



Broadening the net: assessing the full range of perinatal mental health problems

New mothers can experience many types of mental health difficulties during pregnancy and the first postnatal year. Here, Rose Coates outlines how these problems are currently identified, recent policy developments relating to perinatal mental health assessment, and their strengths and limitations.

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Kate's story

I wanted a home birth and it was all going fine up until the last minute when I was transferred to hospital, and during that few minutes whilst we were waiting for the ambulance, I was beginning to feel a bit angry and thinking, why has this happened? Over time I think actually I got worse, I got more and more upset because people close to me – my husband, my mum - were telling me not to dwell on it, they just said 'Oh you know, you've got a healthy baby, you're fine, she's fine, it could have been a lot worse.'

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And we were hearing stories of other births, my friends from the NCT group who'd had a much more difficult time – their whole labour or a lot more intervention than I'd had, and they said, 'Well it could have been worse.' And I thought, well yes, but it's not helping me to deal with those feelings. I'm the one who's just had a baby, can you not at least listen to me for five minutes? Or, a hug here or there makes a big difference. Or even just... acknowledge it. I did a lot of crying. I haven't necessarily dealt with it. Time goes by and it fades but it's still there. I would like another baby and I'm wary of that bringing up the same feelings, and I want to do what I practically can to avoid being in the same situation again.

Types of mental health problems

It is estimated that 10-20% of new mothers will experience a mental health problem in pregnancy or in the year after having their baby. Psychotic illnesses such as schizophrenia, psychosis and bipolar disorder fortunately are rare (usually estimated at 1 to 2 per 1000 births based on admissions to psychiatric hospitals) and because their symptoms are serious and noticeable their identification usually involves urgent engagement with health services such as the GP or mental health crisis teams. This article will focus on the identification of non-psychotic mental health problems that are common but often not noticeable.

Antenatal and postnatal depression, anxiety disorders (generalised anxiety, panic, social anxiety), obsessive compulsive disorder, posttraumatic stress disorder, eating disorders and personality disorders are some of the recognised non-psychotic disorders that women may experience.¹ But there are also problems specific to pregnancy and new motherhood that are not formally recognised in classification systems of mental health disorders. Examples are an extreme fear of childbirth (called tokophobia) or maternally focussed worry disorder, which can be defined as uncontrollable worry about motherhood or the baby. In addition, disorders of the mother-infant relationship can be characterised by a mother's response of pathological anger, aversion, or hatred toward her new baby.² Although not well known disorders, the associated symptoms are recognised by mothers. In a recent UK survey of over 1,500 mothers who had experienced a perinatal mental health problem, almost half of women reported anger as a problem and almost three in ten reported having problems bonding with their baby.³ Even more common symptoms were tearfulness and low mood (in eight out of ten women) while four out of ten had high levels of anxious energy.³ It is important to note that these are only some of the symptoms that women experience and each woman's experience will be different. With identification and appropriate treatment symptoms can resolve and outcomes for the whole family can improve.

Screening and assessment

Perinatal mental health problems affect the mother, her baby and the wider family. For this reason it is particularly important that problems are identified, and the increased contact with health professionals during this time provides a great opportunity for identification and support. However, the evidence available shows that more than half of women with postnatal anxiety or depression aren't identified.⁴

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Current policy

Systematic universal screening does not take place for perinatal mental health problems in the UK. Instead, clinical guidance for health professionals issued by the National Institute for Health and Care Excellence in the UK recommends an assessment strategy.⁵ In 2007 the guidance recommended asking women two questions relating to postnatal depression. It is encouraging that the more recent guidance published in 2014 recommends asking about anxiety too (see box for current assessment questions). These questions should be asked at the first ‘booking’ appointment in pregnancy, and then at the discretion of the health professional in all their contacts with the mother. If a mother responds with ‘yes’ to either of the depression questions, or scores three or more on the anxiety questions, further questionnaires should be used as part of a fuller assessment. The latter address depression and anxiety only. As the questions only touch on a few mental health issues, it is important for all of us who support women perinatally to consider other possible mental health problems.

Encouragingly, the use of questionnaires is recommended only as part of a fuller discussion with the mother about her mental health and wellbeing. The guidance also stresses the importance of instilling hope and optimism about the effectiveness of treatment. Building a trusting relationship with the mother and delivering the questions in a supportive, non-judgemental manner will be important to facilitate disclosure. Healthcare professionals need to recognise that women who have (or may have) a mental health problem may be fearful of stigma, negative perceptions about them as a mother, or of having their baby taken away. This may lead to an unwillingness to disclose their symptoms or talk about how they feel.⁵

New directions

Many of the mental health problems outlined above would not be flagged up using the current assessment questions. Whilst it is important to remember that the questions are only intended to identify those needing further assessment, research is underway to develop different approaches. One possibility is to use a short questionnaire measure that includes areas such as trauma, coping and support in addition to depression and anxiety. Measures like this are used in other areas of mental health and are currently being tested with women in the perinatal period.⁶ A further possibility is to ask one or two general questions to target any kind of distress, for example, ‘In the last two weeks have you felt very stressed, anxious or unhappy, or found it difficult to cope, for some of the time?’ This and a follow-up question asking how bothered the mother is by these feelings have been developed and piloted in Australia, and need further validation to ensure they are effective at identifying distressed mothers.⁷

Impact on mothers being missed

If a mother is experiencing an undiagnosed mental health problem it can be difficult for her to know what to do. In a qualitative study of women with babies under one year old who had experienced postnatal distress, a key theme was the lack of identification with postnatal depression, leading to feeling bereft of information or support.⁸ There was a perception that support

was available for postnatal depression but if the threshold for diagnosis was not met, if the mother was not proactive in seeking support, or if the mental health problem was not depression, support was not easy to access or not available. Women felt that the impact of distress on their daily functioning and on relationships with their child and partner meant that support should be available, but was not forthcoming. It was suggested that support did not need to be formal and could be as simple as a health visitor or midwife who was visiting to take time to talk. Accessing the GP was sometimes considered a 'last resort' yet midwives and health visitors were perceived as too busy to help. There was also a feeling that potential postnatal difficulties, for example with feeding, needed to be discussed but were not.⁸

Sarah's story

Within about three days of having him I had the baby blues but I think everyone has that. I had a caesarean and then we got let out but then didn't get breastfeeding established – we ended up getting sent back in and having a second hospital stay and I ended up getting incredibly emotional. He was just perfect at first – he hadn't been through any birth trauma so he just lay and looked at people. So within a few days everyone was saying "Oh, he's so easy." Then as the weeks progressed he obviously developed his personality and he's not easy. If he's got a reflux bout there can be an awful lot of screaming and I don't think I have got the kind of personality that deals very well with it. I tend to take the screaming personally. I can't make it stop and he has a very, very angry scream. So this is why maybe I have the anxiety – it makes me feel very panicky, out of control, at times angry.

I remember a few weeks after he was born thinking, I don't feel awful or anything but wondering when I would feel normal, and that not really happening. At one point I thought I might have postnatal depression but then I read the test (the Edinburgh Postnatal Depression Scale) and thought maybe ever so slightly, but not really. I didn't really identify with a lot of the postnatal depression symptoms. I've never had a problem for instance with getting out and going to groups. In fact I knew that I really needed to. It's the only way I kept sane. I wasn't crying all the time. The only time I would cry is if he'd driven me to a panic. I might have a day that was bad but then I'd be my normal self and see the funny side of things, and I'd be able to enjoy my time with him.

The woman at the children's centre said "No, I wouldn't say you're depressed but I do think you're anxious." I've had some forms of anxiety in the past. I think the main anxiety has just been that I didn't really like being left with him for the whole day – there's 10 hours ahead and what are we going to do?

But also a lot of it is just non-specific fear of what might happen, which I've realised isn't even really logical. My fear was of if he started crying and I wouldn't understand it and I wouldn't be able to get him to be quiet. I don't know how much other people experience this but when he cries it gets like somebody drilling my brain: you can't think, you can't do anything, it's just utterly paralysing. I used to be very scared of that.

That's all getting better. The best thing I did was have a plan for getting out the house every day, and it really did work.

Conclusions

All healthcare professionals working with women during pregnancy and postnatally can have a positive impact by being aware of how mental health problems are currently assessed and the problems that might be missed. Acknowledging that postnatal mental health issues are common and can be overcome with appropriate support may encourage mothers to seek support (see 'Sources of help').

Assessment questions currently asked by health professionals

Depression assessment questions:

- During the past month, have you often been bothered by feeling down, depressed or hopeless?
- During the past month, have you often been bothered by having little interest or pleasure in doing things?

Anxiety assessment questions:

- Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge?
- Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?

'Not at all' scores 0; 'Several days' scores 1; 'More than half the days' scores 2; 'Nearly every day' scores 3.

Sources of help for women with postnatal mental health problems and further reading

Birth Trauma Association <http://www.birthtraumaassociation.org.uk/>

UK charity offering support to women who have had a traumatic birth. Support via email is available.

The Centre of Perinatal Excellence (COPE) <http://cope.org.au/>

Australian website with useful information about different mental health problems in the perinatal period.

Cry-sis <http://www.cry-sis.org.uk>

Support for families with excessively crying, sleepless or demanding babies. Telephone helpline available every day 9am-10pm: 08451 228 669.

PANDAS Foundation <http://www.pandasfoundation.org.uk/how-we-can-help/>

Support for any parent experiencing mental illness. Telephone helpline available every day 9am-8pm: 0843 28 98 401.

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