



Spotlight on research

Guest editor: Abigail Easter

Improved perinatal mental health provision is crucial for implementation of NICE guidelines

I'm recommending the latest guidance from NICE on mental health. NCT is a member of the Maternal Mental Health Alliance. Its campaign, Everyone's Business, calls for 'all women throughout the UK who experience perinatal mental health problems to receive the care they need, wherever and whenever they need it'.

At present they don't. A recent NCT survey found that 97% of Care Commissioning Groups in England do not have a perinatal mental health strategy. One of the main issues is poorly funded and patchy service provision across the UK.

Earlier this year NICE released a draft of the **Antenatal and postnatal mental health clinical management and service guidance** for consultation. This is an update of their 2007 guidance. NCT is a registered stakeholder and gave detailed feedback as part of the consultation process. The final version was published in December 2014.

The guideline is available at www.nice.org.uk/Guidance/CG192

It provides guidance for the clinical management of a wide range of mental

illnesses, including depression and anxiety disorders, bipolar and schizophrenia. There are much-needed recommendations for the recognition, care and treatment of women who develop a mental illness during pregnancy, as well as women who already have a mental illness before becoming pregnant. It also contains current evidence-based guidance on what medication can safely be taken during pregnancy and when breastfeeding.

A key priority for implementation is aimed at improving identification of women with depression and anxiety to ensure that they receive appropriate support and treatment during the perinatal period. NICE recommends that, as part of a general discussion about a woman's mental health, all women should be asked two specific questions at their first contact with primary care or booking visit, as well as during the early postnatal period: 'During the past month, have you often been bothered by feeling down, depressed or hopeless?' and 'During the past month, have you often been bothered by having little interest or pleasure in doing things?'

Similar screening questions are

proposed to help identify women who have an anxiety disorder. Maternity staff who identify women as having a risk of depression or anxiety are advised to ask more detailed questions and discuss options for further care and treatment, ideally from specialist perinatal mental health services. We were pleased to see a focus on women-centred care within the guidance. It now emphasises the importance of discussing the risks and benefits of any treatment with women, as well as taking into account their personal values and their preferences, so that they are able to make a fully informed decision about their care.

NCT and other organisations have highlighted concern over the lack of implementation of the previous NICE recommendations. NCT is lobbying for government action to improve perinatal mental health services and increase resources to ensure that the updated NICE guidelines can be delivered. We urge you to use any opportunity you have to support this drive.

Does maternal mental illness affect child development?

There has been increasing media attention on the potential effects of mental illness on pregnancy and child development. I have chosen to highlight a recent systematic review of the research into the association between mental illness during pregnancy or the postpartum period and child development between four and eight years.

Kingston D, Tough S. Prenatal and postnatal maternal mental health and school-age child development: a systematic review. *Maternal and Child Health Journal* 2014;18(7):1728-41. (http://bit.ly/MCHJ_18_2014)

After a detailed review of the 21 studies identified, the authors concluded that 'maternal mental health problems increased the likelihood that school-age children experienced sub-optimal global, behavioural and cognitive development'.

However, the main drawback of the

research is that it was not possible to determine the extent of the effect on child development. Although the review found stronger evidence for an association between prenatal maternal mental illness and child development than for postnatal distress, it is extremely difficult to disentangle the two and no firm conclusions could be made. Developing a better understanding of whether the differences are due to a biological influence of mental illness during pregnancy or arise from differences in the social environment or parenting during the postnatal period is crucial for developing appropriate interventions.

It is important to emphasise that women with mental illness can recover if they receive the appropriate support and treatment. These findings highlight further the need for greater recognition of perinatal mental illness and better service provision for women during this important life stage.

This paper is going to be discussed in one of our teleconference Journal Clubs in March. For more details about Journal Club, contact research@nct.org.uk.

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