Perinatal Mental Health: essential care for mothers and their infants

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Chair, Maternal Mental Health Alliance
Depression: the most common major complication of maternity
Global Burden of Disease: DALYs (life years lost through death or illness) for women aged 15–44

WHO, 2008

- Unipolar depressive disorders
- HIV/AIDS
- Tuberculosis
- Abortion
- Schizophrenia
- Maternal sepsis
- Bipolar disorder
- Road traffic accidents
- Self-inflicted injuries
- Hearing loss, adult onset
- Refractive errors
- Panic disorder
- Migraine
- Chronic obstructive pulmonary disease
- Alcohol use disorders

DALYs per 1000 women aged 15–44 years

Low- and middle-income countries
High-income countries

WHO, 2008
Maternity: the highest ever risk of psychosis

Puerperal psychosis: more rapid onset, more severe, and higher risk than at any other time (Oates, 1996; Appleby et al 1998)
Suicide: always in the top 3 causes of maternal deaths up to 12 months
Poor maternal mental health affects this generation, and the next
Maternal anxiety at 32 weeks and child mental health problems (Results similar with prenatal depression)

(O’Donnell et al in press)
Children depressed at 16 all had mothers who were depressed, mainly during pregnancy. No maternal depression → No children depressed at 16.

When mother first depressed:

- Never
- In utero
- 1st year
- Early childhood
- Middle childhood
- Adolescence

Pawlby et al. 2009
Transgenerational trauma and poor mental health

Generation 0
Childhood trauma + Maternal antenatal depression

Generation 1
Childhood trauma + Maternal antenatal depression

Generation 2
Childhood trauma + Maternal antenatal depression

Generation 3
Childhood trauma + Maternal antenatal depression

Generation 4
Childhood trauma + Maternal antenatal depression
Lots of guidance and policy... and all in agreement!
Perinatal period: the most efficient time for detecting depression in women

(Sharpe et al 2006)
Postnatal depression care

(Gavin, Meltzer-Brody, Glover, and Gaynes in press)

- Prevalent PND Cases: 100%
- Recognized Clinically: 40%
- Any Treatment: 24%
- Adequate Treatment: 10%
- Achieved Remission: 3%
Highest ever risk of bipolar relapse

% Remaining well after stopping Lithium

Pregnancy (Weeks 1–40) vs. Postnatal (weeks 41–64)

- Non pregnant (n=42)
- Pregnant (n=59)

Specialised outreach team delivering psychosis prevention pathway (all of us working together)

• 106 OBDs/1000 births
• 129 OBDs/1000 births
(= £225,000 for Hampshire)

… accounted for by
• 2.5% predictable admissions
• 18% predictable admissions
= 85% reduction in avoidable admissions
Treatment of severe mental illness

- **All cases**: specialist perinatal care for pre-conceptual advice, antenatal and postnatal care: prediction, prevention, detection, treatment
- **Acute psychoses**: urgent perinatal care
- **Postnatal suspicion or definite**: emergency assessment + urgent perinatal care + MBU if admission needed
Emotional wellbeing in pregnancy care pathway

Routine antenatal care

History of mental illness and current mental health assessed at first contact and booking

Any positive responses to questions (communicate for information)

Support from GP, HV and MW, plan continued close monitoring in the early postnatal period. Obtain specialist advice as necessary.

Current mild illness

Coping with daily living problems

Current moderate illness

Current severe illness

Routine postnatal care

History of possible severe mental illness or current severe illness, identified by any service

Communicate for information

Talking therapies

Other agencies

Support from GP, HV and MW

If persists or worsens

GP assessment for medication and talking therapies & continued support from GP, HV and MW

If persists or worsens

Perinatal triage and assessment process

Perinatal specialist inpatient care (mother and baby unit)

Specialised perinatal care pathways:
- Bipolar disorder
- Schizophrenia
- Emotional instability
- Depression
- Anxiety
- OCD

Perinatal telephone advisory service to professionals

Mental health care

Commissioning for mental health

Perinatal MH services

General adult MH services

Mental Health Research Network

News

Commissioning for mental health

Google Translate

let's end mental health discrimination
Specialist Perinatal Community Care

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>COLOUR</th>
<th>CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Green</td>
<td>Specialised perinatal community team that meets Joint Commissioning Panel criteria <a href="http://www.rcpsych.ac.uk/pdf/perinatal_web.pdf">http://www.rcpsych.ac.uk/pdf/perinatal_web.pdf</a></td>
</tr>
<tr>
<td>3</td>
<td>Orange</td>
<td>Perinatal community service operating throughout working hours with at least a specialist perinatal psychiatrist with dedicated time AND specialist perinatal mental health nurse with dedicated time, with access to a perinatal psychiatrist throughout working hours</td>
</tr>
<tr>
<td>2</td>
<td>Yellow</td>
<td>Specialist perinatal psychiatrist AND specialist perinatal nurse with dedicated time</td>
</tr>
<tr>
<td>1</td>
<td>Pink</td>
<td>Specialist perinatal psychiatrist or specialist perinatal nurse with dedicated time only</td>
</tr>
<tr>
<td>0</td>
<td>Red</td>
<td>No provision</td>
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Disclaimer: Levels of provision in this map have been assessed using the best information available to us from local experts but have not been independently verified. Please contact info@everyonebusiness.org.uk if you suspect any inaccuracy or know of recent developments that may alter the level of provision in any area listed here.
NSPCC’s *Prevention in Mind* report

- 73% of maternity services do not have a specialist mental health midwife.
- Nearly all women see a midwife during pregnancy but:
  - 40% say they saw a different midwife at every appointment.
  - 41% say their health visitor or midwife never asked about depression.

- 29% of midwives said they had received no content on mental health in their pre-registration training.
- 42% of GPs said they lacked knowledge about specialist services for people with severe mental illnesses.

“There is NO specialist training on perinatal mental health for Improving Access to Psychological Therapies providers.”
MBUs: shorter admissions, quicker recovery

Bed days in acute wards and mother and baby units

- Acute ward bed days
- M and B bed days

Year
2006 2007 2008 2009 2010
Maternal unresponsiveness
(lower is better)

Maternal unresponsiveness

Community
Depression
Psychosis
Schizophrenia

Diagnostic grouping

Bethlem MBU
Pawlby, personal communication
Infant passiveness
(lower is better)

Diagnostic grouping

Bethlem MBU
Pawlby, personal communication
Patient experiences: MBU v. general units (Jessica Heron, 2011, personal communication)
3 Core Principles of the NHS
Aneurin Bevan, July 5 1948

Meets the needs of everyone **NOT YET**
Free at the point of delivery **NOT YET**
Based on clinical need **NOT YET**
7 Guiding Principles of the NHS
(NHS Constitution 2011)
and perinatal mental illness in most of the UK

1. NOT comprehensive
2. NOT based on clinical need
3. NOT providing highest standards
4. NOT listening to patients
5. NOT working across boundaries
6. NOT providing best value
7. NOT accountable
Economic costs (LSE, 2014)

Cost if we don’t act

£8.1 bn
Economic costs (LSE, 2014)

Cost if we don’t act

£8.1 bn

Cost of taking action

£337m
Keeping the challenge in perspective

- UK maternity care = £2800/woman
- Specialist perinatal mental health = £67/woman

- Total NHS maternity budget £2.6bn
- Cost of maternity negligence cover £482m
- Cost of 60 more MBU beds £6m  (0.00023% of maternity costs)

Costs if we stay as we are = £8.1bn
Implementation strategy and costing for equitable and comprehensive Perinatal Mental Health Pathway in England

This investment in perinatal mental health care will save human and economic costs to the nation; will be a positive response to the current desperate need for resources in maternal mental health, child mental health, and mental health beds; will be an important contribution towards parity of esteem; will invest in early years; will ensure the delivery of NICE defined evidence based care; will deliver equity of access across the nation; and will contribute to better maternity care, primary care and public health.

This strategy is based on an expert consensus informed by evidence from national reports, research, professional bodies and third sector organisations. Produced by Alain Gregoire, Chair MMHA in collaboration with Centre for Mental Health.

<table>
<thead>
<tr>
<th>Year</th>
<th>National commissioners</th>
<th>Local commissioners</th>
<th>Providers</th>
<th>Annual costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Appoint national expert clinical lead (1day) and senior project manager (f/t) for 3 years, to support local areas with planning and implementation of new services, in particular quality assurance, timescale assurance, and local staff leadership/expertise development. To evaluate and report on implementation.</td>
<td>All CCGs/LAs to include requirement for pathways for prediction, detection and support for women with or at risk of MH problems in universal services contracts (maternity and health visiting), in line with NICE guidance, and linked to IAPT and mental health services. (30% completed by 6months, 60% by 12 months). ***</td>
<td>All areas implement pathways for prediction, detection and support for women with or at risk of MH problems in universal services provision (maternity and health visiting), in line with NICE guidance. (30% completed by 6 months, 60% by 12 months).</td>
<td>£75,000</td>
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<td></td>
<td>Establish contracts for 8 Mother and Baby Units* (MBUs) with 8 beds each (By month 6).</td>
<td>Establish contracts for 16 (phase 1) perinatal mental health specialist community services (PMHCs)****, including in areas where the 6 strategically planned new 8 bed Mother and Baby Units (MBUs) will be located (month 6).</td>
<td>Planning work on 8 MBUs and 16 PMHCs commenced (month 7).</td>
<td>£0</td>
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<td></td>
<td>All IAPT contracts to include identification, prioritisation, assessment and appropriate type and access to therapy for women in pregnancy and postnatal year, in line with NICE CG45 guidance**. Numbers of women accessing the service in line with local expected need (By month 6).</td>
<td></td>
<td>All IAPT services identify, prioritise, assess and provide appropriate type and access to therapy for women in pregnancy and postnatal year, in line with NICE CG45 guidance. Numbers of women accessing the service in line with 30% of local expected need by month 12).</td>
<td>£0</td>
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TOTAL YEAR 1 = £8.575m
Are we ready?

✓ Clear evidence of individual needs
✓ Clear evidence of economic and social need
✓ Clear evidence of investment for NHS, public purse and society
✓ Clear and consistent NICE and scientific evidence base
✓ Successful models for delivery
✓ Quality assurance system in place
✓ Active and consistent support from all stakeholders
✓ Job done for you…die happy
**Real Life Stories**

**Jenny’s story**
Jenny’s story (Belfast) Four years ago I had my second child, Isaac. After he was born, I felt differently to how I had felt when his older brother, Sam, had been born. Something wasn’t right. I felt depressed and struggled to bond with Isaac. I also

**Raj’s story**
Raj’s story (Berkshire) My wife developed stress-induced psychosis when she was nearly 30 weeks pregnant. At the time, she saw me as an antagonist, and due to her condition I was subjected to mental and verbal abuse as my wife's perception of

**Louise’s story**
Louise’s story (Oxfordshire) I suffer from bipolar disorder and was treated with lithium. For five years my husband and I had raised with my psychiatrist the issue of us trying for a family, but she kept failing to find out about what changes to medication

**Ann’s story**
Ann’s story (Hertfordshire) After my daughter’s birth I suffered from severe antenatal obsessive compulsive disorder (OCD) and lived with a crippling fear that something terrible was going to happen to her. At a time when I should have been enjoy-
CCG Checklist

☑ Specialist community perinatal MH teams, meeting National Perinatal Quality Standards and participating in Annual Quality Reviews

☑ Access to NICE compliant therapy

☑ Parent-infant intervention service

☑ NICE APMH compliant maternity and health visitor care (prediction, detection, GP comm.)

☑ Specialist Mental Health Midwife in each maternity service

☑ Lead Mental Health Health Visitor in each health visitor service

☑ Clear pathway: IAPT, Mat., HVs, MH, GPs