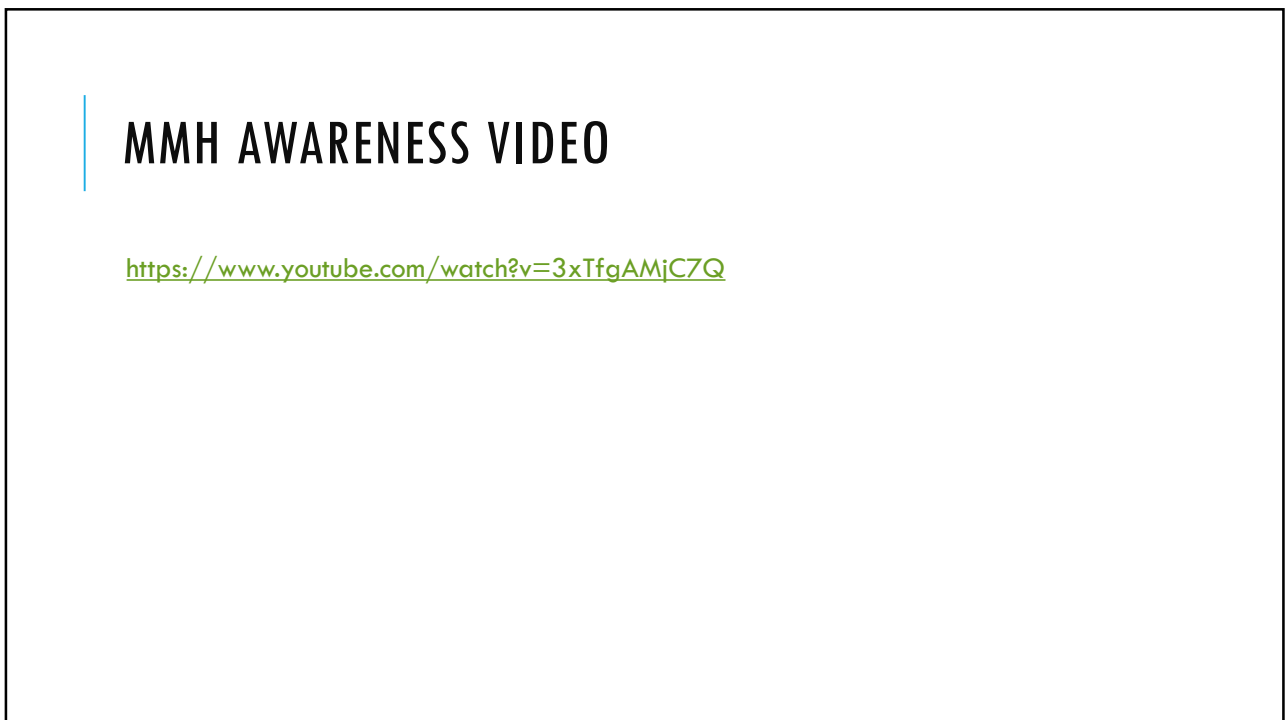


1



2

WHY ARE YOU HERE?.....

- Your Own Experiences
- Complementary
- Enhance patient experience
- Holistic
- Partnership working
- Achieve best outcome of care

3

PERINATAL MENTAL HEALTH

“emotional and psychological wellbeing of women”

from preconception through pregnancy and up to 24 months postpartum

4

MAJOR LIFE EVENT

5

MOST COMMON PERINATAL MENTAL ILLNESS & DIFFICULTIES

- Depression
- Anxiety
- PTSD
- OCD
- Loss
- Bonding & Attachment
- Phobias- Tokophobia
- Post partum Psychosis

include MH conditions with their onset at this time and pre-existing conditions that may relapse or recur in pregnancy or the postnatal year

6

UNIQUE PATIENT GROUP VIEWED WITH A PERINATAL FRAME OF MIND



Always at least two people involved – see next slide

Complicated social / risk issues

'Vulnerable population'? Both mum and Baby

Transitional life stage

Conception- chosen state?

Physical complications

High positive societal expectations

Previous pregnancy experiences

Parenting and attachment

Impact of mental health problems on the fetus and child

Hormonal influence

Maternal request for medical intervention

Prematurity

Relationship Dynamics

Impact of own childhood experiences

Finite nature of pregnancy

Feeding choices

7

PNMI: SCOPE OF THE PROBLEM

Common....affecting up to 25% of women

But **often missed**....only 50% detected (the hidden half)

And **poorly managed**.....

of those 50% detected only half are adequately treated



8

IMPACT OF COVID-19 - NEGATIVES

- Increased levels of **anxiety** and depression and more difficult to recognise
- Increased use of **social media** and 'false perceptions' of being a new mum
- Increased **social isolation** as less opportunity to meet other new mums
- **Fears** about catching Covid-19 during pregnancy (impact on OCD)
- Fears about pregnancy/breastfeeding and the Covid vaccine
- Less options for support from family/grandparents due to **shielding** and **bereavement**
- Reduced options for exercise and limitations on normal coping mechanisms
- Neuropsychiatric presentations associated with Covid-19
- Increased levels of **domestic violence**
- **Financial stresses**

9

IMPACT OF COVID-19 - POSITIVES

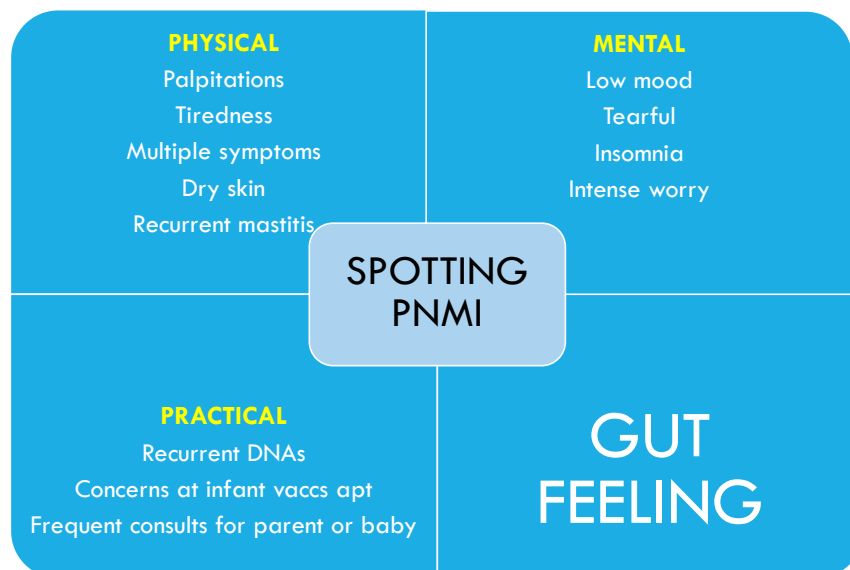
- Reduced expectation to be up, dressed and out the house
- Outdoor exercise encouraged
- Less pressure to attend baby groups
- Increased opportunity to socialise online
- Increased options for home exercise (which may have been difficult pre-Covid)
- Increased support from partner if able to work from home

10



HOW CONFIDENT DO YOU FEEL IN RECOGNISING
PERINATAL MENTAL ILLNESS (PNMI)?

11



12

WHAT ABOUT THE PARTNERS?

Perinatal
Mental Illness
affects
10- 20% of
partners.

PNMI affects the **WHOLE FAMILY**

Encourage women to communicate with their partners....

(peak in marital breakdown after childbirth)

Encompassing all...including the LGBT+ community www.stonewall.org.uk/parenting-rights

13



14

'THE HIDDEN HALF'

WHY ARE WE MISSING IT?

Lack of knowledge regarding the various conditions

Not asking the right questions

Over medicalisation of symptoms

Loss of that 'gut feeling' during F2F consultations

Patients terrified of admitting true symptoms for fear of social services involvement

15

WHOLE SYSTEM RESPONSIBILITY

- ◆ Reception staff
- ◆ Nurses
- ◆ Pharmacists
- ◆ Doctors
- ◆ Health visitors
- ◆ Midwives
- ◆ Sonographers
- ◆ Social Prescribers

16

INADEQUATE MANAGEMENT

WHY IS IT BEING POORLY MANAGED?

Poor advice given regarding continuation of medication in pregnancy and breastfeeding

Hesitation in starting medication

Lack of understanding of local referral pathways

Limited knowledge of additional support options

Concerns regarding safeguarding

Poor quality referrals

17

SAFEGUARDING CONCERNS

What % of parents have thoughts of...

- ❖ Accidentally harming their baby?
- ❖ Frequent and repeated thought of this type that interfere with their life?
- ❖ Deliberately harming their baby?

What percentage of these parents actually carry out any of these thoughts?

18

SAFEGUARDING CONCERNS

What % of parents have thoughts of...

- ❖ Accidentally harming their baby? **99%**
- ❖ Deliberately harming their baby? **50%**
- ❖ Frequent and repeated thought of this type that interfere with their life? **3%**

What percentage of these parents actually carry out any of these thoughts?

<1%

19

PERINATAL OCD

- Recurrent distressing intrusive thoughts
- Irrational fears about the baby

We MUST differentiate between thought and intent

20

CONCERNS RE MEDICATION

Consider the impact of stress hormones on a developing fetus (cortisol, adrenaline and placental inflammation)

Vs

A theoretical risk from a low dose SSRI

21

CONCERNS RE MEDICATION

Please **DO NOT ROUTINELY SUGGEST STOPPING MENTAL HEALTH MEDICATIONS** in those who are pregnant or planning to conceive

Instead....**REVIEW** the medication and associated risks

Relapse rates are common and can have devastating consequences

Ask for help if not sure

Telephone Advice

PMHT by phone 02476 212176

Willenhall Health Centre

UKTIS

UK Teratology Information Service

www.uktis.org

BUMPS

Best Use of Medicines in Pregnancy Service

www.medicinesinpregnancy.org

UKDILAS

Drugs In Lactation Advisory Service

www.sps.nhs.uk/articles/ukdilas

22



23

CASE ONE: JODY 28YRS 'BACK PAIN'

Patient calls asking for a physiotherapy referral for her lower back pain

They have a 4 week old baby girl Ella

Further questioning reveals that Jody has been sleeping on the sofa downstairs since Ella was born

Jody terrified of taking her upstairs in case she falls when coming down

Ella spends most of the day in the baby sling attached to mum

Rarely going out

Not using pram when out as worried about accidentally pushing Ella into the road

24

CASE TWO: REBECCA 39YRS 'NURSE CONCERN'

Rebecca recently attended with Joshua for his 12 weeks imms with the PN Mandy

Mandy sensed that Rebecca was anxious and tearful but Rebecca denied this when asked

Mandy shared her concerns with you as Rebecca's GP and you decide to phone

On further questioning you find out that Rebecca has been struggling with low mood

She feels guilty for finding things hard as this was a long awaited IVF pregnancy

She has attributed her symptoms to baby blues and doesn't want to seem weak

She hasn't told her partner how she really feels as this was 'all she ever wanted'.

25

CASE THREE: JENNY 25 YRS 'PALPITATIONS'

Jenny is concerned about her new onset persistent palpitations

She thinks it could be a problem with her heart as her grandad had something similar

On further questioning you find out that she has a new baby – Poppy 9 weeks old

Mentioned it at 6-8 week check – GP did ECG and reassured

She has been having intermittent heart racing and nausea when alone with Poppy

Seems fine when her partner is around

Not sleeping well at night despite Poppy sleeping through 10pm-6am

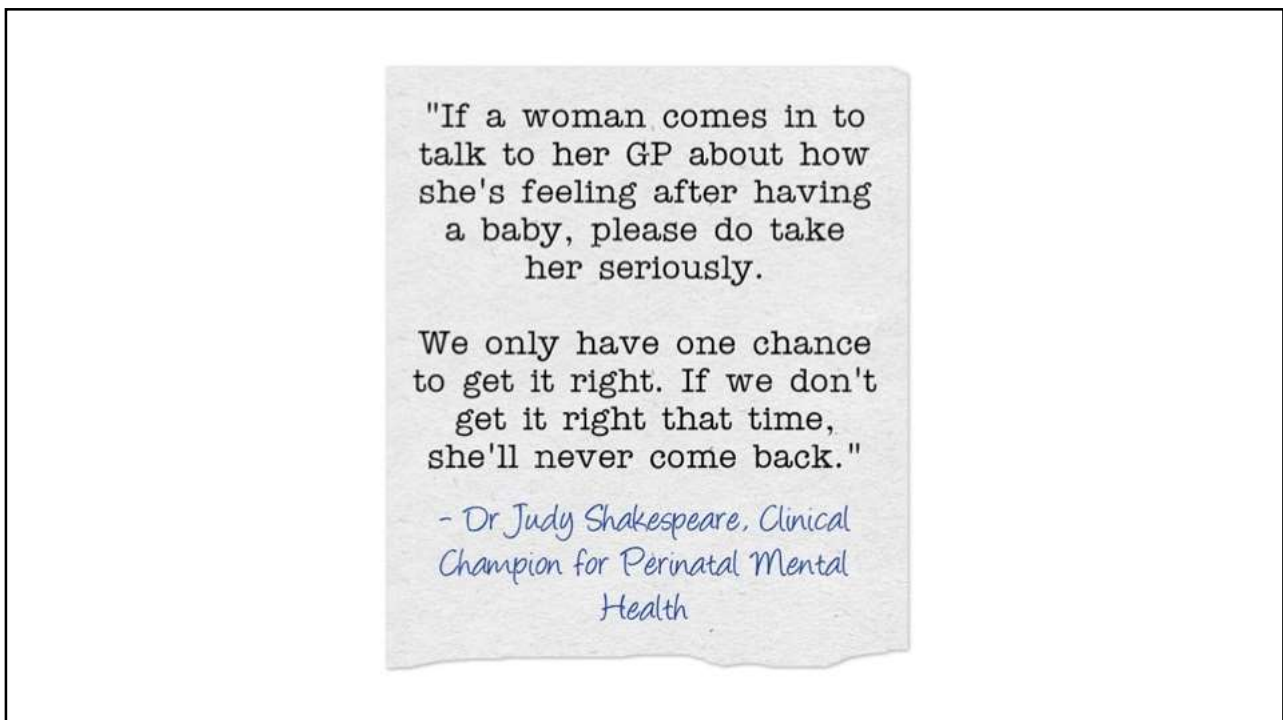
Feels shaky – similar to how she felt before exams at school

Admits she has probably always been an anxious person

26



27



28

COMMUNICATION — ‘LOOK BEHIND THE SMILE’

- With the patient and their family
- With other health care professionals



Question:

Does our own experience of child birth/parenting affect how we communicate in these circumstances?

29

DON'T BE FALSELY REASSURED BY A
‘FUNCTIONING’ MUM AND A BABY IN
AN IMMACULATE JOJO MAMAN BEBE
OUTFIT

“I’m fine Doctor”

30

'LOOK BEHIND THE SMILE'

'How are you finding being a mum?'

'Tell me about the birth' and LISTEN to their story

Listen for pauses.

Respond to cues.

Avoid normalising.

Ask more questions

'We all need help from others at some point in our lifetime...now is just your time..'

Disclosure is a red flag

Consider RISK

31

RISK FUNNEL & EMERGENCIES

Firstly Ask 'how's your mood been in the last few weeks?'

Most women will say fine, or OK (and mean it!) – so **no current concerns** about them

For those who say 'not so good', then ask 'what's been happening?'

Most will say 'oh, baby hasn't been sleeping' or 'my mother-in-law visited' – but there is no obvious distress – **no current concern refer to Health visitor or appropriate professional**

For those who say 'I've just been feeling terrible/depressed/hopeless etc ask 'have things got so bad that you've been thinking of hurting yourself?'

Most will be shocked and say 'oh, I'd never do that' or 'I couldn't do that to my baby/partner' – **no current concern update staff in supervision**

For those very few who say 'yes' ask 'how have you kept yourself safe so far?'

Most will indicate 'I couldn't do that to my baby/partner' – **no immediate concern but need to contact Professionals**

A very few will be unable to identify a protective factor. Ask 'can you keep yourself safe for the next 24 hours?'

If **YES:** alert Mental Health Team Hub on **0300 200 0011**

If **NO** call **999** For appropriate service

32

POSTPARTUM PSYCHOSIS



- Rapid deterioration in mental state
- Start of new symptoms
- Being absent-Estrangement from new baby
- Mum may have no insight
- Persistent expressions of incompetence as a Mum
- New mums with no history of illness behaving bizarrely
- Bizarre thoughts- including violent harm to self or others
- Women who are very confused or guarded e.g. cant tell you when the baby was born
- Acting out of character
- Excessive concern from family members

33

WHERE TO GO FOR SUPPORT/HELP?

- ☐ GP
- ☐ HEALTH VISITOR
- ☐ MIDWIFE
- ☐ OBSTETRICIAN
- ☐ CONSULTANT PSYCHIATRIST
- ☐ SIGNPOST TO IAPT
- ☐ PNMHT (if meeting criteria for AMBER pathway)

Remember that not ALL women with symptoms of perinatal mental illness need referral to the PNMHT – follow referral pathway criteria.

34

VULNERABLE GROUPS

- ☐ BAME WOMEN
- ☐ TEENAGERS
- ☐ DOMESTIC ABUSE VICTIMS

women's aid
until women & children are safe

Family nurse partnership



www.bart.org.uk

MAMTA – Parent Craft Parent Education For BAME Pregnant Women

Face to Face Parent Craft Sessions
Labour, Birth, Delivery, Importance of Breastfeeding & Giving Peace with your baby on Mondays at PMT. One to One appointment based only during Lockdown.

Online Zoom Sessions
19th November 2020 - Health & Wellbeing Session - Key Health Messages
26th November 2020 - Labour & Birth Session

All sessions are women only & language supported & will be delivered by MAMTA & a Midwife

For Peer Support & or to book.mamta@bart.nhs.uk

Kiran Jahan 07700 004940	Pasumpti Basran 07700 004940	Sonia Begum 07700 004940
-----------------------------	---------------------------------	-----------------------------

MAMTA is a Child and Maternal Health service brought to you by PMT - a centre for women, in conjunction with South West London Foundation Trust (SWFT) and in partnership with LMCN's equality services. Empowering women, sharing wisdom and learning from new contributions to safe motherhood.

76 - 77 Elmfield Avenue, Putney, London SW15 2NU
Telephone 020 7462 7600

35

COUNSELLING/SUPPORT

www.itsgoodtotalk.org.uk



www.covwarkpt.nhs.uk/iapt

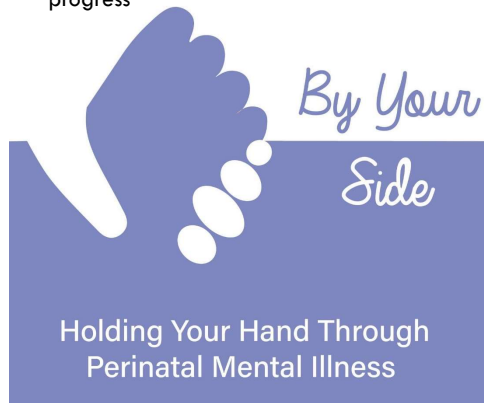


Referrals can be made through any health professional, or clients can self-refer – please email counselling@parentingproject.org.uk to ask for a referral form.

36

PEER SUPPORT

Currently accessed via Facebook page – website development in progress



www.nct.org.uk/parents-mind

MAMTA

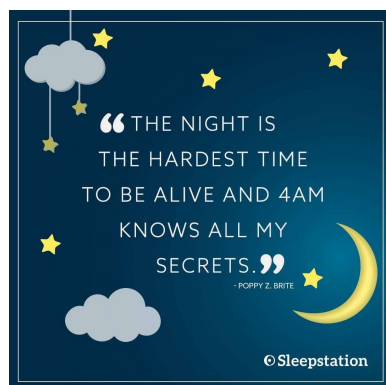
see earlier slide

www.fwt.org.uk

37

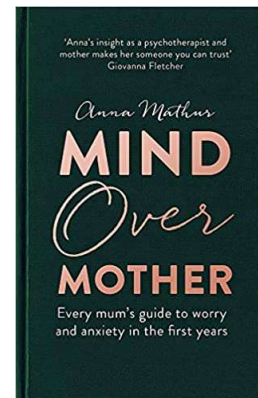
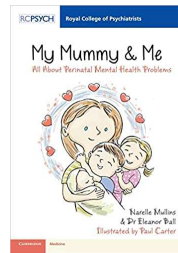
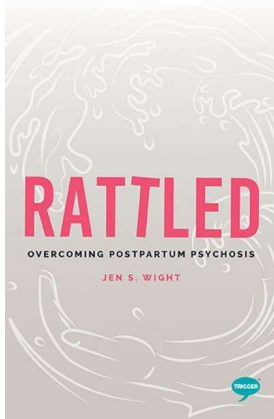
HCP REFERRAL: ONLINE RESOURCES

SLEEPSTATION



38

USEFUL BOOKS



39

MY JOURNEY TO RECOVERY

Hope – "we know it may not feel like it, but there is hope."

We will hold it for you until you feel able to hold it yourself"

40

NATIONAL & LOCAL NUMBERS

Crisis Team (if concerns about risk) 0300 200 00 11

Mental Health Matters (free 24/7 confidential helpline service) 0800 616171

**Parents in Mind (Perinatal Mental Health Peer support run by the NCT) Sarah
07885975261**

PMHT 02476 212176

Foleshill Women Training MAMTA 02476 637693 / 07399 504051

41

NATIONAL ONLINE SUPPORT/CHARITIES/INFO

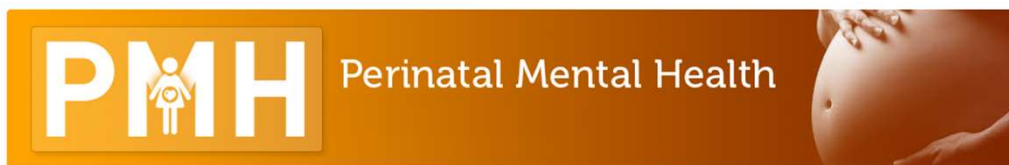
PANDAS	www.pandasfoundation.org.uk	Helping parents affected by PNMI
LEAP	www.leaplambeth.org.uk	Helping babies, young children and carers in Covid-19
LULLABY TRUST	www.lullabytrust.org.uk	Safe sleep advice and support for parents who has lost babies to SIDS
SANDS	www.sands.org.uk	Supports anyone affected by the death of a baby
MATERNAL MENTAL HEALTH ALLIANCE	www.maternalmentalhealthalliance.org	Hosting on-line self care and support resources
DOMESTIC ABUSE ADVICE	www.gov.uk/guidance/domestic-abuse	How to get help if you or someone you know is a victim of domestic abuse
BREAST FEEDING SUPPORT NETWORK	www.breastfeedingnetwork.org.uk	Breastfeeding support during Covid-19
ICON COPE	www.iconcope.org	Support for parents with crying babies

42

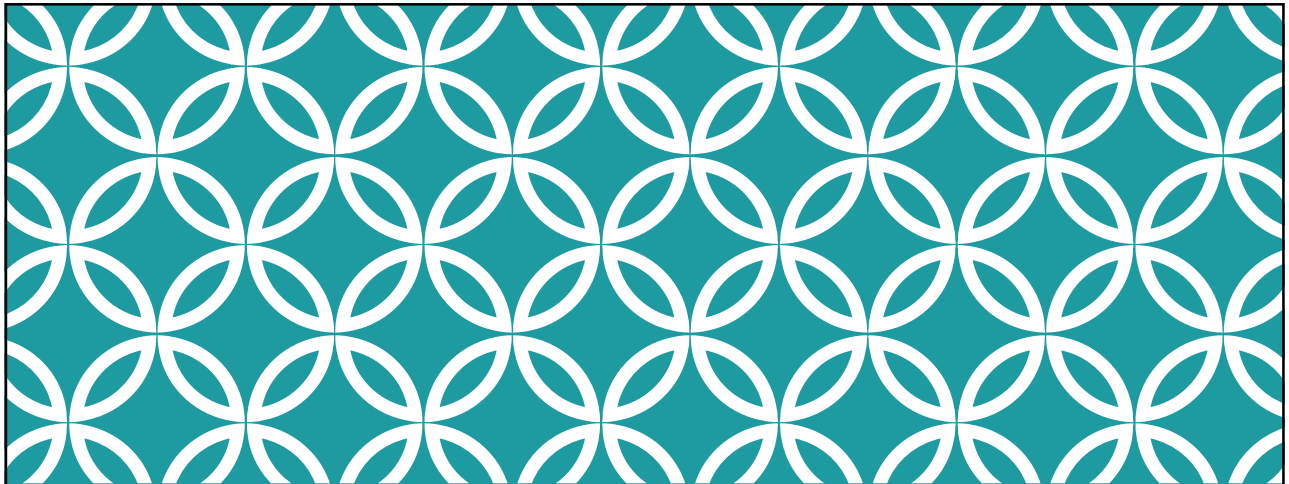
FURTHER LEARNING

HEE PERINATAL MENTAL HEALTH E-LEARNING (E-LFH)

- ☐ MEDICAL PROFESSIONAL MODULES
- ☐ HEALTH VISITOR MODULES
- ☐ OCCUPATIONAL THERAPY MODULES



43



ANY QUESTIONS?

PLEASE TYPE IN
THE CHAT!

44