Perinatal and Maternal Mental Health

Bradford and Airedale District Care Trust
Perinatal Mental Health

- Concerns the mental health of women during pregnancy and the first year postpartum
- Infant brains adapt to their environment: Mother-infant relationship IS the environment
  Templates for future relationships and stress responses set down, first 2 years
Maternal mental health:

- NICE 192 (2014) recognises that there are many mental health issues which affect women.
- Onset PND usually with first 3 months (Pitt, 1968) 48% not recovered by a year. Institute of Health Visiting state 10% continue into their third year.
- Hay et al. (2008) casts it as a life long illness.
- Perinatal mental health costs the economy around £8.1 billion, (Bauer, Parsonage, Knapp, Lemmi and Adelaja, 2014).
Is childbirth associated with increased risk?

Onset of major functional disorders in the puerperium

Kendell et al 1987
MBRRACE-UK 2015

• Almost a **quarter** of women who died between six weeks and one year after pregnancy died from **mental-health related causes**.

• 1 in 7 women died by **Suicide**
1 death

150 near misses
Risk

• Unlike other times in women’s lives suicide is more likely to be by violent means – do not assume that that maternity has a protective effect – 87% died violently, mainly hanging or injuries from jumping at height.

• Serious perinatal psychiatric disorder is associated with risk to both mortality and morbidity in mother and child.

• Ask about self-harm and suicidal thoughts.
Communication

• Past history and current concerns / developments

• Good communication between all services and primary care, mental health and maternity services is critical to good quality care at booking and throughout

• Responsibility should not solely rest on mother
Impact of maternal mental health

• Poor perinatal mental health has a profound effect on a mother, her infant, other siblings, father and the wider family/community. (DoH, 2009).

• Research on children’s development emphasises the importance of the early years on their long-term outcomes (Munro, 2011). The first year of an infant’s life is a particularly influential period for their neurodevelopment and informs the template for an individual’s emotional wellbeing for life (Murray & Andrews 2000).

• Parental mental disorders account for 12.4% of all offspring disorders (McLaughlin et al, 2012) Children of depressed parents as at 2-3 fold increased risk of depression (Weissman et al, 2006).
• “Seeds of health are planted even before you draw your first breath, and that the nine short months of life in the womb shape your health as long as you live.”

(Sharma 1996)
Antenatal depression

- Antenatal as common as postnatal
- 2/3 PND depressed antenatally (Evans et al. 2001)
- 1/3 PND are new cases
- Depression associated with increased risk of
  - Poor pregnancy outcome
  - Low birth weight
  - Prematurity
  - Stillbirth
  - Sudden Infant Death Syndrome
- At least in part due to smoking (Howard, 2007)
Antenatal anxiety

If a mother is stressed whilst pregnant, her infant is substantially more likely to have:

- Emotional or cognitive problems

And an increased risk of:

- Attentional deficit/hyperactivity (ADHD)
- Anxiety
- Language delay

The associations were independent of maternal postnatal depression and anxiety.
Maternal mental health impact:
MMH problems, including depression and anxiety, are associated with more negative interaction from mother to child:

- Hostility
- Intrusiveness
- Withdrawal
- Less affection
- Less loving touch
- Less consistency
- Less attuned responsivity

Stress alone can impact
“The infant’s transactions with the early socio-emotional environment indelibly influence the evolution of brain structures responsible for the individual’s socio-emotional functioning for the rest of the lifespan” (Schore 2001)
Growth and pruning of neural connections

The mother and child dyad

- Winnicott (1947) stated: “There is no such thing as a baby... if you set out to describe a baby you will find you are describing a baby and someone. A baby cannot exist alone but is essentially part of a relationship.”

- If you have concerns about the mum you should have concerns for the infant and visa versa.

- Murray (1992) demonstrated that recovery from PND did not affect the communication style with the infant.

- Copper Murray and Halligan (2010) point out the importance of the dyad - improving mother’s mental health and the relationship.
The mother–baby relationship

• 1.9.12 Recognise that some women with a mental health problem may experience difficulties with the mother–baby relationship. Assess the nature of this relationship, including verbal interaction, emotional sensitivity and physical care, at all postnatal contacts.

• Discuss any concerns that the woman has about her relationship with her baby and provide information and treatment for the mental health problem. [new 2014]

• 1.9.13 Consider further intervention to improve the mother–baby relationship if any problems in the relationship have not resolved. [new 2014]
Fathers

• Pregnancy is a period of greater stress for fathers than the post-birth period (Huang & Warner, 2005, Conde et al 2011)

• New fathers’ depression rates are double the national average for men in the same age group in Denmark (Madsen et al, 2007) and US (Paulson et al, 2006)

• The most common risk factors:
  - Poor social support
  - Low emotional support (Boyce et al 2007, Castle et al 2008)

• NCT (2015) – 1/3 of fathers are concerned about their mental health
Fathers and infants

- Depression associated with history of depression, prenatal anxiety, maternal depression and no employment.
- Associated with externalising behaviours at 1 year, behavioural problems at 3 years and oppositional defiant conduct disorders at age 7 (risk doubled).
- Concurrence of depression for mother and father common.
Bradford

- CCGs and Bradford and Airedale District Care Trust are committed to providing the best quality of care for women anywhere on the continuum of perinatal mental health.

- Working to get future investment for specialist community mental health teams
Bradford – without additional investment

- Robust referral pathway – includes the single point of access open to anyone 01274 221181
- Rolling program of training for perinatal mental health
  - HV
  - MW
  - Mental Health
  And anyone who books on via council website
- Perinatal mental health working group
Bradford District Care Foundation Trust

• Rolling program of parent-infant relationship training
  – All HV are trained
  – Open to BDCFT and anyone who books on via Council website

• Resources
  – Just Had a Baby Booklets
  – New Baby New Feeling Leaflets (antenatal via MW and postnatal via HV)
  – Innovative new resource Parent-infant relationship resource cards – excellent evaluations by parents
• Support to MW in writing their guidelines – meeting NICE recommendations
• HV standards reflect NICE guidance
• HV practice meets NICE recommendations
• Care pathways in development for mental health
• Consultations to HV by Perinatal MH Lead and Parent-infant therapist
• Telephone consultation to all by Perinatal MH Lead and Parent-infant therapist
• Perinatal MH Lead and Parent-Infant Therapist
• 18 HV Champions for Perinatal and parent-infant relationship acting as a resource within their areas
• Working with women with lived experience to improve services
Bradford District Care Foundation Trust

- Raising awareness of preconception advice
- Raising awareness of Perinatal Mental Health Care Plans
- Raising awareness of communication
- IAPT self-referral
- IAPT fast-tracking
- IAPT Mum’s well-being groups
- Welcome to the World groups
- Fathers’ project within HV
- CMHT lower thresholds
- Research
- Working with partners and voluntary sector provision – for example referring to Family Action’s Perinatal Befriending Service, Doulas, Home start, Isis, Hale, Mind, Sharing Voices, PANDAS
What we can all do:

• Raise awareness
• Listen with compassion
• Support people in their role as a mother or father
• Support the parent-infant relationship
• Referral on
• Communication
• Hope and perseverance
• Social inequality
Red flags

Recent change/deterioration in mental state
Thoughts of violent self harm
Thoughts of maternal incompetence and guilt
Estrangement from the baby

Refer to Single Point of Access Mental health
They will: Consider admission to MBU and
Scrutinise for symptoms of psychosis
Still face – Tronick
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