



Integrating mental health care for mothers in Milton Keynes

In this first of two linked articles, we see how the stories of women's personal experiences are helping to make critical improvements to local maternity services.

By Julie Clayton

Jo Manning was receiving treatment for depression before she became pregnant with her first child. She came off the medication in preparation for pregnancy, and felt fine until her son was three months old, in December 2014. *'At three months I felt I had been hit by a bus. I managed to get home and phoned my partner and said "I need help."*

Jo's partner took her to A&E in their home town of Milton Keynes, and she later saw the local mental health team who prescribed medication. But she did not see a specialist perinatal mental health nurse for another four months, in April 2015. *'I was feeling very emotional and struggling to adapt. I didn't want to get out of bed. The sheer exhaustion and suddenly feeling like you've lost your old life. I felt I had to do something serious before anybody would listen to me. I had to fight and if it were not for family and friends I'm not sure what would have happened.'*

I felt very passionate about my experiences and challenged them when I first joined. My experience at that point was very raw.

Jo felt that she had slipped through the system with no consistency of care. Her son's birth was traumatic: Jo had to be induced because of meconium waters, the umbilical cord was wrapped around her baby's neck, and his heart rate kept falling during labour. Jo had to have a forceps delivery and was then separated from her baby in order to be taken to surgery to be stitched.

Postnatally, the birth experience appears to have taken its toll, with possible mild psychosis, severe anxiety and postnatal depression.

Eventually Jo received the specialist care she needed. However, she felt so strongly about wanting to ensure other women did not have the same experience that she joined the Milton Keynes Maternity Services Liaison Committee, **Maternity:MK** <http://www.maternitymk.co.uk/> to add her voice as a service user. The MSLC comprises a mix of parents and their representatives and healthcare providers including obstetricians, midwives, public health and mental health teams, and is chaired by NCT antenatal teacher Leanne Stamp. It is one of many MSLCs around the country which listens to the experiences of parents and presents their needs in the planning of service development.¹ They share best practice, review research evidence and guidelines, and provide information and links to local services and self-help activities.²

Jo recalls her first participation at Maternity:MK as a very emotional time. *'I felt very passionate about my experiences and challenged them when I first joined. My experience at that point was very raw. It was great to speak to other women within Maternity:MK and in the community, listen to their stories and give feedback to the health professionals to help to make positive changes. It's great to be able to do something that will help others.'* Jo is also able to express the fears of mothers that their baby may be taken away if they disclose a mental health issue. *'I hear it on the ground – "I'm not going to go to the health visitor because they'd take the baby away.'"*

The Milton Keynes MSLC is assisting a clinician-led Milton Keynes Perinatal Mental Health Collaborative in scoping and orchestrating the necessary steps in developing an integrated perinatal mental health pathway. This will provide evidence-based guidance on achieving timely referrals, diagnosis, treatment and care for a range of mental health issues before, during and after pregnancy, for up to one year post-birth. It will involve a written care plan for each patient, and information-sharing and communication between different health and care professionals, including GPs, midwives, obstetricians, health visitors, social workers, and specialist services such as drug and alcohol services and the Milton Keynes mother and baby unit. *'Currently, there is no perinatal mental health provision [in Milton Keynes]. Women or partners go through normal adult or adult mental health, or IAPT – which is self-referral - but there is nothing specific for people going through perinatal mental health problems. This new development means a dedicated service with a psychiatrist, a psychologist and a perinatal mental health practitioner,'* says Maternity:MK chair Leanne Stamp. Contributions by service users including Jo Manning help to ensure that the pathway remains woman-centred. *'Clinicians are very supportive – we need to make sure this is right for women.'*

The Milton Keynes Perinatal Mental Health Collaborative is a multidisciplinary working group with representatives from NHS, local council and other partner agency teams, and has produced a draft perinatal mental health pathway which was launched for local GPs in June 2016, and is due for wider dissemination.

The Collaborative will gather case studies and monitor its implementation. Similar developments are taking place in many parts of the UK, including Bromley (see report below by Laura James). These efforts are encouraged by the Maternal Mental Health Alliance which is bringing together the NHS, social services and other organisations to address gaps in mental health care provision for mothers. In 2014, the Maternal Mental Health Alliance revealed in startlingly bright red colour coding, the lack of provision in more than 50% of regions covered by CCGs around the UK.³

References

1. James L. Making a difference to maternity care. NCT Perspective 2016; 30(March 2016). Available from: <http://bit.ly/2a8Tzoz>
2. Maternity Service Liaison Committees. Available from: <http://www.chimat.org.uk/mslc>
3. Maternal Mental Health Alliance Everyone's Business Campaign. Available from: http://everyonesbusiness.org.uk/?page_id=349