



PERINATAL MENTAL HEALTH

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Women and Mental Illness

- Depression is twice as common in women
- Risk factors for common mental disorders that disproportionately affect women include gender based violence, socioeconomic disadvantage, and unremitting responsibility for the care of others

Women and Mental Illness

- 50% of those claiming incapacity benefit in the UK do so on the grounds of mental illness, the majority are women.
- Depression is the leading cause of disability in women.
- Suicide was the leading cause of maternal death

What is perinatal mental health

Mental health issues concerning women who are:

- (able to get pregnant)
- Pregnant
- In the postnatal year

Concerning mental illnesses in women that:

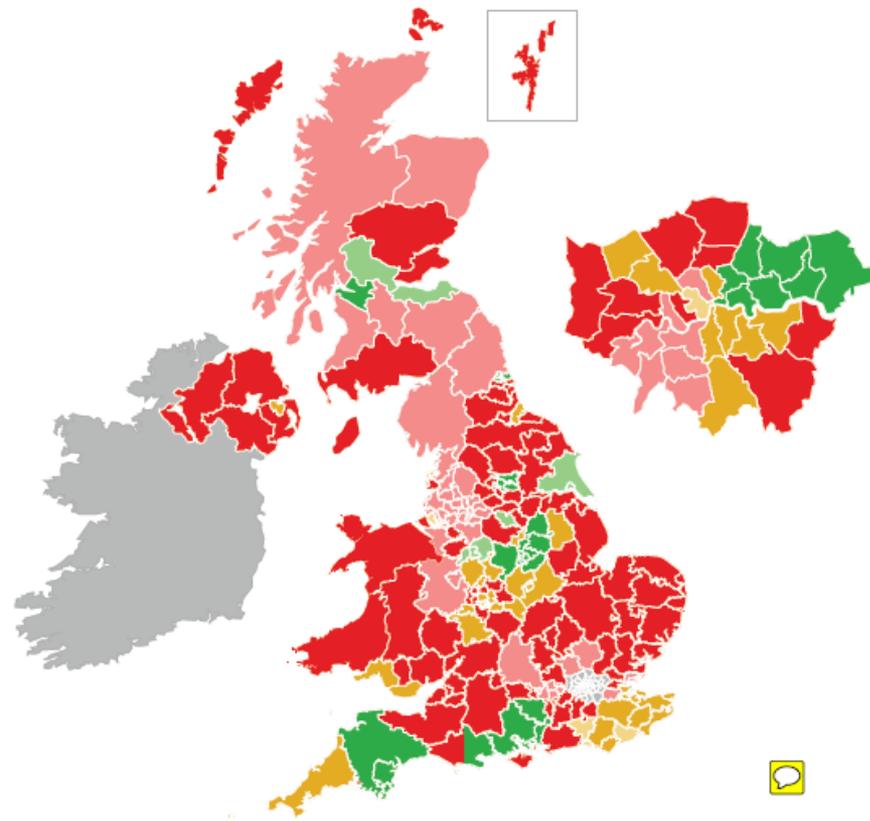
- Pre-exist
- Develop
- Are likely to relapse and impair the woman's experience of motherhood

Types of Perinatal Conditions

- Classic triad
 - “Baby Blues”
 - **Postnatal depression**
 - **Puerperal psychosis**
- **Pre-existing** active psychiatric disorder eg Depression, Schizophrenia, Bipolar disorder, Anxiety Disorder
- New disorder in pregnancy – **Antenatal depression**
- (Substance/alcohol abuse)
- Personality disorder
- Disorder associated with the relationship with the baby - attachment disorder (“bonding”)

Current Services

UK Specialist Community Perinatal Mental Health Teams (current provision)



Rates of Perinatal Conditions

- Each year approx 25,000 Births
- 2,500- 3840 women with PND
- 50 women with puerperal psychosis
- 50 women admitted due to relapse
- 2,500 women with antenatal depression

Daksha Emson

- Dr Daksha Emson and Freya. Stabbed self and 3/12 daughter before setting themselves alight - both died
- Psychotic relapse of Bipolar Disorder

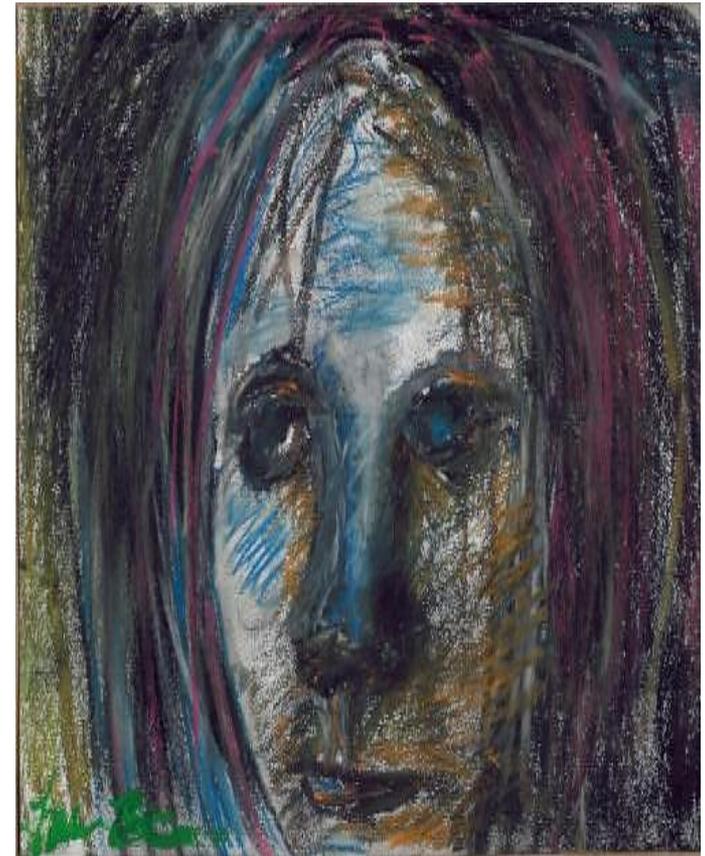


Consequences of mental illness in pregnancy on the baby

- Low birth weight
- Preterm birth
- Babies with altered stress responses
- Major and minor malformations
- Learning disability
- Still birth
- Higher neonatal mortality rate
- Toxic or withdrawal syndromes in neonate

Risks of poor maternal mental health to unborn child

- Lack of maternal self care
- Exposure to nicotine, caffeine, alcohol and illicit substances
- Maternal anxiety
- Exposed to maternal risks (DSH, accidents, suicide, domestic violence, alcohol and drug intoxication)
- Late/inadequate attendance for antenatal care
- Exposure to maternal medication



Consequences on the child

- Poor attachment
- Child abuse/neglect
- Poor language development
- Conduct disorder
- Lower IQ
- Behavioural problems in sons
- Emotional problems in teenage girls



Consequences to the family

- Impact on all family relationships
- Some evidence of paternal PND
- Treatment such as admission
- Lack of understanding
- Stigma remains
- Often long term illness
- Financial and social issues

What Helps ?

- Social Support
- Continuity of care
- Psychological interventions
- ? MBU
- Medication
- Support groups
- Evidence base??



So how are we going to address the issues?

- By listening to women
- Better understanding and recognition of the conditions
- Address social components of mental health problems i.e. discrimination, stigma, violence and the lack of support

So how are we going to address the issues?

- Regional Perinatal Mental Health Pathway
- Refer , communicate , converse , liaise, advocate, ask again
- **Multi-disciplinary working**
- **A joined up approach**

So how are we going to address the issues?

- Address the needs of therapies to reduce disability
- Better understanding of pharmacological treatment
- A range of alternative treatments including talking therapies

What do Women Say?

• Continuity of care: seeing the same midwife throughout pregnancy and following birth

Helpline or advice service

access to counselling

A step-by-step action plan

Mother and baby unit access. We need at least one facility like this in NI.

Dedicated service for women who may be suffering from maternal mental illness

faster psychiatric analysis and correct treatment for faster path to recovery.

Re-education for midwives and nurses. There is such a disparity in quality of care. Some are very clued into maternal mental health and some have absolutely no idea.

What women say

“People, including medical professionals seem to really underestimate that severity that mental health issues surrounding childbirth has on a person and their family. My illness crippled me to the point that I was totally incapable of completing simple tasks like feed myself, let alone look after a child”.

“My experience of the hospital and birth was 100 times better second time since I knew midwife and trusted her more than seeing a few strangers while I was in pain and vulnerable.”

“Finding out that there is so little support for maternal mental health in NI comes as more of a shock than the illness itself.”

“Our services are a shambles and care pathways are a total disgrace”.

- “I wanted to tell her that if only something were wrong with my body it would be fine, I would rather have anything wrong with my body than something wrong with my head, but the idea seemed so involved and wearisome that I didn’t say anything. I only burrowed down further in the bed.”
— [Sylvia Plath](#),

[The Bell Jar](#)

