



# News Update: Perinatal Mental Health and also the Continuity Teams

September 2019

WORKING TOGETHER FOR BETTER CARE

## Perinatal Mental Health

One of the work streams from Better Births (2016) is to achieve 'Better postnatal and perinatal mental health care, to address the historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby and family'.

2019 has been a good year in relation to progress with the Perinatal Mental Health team.

We have two specialist midwives in PMH working across the LMS – Helen Elligott based at NGH and Emma Payne at KGH. They work closely with the Specialist Perinatal Mental Health Service which was established in June 2018, and is led by Carly Galpin the service manager. This service provides assessment and treatment to women who are experiencing or at an increased chance of experiencing moderate severe mental health conditions during pregnancy and up to the child's first birthday.

Over the last 12 months it has provided direct care to more than 390 women and their families and training and education

to over 100 staff working with women in the perinatal period, to improve identification and management of mental health conditions during this time.



**Northamptonshire Healthcare are pleased to announce they have been successful in securing additional funding to further expand Specialist Perinatal Mental Health Services within Northamptonshire.** This will include:

- further training for staff to enable them to deliver psychological interventions to women and their families
- engagement with women and families who have used perinatal mental health services to further develop and improve the care and support offered

- development of peer support roles
- increasing equity of access across the county within different communities, specifically engaging with BME communities
- delivery of training to GP's
- new projects with 3rd sector organisations such as specialist parent infant groups

This investment will help to ensure women and their families get the right support in the right place at the right time.

**September sees another exciting development** with several midwives undertaking a 2 day Institute of Health Visiting Perinatal Train the Trainer programme. This will enable the midwife champions to deliver training alongside existing health visiting and perinatal service champions which will be available for maternity staff to attend.

"I've learned that people will forget what you said, people will forget what you did but people will never forget how you made them feel"  
Mava Anaelou

Up to 20% of women experience a mental health condition during pregnancy and in the first year after having a child. This can range from more common conditions such as depression and anxiety to less common like bipolar disorder and psychosis. Women with a previous or family history of mental health conditions can be at an increased chance of experiencing some conditions so it is really important to discuss mental health and

*How other people can help*

*Changing Minds, IAPT, Medication, Complementary Therapies, Hospital based care*

*Online resources and social media*



The verbal feedback has been very positive as the feeling was that this was a 'forgotten' group of women who still wanted their experience of birth to be as positive as possible.

## LANGUAGES

*This booklet is also available in Romanian, Lithuanian, Polish and Bengali and an easy read version is currently being developed.*

## Emotional Changes during pregnancy and following childbirth Booklet

August saw the rebranding and updating of the 'Emotional Changes during Pregnancy and Following Childbirth' booklet. Every pregnant woman in Northamptonshire will receive a copy of this booklet which is a really comprehensive resource and includes topics such as:

*Emotional changes in pregnancy and beyond*

*Recognising the early warning signs for depression and anxiety*

*Postnatal mood changes including:*

*Baby blues, postnatal depression, trauma following childbirth and post-partum psychosis*

*How partners and families can help*

*Fathers and partners*

*Helping yourself through low mood, depression and anxiety*

*Your plan for staying well or recovery*

The Birth Trauma Association estimates that 10,000 women in Britain each year are treated for PTSD as a result of a traumatic birth (McLaren 2017). That is the largest cohort of PTSD sufferers in the country. However, this is only the tip of the iceberg as it is believed that a further 200,000 women are left with undiagnosed symptoms of PTSD (McLaren 2017).



**“Monthly Joint PMH/Obstetric clinics are held where the PMH midwife, an Obstetric consultant, Perinatal Consultant Psychiatrist and CPN meet with women and their families to discuss PMH birth plans”**

Spring saw the launch of the planned caesarean section team at KGH. The intention of this team was to give increased assurance around choice to this group of women, with an opportunity to discuss evidence based information and for a midwife who the women had met to be present at her birth.



# CONTINUITY

THE EDEN CONTINUITY TEAM  
WERE LAUNCHED IN JULY



This group of six midwives is working from Lakeside Surgery, in Corby, where some of the more socially vulnerable women in the County live.

The home birth team, at NGH, has been doing a wonderful job of providing continuity to a high number of the women they care for. They create opportunities for women and their partners to meet the team through regular 'Meet the Midwife' sessions held at various locations in the town centre, including coffee shops.



The next two teams, NGH Sapphire and NGH Emerald, will be launched in November and will include newly qualified midwives (NQM) as well as some very experienced midwives too. It was agreed that this way of working will expose NQM to all areas of maternity, whilst working in a small supportive team.



The teams will be linked to surgeries in the town where higher numbers of women from black, Asian and ethnic minority groups are living. These women are significantly more likely to have poor outcomes and this inequality needs to be addressed as part of the work around providing continuity of care. Women who have experienced the loss of a baby will also be offered care from one of the teams.



Continuity will impact on all areas of the units as midwives will provide labour care, and also at least one postnatal check on the ward, take the triage calls for their teams etc. Nationally, units are seeing significantly more women being discharged home from labour ward when they belong to a continuity team.

A tool to measure the outcomes has been shared across the LMS and will be used by the continuity teams.



**Nationally, the evidence is that women cared for in a continuity model are 16% less likely to lose their full term baby, 19% less likely to lose their baby before 24 weeks, and 24% less likely to experience pre-term birth.**

The national ambition is that by 2025 the numbers of still births, birth related brain injuries, maternal deaths and premature births will be reduced by 50%.





*For more information or your suggestions*

*If you have any ideas which you would love to see put into practice, don't keep them to yourself  
but please email me at [anne.richley1@nhs.net](mailto:anne.richley1@nhs.net)*



A supporter of  
**Baby Loss  
Awareness Week**

INCREASING AWARENESS

ONE RIBBON AT A TIME

IN OCTOBER LOOK OUT FOR DISPLAYS, AS WELL AS BUILDINGS ACROSS NORTHAMPTONSHIRE LIT UP IN BLUE AND PINK!!! OPEN UP THE DISCUSSION!!!



OCTOBER 9<sup>th</sup> – 15<sup>th</sup> 2019