropriate clinical resources and wraparound care**, ensuring those at risk of the most significant psychiatric illness receive appropriate follow-up care and can continue to heal safely in their communities.
- **Intervene early to overcome the intergenerational impacts of perinatal mental illness**, thereby lowering the risk of mental health challenges in children and youth, breaking the cycle and allowing them every opportunity for a brighter, healthier future.

The Unit will also be a **hub of excellence for clinical research** to advance the future of care:

- **Driving innovation and setting the standards for the clinical care of patients with complex perinatal mental health and their babies.**
- **Facilitating the translation of new knowledge into evidence-based practice and clinical care resources** so that up-and-coming generations of care providers can deliver the very best care for their patients nationally and beyond.

RESEARCH ON EXISTING INTERNATIONAL MOTHER + BABY UNITS SHOW EFFICACY, NO PSYCHIATRIC UNITS EXIST IN NORTH AMERICA

In single-centered Mother & Baby Unit (MBU) studies, a large proportion (86.7%) of mothers with a diagnosis of schizophrenia showed a significant decrease in psychotic symptoms, and full remission was achieved in 92.2% of mothers with postpartum psychosis.

In a nationwide UK study, the majority of mothers admitted to MBUs (80%) had a good parenting outcome and could return home to care for their child unsupervised.

Source: Bergink et al

COMPLETING OUR CONTINUUM OF CARE

The new **Perinatal Mental Health Unit will meet a critical unmet need for some of the most complex and underserved patients with perinatal psychiatric challenges in our province.** Your gift will create an innovative setting for urgent maternal mental health care and enable the essential mother-baby bonding that is the very foundation for their ongoing health.

Your investment will enable this leading model of care to come to life and facilitate clinical research that will change the standard of care in BC, across the country, and around the world. **The impact of your gift will last for generations**.

The best thing we can do for babies is to ensure they have a healthy mother. Your support will save and restore lives, bring hope, calm, and healing to women in acute mental health distress, and ensure both mother and baby have the very best chance of well-being, now and in the future.

Thank you for giving people with acute mental health concerns in this vulnerable perinatal period their very best chance for a healthy future for themselves and their babies, and for investing in the future of care.

ABOUT BC WOMEN'S HOSPITAL + HEALTH CENTRE

BC Women's Hospital + Health Centre is the provincial hospital for women's health, a teaching hospital for the University of British Columbia, and the provincial centre for high-risk maternity and neonatal care. It serves more than 80,000 patients every year and operates over 60 specialized services to support the health and well-being of women and newborns in our province. It is the only women's hospital in British Columbia and one of only four in Canada.