



Research Article

Registered nurse lactation consultants' experiences supporting maternal mental health: A qualitative descriptive study

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ABSTRACT

Background: The province of Nova Scotia has the highest rates of perinatal mental health disorders in Canada, and rates of exclusive breastfeeding fall below the Canadian national average. Exclusive breastfeeding is identified as a protective factor against the development of perinatal mental health disorders. Lactation consultant support is associated with increased rates of exclusive breastfeeding and decreased rates of perinatal mental health disorders. Despite this, little is known regarding the experiences of Registered Nurse Lactation Consultants related to supporting maternal mental health.

Objective: To understand the experiences of Registered Nurse Lactation Consultants related to supporting maternal mental health.

Design: A qualitative descriptive design using online semi-structured interviews.

Setting & Participants: Ten Registered Nurse Lactation Consultants employed in the publicly funded healthcare system in Nova Scotia, Canada, were recruited via purposive sampling.

Findings: Three themes emerged regarding the relational experiences of Registered Nurse Lactation Consultants while supporting maternal mental health; these included (1) Experiences supporting maternal mental health, (2) Providing maternal mental health care, and (3) Mothers need support.

Key conclusions and implications for practice: Registered Nurse Lactation Consultants described positive experiences supporting maternal mental health and indicated that lactation consultant appointments were an opportune time to provide screening and support for maternal mental health. Enhancing support for maternal mental health requires collaborative and integrated approaches throughout the perinatal period. Healthcare providers, including Registered Nurse Lactation Consultants, must be provided with the support and resources to provide timely and appropriate support for maternal mental health throughout the perinatal period.

Statement of Significance

Problem or Issue:	Little is known about the experiences of lactation consultants related to supporting maternal mental health.
What is Already Known	Exclusive breastfeeding is a protective factor against the development of perinatal mental health disorders. Lactation consultants have the expertise to promote exclusive breastfeeding and the skills to support women experiencing breastfeeding challenges.
What this Paper Adds:	Insight into the experiences of Registered Nurse Lactation Consultant supporting maternal mental health in Nova Scotia, Canada.

Introduction

Perinatal mental health disorders (PMHDs) are a growing public health concern that can negatively impact the health and well-being of mothers, children, and families (Lengua et al., 2022; Rogers et al., 2020; World Health Organization [WHO], 2023). More than one in five Canadian mothers experience PMHDs, although research indicates this number has increased since the onset of the COVID-19 pandemic (Davenport et al., 2020; Racine et al., 2021; Statistics Canada, 2019). Recognising and addressing PMHDs is essential to preventing the harmful and potentially fatal consequences of these disorders (Canadian Perinatal Mental Health Collaborative [CPMHC], 2021; Slomian et al., 2019). Exclusive breastfeeding has been identified as a protective factor

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against the development of PMHDs (Chih et al., 2021; Sha et al., 2019; Webber and Benedict, 2019). Despite the known protective effect, 66 % of Canadian women are not meeting recommendations to exclusively breastfeed for the first six months of an infant's life (Statistics Canada, 2022a; WHO, 2023), placing numerous mothers at greater risk for experiencing PMHDs.

Comprehensive approaches to addressing PMHDs require the integration of mental health care into maternal and child health services throughout the perinatal period (WHO, 2022). International Board Certified Lactation Consultants (IBCLCs) are perinatal care providers with advanced training in breastfeeding and lactation care whose main role is to promote and support breastfeeding. IBCLCs work in various practice settings and can make referrals to health professionals and community resources (International Board of Lactation Consultant Examiners [IBLCE], 2024). Although not all lactation consultants (LCs) are IBCLCs, the IBCLC designation is considered the gold standard in lactation care, and their scope of practice includes acknowledging mental status within the context of breastfeeding (IBLCE, 2018). Publicly funded breastfeeding support in Nova Scotia is provided predominantly in person by Registered Nurse Lactation Consultants (RN LCs) who work in community and hospital settings. In addition to their role as IBCLCs, RN LCs must also uphold the standards of practice for Registered Nurses, where addressing mental health and incorporating mental health promotion into nursing care is part of their role (Nova Scotia College of Nursing, 2020).

Breastfeeding education and support provided by LCs is a potentially underutilized area of care that may be critical in addressing the increasing prevalence of PMHDs. Difficulty breastfeeding has been identified as a risk factor for the development of PMHDs (Islam et al., 2021; Shen et al., 2023). This is especially true for women who intend to breastfeed and cannot meet their infant feeding goals (Borra et al., 2015; Chang et al., 2022). LCs can improve health outcomes by supporting exclusive breastfeeding and reducing PMHDs related to difficulty breastfeeding or the early cessation of exclusive breastfeeding (Chrzan-Detkos et al., 2021; Keim et al., 2021). Unfortunately, RN LC services are inequitably distributed across Nova Scotia. Not all breastfeeding women have access to RN LCs, and the duration of support provided during the postpartum period is regionally variable, with no minimum stated standards. Moreover, while mental health support falls within the scope of practice of both Registered Nurses and IBCLCs, screening for PMHDs is not mandated in Canada.

In Canada, 23 % of mothers report symptoms consistent with either postpartum depression or anxiety; however, rates of PMHDs in Nova Scotia (31 %) are the highest in the country (Statistics Canada, 2019). Additionally, exclusive breastfeeding rates in Nova Scotia (27 %) remain below the Canadian national average (34 %) (Statistics Canada, 2022a). Lower rates of exclusive breastfeeding, and thus potentially higher rates of PMHDs, are associated with multiple complex factors, including the social determinants of health, such as rurality and lower income levels (Ricci et al., 2023). In Canada, 17 % of residents live in rural areas, however, this rate is much higher in Nova Scotia (41 %) (Statistics Canada, 2022b). Additionally, the average income in Nova Scotia (\$48,000) is lower than the Canadian national average (\$57,100) (Statistics Canada, 2024).

Interdisciplinary approaches to supporting breastfeeding and perinatal mental health are critical components of collaborative care within the perinatal period (Webber and Benedict, 2019). Guidelines for integrated perinatal mental health recommend addressing mental health at every contact within the healthcare system (WHO, 2022). However, unlike the United Kingdom and Australia, Canada does not have national guidelines for preventing, identifying and treating PMHDs (Cook et al., 2023; CPMHC, 2021). LCs have a role in supporting perinatal mental health; however, they are currently missing from this guide. LCs are uniquely positioned to indirectly support maternal mental health by promoting breastfeeding and supporting mothers through breastfeeding challenges. They can also directly impact maternal mental health by

screening for PMHDs and addressing mental health while providing breastfeeding support (Chih et al., 2021; Sha et al., 2019). Acknowledging the need for enhanced support for breastfeeding and maternal mental health in Nova Scotia, this study seeks to address the lack of research focusing on the role of RN LCs in supporting maternal mental health.

Aim

This study aims to better understand the experiences of Registered Nurse Lactation Consultants in Nova Scotia, Canada, related to maternal mental health.

Methods

Design

A qualitative descriptive (QD) design was used to elicit participants' experiences related to supporting maternal mental health. This approach allowed us to comprehensively describe research findings that reflect participants' experiences by remaining close to the surface meanings of collected data. As this study addresses a novel area of research, the low-inference approach offered by QD provided an opportunity to share participants' voices regarding their experiences related to maternal mental health (Sandelowski, 2000).

Participants

Two health authorities provide services within Nova Scotia: Nova Scotia Health (NSH) and Izaak Walton Killam (IWK) Health. NSH provides perinatal services through its women and children's program to individuals in predominantly rural settings across the province. IWK Health is a tertiary maternal and pediatric specialty referral centre based in an urban environment that serves the maritime provinces. To understand diverse perspectives, participants were recruited from both health authorities with representation from across the province using purposive sampling and contacted via their work email addresses. Ten participants participated in this study. Given the small number of RN LCs practicing within the publicly funded healthcare system in Nova Scotia, the research team felt this was an appropriate and representative sample; this sample size also aligns with published qualitative descriptive studies (Kim et al., 2017).

Data collection

A Letter of Information introducing the primary researcher and outlining the purpose of the research was provided to participants before obtaining consent. Freely informed consent was obtained from all participants. Data collection occurred using one-on-one semi-structured interviews conducted by the primary researcher as part of her master's in nursing thesis research. The interview questions were co-developed with the supervisory committee and reviewed after the first and second interviews; no changes were required. To understand the relational aspects of their experiences, RN LCs were asked to describe their experiences related to maternal mental health and how they incorporated mental health care while providing breastfeeding support. They were also asked to discuss factors that influenced mothers' experiences with breastfeeding and maternal mental health. All interviews occurred over Microsoft Teams and were audio recorded. Nine interviews were video recorded. Permission for recording was obtained during informed consent. Interviews occurred between May and July 2023 and lasted between 37.5 and 77.5 min (mean = 54.5).

Data analysis

Qualitative content analysis was used to analyse the data (Colorafi

and Evans, 2016). All transcripts and audio recordings were reviewed multiple times before coding, and field notes were made during this process. Participants consenting to member checking were provided with a copy of their transcript for review before coding. Approved transcripts were uploaded to NVivo® Version 14 to assist with data management and coding. Coding began upon completion of the tenth interview by the primary researcher. Initial codes were derived from the data using line-by-line coding. Similar codes were grouped together and then synthesized under more prominent themes. Data analysis was an iterative process that included consultation with the supervisory committee as codes and predominant themes emerged. Data saturation occurred after the seventh interview and was identified retrospectively during the process of coding when little variance in experiences and no new key themes emerged (Fusch and Ness, 2015).

Trustworthiness

Trustworthiness was established throughout this study by maintaining credibility, transferability, dependability, and confirmability (Lincoln and Guba, 1985). Credibility was established by reading transcripts, listening to interviews multiple times, and engaging in member checking (Bradshaw et al., 2017; Kortstjens and Moser, 2018). Transferability was promoted by providing detailed descriptions of participants' experiences, and creating an audit trail that provided a context for study replication promoted dependability (Bradshaw et al., 2017; Kortstjens and Moser, 2018). Finally, confirmability was demonstrated using a reflexive research journal maintained by the primary researcher (Kortstjens and Moser, 2018).

Ethics

Ethical approval was obtained from the Research Ethics Boards at Athabasca University, NSH and IWK Health. To maintain participants' confidentiality, all interviews were de-identified, and consent forms and demographic information were stored separately from audio recordings and de-identified transcripts. All audio recordings and transcripts were securely stored and accessible only by the primary researcher.

Findings

Participant characteristics

Ten RN LCs participated in this study. One participant did not have an active IBCLC designation at the time of the interview; however, they were included in this study as they had previously held this designation and continued to provide lactation support. Participants had been RNs for between 3 and 38 years (mean = 21 years) and working as LCs for between 2 and 20 years (mean = 9 years). The sample included participants from NSH ($n = 8$) and IWK Health ($n = 2$) who were working in both part-time ($n = 7$) and full-time roles ($n = 3$). RN LCs in this study had experience working in community ($n = 6$) and hospital settings ($n = 10$), which included in-patient units, perinatal clinics and breastfeeding clinics. All participants had experience providing breastfeeding support throughout the perinatal period.

Themes

Five predominant themes emerged while investigating the experiences of RN LCs related to maternal mental health. These included: (1) Experiences supporting maternal mental health, (2) Providing maternal mental health care, (3) Mothers need support, (4) Availability of breastfeeding support and (5) Access to services. The first three themes focus on the experiences of RN LCs related to supporting maternal mental health. Themes four and five encompass the broader healthcare system and focus on the delivery of and access to healthcare services for maternal mental health and breastfeeding in Nova Scotia. This

manuscript explores findings related to the experiences of RN LCs while providing care to mothers. The focus is on relational aspects of care, as opposed to the availability of and access to care within the healthcare system, and therefore, only the first three themes will be reported.

Experiences supporting maternal mental health

RN LCs indicated that maternal mental health concerns and PMHDs were becoming more prevalent in their practice areas. Postpartum anxiety was identified as the most common PMHD in practice, followed by postpartum depression. Postpartum blues, obsessive-compulsive disorder, and postpartum psychosis were also referenced throughout the interviews. As Participant 3 noted: "...it is uncommon today to see folks without some type of mental health issues...you come to realize people are really struggling...mental health is part parcel, it's like woven into what we do."

All participants spoke of the reciprocal relationship between breastfeeding challenges and PMHDs: "...you do see a lot of families who either breastfeeding is causing them stress, or the stress that they're already experiencing, the you know, mental health concerns that they have may be interrupting that breastfeeding process..." (Participant 2). Several factors that could impact a mother's mental health and their experience with breastfeeding were identified in this study. These included age, parity, past medical history, education, and personality characteristics. In the experiences of RN LCs, younger mothers (late teen years) and older first-time mothers (35–40 years old) tended to be the most anxious. Primiparous mothers, those considered perfectionists or high achievers, mothers with a personal or familial history of mental health concerns, as well as mothers experiencing low levels of social support and socioeconomic disadvantages, were identified as being more likely to struggle with PMHDs and breastfeeding. RN LCs who did not identify specific factors impacting maternal mental health felt that due to the increased prevalence of PMHDs, all women were at risk, not just women experiencing increased risk factors:

...at one point I think I may have said like socioeconomic status, but I don't even know I would say that anymore...mental health struggles and disorders are just so incredibly widespread across every demographic...every socioeconomic group, every age bracket...I just think it's everywhere...(Participant 9).

Public health measures during the COVID-19 pandemic that limited social support were frequently mentioned as potential contributors to the increased prevalence of PMHDs. Participants discussed how restrictions during the pandemic resulted in feelings of loneliness and isolation for women, which negatively impacted maternal well-being and increased rates of PMHDs. RN LCs also felt that the negative implications of these restrictions continue to impact mothers:

...we're still seeing the repercussions of [COVID-19 restrictions], they talk about that when I had my first baby, we didn't see any family, we didn't see any friends, and I was all isolated, and nobody saw my baby...people almost feel a little bit traumatized and let down by it all (Participant 4).

All participants discussed positive experiences supporting maternal mental health in their role as RN LCs. Positive experiences were related to successfully building rapport and connection with women and their families, women reporting positive outcomes following timely support, and RN LCs identifying that they positively impacted mothers and families: Participant 9 shared that "...one of the nicest parts is just seeing people thrive...seeing people's confidence develop and seeing those anxieties subside...you develop your relationships with these people and these families, and you really start to see them thrive."

No participants expressed negative experiences in their interactions with mothers while supporting maternal mental health. Experiences classified as negative included RN LCs having difficulty providing mothers with appropriate and timely access to support: "I think

sometimes it's frustrating...because mental health issues are so prevalent, it's trying to get timely access to supports for the moms" (Participant 4). Interestingly, when participants reflected on conversations regarding maternal mental health early in their careers, they felt negatively about how they approached those conversations at the time, "I think earlier on in my career when I was more task-focused...I reflect, and those conversations did not go as well because I had an agenda. I did not go in listening and to understand" (Participant 10).

Participants discussed how prior experiences supporting maternal mental health positively impacted their practice and shaped their approach to addressing maternal mental health. "I'm really aware that women right now are going through a lot...it's almost like it's [mental health concerns] epidemic" (Participant 3). Adding to this, Participant 2 stated:

...it's made me appreciate mental health a lot more...it's definitely made me incorporate that a lot more into my practice because it has such an impact on their overall well-being, their health, and their ability to be a really good parent..."

Providing maternal mental health care

RN LCs in this study indicated that the mental health services and support they provided were well received by mothers and families. Screening for PMHDs was the most common form of maternal mental health care provided by participants. RN LCs agreed that all mothers should be screened for PMHDs throughout the perinatal period; however, they acknowledged that this was not occurring consistently in practice settings. The Edinburg Postnatal Depression Scale (EPDS) was identified as the formal tool most used to screen for PMHDs, followed by informal screening, which included "...discussions about mental health and postpartum anxiety, depression, about baby blues, but we're not using like a screening tool" (Participant 9). All participants acknowledged the benefit of screening for PMHDs at LC appointments:

...[incorporating screening for PMHDs] is the only thorough way to do a lactation assessment...they go so closely together, and it could be the root of...the breastfeeding issue could actually be maternal mental health. So it would be a disservice not to be doing both... (Participant 6).

In urban practice settings, RN LCs reported providing less hands-on mental health screening as they worked more collaboratively with members of the interdisciplinary healthcare team, "I know it's within our scope as [International Board Certified Lactation Consultants] IBCLCs to screen. I think working in a[n] [urban healthcare center], we refer on a lot of times, so social work would do those pieces..." (Participant 10). RN LCs also addressed the benefits of an integrated and collaborative approach to addressing perinatal mental health:

I think anytime somebody's having a discussion with a patient or a mom about mental health, or family, I think it's a good thing. So I think whether it's an LC or whether it's a physician, or whether it's the midwife or if it's on people's radar and they're caring and asking about it, it's good... (Participant 4).

Two predominant facilitators to RN LCs providing maternal mental health support emerged during this study: rapport building and the length of time allotted for LC appointments. Speaking to this, Participant 4 stated, "we have like 45 minutes to an hour, when you're going to the doctor sometimes it's in and out. So timing is another thing that matters. We have the time." Seeing mothers multiple times throughout the perinatal period helped to strengthen rapport and facilitated discussions surrounding maternal mental health:

...being an LC I tend to work really closely and for longer periods of time with families

... when you're an LC and seeing them repeatedly over long periods of time, you're really kind of involved in their journey a little bit more..." (Participant 9).

RN LCs in this study also reported barriers to providing support for maternal mental health, which included a lack of time, caring for off-service patients, and gaps in education. Working in practice areas such as perinatal clinics where multiple mothers were seen per day, and the resulting lack of time was identified as a barrier to screening and providing appropriate follow-up care for PMHDs:

I was really trying to do the Edinburg [Edinburg Postnatal Depression Scale] in the clinic...and I had a mom score, you know, like a 16 or 17...frequent thoughts of self-harm. I had to call the mental health crisis [team]...and then you've got the clinic room tied up, and you've got a waiting room full of people. So you really haven't got the time to do it as it should be (Participant 3).

RN LCs stated that additional education earlier in their careers would have increased their level of comfort in addressing maternal mental health concerns. Others felt that addressing mental health concerns "depend[s] on the comfort level of that nurse... I don't think that everyone would feel comfortable administering [screening], knowing what that means, the follow-up" (Participant 2). Participant 6 felt that healthcare providers already had the necessary tools to support maternal mental health, "...you don't necessarily need to have additional supports and education. You can advocate for clients. You can listen actively. You can screen. You can refer and you can identify crisis, like we all have that ability" (Participant 6).

Mothers need support

As RN LCs shared their experiences related to maternal mental health, it became clear that they felt support was paramount to the overall health and well-being of mothers who wished to breastfeed. It was noted that "...breastfeeding can be a promoter of overall mental well-being, but...with lack of support comes additional stress" (Participant 2). Participants acknowledged that challenges with breastfeeding can negatively impact maternal mental health and felt that RN LCs could provide support for both infant feeding and maternal mental health concerns. While acknowledging the benefits of breastfeeding, RN LCs noted that there is pressure on mothers to breastfeed, which can, at times, negatively impact maternal mental health:

...there's a huge amount of pressure around infant feeding...it's sort of this dance that we have to be aware of because unless we address it, we're putting a lot of pressure [on mothers]...and you know, if a mom is stressed out and worried about how well she's breastfeeding, that right there is enough to cause breastfeeding challenges, which will exacerbate the mental health piece (Participant 6).

It was also acknowledged that women who wish to breastfeed can put a lot of pressure on themselves, "if a mom really wants to breastfeed and it's not working out for her, I can really tell that it's going to be a struggle with her, with her mental health" (Participant 7). When breastfeeding is not going well, women often "...feel like they failed as a mother. And they're very hard on themselves" (Participant 8).

Universal screening for PMHDs, regardless of risk factors, was suggested as a strategy to help normalize conversations and help-seeking behaviors for PMHDs. RN LCs also spoke of the importance of engaging in conversations around maternal mental health to help create awareness and break down stigma:

...maybe focus more on maternal mental health, because I think it's a real subsection that doesn't get a lot of attention unless you hear a celebrity, or you know, some crazy crime story about a mother...but I think there needs to be more. Not that it's normal, but normalization that it's okay if you're suffering....so I think changing the culture around it (Participant 8).

Mother's personal support systems were described as significantly impacting their mental health and ability to meet their infant feeding goals. Supportive partners and family members were identified as indispensable to mothers. The negative impact of a lack of support from relationships close to the mother was also discussed:

There's still a few moms out there that have outside influences, either from a spouse or from a parent...who didn't nurse or doesn't think that babies should nurse. And I think when mom's really want to nurse, and everybody's almost against them saying give that baby a bottle they're starving and all that kind of stuff, I think that certainly affects their mental health (Participant 1).

RN LCs also spoke of how their personal experiences with breastfeeding and maternal mental health provided them with the lived experiences to provide more comprehensive support to mothers in the perinatal period, "...being in that postpartum haze and experiencing some lactation troubles, and even with like all of the education and all of my experience, I really felt like it was humbling to feel what these patients are feeling a little bit" (Participant 9).

Discussion

This study provided insight into the experiences of RN LCs related to supporting maternal mental health. The findings, along with current Canadian research, highlight the need for consistent guidelines for identifying and treating PMHDs, acknowledgement of the widespread pressure to breastfeed, and integrated support for PMHDs within maternal and child health services throughout the perinatal period. LCs can positively impact the health and well-being of mothers by addressing maternal mental health while delivering interventions to promote and support breastfeeding.

Maternal mental health screening provided by RN LCs in the current study reflects the screening practices of healthcare providers across Canada. In a study of Canadian healthcare providers, 47 % of participants engaged in informal screening, while 66 % of participants used validated screening tools, most commonly the Edinburgh Postnatal Depression Scale (Hicks et al., 2022). The variation in screening practices among healthcare providers across Canada highlights the need for policies that guide screening for PMHDs. Interdisciplinary approaches to screening and support for breastfeeding and perinatal mental health are integral to collaborative care within the perinatal period (Webber and Benedict, 2019). Although it is recommended that RN LCs screen for PMHDs using a validated tool, enhanced screening practices require that all healthcare providers working within the perinatal period provide this service (MacDonald et al., 2022; WHO, 2022). Furthermore, there is a need for healthcare providers working with breastfeeding mothers to assess breastfeeding efficacy and referring mothers to LCs when breastfeeding challenges are identified could be a means of promoting and supporting breastfeeding and decreasing the incidence and severity of PMHDs.

Breastfeeding is promoted as the optimal form of infant nutrition (WHO, 2023). However, breastfeeding parents report feeling unprepared for the many challenges of breastfeeding, remarking that promotion of 'breast is best' coupled with limited support and resources creates barriers to breastfeeding in the postpartum period (Francis et al., 2020). Participants in the current study discussed the pressure women feel to breastfeed, noting that this pressure comes from various sources, including the mother's support network, social media, the healthcare system, and mothers themselves. Maternal guilt and shame associated with breastfeeding promotion and the perceived pressure to breastfeed are positively associated with increased rates of post-natal anxiety and depression (Jackson et al., 2024). LCs play a role in supporting breastfeeding and maternal mental health by screening for PMHDs and referring mothers to appropriate resources while providing breastfeeding support. Therefore, it is imperative that initiatives focused on increasing rates of exclusive breastfeeding and decreasing rates of

PMHDs in Nova Scotia highlight the importance of RN LC support.

There is a need for integrated care in perinatal mental health, and healthcare providers delivering care throughout the perinatal period are uniquely positioned to provide support for maternal mental health (WHO, 2022). In the current study, over half of the participants indicated that they had the education required to provide appropriate care for maternal mental health concerns. Similarly, a recent study indicated that 43 % of Canadian healthcare providers had formalized training in PMHDs (Hicks et al., 2022). In Canada, there is a need for increased provider and patient education regarding breastfeeding and maternal mental health prenatally and throughout the perinatal period. Prenatal breastfeeding education provided to mothers results in increased rates of exclusive breastfeeding (Kehinde et al., 2023), which decreases the likelihood of developing a PMHD (Chrzan-Detkos et al., 2021; Keim et al., 2021).

The need for standardized perinatal care is becoming increasingly important, and gaps in care are becoming more evident; 93.5 % of healthcare providers feel that perinatal mental healthcare services in Canada are only partially meeting existing needs (Hicks et al., 2022). The willingness to screen and provide support for PMHDs described by RN LCs is promising. It suggests that gaps in the provision of mental healthcare services in Nova Scotia are real and that there is indeed a need for collaborative and integrative approaches to care. However, screening alone is not enough. Research indicates that more than half of women who screen positive for perinatal depression do not accept treatment referrals (Xue et al., 2020). RN LCs in this study identified rapport building with mothers as a facilitator to providing mental health support, and therefore, mental health referrals provided by RN LCs may be one way to increase referral uptake. Although identifying women suffering from PMHDs is an important first step, perinatal mental health services in Canada are lacking, and access is limited by long wait times (CPMHC, 2021; Hicks et al., 2022). For provider education and screening to be effective, there need to be applicable referral pathways, which are supported by appropriate services for maternal mental health, including timely access to care. Enhancing support for maternal mental health in Nova Scotia and beyond requires collaborative and integrated approaches to care throughout the perinatal period.

Strengths and limitations

The results of this study provide important information on the experiences of RN LCs in Nova Scotia related to maternal mental health. To our knowledge, this is the first study to investigate the experiences and perspectives of RN LCs. A strength of this study is that it drew on the methodological strengths of qualitative description to provide preliminary information on a novel area of study using a low-inference approach that remains close to the words of participants. Another strength of the study is that the findings represent the perspectives of RN LCs from across Nova Scotia, the majority of whom had experience working in multiple practice settings.

Although this study brings forth new knowledge related to the experiences of RN LCs and highlights the context in Nova Scotia, there are also some limitations to the current research. Firstly, as this research was part of a master's thesis, there were barriers in terms of time constraints and resources. While the supervisory team provided consultation during data analysis, the primary researcher was the only individual involved in directly coding research data, and there was insufficient time to pilot the semi-structured interview guide. Secondly, this research only captured the experiences of RN LCs working within the publicly funded healthcare system. Therefore, this study did not represent the perspectives of private LCs or mothers accessing LC services. A final limitation is that the study participants comprised a homogenous group of primarily White, educated healthcare providers, limiting the perspectives presented within this study.

Conclusion

This study provided insight into the experiences of RN LCs related to supporting maternal mental health in Nova Scotia, Canada. Previous research indicated that breastfeeding support provided by LCs, which addresses the mental health needs of mothers, can increase rates of exclusive breastfeeding and decrease rates of PMHDs. RN LCs described positive experiences addressing maternal mental health while providing breastfeeding support, highlighting the need to ensure LCs are included within integrated and collaborative approaches to addressing perinatal mental health. Healthcare providers working with families within the perinatal period must be provided with the time, education, and resources to provide timely and appropriate support for maternal mental health. There is also a need for national guidelines, referral pathways, and sufficient healthcare resources to support mothers suffering from PMHDs. Future research could explore access to LC services and referral uptake when support is offered by LCs.

CRedit authorship contribution statement

Kelly L. DeCoste: Conceptualization, Methodology, Investigation, Formal analysis, Writing – review & editing, Writing – original draft. **Britney L. Benoit:** Writing – review & editing, Methodology, Conceptualization. **Georgia K. Dewart:** Writing – review & editing, Supervision, Methodology, Conceptualization. **Steven T. Johnson:** Writing – review & editing, Supervision, Methodology, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Supplementary materials

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