Perinatal mental health: ways to prepare and support parents

Breastfeeding counsellor and tutor Heather Neil outlines the role NCT practitioners can play in raising awareness of mental health problems that can affect parents both before and after the birth.

All of us – whether we are aware of it or not at the time – work with parents experiencing some form of antenatal or postnatal mental illness, or who may go on to do so. Illnesses include depression, anxiety disorders, eating disorders, drug and alcohol-use disorders, and severe mental illness such as psychosis, bipolar disorder, schizophrenia and severe depression.[1] Early recognition can reduce the damaging effects on the mother, her baby and her relationship, and help ensure effective support and treatment. It is therefore part of our work in preparing and supporting mothers and fathers through their transition to parenthood to let them know that any of them could be affected and that services exist to diagnose, treat and support them when appropriate.

Incidence of perinatal mental illness

It is widely accepted that more than 10% of mothers have postnatal depression (PND),[2] and at least 15% of women experience some form of mental illness during pregnancy or after the birth.[3] (See 'Perinatal mental health: the picture today' by the Royal College of General Practitioners' perinatal mental health champion Dr Judy Shakespeare on p8.)

Recurrences of pre-existing conditions, ranging from depression to rarer illnesses such as bipolar, can arise in pregnancy and afterwards. But there is also a substantial increase in new-onset mental illness in the weeks following childbirth, except for mild-to-moderate depression and anxiety, which occur at about the same rate during and after pregnancy.[3] Depression, anxiety and serious mental illness affect women of all classes and ages, though there is a significantly greater incidence for women who experience social deprivation.[4]

> 'Raising mental health issues sensitively in an antenatal session enables parents to recognise when they might need further help.'

Data on fathers' mental health is less comprehensive, but one meta-analysis points to an incidence of over 10% of ante- and postnatal depression.[5]

How to raise awareness

NCT practitioners can raise these issues sensitively in an antenatal session without scaremongering, enabling mothers and fathers to recognise when they might need further help, where to get it and that it is important to be persistent in pressing for professional support if it is hard to access.

You may like to think about how you can:

- Extend knowledge. Most parents will have some understanding of postnatal depression. They may be less aware of other conditions like anxiety, PTSD, postpartum psychosis, bipolar and the fact that men can become affected perinatally.
- Become aware of the warning signs of severe mental illnesses like puerperal psychosis and share these with parents. Symptoms such as suicidal or confused thoughts, delusions, hallucinations and a lack of self-awareness mean that urgent medical help should be sought. Although these illnesses are mercifully rare, the consequences can be tragic for mother and/or baby.[6]
- Introduce the concept of risk factors for perinatal mental illness. It's worth explaining that having one or more risk factors (see box on risk factors overleaf) does not mean a person will go on to experience problems; at the same time, the absence of risk factors does not mean an individual will not be affected.
- Talk openly about depression and anxiety. They are common experiences; it is positive role modelling to be open and helps to break down stigma. New mothers (and fathers) are frequently sleep deprived and may be isolated. Lots of support, getting out of the house every day and talking to others is protective against low mood. Bear in mind that early intervention can be key to successful treatment when problems are more serious.
- Encourage parents with a history of mental illness to share this with their healthcare providers. Midwives and health visitors are well placed to refer to specialist support services where available and to assess new parents

How NCT can help

Whether suffering mild distress or recovering after a more severe period of illness, some mothers might welcome the chance to call NCT's Shared Experiences Helpline on 0300 330 0700 and talk to someone who has come through something similar.

The NCT website has further information on perinatal mental illness, including links to self-help and support groups:

www.nct.org.uk/pregnancy/antenatal-depression
www.nct.org.uk/parenting/postnatal-depression
www.nct.org.uk/parenting/postnatal-depression-dads
www.nct.org.uk/parenting/what-postpartum-psychosis

Bipolar with a new baby: a mother's story

Mental illness may recur, intensify or develop after birth. How can you best prepare your clients for this possibility and help them understand the symptoms, the impact mental illness may have on their life as a new parent and where they can go for help?

I got married soon after recovering from a serious episode of depression during which I took a drugs overdose. I got pregnant on my honeymoon and had my son Alfie* nine months to the day after our wedding. Everything was looking good.

I stayed on a small dose of antidepressants but started to go "high" about three months after the birth. I was surviving on little sleep, not eating much and supplementing the family income by taking a market stall to sell jam that I would make in the middle of the night.

Everyone thought I was coping incredibly well. Then, when Alfie was about six months old, I went right down. Very quickly I had severe depression again. It was hard to concentrate, to wash, to eat, to get dressed – let alone do all that for a baby. I didn't feel safe with him; I was frightened that I'd harm him through omission.

I ended up on a massive cocktail of drugs but nothing worked, and I was referred to the mother and baby unit at the Bethlem Royal Hospital in South London. I didn't want to go but I just wanted to get better.

There were psychiatric nurses and nursery nurses. I was encouraged and supported to look after my baby myself. In spite of being put on some new drugs, I still had extreme anxiety, but I would pretend to be all right so I could go home at weekends. One weekend I told my husband I felt fine and urged him to take Alfie out to the market. In reality I was deeply suicidal. I was a dead person with a heartbeat.

I drove to a favourite spot in the countryside, rigged up a hosepipe to the exhaust and took some tablets. Then my phone rang. It was my dad and I answered it. Within ten minutes police were surrounding my car.

I went back to the mother and baby unit, where finally I was diagnosed with bipolar II disorder and given the right medication. Within six weeks I was out. A big regret was having to give up breastfeeding because of the drugs I was on. I remember weeping as I gave Alfie his last feed.

Today my bipolar is well controlled, I run a successful business and Alfie, now 11, is happy and healthy. My illness hasn't had an effect on him and I am so grateful to the mother and baby unit for that.

**The subject of this interview wishes to remain anonymous. Her son's name has been changed.*

and parents-to-be for further care or 'watchful waiting' in the postnatal period.

- Explain how mental health might be assessed. NICE guidance on antenatal and postnatal mental health recommends that healthcare professionals ask women specific questions to gauge their mental health. Where relevant, professionals should ask women if they want help.[1] (See Spotlight on Research on p10 for more discussion of the updated NICE guideline.) Parents need to know that a real lack of lighter moments is a sign things are worth exploring more.

How to respond

When dealing with individuals who are showing signs of distress, we simply need to be open and warm. However, it is important not to become the principal source of support when parents may be in need of care. Instead we need to know what next steps to suggest:

- We should signpost parents in the first instance to their current midwifery service, health visitor or GP. Just recently, a mother asked me after the end of a breastfeeding session if stress can affect breastmilk production. After gentle prompting, she said her mother was nearing the end of her life and might not survive to see her grandchild born. I was aware that bereavement is a specific risk for a mother's mental health, and that being without a mother in the early weeks of one's own parenting can have a profound impact on one's emotions.[7] So, as well as answering her question, I explored with the mother how comfortable she would be sharing the situation with her midwives, and she agreed that she would do so.
- Good knowledge of local branch support networks might mean you can offer to put individual women in touch with a drop-in or a coffee group. Depressed or anxious people may find it hard to pick up the phone, or turn up somewhere alone. I sometimes offer to call first on their behalf or see if someone can accompany the new mother to the group.
- Local Facebook groups can also be a first step to real-life social contact.

Risk factors for perinatal mental illness

- History of mental illness
- Anxiety, depression or low mood antenatally
- Poor relationship with the baby's father
- Low levels of social support
- Stressful life events
- Being a lone parent
- Low social status and deprivation[8]

References

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