

7.1 Perinatal Mental Health

Perinatal mental health refers to the mental health of the mother during pregnancy, delivery and the first 6 months of following childbirth. Services should include consideration of the mental health and wellbeing of the child and father.

Fears about children being 'removed' can prevent mothers and families from actively seeking help and support. Often it is not until a crisis occurs that the need within the family is identified.

Mental health problems following childbirth may be serious and can have an adverse effect on the woman herself, as well as on her relationships, family and, in particular, on the future development of her baby.

Saving Mothers' Lives: Reviewing Maternal Deaths to make Motherhood Safer", the report of the 2003-2005 National Confidential Enquiry into Maternal and Child Health, reported that 10% of new mothers are likely to develop a depressive illness in the year following delivery, of whom between a third and a half suffer severe depressive illness.

Women, who have had a previous episode of serious mental illness, either following childbirth or at other times, are at an increased risk of developing a postpartum onset illness, even if they have been well during pregnancy and for many years previously.

Risk factors for illness in the period after childbirth can be identified and the antenatal period offers an opportunity to screen for these and intervene. Identifying and treating mental illness is not only beneficial for the mother, but also for the future psychological health of their children and the family unit as a whole.

Overarching Standard 45: Women in the perinatal period – assessment and intervention

All women presenting to maternity service should be asked about past or present mental illness and treatment including at their first contact visit with primary care, health visitors completing the family health needs assessment, the booking visit, the 3rd trimester visit, during the post-natal contact period between 6-10 weeks and up to 1 year postnatal. Where appropriate, they should be referred to specialist mental health services that include access to psychological interventions, additional health visitor support and inpatient care as appropriate and in accordance with NICE guidelines.

Rationale

Psychiatric disorder and depression are common during pregnancy and following birth. Ten per cent of new mothers are likely to develop depression in the year following childbirth, of whom between a third and a half will be suffering from a severe depressive illness. A particularly severe form of mental illness, puerperal psychosis will occur in 2 per thousand births. Women with a history of serious mental illness have an increased risk of recurrence in the post natal period. Early identification and treatment is essential to minimise risk and improve short and long term outcomes for mother and baby. Mental health problems during pregnancy and/or following childbirth can have serious and long term complications for the mother, for her unborn child or newborn baby and for other members of her immediate family.

Evidence

Confidential Enquiry into maternal and child health (CEMACH) (2007)

National Institute for Health and Clinical Excellence (NICE) (2005) Ante Natal and Post Natal Mental Health: Clinical management and service guidance
<http://guidance.nice.org.uk/CG45>

Bamford Review: A Strategic Framework for Adult Mental Health Services (June 2005) http://www.rmhdni.gov.uk/adult_mental_health_report.pdf

Social Care Institute of Excellence (SCIE) Guide 30: Think child, think parent, think family: a guide to parental mental health and child welfare, July 2009
<http://www.scie.org.uk/publications/guides/guide30/files/guide30.pdf>

DHSSPS (2010) Healthy child, healthy future: A Framework for the Universal Child Health Promotion Programme in Northern Ireland
<http://www.dhsspsni.gov.uk/healthychildhealthyfuture.pdf>

Responsibility for delivery/implementation

Primary Care

Maternity Services in partnership with specialist mental health

Quality Dimensions

Person Centred – Women, their partners and those in their social network are central to the assessment and early intervention/treatment process. Options should be explored in regard to what would work best for the woman, her infant and involved biological father given her unique context, lifestyle and family situation.

Equitable – Accessible services for women in vulnerable groups with additional needs e.g. women with disabilities, homeless or travelling women, substance abusers and those who experience disadvantage or feel excluded from services.

Safe – Ensures appropriate risk assessed environment is used for women to store information about their mental health and minimises risk to self and others.

Timely - Timely access to treatment is therefore essential to benefit those affected and to minimise the impact on the child and family.

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Percentage of women assessed for mental health problems during pregnancy in past 12 months	Northern Ireland Maternity A T System (NIMATS) Other system sources of data to be further agreed with the PHA in the context of updated and developing IT databases	Establish Baseline Performance levels to be determined once baseline established	March 2013
Percentage of women who are in receipt of Specialist Mental Health Services including psychological interventions and additional health visitor support, appropriate to their needs		Establish baseline Performance levels to be determined once baseline established	March 2013