

Perinatal Mental Health

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behalf SWYT PMH specialist community

services



What is “perinatal”?

Preconception

Mental health during pregnancy

Mental health for the first 12 months after birth

Perinatal MH Service provides input up to 24 months (2nd year - if any perinatal mental health needs present)

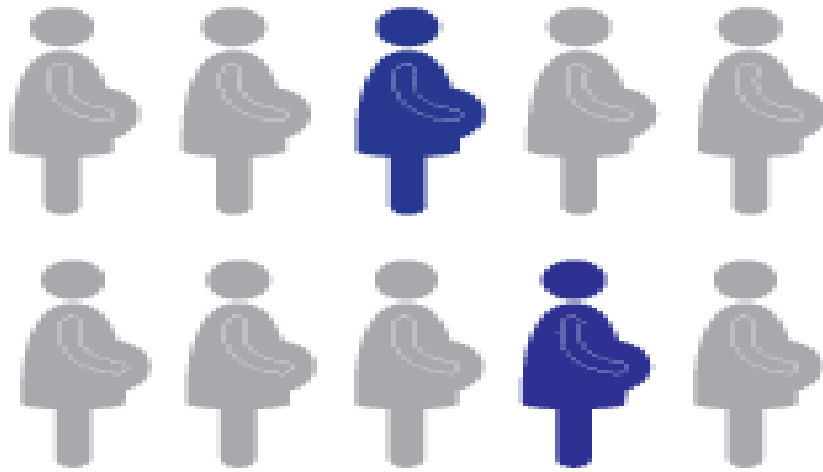
All mental illnesses

Higher levels of risk, need for MDT approach.

All women are prioritised for treatment at this time – NHS Talking Therapies, psychology, secondary care, perinatal MH team, crisis teams, Mother & Baby Units (MBU’s)



Perinatal Mental Health Matters



Up to 20%
of women develop a
mental health problem
during pregnancy or
within a year of
giving birth

*from The Costs of Perinatal Mental Health Problems, available at:
<http://www.centreformentalhealth.org.uk/perinatal>
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It's the most likely time in life to develop a mental health problem

Statistics

Pregnant

- Depression – 12%
- Anxiety – 13%

Postnatal

- Depression & Anxiety – 15-20%
- Psychosis – 1-2/1000

Only half - Diagnosed.
Fewer – receive adequate treatment



Perinatal Mental Health – Prevalence & Key Considerations

1,380 Develop Postpartum Psychosis
(2/1000)

1,380 Chronic serious mental illness
(2/1000)

20,640 Severe Depressive Illness
(30/1000)

• **20,640** PTSD (30/1000)

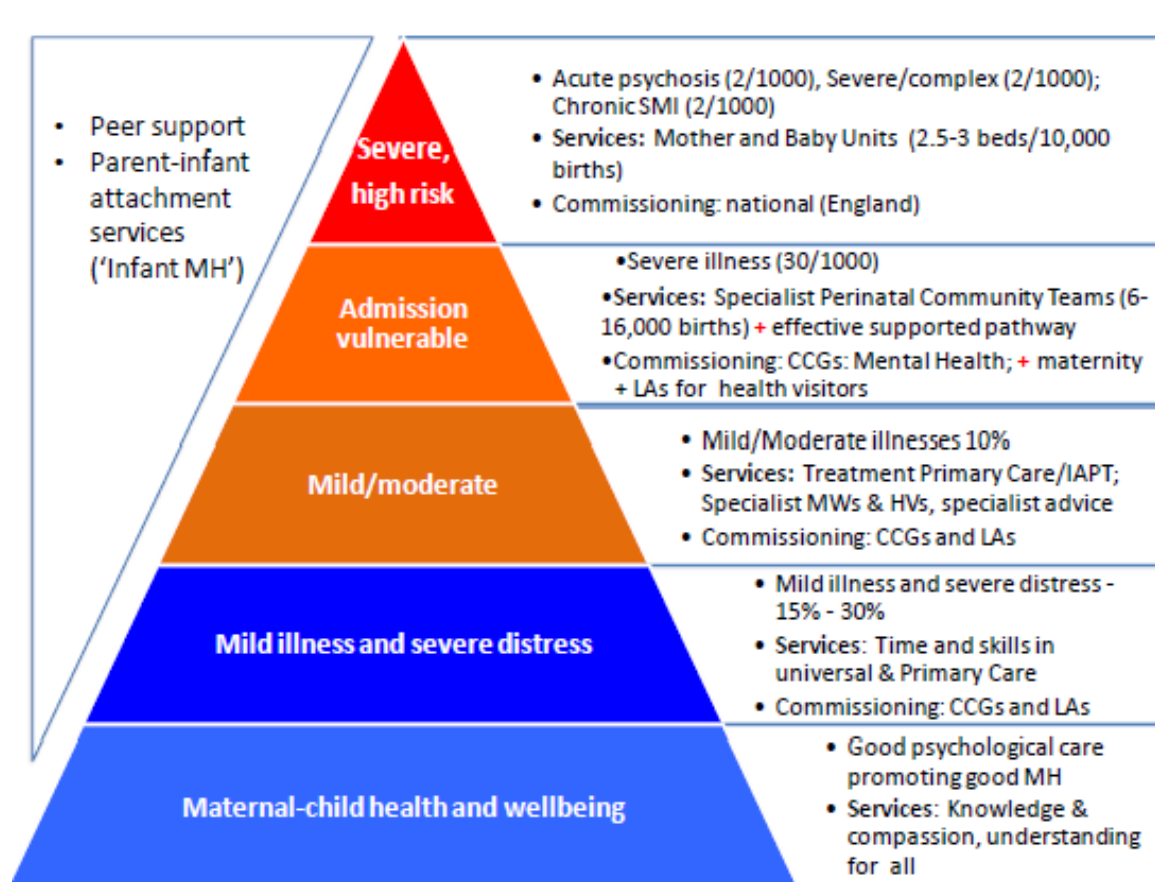
86,020 mild-moderate depression/anxiety
(100-150/1000)

154,830 Adjustment disorder/distress
(150-300/1000)



- Suicide remains leading cause of death for women in 6 weeks to 1yrs postnatal
- Under-diagnosed & under treated
- Trauma informed approach vital
- Prof Marion Price and leading perinatal experts drew up **Red Flags**, drawn from learning from perinatal deaths
- Partners/non-partner parents - high risk of deterioration in mental health
- Poor maternal mental health/impact on fetal development, bonding and infant MH

****Common -1 in 5 women & birthing people****



Questions:

- Q: If you had just had a baby and were referred to mental health services, what would your first thought be?
- A: “They want to take my baby away from me”
- A: “They think that I’m an unfit mother”

- Q: What % of mums hide or downplay their symptoms?
- A: 70%

Culture, heritage, mistrust of statutory services & stigma all
at play



Learning point

Have reduced thresholds for:

- accepting what is a symptom of postnatal mental illness
- treating any illness that you discover
- Mum may only attend once, **not a time to watch & wait**
– treat proactively, consider NHS Talking Therapies/meds/Perinatal Team
- It's rarely baby blues by the time someone asks for help



So mum is on an antidepressant and just discovered she is pregnant...

- Q: What is the relapse rate of depression in mums who stop taking antidepressants in pregnancy?
- A: 70%
 - more severe depression = higher likelihood relapse
- Q: What happens when people get stressed/depressed?
- A: Increased use of alcohol, nicotine, drugs; worse diet; reduced/delayed engagement in antenatal care; 4-fold increase in reduced birthweight in depressed vs non-depressed mums; ?increased rate of ADHD, conduct disorder & ?autism. Epigenetic risks too



Medication - Challenges

- medications are not licensed to prescribe
- ethical issues - robust research is difficult
- Safety – cannot be clearly established
- Decisions on medication – based on database studies
(many limitations)
- Long term outcomes – not much data



MEDICATION USE DURING PREGNANCY

- SSRI

- No major teratogenicity
- No major neurodevelopmental problems
- Generally safe to use during pregnancy & when breast feeding
- Association (not causality) - decreased gestational age, spontaneous abortion, decreased birth weight, Persistent Pulmonary Hypertension (PPH).
- Neonates – exposure to antidepressants in late pregnancy - discontinuation symptoms – irritable, crying, shivering, or problem with feeding and sleeping. These are mild and self limiting within 2-3days.



Mum is on an antidepressant and just discovered she is pregnant

- Automatically stopping antidepressants if a woman becomes pregnant is not necessarily the safest option
- Support mum to make the best choice for her and her family (?effects of depressed mum on other children)
- Risks of treating vs. risks of not treating
- Provide Patient information leaflet -
<https://www.choiceandmedication.org/swyp/printable-leaflets/drugs-in-pregnancy/>



PRN medications

- Benzodiazepines – not teratogenic but preferable to avoid its use. 3rd trimester use – floppy baby S.
- Avoid longer acting drugs.
- Breastfeeding – short-acting agent eg lorazepam should be prescribed in divided doses
- Promethazine – sedative (antianxiety and antiemetic effect as well)



Breast feeding

- Most medications – safe
- Relative infant dose (RID) $\leq 10\%$
- To consider – mixed feeding, change time of the dose, expressed breast milk



Common situations/advice

- Treat perinatal illness as you would at other times— referrals to NHS TT/secondary care are **fast-tracked**
- Use antidepressants known to work in the woman
- If a mum develops new depression and no treatment history, many psychiatrists would choose sertraline
- Most antidepressants are relatively safe to use in pregnancy and in **breastfeeding** as long as baby is well.
- **“Babies do best with well mums” + folic acid**
- Ask about intrusive thoughts / bad images / checking
- <https://www.youtube.com/watch?v=dHFZ7QBJI5I>

Post natal Psychosis

- Postpartum psychosis (PPP) - 1 to 2 in every 1000 births
- It is very sudden and severe
- Mania, psychosis, anger, depression & confusion all at the same time
- 95% occur in the first 2 weeks after delivery
- There may be “windows of normality”
- If you think someone has this, phone the perinatal team and ask for an emergency 4 hour response
- This is why we take people on even if well – bipolar/psychosis, preventative care works well



Red Flags



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

These are signs of severe mental illness and require urgent senior psychiatric assessment



What Questions to Ask and How?

New mothers/birthing parents can find questions about their mental health & emotional well being challenging. Stigma & fear of their baby being removed can lead to under reporting/masking symptoms. Many will have a history of trauma in childhood or previous experiences of trauma related to pregnancy &/or birth & this can be triggering.

DO:

- **Ask Open-Ended Questions:** Encourage the woman to share her experiences by asking open-ended questions that allow for detailed responses.
- **Think Safety First:** If you are concerned about the safety of the mother or baby, do not hesitate to seek immediate help.

Consider:

- Is this the patient's first psychiatric presentation?
- If she has a psychiatric history, is it of depression, mania, or both?
- Is there any family history of bipolar disorder or post natal mental illness?
- Has the patient been using any substances?
- Does the patient have thoughts of harming herself or the child? **Important to ask this in a non-judgmental fashion**, for example: *"It can be very overwhelming to be a new mother. Sometimes women have scary thoughts; they might think about hurting themselves, or hurting their babies. Has that ever happened to you?"*



Perinatal Team is an MDT

- We offer a range of mental health interventions:
- Assessment
- High risk care plans; Trauma informed care plans
- Take a holistic approach
- Skills based interventions- DBT, CFT, risk management,
- We offer 1:1 and group therapy for complex presentations
- We run few clinics, lots of visits / video appointments



Perinatal Team is an MDT cont.

- We have Peer support workers – people who have been unwell themselves offering recovery-based interventions
- We have good links with midwifery and health visiting
- And for people who have had severe illness in the past, we offer a pre-conception advisory appointment



Take Home Messages

Be more proactive in asking about mental health

No need to stop medications if helpful and doing well

Give hope that something could be done

