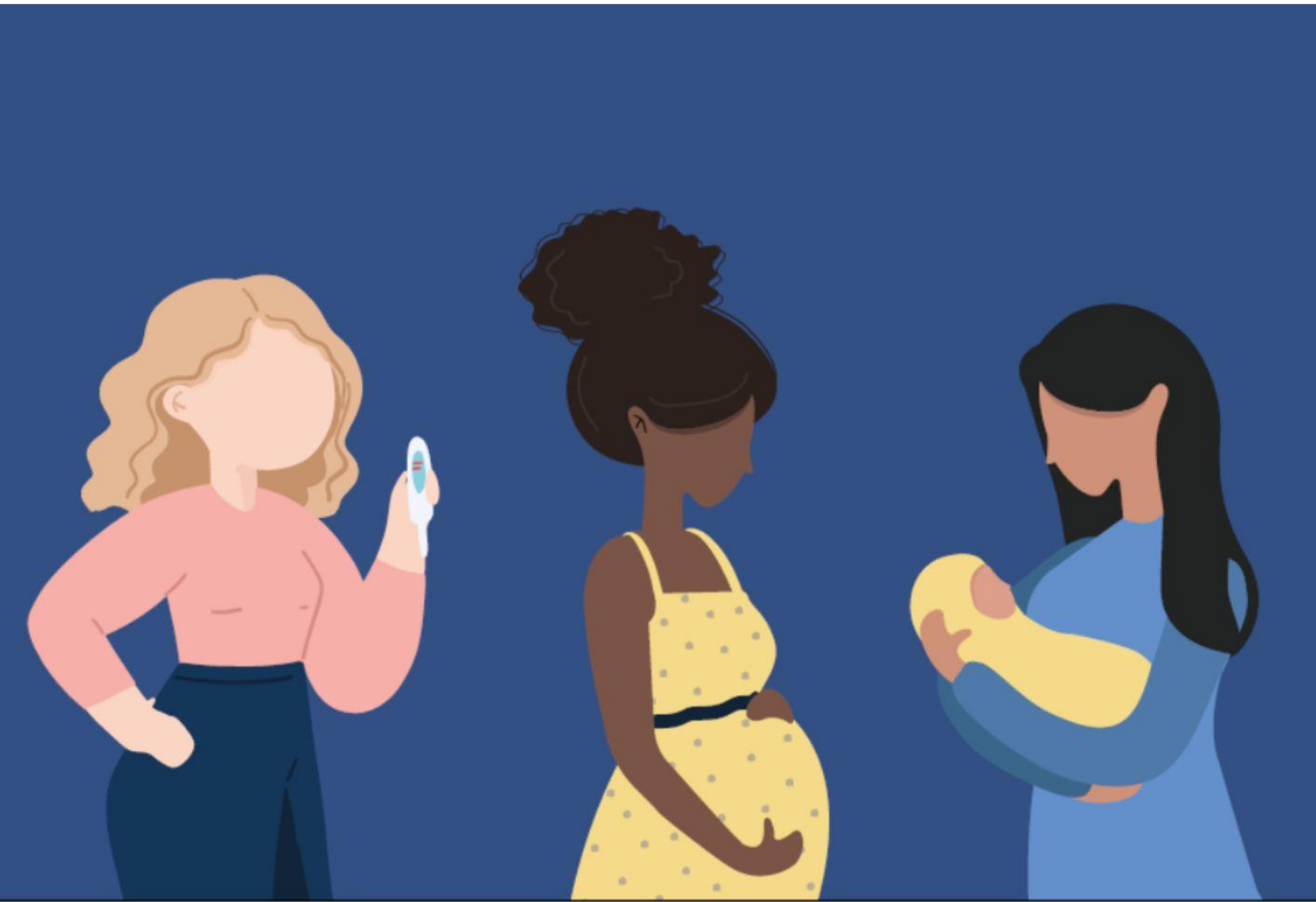
GIG CYMRU NHS WALES

Rhwydwaith Iechyd Meddwl Amenedigol

Perinatal Mental Health Network

Perinatal Mental Health

Good Practice Principles



Good Practice Principles

Introduction

Perinatal mental health difficulties represent a serious public health concern. If women do not receive support, it can have a considerable impact on their health and wellbeing, and that of their infant.

Delivery of high quality, evidence-based psychological interventions and therapy improves maternal mental health, infant mental health, and parent-infant relationships.

The Wales Perinatal Mental Health Network was established in 2019 to further develop services across Wales.

Good Practice

Access

Clinicians should be aware of and know how to access support available in accordance with the Wales PNMH Pathways and Levels of Care.

This may include linking with third sector colleagues, community groups and the routine clinical network - including midwifery, health visiting and the primary care team - around the woman and family at this time. See Perinatal Mental Health Programme and Pathways.

If additional mental health support is needed, clinicians should also be aware of how to access services through primary care, specialist perinatal mental health teams, crisis teams and the mother and baby unit.

They should also be aware of how to contact parent-infant mental health services (if available) and peer support. See Perinatal Mental Health Programme and Pathways.

Thresholds for referral to specialist perinatal mental health teams should be in line with and reflect the All-Wales referral criteria and zoning information.

In line with the NICE Antenatal and postnatal mental health: Clinical management and service guidance, women in the perinatal period should be prioritised for treatment and seen within six weeks of referral, or sooner depending on urgency, as better outcomes are achieved if women

are seen during pregnancy, and the risk of rapid deterioration post-partum is minimised.

Maternal suicide remains the leading cause of direct deaths occurring within a year after the end of pregnancy. See MBRRACE-UK report 'Saving Lives Improving Mothers' Care'.

Interventions offered should be guided by the Wales Pathway 10: Psychological Interventions and Treatment and Matrics Cymru.

Consideration should also be given to individual preferences regarding intervention in terms of modality, location (face-to-face or remote, for example, video consultation or computerised CBT), timing, and whether this is a group or individual intervention.

Risk

Clinicians should be familiar with the specific clinical and risk profiles associated with the perinatal period, for example, the red flags for suicide risk, and amber flags for relapse of existing mental health conditions. Course: Perinatal & Infant Mental Health Awareness Training (nhs.wales)

Red flags may indicate suicide risk and their presence should prompt urgent specialist review/input:

- Recent significant change in mental state or emergence of new symptoms
- New thoughts or acts of violent self-harm
- New or persistent expressions of incompetency as a mother or estrangement from the infant.

Amber flags indicating risk for recurrence of major perinatal mental illness, particularly in early postpartum:

- Previous history of psychosis gives a 25% chance of recurrence in a subsequent pregnancy
- Women with a family history of bipolar disorder or postpartum psychosis who themselves have mood disorder or change in mental state
- Person and family patterns of occurrence and re-occurrence can inform risk management strategies.

Clinicians should be aware that mental health difficulties can be exacerbated by pregnancy and/or childbirth, or present for the first time during the perinatal period.

Key messages for health professionals

- Consider previous history, the pattern of symptom development and ongoing stressors
- The loss of a child, either by miscarriage, stillbirth or neonatal death or a child being taken into care increases vulnerability to mental illness
- GPs and maternity services must be joined up in sharing awareness of a woman's pregnancy and past psychiatric history
- If the woman is already known to mental health services, those services should be made aware she is pregnant
- Ask about domestic abuse clearly and sensitively at the first antenatal appointment or when a woman is alone - if she is always accompanied, you may need to create an opportunity to speak with her alone
- Listen to relatives, particularly if they escalate concerns
- Women's mental health needs can change and escalate quickly in pregnancy and the postnatal period
- While relatives can provide invaluable support to the woman they should not be given responsibilities beyond their capabilities nor be expected to act as a substitute for effective mental health response.

Stigma

Strong cross-cultural stereotypes exist that present childbirth and motherhood as positive and joyful experiences. These stereotypes can act as barriers to women accessing help due to the fear of being seen as a bad or inadequate mother, or of having their child removed.

Clinicians should be aware that pregnancy and birth experiences that do not conform with these stereotypes can leave women more susceptible to emotional distress and difficulties adjusting, and this will require a compassionate response.

Stereotypes can also lead to clinicians minimising women's concerns about their mental state and their concerns about their relationship with their infant.

Clinicians should be aware that women from minority ethnic groups and LBGTQ+ people face additional barriers to accessing care. Women from minority ethnic groups are estimated to be 2-5 times more likely to die in the perinatal period, and have an increased risk of developing mental health difficulties.

Course: Perinatal & Infant Mental Health Awareness Training (nhs.wales)

Clinicians should be mindful in their assessment that women often experience intimate partner violence for the first time during pregnancy. See p5 of the Antenatal Care Guidelines produced by Cwm Taf Morgannwg University Health Board.

Previous violence in the relationship increases the risk of ante and postnatal anxiety and depression. Where there is also current violence, that risk is further increased. Violence, often alongside stigma and disadvantage, acts as an additional barrier to women seeking help. See Domestic Violence and Perinatal Mental Disorders: A Systematic Review and Meta-Analysis.

Assessment

Physical health concerns should be taken seriously in the perinatal period and women should be urgently followed up by midwife/GP/health visitor/obstetrician. Physical health concerns should not simply be attributed to women's mental health difficulties or pregnancy.

A full assessment in the perinatal period should include an obstetric history including:

- Previous pregnancies
- History of mental and physical health
- History of previous trauma, baby loss, and fertility difficulties.

Course: Perinatal & Infant Mental Health Awareness Training (nhs.wales)

It is important to ascertain if women are having ante and postnatal health checks, and to inquire about the health and development of the infant – ideally this will involve seeing the infant and other children.

Concerns about the child's welfare, development or protection should be recorded and followed up with relevant professionals in line with the Wales Safeguarding Procedures.

If difficulties with the parent-infant relationship are noted, then referral to parent-relationship teams (if available) should be considered.

Practitioners should be aware that fathers, partners and co-parents have similar rates of perinatal depression and anxiety to mothers, and this is associated with prior mental illness, relationship difficulties and socioeconomic adversities.

Prevalence rates for fathers:

- Antenatal depression: 11-12%
- Postnatal depression: 8-26%
- Overall rates of perinatal mental illness in fathers 9%

- These rates rise to 50% if their partner is experiencing mental ill health in the perinatal period

References: (Paulson and Bazemore 2010), (Goodman 2004).

See also p17 of the Royal College of Psychiatrists' Recommendations for the provision of services for childbearing women (September 2021).

Medication

Discussions about medication in the perinatal period should be person centred and balanced, reflecting both the risks of taking medication and the risks of not treating mental health problems, for mother and baby.

Women should be advised to have an informed discussion with their doctor/qualified prescriber before stopping any medication.

Course: Perinatal & Infant Mental Health Awareness Training (nhs.wales)

GIG CYMRU NHS WALES

Rhwydwaith Iechyd Meddwl Amenedigol

Perinatal Mental Health Network

PerinatalMental.HealthNetwork@wales.nhs.uk