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NELFT Perinatal Parent Infant Mental Health Services (PPIMHS)

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MBRRACE REPORT 2023

- Deaths from direct causes (such as childbirth-related infections or suicide) have increased.
- For conditions such as pre-eclampsia, the rates remain more than five times higher than the lowest rate in 2012-14.
- Women from Black ethnic backgrounds remain four times more likely to die, and women from Asian ethnic backgrounds are twice as likely to die, compared to White women.
- Suicide is the leading direct cause of death between 6 weeks and 12 months after the end of pregnancy.
- Women living in the most deprived areas continue to have the highest maternal mortality rate compared to those living in the least deprived areas.
- Twelve percent of women who died during or up to a year after pregnancy in the UK in 2019-21 had multiple severe disadvantages.
- The loss of a child, either by miscarriage, stillbirth or neonatal death or a child being taken into care increases vulnerability to mental illness (2021)

MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK

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RED FLAGS

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

MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK 2015

Risks of untreated maternal mental illness

- Prolonged maternal morbidity
- **Suicide leading cause of direct maternal death**
- Adverse impact on Foetal development and escalation of obstetric risks
- Effects on attachment
- Effects on emotional, social and cognitive development of child
- Infanticide
- Breakdown of childcare or poor care
- Burden on health and social care

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NICE guideline Antenatal and Postnatal mental health 2016

- The majority of mental health problems during pregnancy and the postnatal period are mild to moderate, and are treated in primary care
- Other settings include obstetric and gynaecological services, health psychology services (IAPT), general mental health services
- Specialist secondary care multidisciplinary perinatal service in each locality, which provides direct services, consultation and advice to maternity services, other mental health services and community services

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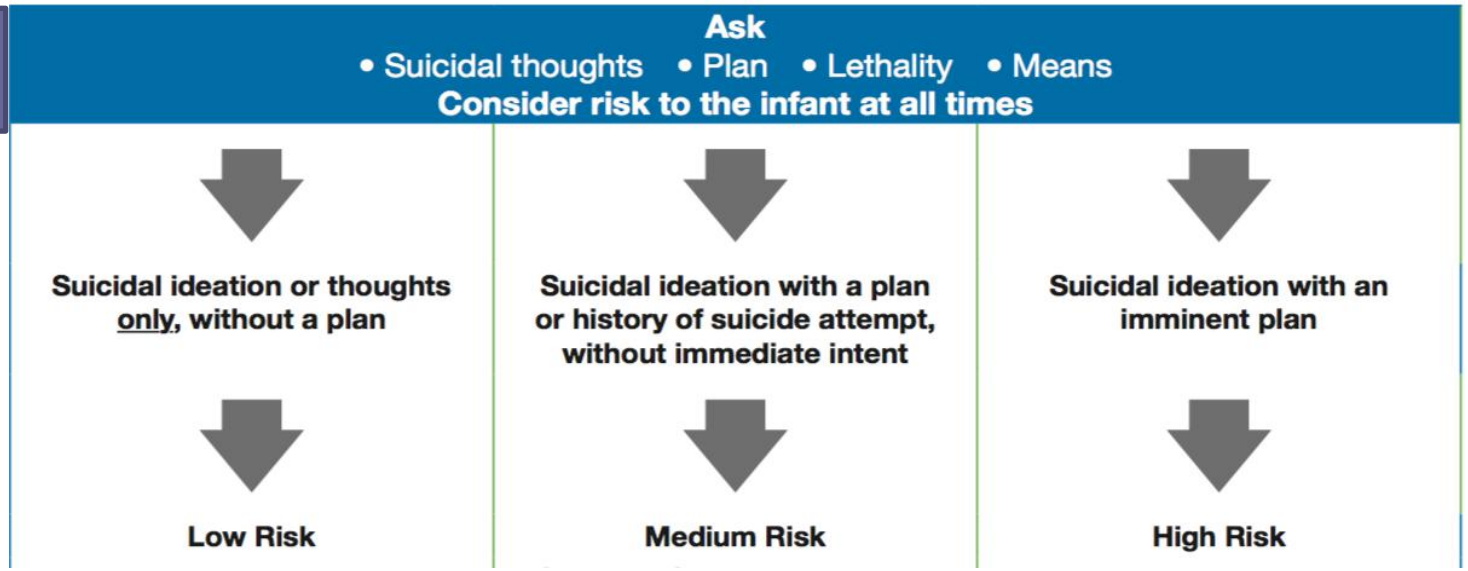
Risk to self



PRIMARY CARE ↔ **PERINATAL MENTAL HEALTH SERVICES**

A&E AND CRISIS TEAM

Risk to baby

Questions that may be asked to assess risk to the baby include:

- **Have you felt irritated by your baby?**
- **Have you had significant regrets about having this baby?**
- **Does the baby feel likes it's not yours at times?**
- **Have you wanted to shake or slap your baby?**
- **Have you ever harmed your baby?**

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Who are we?

- NELFT Perinatal Parent Infant Mental Health Services (PPIMHS) is a specialist psychiatric and psychological service. Service has variety of skill mix:
- Perinatal psychiatrists
- Perinatal community mental health practitioners, perinatal nurses, nursery burse, Perinatal OT
- Specialist pharmacist
- Parent infant Psychotherapists/psychologists

Catchment area

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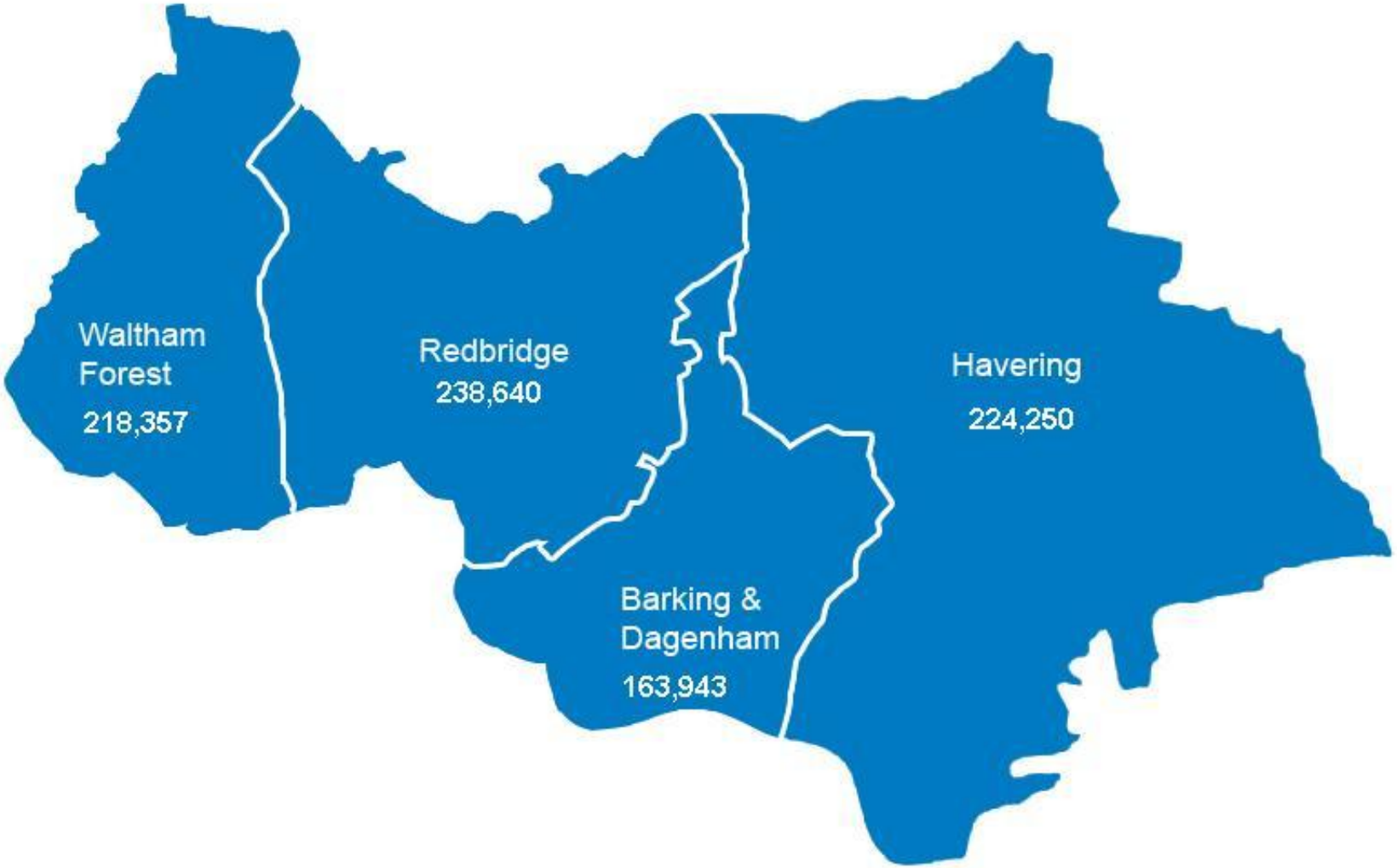

PIPMHS Eligibility Criteria

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- Pregnant women with preexisting SMI diagnosis (regardless of whether they are known to secondary mental health services) within severe spectrum
- Can be referred anytime during pregnancy and up to 1 year postnatal + preconception advice for those planning pregnancy
- Up to 3 years for specialist parent infant psychotherapy – for those parents struggling with bonding/attachment with the baby/pregnancy
- If under 18 and require Psychiatrist, seen by CAMHS and working collaboratively.

Referral process

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- Very important to discuss with the women the reason for the referral – valid consent
- Not a ‘support’ service – Specialist mental health Service
- Complete Perinatal Referral Form with as much detail as possible about current mental health problems and mental health history – typed not handwritten
- Add EDD/LMP and site of maternity booking – particularly important for Redbridge
- Email referral form to PerinatalService@nelft.nhs.uk

Risks of maternal exposure to psychotropic

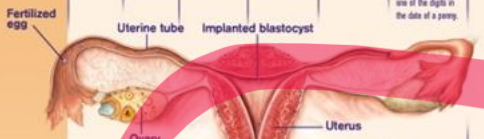
- Obstetric complications – Gestational DM, Postpartum Haemorrhage, BP changes, drug interactions with other co-morbid conditions/ medications/ smoking/ substances, sedation, higher chances of instrumental delivery
- Foetal complications – Persistent Pulmonary Hypertension, Ebstein's anomaly, Neural tube defects, foetal adaptation syndrome, floppy baby
- Psychiatric complications – emotional burden/ guilt of taking medications, frequent changes to prescription, confusing and conflicting information often by health professionals
- Lack of evidence or “not enough” evidence

Prenatal Development

FIRST TRIMESTER | SECOND TRIMESTER | THIRD TRIMESTER

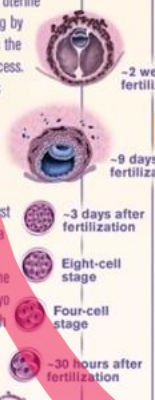
Ovulation Period: 1 2
Cell Division & Implantation Period: 3 4 5
Embryonic Period (in weeks): 6 7 8 9 10
Fetal Period (in weeks): 11-14 15-18 19-22 23-26 27-30 31-34 35-39 40

Average Length (Crown to Rump)



During each menstrual cycle, an egg is released from the ovary and enters the uterine (fallopian) tube. Fertilization occurs when sperms make their way from the vagina through the cervix into the uterine tube; penetration of the egg by a single sperm there starts the embryo's development process. As the fertilized egg moves through the uterine tube toward the uterus, its cells divide many times.

Approximately one week after fertilization, a blastocyst (the embryo consisting of a wall of cells around a fluid filled center) attaches to the uterine wall; here the embryo receives its nutrients through the placenta and develops for the next 9 months.



Age for these early stages (purple figures) is from the time of fertilization. Age for the rest of the chart is estimated from the last menstrual cycle and represents Gestational Age.

CENTRAL NERVOUS SYSTEM
HEART
UPPER LIMBS
EYES
LOWER LIMBS
TEETH
LIP & PALATE
EXTERNAL GENITALIA
EARS

Period of greatest sensitivity for induction of major birth defects (indicated by patterned section)

Period of induction of minor birth defects and functional deficits (indicated by solid orange)

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Is it safe to prescribe?

IS IT SAFE TO NOT PRESCRIBE?

Prescribing decisions in pregnancy

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- No decision absolutely free of risk rather a balance of risks
- Clinical decision should be made collaboratively with patients and partners if possible
- Lowest dosage that is therapeutic
- Avoid polypharmacy
- NICE advises written or recorded info for patient
- Past psychiatric history is the best indicator of relapse risk!

AVOID SODIUM VALPROATE IN ALL WOMEN OF REPRODUCTIVE AGE

Stopping medications

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- Don’t stop medications abruptly!
- Risk of relapse in severe mental illness on stopping medication the same for pregnant and non-pregnant women (50%)
- Risk of reducing medication to sub therapeutic levels too!!
- Joint decision with patient (and partner)
- Is it safe NOT to continue with medication?

Decision making in Lactation

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- All psychotropic medications are excreted in breast milk (Sertraline and Paroxetine least)
- risk-benefit analysis required, treat effectively and adjust dose
- Can breastfeed if wishes to (except Lithium and Clozapine), caution if pre term or renal or hepatic abnormalities
- Levels in breast milk 10% of the established therapeutic maternal dose is used as the upper threshold (Nulman et al 2003)

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Online resources

- http://www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx
- https://www.nice.org.uk/guidance/qs115/resources/antenatal-and-postnatal-mental-health-pdf-75545299789765
- http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/mentalhealthinpregnancy.aspx
- **Maudsley Prescribing guidelines in Psychiatry**
- **British association of Psychopharmacology guidelines**
- **MBRRACE-UK -** https://www.npeu.ox.ac.uk/mbrrace-uk

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Other partner agencies

- TULIP / Maternal Mental Health Service
- Mellow Mums / Mellow Bumps
- Health visiting / Perinatal specialist health visitor / family nurse partnership
- PBEW for Waltham forest
- Infant feeding service
- Children and family services


Any questions?
Thank you!