

Starting Well

Maternal Mental Health

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Introduction

Positive maternal mental health contributes to better outcomes for the mother and child; including good parenting and giving the child the best start in life. Pregnancy and the period after birth come with a variety of emotional and physical changes for a mother and her partner. This can have an impact on mental and psychological wellbeing, and it is therefore essential to ensure that expectant mothers have all the support required to maintain and improve their mental wellbeing.

On the other hand, poor mental health during pregnancy and the period after birth can have serious consequences for the health and wellbeing of a woman, her baby and her family. It is known that undetected and untreated perinatal mental disorders are associated with poorer maternal and neonatal outcomes both in the short and longer term.

Mental health issues can affect a mother's ability to bond with her baby and so be sensitive to their emotions and needs. This can impact on the baby's ability to develop a secure attachment increasing the likelihood that the child will experience behavioural, social or learning difficulties and fail to fulfil their potential.

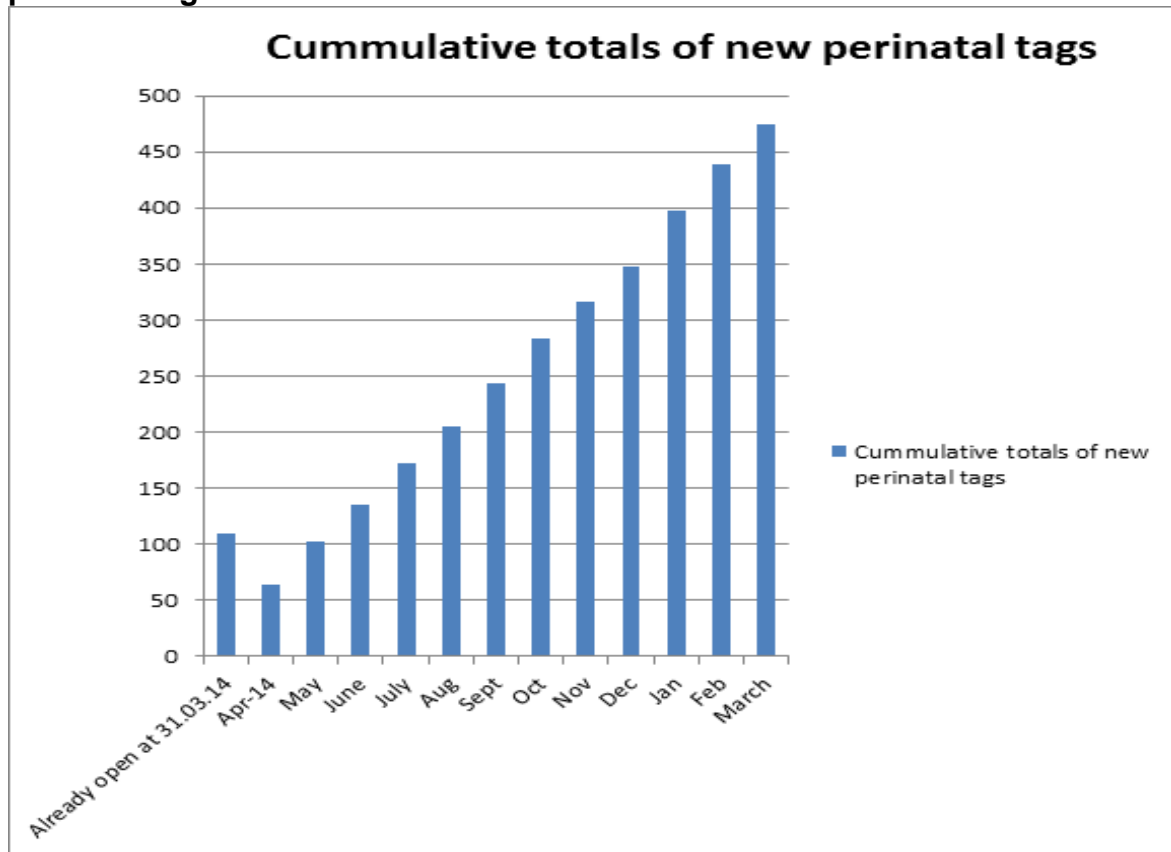
What do we know?

Mental illnesses affect more than 1 in 10 women during pregnancy and the first year after childbirth. Some reports estimating this figure to be as high as 1 in 7 women. In 2013 the West Berkshire population was 155,392, of which 34,776 were aged 20-40. This means there is approximately 17,388 women of child bearing age in West Berkshire. We also know that 49% of all live births were to mothers aged 30 and over. In West Berkshire babies are most likely to have a mother aged 25-34 with over 58% of mothers in this age group in 2013.

Figures from the World Health Organisation suggest that 13% of mothers will have postnatal depression in the year after birth. There were 1,851 births in West Berkshire from mid 2012-mid 2013 which equates to 240 mothers at risk of postnatal depression.

Referrals into the Mental Health Care Common Point of Entry (CPE) have increased year on year from 2012 from an average of 26 per month to 40 per month in 2014-2015. There were 474 new referrals received in the last financial year.

Referrals into the Mental Health Care Common Point of Entry (CPE) with a perinatal tag



Source: Berkshire Healthcare NHS Foundation Trust

36% of referrals were received from GPs, 27 % from Midwives (up from 11% the first year of recorded figures) and 18% from Health Visitors. 19% of cases across Berkshire were referred onto CMHT (Community Mental Health Teams) and 27% to IAPT (Improving Access to Psychological Therapies) after assessment.

It is widely recognised that 20% of women will have emotional issues during the perinatal period to some degree and it is important to develop services across the spectrum

[NICE Guidance](#) and [Maternal Mental Health Alliance \(MMHA\)](#) state that everyone in contact with women at this time in their lives should receive perinatal mental health training and Berkshire Healthcare have delivered training to some 1097 individuals across Berkshire including to West Berkshire Social Care and Children Centre staff at Hungerford.

124 families were referred to [Homestart West Berkshire](#) in 2014 – 20% of these were due to Postnatal Depression and 29% due to Maternal Mental health issues.

What is the data telling us?

There are a number of risk factors associated with maternal mental illness. These include a previous history of mental illness, a traumatic birth, having a history of

stillbirth or miscarriage, relationship difficulties, social isolation and being a teenage mother.

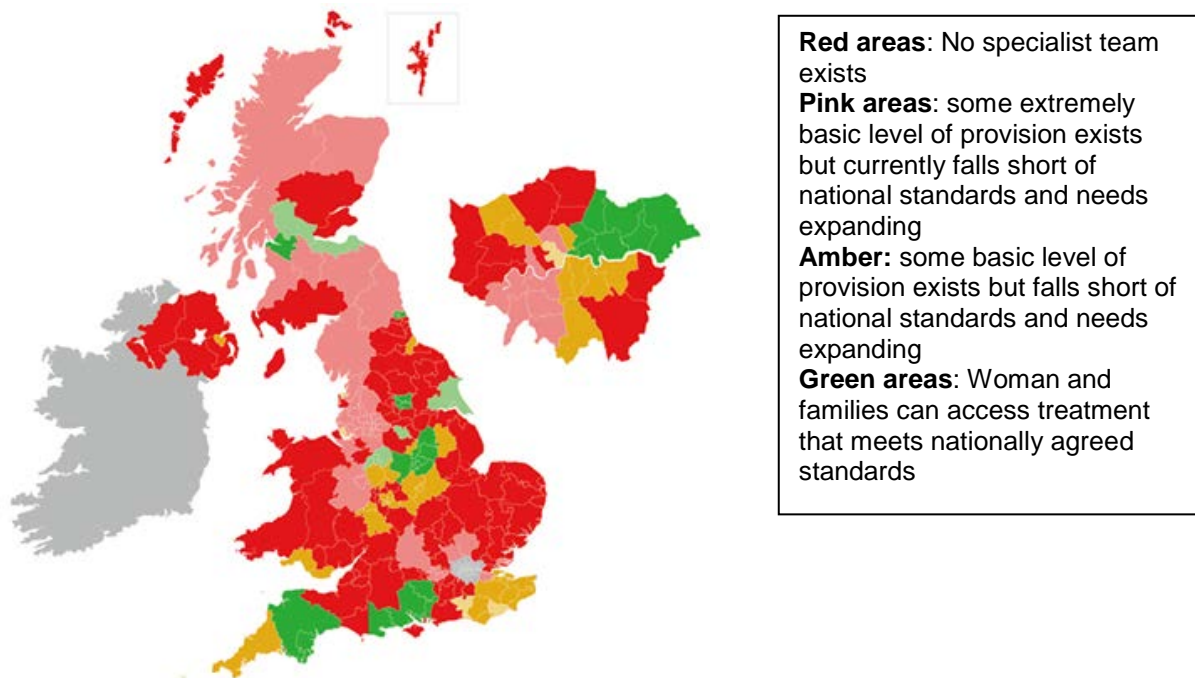
The detection of women at risk of developing a mental illness and the identification of those with a current mental illness, followed by prompt intervention at all levels of healthcare provision, can help to minimise maternal morbidity and limit adverse effects on the baby and the wider family.

Although this chapter focuses on maternal mental health, it is important also to recognise and address paternal mental health needs. This is important as 25 % - 50% of new fathers with depressed partners are depressed or have poor mental health.

Maternal mental health issues may go undiagnosed among black and minority ethnic groups due to a lack of recognition and awareness of mental ill health. In addition, women may be reluctant to seek help due to the stigma attached to mental illness.

It is known that mental health resources may be limited particularly for vulnerable women living in deprived communities; and this is the group most in need of these services and they are less likely to be able to afford to pay privately for these services.

The [Maternal Mental Health Alliance \(MMHA\)](#) campaign "[Everyone's Business](#)" launched in July 2014 followed by the financial report in October 2014. The map below shows where mental health services are available in the UK.



Regionally, Thames Valley are developing a regional perinatal network to drive development of equitable services. Thames Valley and Milton Keynes perinatal mental health service business plans have been submitted to commissioners for Berkshire.

Recommendations for consideration

Referrals to CPE have improved further to mental health training of Midwives, Health Visitors and GPs. There is the need to scale up provision for mild to moderate mental health issues.

A range of services are required in order to prevent perinatal mental disorders where possible; and to identify and treat them when they occur in order to minimise the negative impact on the family. These include universal services such as Health Visitors, Midwives, GPs; parenting courses as well as support services that are universal and targeted.

A needs assessment should be considered in order to develop a clearer picture of local perinatal mental health need.

Develop or commission more projects to meet identified gaps based on above needs analysis.

Develop a Maternal Mental Health Pathway and Strategy, linking in with the strategy on the emotional wellbeing of children and young people.

Other services and partner organisations

[Homestart West Berkshire](#)

[The universal health child programme](#)

[Family Hubs](#)

[GPs](#)

[Talking Therapies](#)

[Community Mental Health Team](#)

National and local strategies

[Maternal Mental Health Pathway Guidance](#) - Pathways to provide more NHS support to women who have postnatal depression and/or have suffered a miscarriage, stillbirth or the death of a baby get more support.

[1001 Critical Days Campaign](#) - is a cross party manifesto launched in October 2013, encompassing a vision for services in the UK days from conception to two years of age.

[NICE guidance for Antenatal and Postnatal Mental Health](#) - for Antenatal and Postnatal Mental Health was published in December 2014. This guidance states all women with a child under 1 year who need psychiatric admission should be offered a place in a specialist Mother and Baby Unit.

[Maternal Mental Health Alliance \(MMHA\)](#) - launching a three year plan in 2015 in respect of perinatal services.

[Maternal Mental Health Alliance \(MMHA\) - Everyone's Business Campaign](#) - launched in July 2014 followed by the financial report in October 2014.

Other chapters you might be interested in

Emotional health and wellbeing of children
Mental Health (Adults)
Life Expectancy and Mortality

If you have any questions about this chapter, please contact Public Health and Wellbeing Team on publichealthandwellbeing@westberks.gov.uk or 01635 503437