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Understanding Perinatal Mental Illness

Awareness of PMI for Healthcare Professionals

Dr Bosky Nair, Consultant Perinatal Psychiatrist, KMPT
Bonny King, PATH Lead Nurse, KMPT

HOUSEKEEPING

Thank you for joining this webinar!

- Kindly turn off your audio to reduce background noise
- You can unmute yourself when asking any questions or participating in the discussion
- You can also use the chat box or ‘raise your hand’ button
- We have 10-15 minutes towards the end for questions/discussion

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Perinatal Mental Health Training for Primary Care Professionals

PATH is an EU-funded project which will enable women, families and healthcare professionals to prevent, diagnose and successfully manage mild and moderate perinatal mental health issues.

The PATH team would like to invite you for a 3 part webinar on Perinatal Mental Health Training for Primary Care Professionals.

	Session Title	Speakers
Week 1	Awareness of Perinatal Mental Illness	**Dr Bosky Nair**, Consultant Perinatal Psychiatrist, KMPT **Bonita King**, PATH Team Lead and Perinatal Clinical Nurse Specialist, KMPT
Week 2	Stigma related to Perinatal Mental Illness	**Jo Harrison**, Peer Support Worker, KMPT
Week 3	Improving communication between patients and professionals & Self-Care	**Rachel Marriott**, PATH Development Officer, Devon Mind **Linda Robinson**, Wellbeing Practitioner, Devon Mind

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Session Aims

1. **Improving awareness of mild to moderate perinatal mental illnesses (PMI)**
2. Understanding and challenging stigma related to PMI
3. Improving communication between patients and professionals
4. Self-care for professionals

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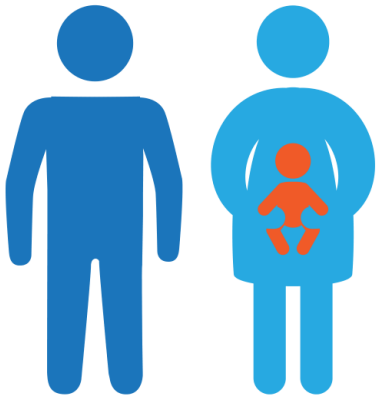
Understanding PMI

LSE PSSRU Personal Social Services Research Unit

Centre for Mental Health

The costs of perinatal mental health problems

Annette Bauer, Michael Parsonage, Martin Knapp, Valentina Iemmi & Bayo Adelaja



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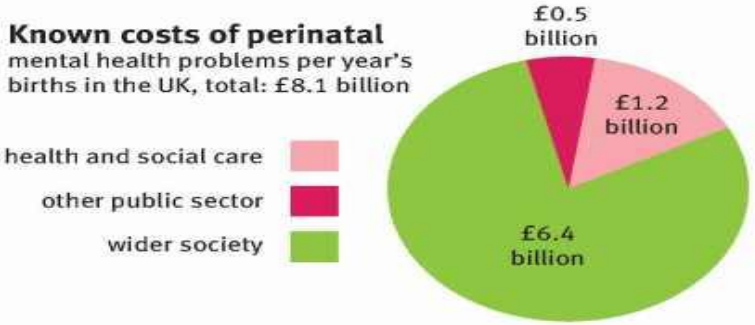
Key points from the report

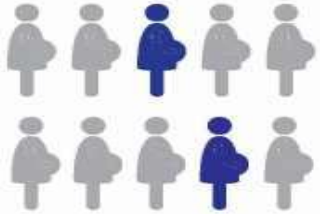
Known costs of perinatal mental health problems per year's births in the UK, total: £8.1 billion



Of these costs

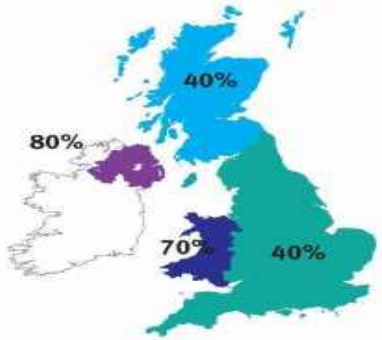
28% relate to the mother

72% relate to the child



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

Women in around half the UK have NO access to specialist perinatal mental health services



Suicide is a leading cause of death for women during pregnancy and in the year after giving birth

Costs v improvement

The cost to the public sector of perinatal mental health problems is **5 times** the cost of improving services.

Perinatal mental illnesses (PMI)

- Definition of PMI: Psychiatric disorders that are prevalent during pregnancy or until 1 year after delivery
- Can affect more than 1 in 5 women & 1 in 10 men during pregnancy and the first year after childbirth
- Can impact on the child's development
- Can impact on parents' capacity to maintain social networks and employment

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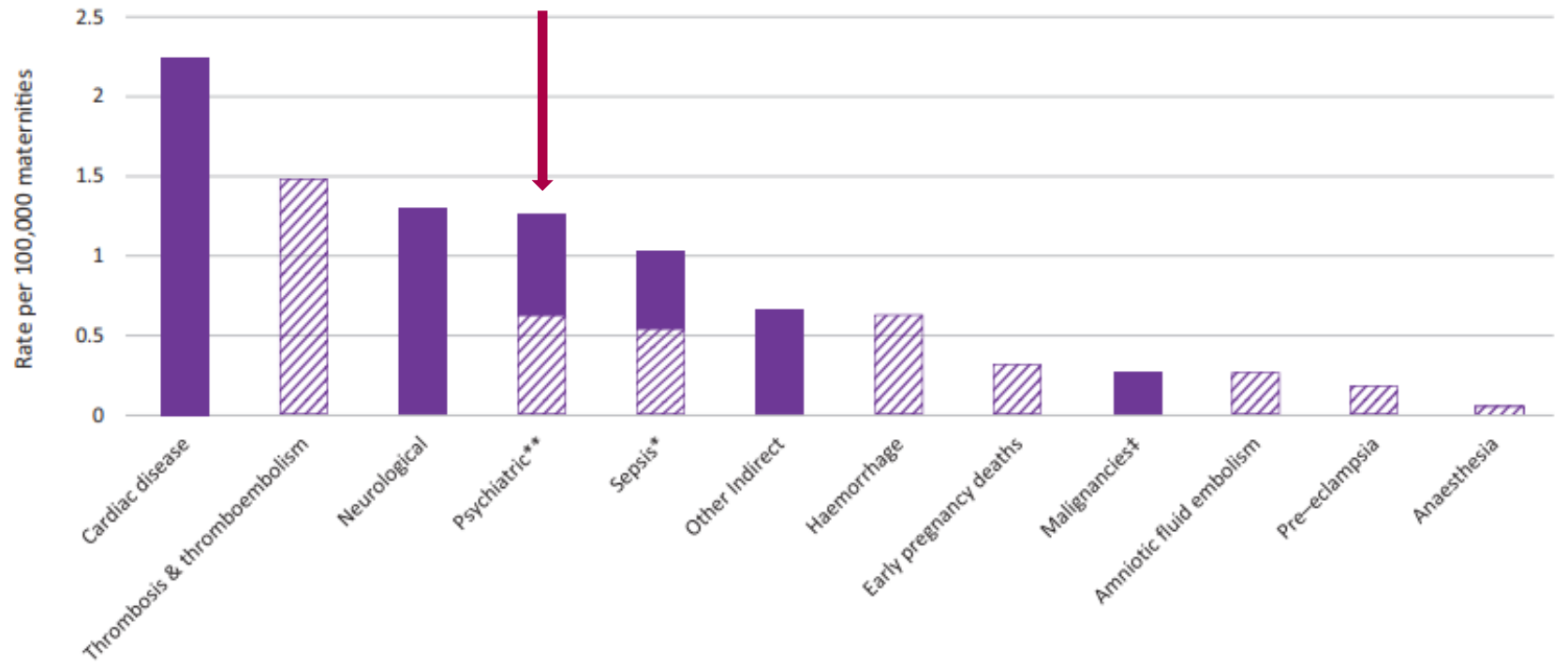
MBRRACE-UK report 2020

Figure 2.3: Maternal mortality by cause 2016-18



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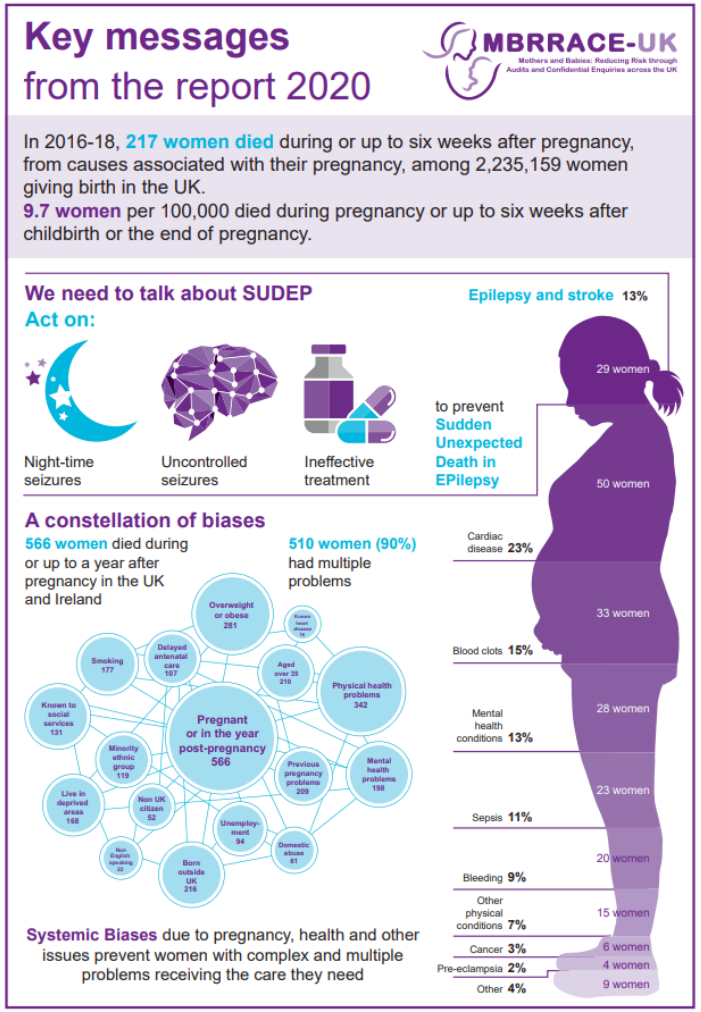
Rate for suicides (direct) is shown in hatched and rate for indirect psychiatric causes (drugs/alcohol) in solid bar

Why it matters?

Mental health disorders are the leading cause for maternal deaths



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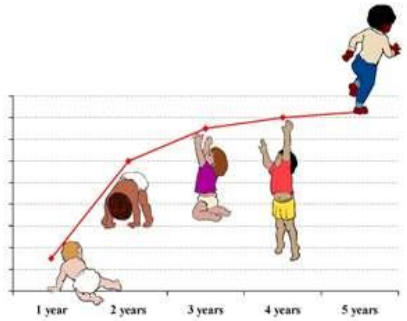
Prevalence

Psychiatric disorder	Rate (per 1000 maternal deliveries)
Postpartum psychosis	2
Chronic serious mental illness	2
Severe depressive illness	30
Mild-moderate depressive illness and anxiety states	100-150
Post-traumatic stress disorder	30
Adjustment disorders and distress	150-300

Table 1 Rates of perinatal psychiatric disorders per thousand maternities [3]

Impact on child development

Physical development



Attachment theory

Chronic maternal stress may:

- Delay foetal nervous system maturation
- Restrict the neuromuscular development and alter the stress response of the neonate
- Impair mental development
- Increase fearful behaviour in the infant
- Reduce grey matter in children
- Increase the risk for emotional and cognitive impairment

First 1001 days

- Pregnancy provides a critical window to detect and treat PMI at the earliest opportunity, maximising the opportunity for good outcomes for the child across the life-course.

In order to thrive emotionally, an infant needs to:

- Experience, regulate and express emotions
- Form a secure attachment
- Explore the environment and learn

Who is more at risk of perinatal mental illness?

- Socio-economic status
- Exposure to trauma, negative life events and stress
- Domestic violence
- Migration status
- Relationship and social support
- Reproductive intention
- Personality traits: high neuroticism
- Prior psychopathology: depression, anxiety, PTSD, substance misuse
- Age
- Genetic and hormonal susceptibility
- Chronic diseases
- Medical illness
- Pregnancy complications

Perinatal Depression

Prevalence 10-15%

- Onset often antenatal
- Similar clinical presentation - additional features and risks may include:
- Anxiety re baby's welfare and ability to cope, guilt,
- Infanticide in addition to suicide

Future risk for developing PND

- History of depression - 30%
- History of PND 40-50%

- Impact of depression on pregnancy / mother & baby
- Child development (effects on cognitive, emotional and behavioural development)

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Perinatal anxiety disorders

Prevalence 10-15%

- Generalised Anxiety disorder
- Panic Disorder
- Phobias e.g. agoraphobia
- PTSD
- OCD
- Social anxiety disorder

- Potential impact of pregnancy/motherhood on disorder
- Impact of disorder on the mother and baby interactions/attachment/parenting

- Treatments – Guided self help/Psychosocial/Psychological (eg CBT)
- Pharmacological eg SSRIs

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Eating disorders

Prevalance 1.5-7.5%

Anorexia Nervosa

- disturbance of body image ("morbid fear of fatness")
- continuous attempts to lose weight or avoid weight gain
- restricted dietary choice, excessive exercise, induced vomiting and purgation, and use of appetite suppressants and diuretics

Bulimia Nervosa

- Continuous preoccupation with weight
- Recurrent bingeing with compensatory acts such as self induced vomiting

Binge Eating Disorder

- Dieting and binge-eating, significant weight gain, can be very distressing for the individual

Potential impact of pregnancy/motherhood on disorder

- Conflicting desires – striving for low BMI vs motivation to nurture baby
- Potential impact of disorder on pregnancy/child- miscarriage, pre-term birth, low birth weight, complications during labour e.g. intra-uterine growth retardation
- Psychological interventions
- Monitoring
- Referral if indicated

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Post Traumatic Stress Disorder (PTSD)

- Negative subjective experience of childbirth is known to be the most important predictor for postpartum PTSD

- Common symptoms of PTSD include:
- Reliving the trauma through flashbacks, nightmares, intrusive thoughts and images

- Feeling hypervigilant or feeling on edge

- Avoidance behaviours

- Difficult feelings and beliefs

Evidence based treatments for PTSD or birth trauma include:

- Trauma focussed cognitive behavioural therapy (CBT)

- Eye movement desensitisation and reprocessing (EMDR)

- Medications can be offered if there is concomitant anxiety or depression.

Severe perinatal mental illness

- Bipolar Disorder, type 1 & 2
- Hypomanic and depressive episodes
- Women with BD type 1 at high risk for puerperal psychosis

- Past history of BD Type 1 or puerperal psychosis

– risk of relapse postpartum around 50%

- Personal history BD Type 1 with family history of puerperal psychosis

- even higher risk of relapse postpartum (around 70%)

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Post partum psychosis

- Prevalence: 1-2 in 1000 deliveries
- Onset – highest risk in first month, can occur immediately after delivery

Clinical Features:

- Mood disturbance (elevated or depressed)
- Irritability, Insomnia, Confusion, Perplexity
- Disorganised behaviour
- Psychotic phenomena (often involve baby) e.g. Delusions, Thought Disorder, Hallucinations
- Sudden onset, florid presentation, rapid deterioration

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Red Flags

Requiring urgent psychiatric assessment:

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

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Refer to secondary care when…

- Significant risks to self or others in context of mental disorder e.g. risk of harm or neglect to self or others
- Significant impairment of functioning in context of mental disorder (including parenting)
- Symptoms do not respond to primary care interventions
- Difficulties more complex.

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Support services for mild to moderate PMI

- Peer support and online forums e.g. netmums.com
- GPs, health visitors, midwives
- Primary care counselling and psychology (IAPT)
- Parenting support e.g. children's centres, Sure Start, Home Start
- Other support e.g. Relate, family matters, Cruse
- DV support e.g. Freedom Project
- Support for alcohol / substance misuse e.g. Turning Point
- Eating disorder primary care liaison nurses
- Third sector organisations

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https://path-perinatal.eu/uk/professionals-page/

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