

Perinatal and Infant Mental Health

Definition:

Perinatal mental illness refers to mental health problems that are prevalent during pregnancy and as long as one year after delivery. It can include anxiety and/or depression, obsessive compulsive disorder, postpartum psychosis, post-traumatic stress disorder, bi-polar affective disorder, personality disorder and eating disorders.

Impact

Up to one in five women are believed to be affected by mental health problems in the perinatal period. Unfortunately, only 50% of these are diagnosed. Without appropriate treatment, the negative impact of mental health problems during the perinatal period is enormous and can have long-lasting consequences on not only women, but their partners and children too.

It is widely acknowledged women are reluctant to disclose how they are feeling and seek help, due to the stigma associated with mental illness and their fears that they will be judged as a parent.

There is considerable evidence that untreated mental health problems are associated with increased risk of obstetric complications and can adversely affect the parent child relationship (attachment) and a child's development. Also, suicide is one of the key causes of maternal death ([M-Brace UK 2015](#)) and in a local survey 52% of women with depression in the perinatal period said they experienced suicidal thoughts (PANDAS 2016). The cost to the NHS if untreated is an estimated £74,000 (£51,000 for child and £23,000 for mother). The annual cost to the NHS per year of births is £8.1bn (Centre for Mental Health 2014).

Improving Perinatal and Infant Mental Health (PIMH) services is a recognised priority nationally, for example in the [NHS Five Year Forward View \(2015\)](#), [Five Year forward View for Mental Health \(2015\)](#) and the [NHS England Business plan](#). Locally, the South West Maternity and Children's Strategic Clinical network has prioritised PIMH since its launch in 2013.

Key Facts for Somerset:

Based on Local Estimates in 2019 Somerset will have:-

- 810 to 1,620 women with adjustment disorders and distress
- 540 to 810 women with mild/moderate depressive illness and anxiety
- 162 women with severe depressive illness
- 162 women with Post-traumatic stress disorder (PTSD)
- 11 women with chronic severe mental illness (SMI)
- 11 women with postpartum psychosis

Relating to risk factors for Perinatal and Infant Mental Health (PIMH):-

- There were 5,367 live births in Somerset in 2017. This includes multiple births so the number of mothers may be lower.
- The number of annual births is projected to be fairly stable across the next eight years.
- In the period 2017, there were 15 stillbirths in Somerset. The rate of 2.8 stillbirths per thousand births is below the national average (4.1 per thousand)
- In the same period, there were 11 infant deaths (dying before their first birthday). The rate of 2 per thousand births is in line with the national average of 3.9 per thousand)
- In 2016, there were 206 sole registrations of births in Somerset; that is, births registered by just the mother.
- In 2017/18 there were 271 households in Somerset containing dependent children or an expectant mother who were eligible for assistance, unintentionally homeless and in priority need.

More information and data are available for Somerset and other local authorities/CCG areas from [Public Health England's Fingertips tool](#).

Examples of current practice in Somerset

Currently there is no commissioned specialist provision in Somerset, and general services are not able to meet recommended NICE quality standards due to the lack of specialist inpatient and community resource. With much of the county sparsely populated, services are fragmented, but good practice exists within individual services:-

- Maternity, health visiting and mental health services have been auditing their compliance with NICE Quality Standards for some time.
- Learning and improvement has happened as a result of recent National Maternity Service Review and the M-BRACEUK confidential enquiry into maternal deaths in the UK.
- Universal screening at every antenatal midwifery appointment and each of the mandated health visitor appointments is required locally.
- Maternal mental health is identified as one of the six high impact areas for health visiting.
- The Health Visiting workforce is trained in maternal and infant mental health through the Institute of Health Visiting (IHV)
- Data collection is improving and mental health services are recording when women who are in the perinatal period receive treatment through IAPT.
- Somerset maternity services have been awarded some additional resource to become an early adopter site for "Better Births" ([National Maternity Review 2016](#)) in which Safety and Choice are key themes. This will lead to improvements in personalised care, continuity of care and patient centred records which will enhance outcomes for women experiencing mental health problems in the perinatal period.

Further Initiatives to improve Somerset's approach to PIMH

- In 2015/16 a Perinatal and Infant Mental health steering group was established to develop a county wide strategy. Representation includes maternity, public health nursing, general practice, mental health services, women with lived experience of perinatal mental health difficulties and CCG, and public health commissioners.
- The review and development of an integrated perinatal and infant mental health pathway for Somerset is due for completion in March 2017
- Wider workforce training is being made available across the county.

Further Information:

- [Perinatal mental health toolkit](#) (Royal College of General Practitioners)
- [Guidance for commissioners of perinatal mental health services](#) (Joint Commission Panel for Mental Health)
- [Somerset Birth and Fertility rates](#)