



# PERINATAL MENTAL HEALTH - IMPROVING PATIENT CARE

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# PERINATAL MENTAL HEALTH - RCGP

CIRC - Clinical Priorities Programme, 8 priorities

Perinatal Mental Health: 2014-2017

Dr Judy Shakespeare, Clinical Champion

- Awareness raising
- Education
- Collaborative working

Clinical Fellow Role

# WHY IS PERINATAL MENTAL HEALTH A PRIORITY?

- Under reported
- Under diagnosed
- Under treated
- Under estimated

## Rates of perinatal psychiatric disorder per thousand maternities

Postpartum psychosis	2/1000
Chronic serious mental illness	2/1000
Severe depressive illness	30/1000
Mild-moderate depressive illness and anxiety states	100-150/1000
Post-traumatic stress disorder	30/1000
Adjustment disorders and distress	150-300/1000

# BARRIERS TO IDENTIFICATION OF PMH ILLNESS

Up to 20% women affected

50% of cases PMH illness undiagnosed

Complex myriad of factors:

- Patient
- Professional
- System

Qualitative data from GP surveys/service user surveys

**REPORT**

Centre for Mental Health

RCGP Royal College of General Practitioners

**Falling through the gaps:  
perinatal mental health and general practice**

Lorraine Khan

Tommy's  
Funding research  
Saving babies' lives

netmums.com

Boots  
Family Trust

# UNDER-REPORTED

Many reasons why women may not disclose their feelings to HCPs:

- Stigma
- Fear baby may be taken away
- Fear of being seen as a “bad mother”
- Lack of awareness on woman’s part they may be ill

# UNDER-DIAGNOSED

90% of women with PMH illness are managed in primary care

Barriers limiting GP diagnosis of PMH problems:

- Not asking or considering there may be a problem
- Dismissing or normalising symptoms
- Lack of time - competing priorities
- Assumption someone else has asked the questions
- Lack of training and competencies

# SYSTEM FACTORS

- Workforce issues
- Lack of continuity of care
- Fragmentation of extended primary care teams  
MV and HVs may no longer be on site

Postcode lottery – only a fraction of women in the UK have access to specialist PMH services



# UNDER -TREATED

- NICE GUIDELINES 2014 – Key principles included:
  - preconception care
  - shared care plan
  - lead professional in co-ordinated care
  - rapid access to IAPT
  - cautious use medication
- <https://www.nice.org.uk/guidance/cg192>

# UNDER —ESTIMATED EFFECTS

- the woman
- the child
- the partner
- the bigger picture

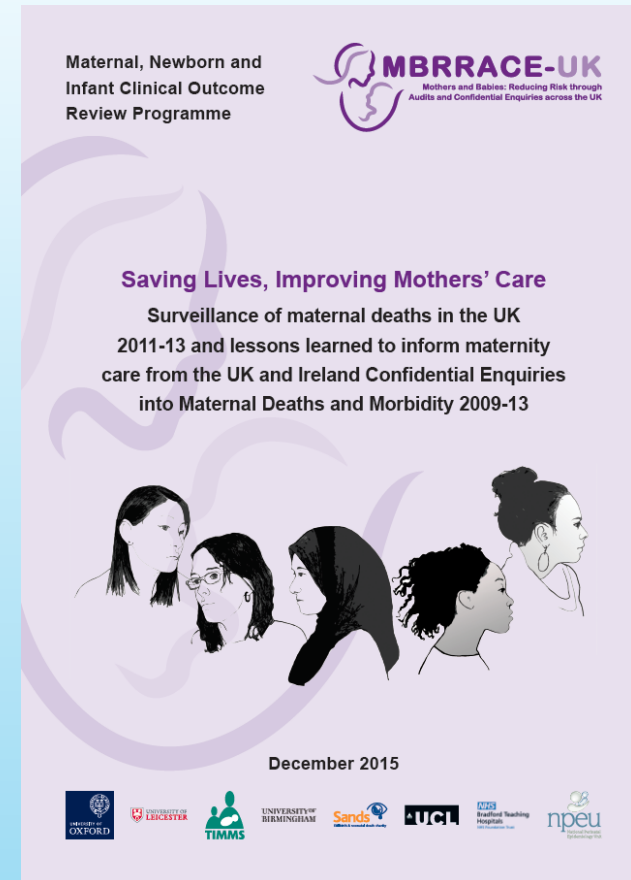
# IMPACT — THE WOMAN

Review of Maternal Deaths in UK 2011-2013  
(published Dec 2015)

**Reductions in deaths related to direct causes**  
(VTBE, pre-eclampsia, haemorrhage, infection)

**No reductions in deaths from indirect causes**  
(heart disease, epilepsy, mental health, cancer)

Mental Health problems remain leading cause of maternal death in perinatal period  
25% late deaths of women from 6/52 to 1yr postnatal due to mental health causes



# IMPACT - THE CHILD

Effect on behaviour, development, emotion, intellectual, social effects

Not inevitable – social adversity affects chances of developing complications

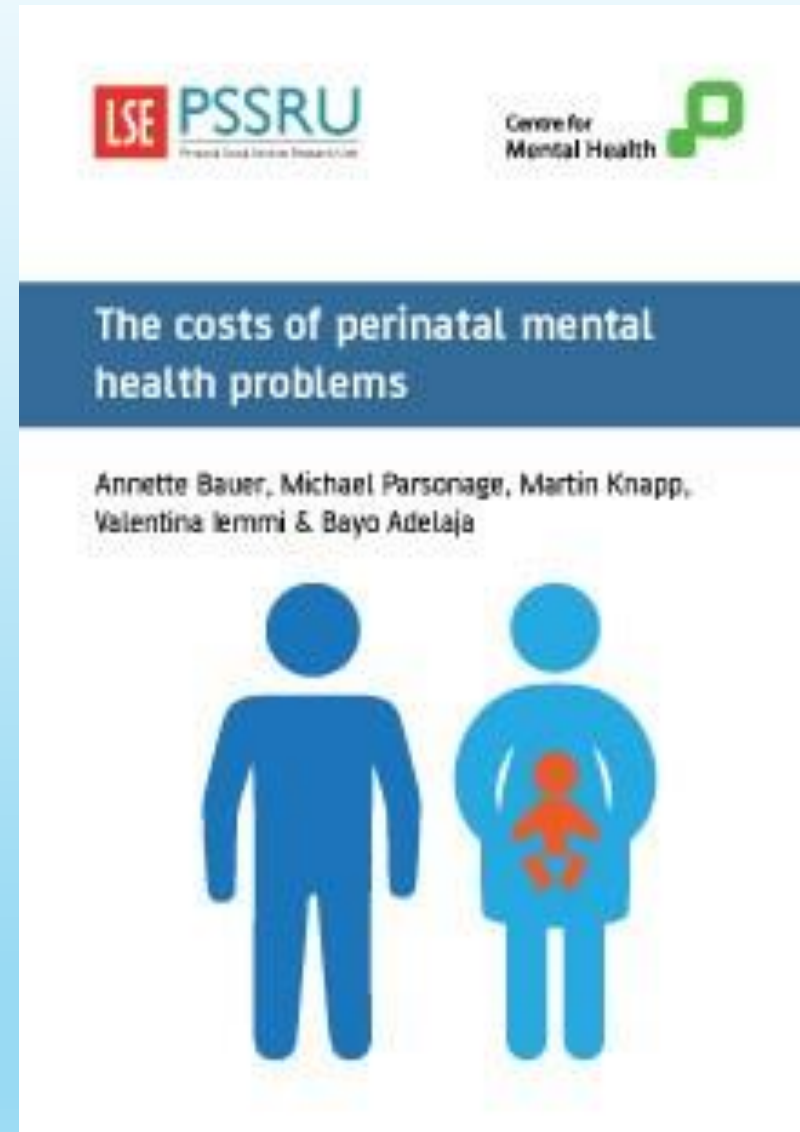
Evidence shows intervening early reduces the significant and long lasting impact

# IMPACT - THE FATHER

- Father -10% of partners of those affected also have PMH illness themselves
- Often more difficult to pick up as less contacts with HCP
- Direct effects on child development
- Indirect effects by less support for woman emotional practical

# THE BIGGER PICTURE

As discussed ...



# RCGP INITIATIVES:

Clinical Priority Programme, Champion, Clinical Fellow

Steering group

GP with Special Interest group

Website – resources - <http://www.rcgp.org.uk/clinical-and-research/clinical-resources/perinatal-mental-health.aspx>

# RCGP INITIATIVES:

Position Statement

Working with Maternal Mental Health Alliance

“Top Tips” - publication summarising NICE guidelines with practical implications for GPs



# RCGP INITIATIVES:

- On line learning series – 5 module series
  - RCGP working with NHS England
  - Multidisciplinary
  - Free for every NHS employee

Current work - promoting collaborative care in primary care and universal services to reduce fragmentation and improve communication

Perinatal Mental Health GP practice audit

# GP PRACTICE AUDIT — HOW TO TACKLE LOW DIAGNOSIS RATES?

Introduce the “perinatal register” – a report set up to run with all pregnant women and those within 1 yr of birth

Look at evidence in the notes of:

- Diagnosis mental health illness
  - Antenatal screening of PMH problems
  - Postnatal screening of PMH problems
  - Discussion about medication risk profile
  - Collaborative MDT working
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- Offer in house education session
  - Re audit in 6months time

# GP PRACTICE AUDIT

Total practice population : 11580

Perinatal Register: 186

Mental Health code: 57

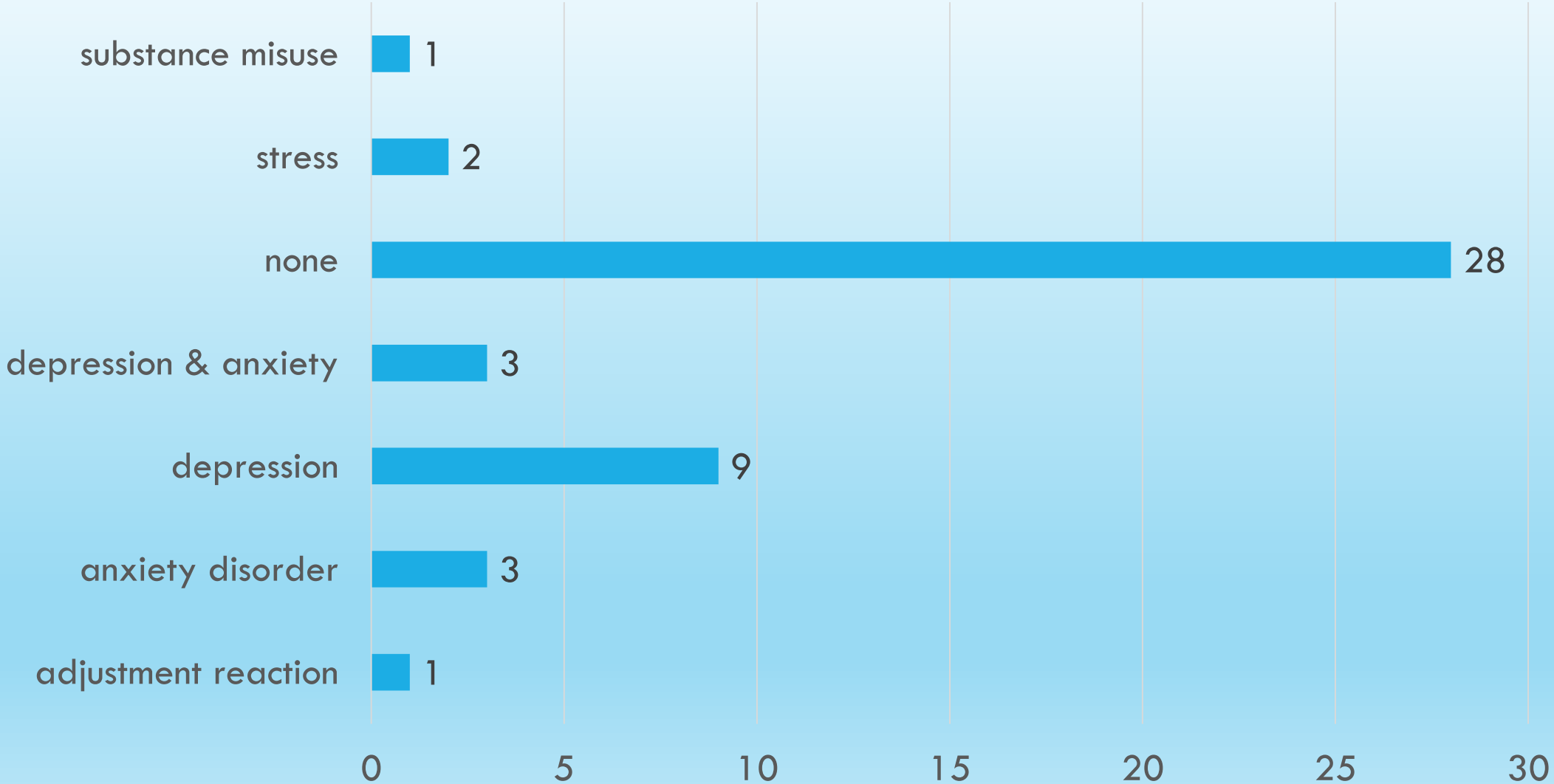
Excluded patients: 10

Active patients: 17

Past diagnoses: 30

So 47 patients notes reviewed – 19 antenatal, 28 postnatal

### Count of active diagnosis of PMH illness



# RESULTS

- Antenatal Screening – excluding those with active diagnosis only 9/30 women
- Postnatal Screening – excluding those antenatal or with active diagnosis were 6/12
- Medication – 5 women on citalopram, 2 on sertraline, 1 on methadone
- Risk benefit discussion – Only 4 women had it documented
- MDT working – not often referenced, some entries on notes from Midwives but not universal

# SUGGESTED ACTIONS:

- Antenatal care template
- Education session HCP
- Improved coding
- Reaudit in 6 months time

Current climate – needs to be sustainable changes

MANY THANKS FOR LISTENING

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