‘Getting it right from the start’

Paula Carr  
Specialist Health Visitor Perinatal Mental Health,
What is Perinatal Depression?

“A clinical depression occurring at any time during pregnancy and first postnatal year”
3 Year Old Children

Normal

Extreme Neglect
Domestic Abuse

Previous mental ill health

Bonding and attachment difficulties
Look at the four black dots!
Is Postnatal Depression a Symptom?

Adjustment Disorder
Exacerbation of previous or existing mental illness
Attachment Disorder
Risks in the previously well woman

The first three months postpartum poses the greatest lifetime risk of a woman developing a mental health disorder.

- Baby blues 80%
- Postnatal Depression 15-20%
- Puerperal Psychosis 1.03 per 1,000 births
Towards the end of pregnancy and in the first three months of the baby’s life women enter a state of ‘maternal reverie’ or ‘primary maternal pre-occupation’. In this state she has heightened sensitivity – to enable her to be especially available for her baby. Unfortunately, this means she is vulnerable to other things happening around her.

Donald Winnicott
Stressors and Challenges of Childbirth

There are many theories and perspectives for why women experience postnatal depression: Pregnancy, miscarriage, abortion, infertility and the postnatal period provide significant challenges to women’s mental health. There is probably no life event that rivals the neuroendocrine and psychological changes associated with pregnancy and childbirth. To add the physiological, social and financial changes highlights no surprise that motherhood provides the greatest lifetime challenge to women.

Hanley (2009)
Warning

‘Childbirth is unique in Psychiatry as a major provoker of mental illness that comes with 9 months warning’

Dr Margaret Oakes
Perinatal Psychiatrist (2009)
What is Mental Health?

“Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

WHO 2007
- video
Incidence of Postnatal Depression

Postnatal depression is a serious mental health condition affecting around 13% of women. O’Hara et al (1996)

For some symptoms persist for many months and recur overtime especially after a subsequent birth. Cox (1989)

Evidence suggests that in routine practice healthcare professionals detect fewer than half of the cases of PND. Hearn et al (1998)

60% of women experience some ‘mood disorder’ 30% are still ill after a year. Murray (1995)
Nurse who killed two sons was 'let down' by NHS workers who failed to spot warning signs' of severe post-natal depression

NHS health visitors failed to spot warning signs in a severely depressed woman who murdered her two children before killing herself because they failed to read through her medical file, an inquest heard today. Susan Talby, 41, was suffering from post-natal depression when she suffocated her sons Joseph, four, and Paul, two, and then hanged herself. The former pediatric nurse believed she could never be ‘the perfect mother’ because she was unable to protect the brothers from a range of imagined illnesses and allergies.
Puerperal Psychosis

In the first three months following delivery women are 20 times more likely to be admitted to inpatient mental health services with a diagnosis of a psychotic disorder Kendal (1976). It is suggested that most of these postpartum episodes occur within the first 4 weeks of delivery (Harlow 2007) and it has been identified that for primarous women the greatest risks are between day 10-19 (Munk-olsen et al 2006).
Initial signs of puerperal psychosis can be subtle and generalized including insomnia, low mood, anxiety and rapid mood changes, but these will be more clearly identified as condition deteriorates, the woman may present with high mania, irritability, confusion racing thoughts, out of character behaviour, losing inhibitions, feeling paranoid or dreamlike, delusions and hallucinations.
Mental Health History

Has mother had any past or current mental health history – treatment, where and by whom (includes counselling, psychotherapy, postnatal depression, medication, support from CMHT or inpatient treatment)

Any previous mental health illness during pregnancy or after childbirth - treatment, where and by whom

Current emotional health assessment made

Any past or current mental health history in maternal mother or father – treatment, where and by whom

Has the partner - any past or current mental health history – treatment, where and by whom
Risk Assessment

**High Risk:** Mothers who are currently under the care of a Psychiatrist and receiving medication with a diagnosis or have had a psychotic episode following the birth of a previous infant–bi-polar disorder.

**Medium Risk:** Previous care from mental health services and currently well or taking medication with CMHT support.

**Low Risk:** History of low level depression treated by GP or accessed previous counselling
Road To Recovery

- Good emotional health assessment identifying risk.
- Observations of the parent/infant relationship
- Robust history taking/Listening
- What worked before?
- Effective medication
- Listening Support
- Cognitive Behavioural Therapy
- Group support, Friendships, Peer support
- Referral for Mental Health Assessment - CMHT - Psychiatrist - CPN
- Referral Perinatal Counselling
- Referral to Perinatal Mental Health Service
- Parent/Infant Mental Health Services
- Good information
- Sericc
- Mother and baby unit
Childbirth is a window of opportunity for both women and health professionals. This time should be seized upon to ensure previous mental health issues are acknowledged and treatment is offered in ways that are acceptable to women, but also that any distress during this time is treated with the respect and dignity it deserves.

Gutteridge (2007)