

Maternal Mental Health - services supporting pregnant women / new mothers in the community and in secondary care

November 2023

The happiest time of your life?

The conception and birth of a baby is considered a blessing, a happy time for couples and a fulfilling life experience for a woman.

However, this simplistic view of this life-changing experience can be misleading.

RCOG estimate that one in five women experience mental health problems in pregnancy or after the birth of their baby ([Mental health in pregnancy | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/mentalhealthinpregnancy)). Some women will embark on pregnancy with pre-existing mental health issues.

As our knowledge of mental health develops, as well as the impact of parental mental health on babies and children, services have matured to be able to provide care to women in the Perinatal period*.

Services offered are appropriate to the level of need.

*Perinatal means during pregnancy and up to one year after the birth of the baby

Key messages

from the surveillance report 2023



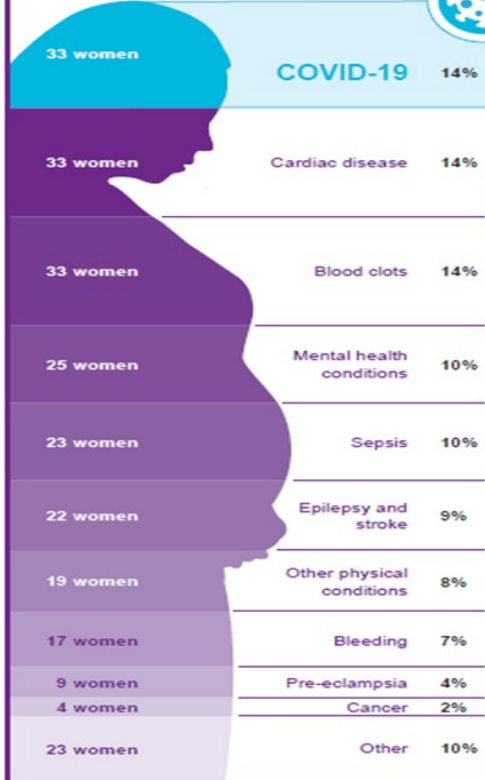
In 2019-21, **241 women died** during or up to six weeks after pregnancy among 2,066,997 women giving birth in the UK.

11.7 women per 100,000 died during pregnancy or up to six weeks after childbirth or the end of pregnancy.

Causes of women's deaths

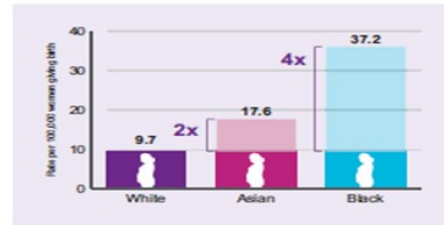


When maternal deaths due to COVID-19 are excluded, **10.1 women** per 100,000 died during pregnancy or up to six weeks after childbirth or the end of pregnancy

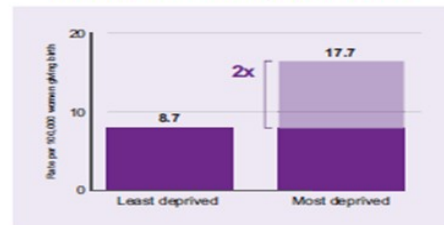


Inequalities in maternal mortality

Ethnic group



Living in more deprived areas



MBRRACE 2023

10% of women who died during the review period covered by the latest MBRRACE published data (2019-2021) died as a direct result of mental health conditions.

The data in the infographic relates to the primary cause of death.

So nationally, 25 women died where mental health was found to be the primary cause.

In BOB, for the same period, we had 1 death relating to mental health (suicide)

Stages of pregnancy – where to find support

Pre-conception – Women with pre-existing mental health conditions

- Dependent on the level of support needed, women who have been managed within primary care and are stable, may continue to be managed by Primary Care as long as nothing changes. Medications can continue as prescribed provided benefit outweighs risk*
- GP should continue to monitor the woman over the course of her pre-conception and conception period, into the pregnancy, as well as liaison with Community Midwife as needed
- Women should be advised of the pro's and con's of taking medication during pregnancy and be offered other methods of treatment, as needed, as well as medication e.g. Talking Therapies
- It is essential that women who are taking medication for mental health conditions do not suddenly stop taking medication
- Women previously treated by Community Mental Health Teams (CMHT) or have been discharged within the last six months, will ensure the woman is referred or signposted to the most appropriate care

*GPs are encouraged to liaise with their Obstetric and/or Mental Health colleagues in their local maternity service directly, for advice and support on prescribing. This is good practise and encourages broader shared knowledge

When mental health starts in pregnancy or following the birth of the baby

Midwives routinely ask women about their mental health at the booking appointment* and at intervals throughout the woman's journey through maternity services. Often, 2 standard questions (Whooley Qs) which are:

- During the past month, have you often been bothered by feeling down, depressed or hopeless?
- During the last month, have you often been bothered by having little interest or pleasure in doing things?

These are merely screening questions, to be able to identify where a woman may need some additional help or support during her pregnancy. As such, they would never be interpreted in isolation and would always be considered as part of the clinical picture, which would also include:

- Medical history which includes mental health
- Additional risk factors such as difficult social circumstances, financial pressures or domestic abuse
- How the woman feels about being pregnant
- Her ability to access services, e.g, women from minority ethnic communities, speaks little English, learning disability and other complexities that mean a woman may experience inequality in access of service

*Booking appointment – first appointment with a midwife to book for antenatal care, where a full and detailed medical and social history is taken and a plan for care agreed

Deterioration in the Perinatal Period

Some women become acutely unwell with mental health in pregnancy and occasionally, after the baby is born. This often requires intensive professional input and in some cases, inpatient provision, if the woman:

- Is at risk of becoming very unwell during pregnancy, or up to one year after birth
- Has a history of psychotic illness, such as bipolar disorder or schizophrenia
- Experiences sudden onset of depression or anxiety after the birth and is a risk to herself or others (Puerperal Psychosis*)
- Has had a traumatic birth, including caesareans (C-section) and feels distressed about being pregnant again
- Is struggling to come to terms with the birth experience and showing signs of posttraumatic stress disorder (PTSD)

* Postpartum psychosis (or puerperal psychosis) is a severe mental illness. It starts suddenly in the days, or weeks, after having a baby. Symptoms vary, and can change rapidly. They can include high mood (mania), depression, confusion, hallucinations and delusions.

Provision of Specialist Perinatal Mental Health Services (PNMH)

In Berkshire West, PNMH services are provided by Berkshire Healthcare Foundation Trust (BHFT)

This is a specialised service that provides tailored care to women in the perinatal period, where they are experiencing extreme or complex mental health conditions that cannot be managed in other settings. This includes:

- Pre-birth planning (multi-disciplinary and where necessary, multi-agency*)
- CBT and other forms of behavioural therapy with experts in perinatal care
- Alterations to medications with supervision
- Self care and recognition of deterioration
- Be part of decision making if a woman requires inpatient help (preferably in a mother and baby unit of which there are 2 in the South East – Winchester and Kent)

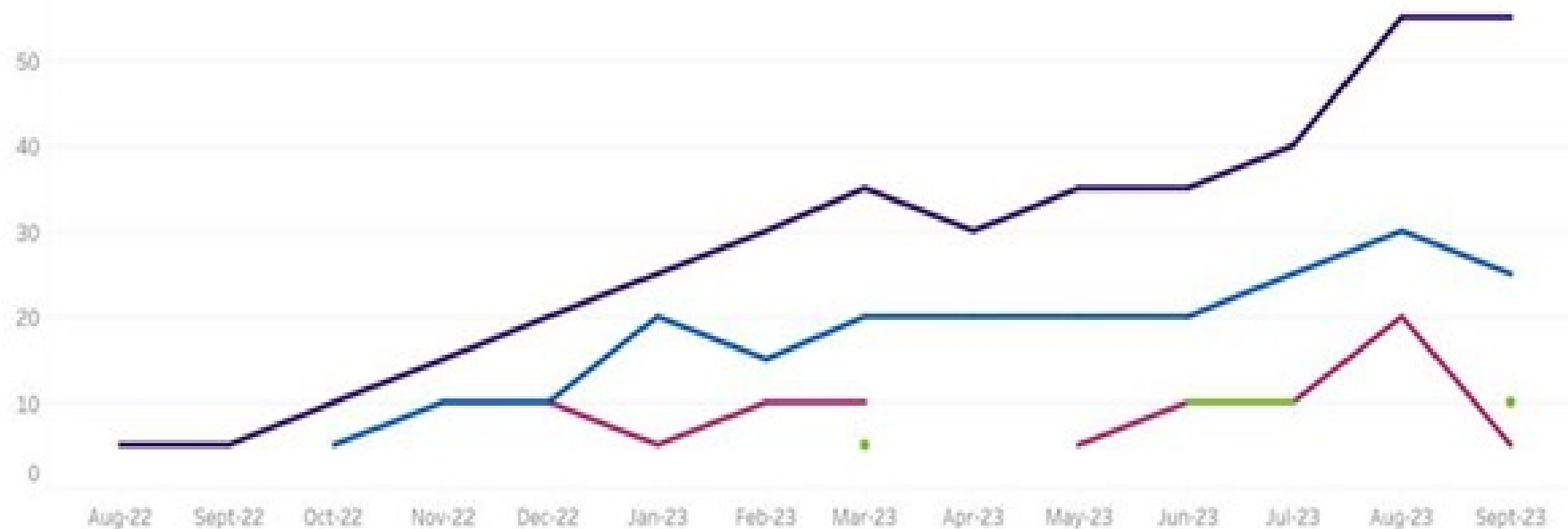
*Safeguarding concerns for the woman but also the baby must be taken into account

Berkshire Healthcare Foundation Trust

Region name	ICB name	Sub-ICB name	Provider name
(All)	(All)	(All)	BERKSHIRE HEALTHCAR...

Regional and ICB mapping is based on a person's sub-ICB of residence, so you may see providers in a region or ICB that are not based in that locality, but are delivering care to people who live there.

Open referrals, Caseload, New referrals and Closed referrals at month end



Percent of caseload by age group

Lighter blue = younger age group



Age group Provider benchmarking - Caseload aged 26 to 39

Select an age group in the time series chart for benchmarking



Percent of caseload by ethnicity



Ethnicity Provider benchmarking - Caseload ethnicity - Asian

Sept-23 (Primary data)

Percentage of women on Caseload ethnicity- White British or Irish: 59.3%

Number of women: 15

Click on an ethnicity group to highlight and view benchmarking information for. Click this age group again to clear the selection.

Birth Trauma Pathway

Psychologists and Cognitive Behavioural Therapists (CBT) providing psychological therapy for women with Perinatal Post-traumatic Stress Disorder (PTSD) due to experiencing a difficult or traumatic childbirth.

This includes miscarriage, stillbirth, termination of pregnancy and neonatal death
Criteria:

- Have a sufficiently stable social situation (e.g., housing, finances) to be able to commit to and engage with trauma-focused therapy
- Not have any on-going current threat
- Not have signs of high-risk issues or repeated self-harm
- Have no recent history of repeated or impulsive suicide attempts or use of self-harm or suicidal behaviour to manage difficult emotions
- Not have had a psychiatric inpatient admission or contact with crisis services in the last 6 months before referral

Treatment options include:

- Guidance on using mental health medication in pregnancy and breastfeeding
- Care planning advice for women who are pregnant and have complex mental health needs
- Boosting wellbeing postnatally, to prevent relapse
- Advice and support on mother-infant relationship

Other treatment options are available for mental health issues that require specialist help and cannot be delivered in Primary Care

Making every contact count

Every contact by a health professional with a pregnant woman, provides an opportunity to open a conversation around mental health – right from a light touch check-in, to recognition of a deeper, more concerning issue.

Women experiencing low mood or anxiety during pregnancy and after birth, may be referred to Talking Therapies service for psychological support

The SHaRON online network provides support around maternal well-being during pregnancy and in the five years following birth. SHaRON provides a secure way for people across Berkshire to interact and help each other. Access to this peer support is safe and available 24/7. Referral is via a healthcare professional

Which service?

Sometimes, understanding around what is available at which level can be confusing. BHFT report that they experience issues with inappropriate referrals (i.e., specialist perinatal support is not needed as community/GP based services may be more appropriate and accessible)

There is also a limited resource available, hence the need for robust screening.

BHFTs Gateway System is always available to be able to speak to HCPs to discuss the most appropriate referral route to the most appropriate service.

Useful links

[Perinatal Mental Health | Berkshire Healthcare NHS Foundation Trust](#)

[Find wellbeing advice for new parents on Talking Therapies website](#)

GP referrals

GP referrals can be made through the Gateway system

Call [0300 365 2000](tel:03003652000) (Press option 5)

Email gateway@berkshire.nhs.uk