Contact Details

The Perinatal Psychiatry Service
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Do you have a concern, complaint or comment?
If you wish to make a compliment, comment or complaint please contact: Patient Relations Team, Worcestershire Health and Care Trust, Isaac Maddox House, Shrub Hill Road, Worcester, WR4 9RW. Tel: 01905 681517
Email: Whcnhs.pals@nhs.net

Do you have a communication or information support need?
If so please contact the person who gave you this leaflet so that those needs can be recorded and responded to.

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PERINATAL PSYCHIATRY TEAM

Resource Pack

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Introduction

The perinatal psychiatry team is a small countywide service covering Worcestershire. It offers input to women during the perinatal period with both pre-existing and new onset mental health conditions as well as providing a pre-conception counselling service. The service is available Monday to Friday during working hours. The service is based at Studdert Kennedy House in Worcester but also holds clinics at venues around the county and offers visits to patients in their own home.
We hope that this pack will provide answers to any queries that you have but are happy to be contacted directly for further information or advice.

Service Details

What does the service offer?

- Preconception counselling for patients with a history of mental illness is offered for women who wish to discuss issues around future pregnancies; such as medication, support available during the perinatal period and the risk of relapse.

- A screening clinic (AMHC) for all pregnant women with a personal history or family history of severe mental illness. This is an opportunity to meet with a member of the team to review their mental health and potential risks before agreeing a management plan for the perinatal period. Women are referred to this by their midwife.

- Assessment of women who are experiencing mental health problems during the perinatal period. This will be undertaken by a member of the team either within an outpatient setting or in the community depending on the presentation. Urgent assessments may be seen on the day of referral if required. The majority of routine referrals are offered an appointment within four weeks.

- Prescribing of medication for women who are pregnant or breastfeeding as well as providing information and support to other professionals on prescribing psychotropic medication during the perinatal period

- Community Psychiatric Nursing (CPN) input or mental health social worker input which can include care planning, monitoring, further assessment, baby massage, introduction to CBT skills, relaxation skills and signposting to other services.

- Baby massage; provided within a group setting at Studdert Kennedy House or on a one-to-one basis for women unable to attend the group with bonding difficulties.

- Psychotherapy assessments and treatment including Eye Movement Desensitisation Reprocessing (EMDR)

- The team will liaise closely with local mother and baby units for local patients requiring admission.

- The service may joint work with other mental health services, for example joint working with Child and Adolescent Mental Health Services (CAMHS) for women under 17½.

- The service will liaise with other professionals and agencies involved in caring for the patient and her family, including but not exclusively, midwives, health visitors, obstetricians and GPs.

- The service will attend Child Protection Conferences and Child in Need Meetings for patients on the caseload and liaise with social services regarding any safeguarding concerns.

- The service offers training sessions to other health professionals and are currently actively involved with the inpatient maternity mandatory training. The team will also have students and other health professionals visit on a regular basis for training and to obtain experience.

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Meet the team

Dr Hassan Kapadia
Consultant Psychiatrist in Perinatal Psychiatry – mainly South Worcestershire

Dr Emma Brotchie - Specialty Doctor in Psychiatry – North and South Worcestershire

Sian Westaway - Clinical Team Leader, CPN and NMP

Julia Howells – Social worker and AMHP

Caroline Hadley - CPN covering primarily Wyre Forest

Caroline Hall - CPN covering primarily Wychavon and Redditch

Emma Payne - CPN covering primarily Malvern and Worcester

Lorraine Cooper - Psychotherapist

Nick Pardoe
Team secretary

Amber Gaughan
Team secretary

The team will also have trainee doctors and nurses on placement at times.

Who can be referred

- Women aged 17½ and over who are pregnant and experiencing mental health difficulties which cannot be managed within primary care.

- Women aged 17½ over in the postnatal period with mental health difficulties which cannot be managed within primary care – the team will offers a service up until 12 months postnatal.

- Women who have a history of severe mental illness and are considering a future pregnancy can be referred for preconceptual counselling.

The service does not offer a service for women who have primarily drug and alcohol problems .

The team does not offer bereavement support for women who have experienced a miscarriage or stillbirth (see links separately).
Women under the age of 17½ may be joint worked with CAMHS and should be referred to CAMHS in the first instance.

There is a named duty worker Monday To Friday 9-5, to discuss urgent referrals, also routine questions and queries you may have.

Referral Pathway

Referrals to the screening clinic are made via the patient's midwife following their booking appointment. All other referrals to the service can be made via the Single Point of Access(SPA) or sent direct. The service currently accepts referrals from all health professionals caring for women during the perinatal period.

Further information on the service, including Operational Policies and Referral Pathways can be accessed online: www.hacw.nhs.uk/our-services/perinatal-psychiatry

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Information

Perinatal Depression

Perinatal depression is depression experienced during pregnancy or after the birth of a baby. Many people have heard of postnatal depression, but it is also possible to become depressed in pregnancy.

Baby blues is a brief episode of feeling emotional, low in mood and tearful. It often happens between day 3 and 7 after delivery and usually lasts for around 24-48 hours at most. It resolves without treatment. It is linked to a change in hormones; lack of sleep won't help either.

Postnatal depression effects between 10 and 15% of new mothers. It can be relatively mild or very severe. Symptoms include low mood, tearfulness, hopelessness, tiredness, irritability, guilt, feelings of being unable to cope and hostility towards either partner and/or baby. Often sleep can be disturbed, there is a loss of interest in sexual and appetite is reduced. Concentration and motivation can be reduced. Sometimes suicidal thoughts can occur.

Treatment indicated is Cognitive Behavioural Therapy (CBT) and/or medication such as antidepressants. Sometimes they are used in combination. In more severe postnatal depression Electro convulsive Therapy (ECT) can be used as it works quickly.

Self-help strategies include trying to develop some routine or structure within the week, get out of the house for a sort walk or for some company, meet with friends, ask for some practical support with housework or baby care, take up some exercise, try and eat regular meals. Getting some rest and sleep can also help.

Anxiety and OCD

A new presentation of anxiety or exacerbation of an existing anxiety disorder is common in the perinatal period. Severe untreated anxiety is an independent predictor of childhood emotional/behavioural difficulties. Common themes that occur in pregnancy are a fear of foetal loss or abnormality and common themes in the postnatal period are a fear of cot death or anxieties around parenting ability.

Obsessive Compulsive Disorder is often exacerbated in the perinatal period and patients can present with distressing intrusive thoughts that can be linked to their baby and time consuming compulsions that are performed to reduce the anxiety. In severe cases there can be a serious disruption of the patient's ability to function.

Medication can be indicated to treat anxiety disorders and its use requires a risk-benefit analysis. The perinatal psychiatry service can work alongside services within primary care to allow patients to access CBT.

PTSD and Tokophobia

It is increasingly recognised that some women will develop Post-Traumatic Stress Disorder following their delivery. There are many factors that may increase the likelihood of this happening, including a lengthy and painful labour, an assisted labour or emergency caesarean section. If the women experiences fears about her own life or health or that of her baby, feels powerless or finds carers unsupportive or unsympathetic she may also be at increased risk.
Post Natal PTSD has the usual symptoms of PTSD but some specific symptoms include revisiting images of the labour and birth, a fear of future deliveries, isolation and loneliness and an increased risk of postnatal depression. In some women, the baby may act as a reminder of the delivery and trigger flashbacks.

It can be useful for women to have the opportunity to review their birth notes or have a debrief meeting with the obstetric service. The Worcestershire Perinatal Service can offer women with Post Natal PTSD, treatment with EMDR (Eye Movement Desensitisation and Reprocessing).

Tokophobia describes the dread and avoidance of childbirth despite desperately wanting a baby. This can be primary, which often dates from adolescence, or secondary, following a previous traumatic delivery. It causes very high levels of anxiety and significant distress for women during pregnancy and it has been shown that women with tokophobia who were refused their choice of delivery method, suffered higher rates of psychological morbidity.

The Perinatal Psychiatry Team provide assessments of women with suspected tokophobia and will liaise closely with obstetric services to help plan the most appropriate mode of delivery, which may be a planned caesarean section.

Bipolar Affective Disorder and Puerperal Psychosis

Bipolar disorder is a serious mood disorder which presents with both depressive and manic episodes. The management of bipolar affective disorder during the perinatal period can be challenging as certain medications are contraindicated in pregnancy. Women with a BPAD have a 30% risk of developing a puerperal psychosis and

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their risk of a period of significant mental illness postnatally is even higher. Women with a diagnosis of BPAD are able to access preconceptual counselling from the perinatal psychiatry service and all women with BPAD should be offered monitoring from the service during the perinatal period.

Post-partum psychosis is a rare but severe mental illness. It happens typically within the first 2 weeks following delivery. It should be considered a medical emergency and the Perinatal Team should be contacted as soon as possible. Out of hours contact should be made with the Crisis Resolution Team who will respond quickly. If you cannot contact either of these services 111 or, if you think someone is at imminent danger, 999.

Symptoms develop very rapidly and are often 'kaleidoscopic' in nature with the presentation changing quickly. They include hallucinations, delusions, changes in mood including elevation and depression, a loss of inhibitions, confusion, suspicion and restlessness. It is not unusual for women to not believe that they are unwell.

Treatment would usually be as an inpatient, ideally on a Mother and Baby Unit (MBU). Sometimes it is necessary to be admitted to a general psychiatric ward whilst a bed in a MBU is located. Medication is used to treat symptoms; antipsychotics, antidepressants and mood stabiliser medications may be required. Psychological treatments may be indicated as mental state improves.

It is not certain what causes post-partum psychosis but the risk of developing it is increased in women with a bipolar disorder, who have had a previous post-partum psychosis, and in those with a family history of bipolar disorder or post-partum psychosis.

Women at high-risk should be referred to the Perinatal Team at their booking appointment with midwife. They will then be offered care planning and specialist input throughout pregnancy and during postnatal period. If women are identified later as being at high risk, they should be referred directly to the team.

Eating Disorders

The perinatal period can be a difficult time for women with an eating disorder. Anorexia nervosa is characterised by an intense fear of fatness, often with a distorted sense of body image. Pregnancy can be a difficult time due to the rapid physical changes in her appearance leading to increased psychological distress and feelings of loss of control. Women who manage to maintain their body weight during pregnancy for the sake of their unborn child, may struggle during the perinatal period.

The perinatal psychiatry service will work alongside the eating disorder service to offer input to women with eating disorders during the perinatal period.

Medication

The use of medication during pregnancy or breastfeeding requires the prescriber to balance the risks of the medication to the foetus/baby with the risks to the mother. The possibility of a relapse if medication is withdrawn and the risks that this may pose to the mother and the child also need to be considered. As such, the decision will be different for each woman and needs to be made collaboratively following a discussion of these factors.

Useful information on the risks of medication in pregnancy can be found at the BUMPS website and this also provides helpful patient information leaflets. With regards to antidepressants, factors such as the severity of the initial illness, the period of wellness and whether they have relapsed when medication has been stopped in the past all need to be considered. The women's wishes regarding medication also need to be explored. Antenatal anxiety during pregnancy is known to have risks to the unborn child, including premature delivery, low birth weight and possibly emotional/behavioural disturbance in the child. Of note, the levels of antidepressants will drop towards the end of the second trimester and the dose may need increasing at this point.

The mood stabiliser medications have greater risks in pregnancy and sodium valproate/valproic acid poses significant risks to the unborn child. It may be appropriate for women to switch to an alternative medication, such as an atypical antipsychotic, for the duration of the pregnancy. These are obviously decisions which are ideally made prior to conception.

The Perinatal Psychiatry Service offers telephone advice around medication and can offer preconceptual counselling for women with a severe and enduring mental illness, where medication options can be discussed, and medication changes recommended.

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Safeguarding and Domestic Abuse

Most women who experience perinatal mental illness do not pose any risk to themselves or their children, although fears of social services input are often a barrier to women seeking support. However, the safety of the unborn/baby is paramount and if there are any concerns then a referral to children's services should be considered. Factors which increase the risk to the unborn/ baby include the use of alcohol or illicit substances, and the experience of domestic abuse. Some women may experience thoughts of harming their child or may have psychotic ideas about their child which obviously need taking seriously.

The perinatal psychiatry service will assess risk for all patients they see and will refer to Children's services if there are concerns. They will attend Child in Need meetings and Child Protection Conferences for patients under the care of the service. All patients whose child is under a Child Protection Plan will be allocated a Care-Coordinator and be on (Care Programme Approach) CPA.

25% of women experience domestic abuse during their life. Studies have shown that more than 30% of abuse starts in pregnancy and existing abuse may worsen during or after pregnancy. Domestic abuse during pregnancy increases the risk of miscarriage, premature birth and injury or death to the baby whilst also having a significant impact on the mother and as such it is important to have a low threshold for asking a woman about domestic abuse. In these cases, safeguarding issues need to be considered, but further advice and support can also be accessed via Women's Aid. The Freedom Programme, a domestic violence programme for victims of domestic abuse is available locally via Women's Aid and is found very beneficial by many of the women who attend.

Admission to a Mother and Baby Unit

If it is necessary to admit a woman to hospital in the postnatal period it is preferable for them to be admitted to a MBU with their baby. This is to reduce the risk of bonding difficulties. The Perinatal Team will always endeavour to access a bed at the closest MBU to the patient's home. Our closest MBU is in Birmingham.

The womans Care coordinator from Worcestershire Perinatal team will remain in contact during the admission. They will arrange visits on the ward and also at home following discharged home.

Relatives are welcome to visit the ward and times are generally flexible due to distances to be travelled. Full, specific information can be provided depending on which unit the woman is admitted to.

Useful Resources

Action on Postpartum Psychosis - https://www.app-network.org/

BUMPS: information on medication in pregnancy – http://medicinesinpregnancy.org/

Cedar Tree: free and confidential support with pregnancy choices and pregnancy loss – http://cedartree.org.uk/

Choice and Medications Website: general advice on medication – http://www.choiceandmedication.org/worcestershire/

Healthy Minds Worcestershire – http://www.hacw.nhs.uk/our-services/healthy-minds/

Marce Society: The International Marce Society for Perinatal Mental Health - https://marcesociety.com/

NICE CG 192: Antenatal and Postnatal Mental Health: Clinical Management and Service Guidance – https://www.nice.org.uk/guidance/cg192

Pandas Foundation: Pre and Post-Natal Depression Advice and Support – http://www.pandasfoundation.org.uk/

Women's Aid: Domestic Abuse Service - http://westmerciawomensaid.org/

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