

Perinatal Mental Health

What is Perinatal Mental Health?

The perinatal period includes your pregnancy, labour, birth and the postnatal period up until your baby reaches one year of age. This leaflet refers to mental health and wellbeing during this time.

More than 1 in 10 women will be affected by mental health problems during their pregnancy and/or after the birth of their baby. Mental illness can affect anybody regardless of previous history. Some women will experience a mental health problem for the first time during their pregnancy or after the birth of their baby. Other women will have had ongoing mental health problems and then become pregnant whilst others will have had past mental health problems.

How will my pregnancy affect my mental wellbeing?

Getting pregnant and having a baby will be very exciting for most people; however it can come with new challenges and demands. Even if you have not experienced mental health problems in the past, the physical and emotional changes pregnancy and childbirth brings can sometimes trigger a mental illness. The most common mental health problems in pregnancy and after the birth of a baby are depression and anxiety.

During pregnancy, depression affects approximately 12% of women and anxiety affects around 13% of women. This figure increases to around 15-20% of women affected by depression and anxiety during the first year following childbirth.

What happens if I've had mental health problems in the past but I am currently well?

If you have suffered from a mental health problem in the past, which was treated and you are now well, then it is still really important that you share this information with your community midwife as soon as possible. The severity of your previous condition will depend on the management of your care. For some women pregnancy and childbirth can cause them to become unwell again due to the physical and emotional changes and the new challenges and demands that having a baby can bring.

If you have ever suffered from a serious mental illness such as:

- Schizophrenia;
- Bipolar disorder;
- Schizoaffective disorder;
- Severe depression requiring hospital admission;
- Psychosis;
- Severe anxiety disorder such as Obsessive Compulsive Disorder (OCD);
- An eating disorder; you should be referred to a Consultant Obstetrician and the Specialist Perinatal Mental Health Midwife because the risk of you becoming unwell again during pregnancy or after birth is higher. The health visiting team should be made aware and make earlier contact. It may also be necessary for you to be referred to the Perinatal Mental Health Team.

What happens if I am currently affected by mental health problems?

If you are currently receiving treatment for a mental health problem, then you should definitely inform your GP and Community Midwife at the earliest opportunity. The advice is that you should continue your medication as normal when you discover that you are pregnant, and **do not** suddenly stop. Your GP, in collaboration with the Consultant Obstetrician and/or Psychiatrist, will make a plan of care for you regarding your medication.

If you suffer with ongoing depression and/or anxiety and this is stable, you may be advised to continue on your medication as normal during your pregnancy and following birth. You will be referred to the Consultant Obstetrician for an initial review. You may then be referred back to midwifery led care or the Obstetrician may decide to see you again later on in your pregnancy.

If you are currently feeling unwell, it is really important to inform your Midwife, GP, Health Visitor and/or Consultant Obstetrician or Psychiatrist. These professionals will be able work in collaboration with you to generate a plan of care that is appropriate for you and your baby. You will be seen regularly during your pregnancy and after the birth of your baby to ensure that you are receiving the appropriate care, therapy and/or medication. They will also ensure that you have the correct services involved in your care.

What happens if my relative has had severe depression and/or psychosis?

If a very close relative such as a parent or a sibling, have been affected by severe depression requiring hospital admission, or have had psychosis in the past then you must inform your Midwife as soon as possible. In particular, if this includes a close female relative (mother or sister) whom has been unwell herself during the perinatal period with severe depression or postpartum psychosis. This is because, regardless of your history, your risk of becoming unwell yourself during the perinatal period can increase.

Will I need to share my mental health history with every professional I come into contact with?

During your initial booking interview with your Midwife at the start of pregnancy, you will routinely be asked to discuss your mental health history, family history and current wellbeing. This will then be recorded on your booking history which is placed in the front of your notes. A copy will also be sent to your GP and Health Visitor. Hopefully you will have continuity of a Midwife during your pregnancy and she will know your history and will ask how you are feeling at each antenatal contact. If you are under Consultant led care during your pregnancy you may be asked about your current wellbeing at these appointments also.

The Health Visitor will become involved in your care in the second or third trimester of your pregnancy. He/she may want to discuss and confirm the history received from the booking and will also ask about how you are feeling.

Most healthcare professionals who come into contact with you during your pregnancy and after the birth of your baby will ask how you feel emotionally. This is because they understand that it can be difficult to talk about how you are feeling so professionals aim to give you opportunities to discuss this regularly.

What are the Baby Blues?

'Baby Blues' occur during the first week after having your baby. This is a very normal reaction due to the chemical and hormonal changes that your body experiences after birth. Many women will feel overwhelmed, emotional, irrational, tearful, anxious and irritable or feel as if they're not

coping. These feelings are very short lived; usually only a few days or less. If these feelings persist past 2 weeks, then it is advisable to discuss these with your Midwife, Health Visitor or GP.

What should I do if I am struggling to cope with my baby?

If you feel that you are struggling emotionally after you have had your baby, then you must seek advice from your Midwife, GP or Health Visitor at the earliest opportunity. It can be really overwhelming and frightening admitting that you're finding coping with the demands of a new baby difficult. Many women will feel guilty for 'not enjoying' their new baby and this can make it really difficult to tell somebody. It may be that you are enjoying your baby, but not enjoying the company of other people whom you normally would enjoy, such as your partner, best friend, or parent. You may feel 'obsessive' about your baby and not want other people to help or interfere. If you feel like this, it is also relevant to talk to your Midwife, GP or Health Visitor as these could be early signs of depression.

If you have a pre-existing mental health problem which you feel is worsening after having your baby, you feel your medication needs reviewing or that maybe therapy would be helpful, do inform your GP, Midwife or Health Visitor. If you already have contact with other services such as the Perinatal Mental Health Team then you should also contact them for further support.

Screening tools are used to assess your wellbeing, mostly by a truthful self-assessment. These tools are useful in determining the most appropriate services or method of support that you may require. The GP will advise you on medication and/or therapy/counselling. It is important to get you feeling well again to enable you to care for yourself and your baby. Most women will only need medication for a relatively short amount of time, but it can be really important to help make you feel better to enable you to engage with therapy and support.

Is medication safe during pregnancy and breastfeeding?

Most medication that you will be prescribed is thought to be safe during pregnancy and breastfeeding. Unfortunately, as with many medications, there is often a lack of evidence regarding their effect on the unborn baby and breastmilk. Generally our advice is that the benefit to you and your baby of taking medication for mental and emotional wellbeing far outweighs the risk.

If you have any concerns about your medication have a look at the following website:

- www.medicinesinpregnancy.org

Will Children's Services automatically become involved if I have a mental health problem?

No, you will not get an automatic referral to Children's Services just because you have a mental health problem. The reason why it is important for you to share mental health history and current wellbeing with a professional is so a plan of care can be made to help support you and your family in the most appropriate way.

When am I discharged from the Midwife?

Midwives are responsible for your care for up to the first 28 days after you have given birth. Many women will be discharged from the Midwife at 10-14 days post-delivery as they are well, and the Health Visitor will have taken over your care. However, for some women, the Midwife

will continue care up until the 28th day to offer further advice and support. Your Midwife will discuss with you whether it is appropriate to continue your care until day 28 or you may have already had this discussion during the pregnancy. Once you have been discharged from midwifery care, you will continue under the health visiting team. Most women will have met their Health Visitor during their pregnancy and then contact is made again at around day 10 to 14 post-delivery.

What support will my partner get if I have a mental health diagnosis?

The care and support from Midwives and Health Visitors involve both yourself and your partner. Plans of care will be made in collaboration with both you and your partner if you're happy with this. If your partner finds that they are finding your diagnosis difficult to cope with, further support can be offered. It can be particularly challenging if you have been significantly unwell following the birth of your baby, and can mean that your partner becomes the main caregiver to the baby.

If I become significantly unwell how will it impact on future pregnancies?

If you are diagnosed with a severe mental health problem such as severe depression requiring admission or psychosis during or after pregnancy, then it does increase your risk of becoming unwell again with a future pregnancy. However, with early intervention, the aim will be to decrease the likelihood of you becoming as unwell again.

How to promote emotional wellbeing...

- Eat a healthy balanced diet and drink plenty of fluids.
- Try to do a bit of exercise each day – it releases endorphins which help with your mood.
- Spend some time each day doing something you enjoy, even if it is just a warm bubble bath or reading a book.
- Avoid smoking – it is recommended that you stop smoking when you are pregnant and have a new baby as it is harmful.
- Avoid alcohol – it is recommended that you do not consume any alcohol during pregnancy as this can harm your baby, but it can also lower your mood.
- Try to attend groups/antenatal classes to build a support network around you.
- Be honest about how you are feeling – talk to your midwife or other healthcare professional or someone close to you such as your partner, friend or relative.
- Ask for help if you need it – everyone needs help sometimes and people who care about you will be very happy to support you.
- Access information – below is a list of useful resources which may be of interest to you. A recommended app to install on your smart device is the 'Baby Buddy' app - www.bestbeginnings.org.uk/baby-buddy

Useful Resources

- **Boots Wellbeing Plan**
www.tommys.org/pregnancy-information/im-pregnant/mental-wellbeing/wellbeing-plan

A two page plan designed to be completed during pregnancy about how you are feeling and how you expect to feel.

- **Royal College of Psychiatrists**

Leaflets - www.rcpsych.ac.uk/healthadvice/atozindex.aspx

Also a new RCPSYCH 'App' available with key facts, animations and podcasts
www.rcpsych.ac.uk/healthadvice/moreinformation/newrcpsychapp.aspx

Medications and pregnancy/breastfeeding:

- www.medicinesinpregnancy.org/

Tommy's Mental Wellbeing:

- www.tommys.org/pregnancy-information/im-pregnant/mental-wellbeing?pid=1145

Afterthoughts:

A counselling service for women pregnant and/or with a child under 5 years old. Consisting of a 10 week free course at various locations. For referral to the Perinatal Mental Health Lead for Health Visitors via a Midwife, Obstetrician, GP or Health Visitor.

Health in Mind:

For courses and an online self-referral visit:

- www.healthinmind.org.uk
Tel: 0300 0030130
Email: spnt.healthinmind@nhs.net

Health in Mind 'Walk Into Wellbeing' St Leonards & Rye

- St Leonards-on-sea
Drop in clinic every Thursday 2pm – 6pm at:
WRVS Building, 5 South Street,
St Leonards-on-sea TN37 6AP
- Rye
Drop in clinic every Tuesday 10.00am – 12.00pm
Tilling Green Community Centre, Mason Road, Rye TN31 7BE

Sussex Mental Health line:

- Tel: 0300 5000 101
Open Mon-Fri 5pm-9am, Weekends and Bank Holidays 24hrs.

Samaritans:

- 08457 90 90 90
- Open 24 hours, seven days a week. Confidential and non-judgemental emotional support whenever you need someone to talk to.

Saneline:

- 0845 767 8000
Available 12pm - 2am. Saneline is an out-of-hours telephone helpline offering practical

information, crisis care and emotional support to anybody affected by mental health problems.

NHS Direct:

- Tel: 111
Available 24 hours, seven days a week NHS Direct provides advice and information about health and the NHS so that people are better able to care for themselves and their families. The service aims to provide clinical advice to support self-care and appropriate self-referral to NHS services, as well as access to more general advice and information.

'Mind' Charity

- www.mind.org.uk
Leaflets & booklets:
www.mind.org.uk/information-support/a-z-mental-health/

Elefriends

- The Elephant in the room started out as a Facebook profile encouraging people to be open about their mental health. It quickly grew into a safe space to talk, get and give support and in 2012 a group of the Elefriends came together online and offline to design the new space.
- Elefriends is moderated daily by the Ele handler team from 10am-midnight.
www.mind.org.uk/information-support/support-community-elfriends/

'Together' Charity:

- www.together-uk.org
Your Way' is personalised community support, provides individually-tailored support that lets people lead their own journey to better wellbeing. Services offered: Community support - Drop in - Peer support - Social networking – Volunteering.
Available in Hastings and Bexhill:
- Hastings 'Your Way':
Carisbrooke House, Stockleigh Road, St Leonards-on –Sea, East Sussex. TN38 0JP
Call: 01424 434886
Email: hastings-yourway@together-uk.org
- Bexhill 'Your Way':
73a London Road, Bexhill-on-Sea, East Sussex. TN39 3LB
Call: 01424 213099
Email: bexhill-yourway@together-uk.org

Birth Trauma Association:

- www.birthtraumaassociation.org.uk
A forum to offer support for women who have suffered trauma from childbirth.

Action for Postpartum Psychosis:

- www.app-network.org
A network for women to get support if they have suffered from, or are suffering from,

Postpartum Psychosis. Advice and support for the family, as well as advice for those planning another pregnancy after Postpartum Psychosis.

Best Beginnings:

- www.bestbeginnings.org.uk/out-of-the-blue
Support and guidance for maternal mental health and also the mental health of the family. An 'App' is also available to download called 'Baby Buddy'.

PANDAS Foundation:

- www.pandasfoundation.org.uk
A foundation established by parents who have suffered with postnatal depression and anxiety. No professional advice, but support from other parents available.

The Meet A Mum Association:

- www.mama.co.uk

Postnatal Depression and Me:

- www.pndandme.co.uk

Dads Matter:

- www.dadsmatteruk.org

Care for the family:

- www.careforthefamily.org.uk
A support site for those experiencing family breakdown.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Sources of information

Royal College of Psychiatrists.
Royal College of Midwives.
NHS Choices.
MBRRACE 2015 report.

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: (01323) 417400 Ext: 5860 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: (01424) 755255 Ext: 2620

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:
Justine MacNicol – Specialist Perinatal Mental Health Midwife.

The Clinical Specialty/Unit that have agreed this patient information leaflet:
Perinatal Mental Health

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Responsible clinician/author: Justine MacNicol – Specialist Perinatal Mental Health Midwife

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