

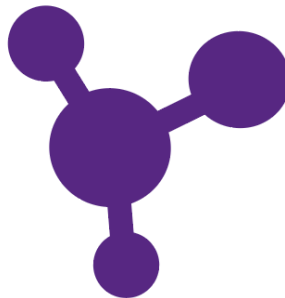
# Mental health needs of the perinatal population during the COVID-19 crisis

May 2020

# About

The Health Innovation Network is the Academic Health Science Network (AHSN) for south London, one of 15 AHSNs across England. As the only bodies that connect NHS and academic organisations, local authorities, the third sector and industry, we are catalysts that create the right conditions to facilitate change across whole health and social care economies, with a clear focus on improving outcomes for patients.

This means we are uniquely placed to identify and spread health innovation at pace and scale; driving the adoption and spread of innovative ideas and technologies across large populations.



# The Challenge

NHSX wants to understand the mental health needs of the perinatal population during the COVID-19 crisis and how the changes enforced by the virus are affecting these needs.

NHSX is interested in investigating the needs of particularly vulnerable groups, including adults with protected characteristics (BAME, LGBTQ), those in contact with social care and justice systems, and those who are especially vulnerable to the virus and are 'shielding'.

This report focuses on the needs that have arisen for this population cohort.

# Responses

Two hundred and 30 organisations/clinical leads were contacted directly throughout England during the period 4 to 14 May 2020 and asked to respond to the NHSX challenge .

The following 24 organisations/respondents replied within the time frame given for this request. Many represent large geographies and/or several organisations.

- Peppy Health
- Dad Pad
- London Perinatal Network
- Oxleas NHS Foundation Trust
- South West London & St George's NHS Mental Health Trust
- South London and Maudsley NHS Foundation Trust
- Mums Aid
- Cocoon Family Support
- Mush
- Berkshire Healthcare NHS Foundation Trust
- Western Sussex Hospitals NHS Foundation Trust
- Action on Postpartum Psychosis (APP)
- South West Yorkshire Partnership NHS Foundation Trust
- Kent and Medway NHS and Social Care Partnership Trust
- Northwest Boroughs Health Care NHS Foundation Trust
- NHS Fylde and Wyre CCG
- Wirral University Teaching Hospital NHS Foundation Trust
- North West Coast Clinical Network NHS England and NHS Improvement
- Cheshire and Merseyside Women & Children's Partnership
- Yorkshire and Humber Perinatal Mental Health Clinical Network
- Humber Coast and Vale Integrated Care System
- Wessex AHSN
- Leeds Council
- The Villa Street Medical Centre.

# Themes emerging from all responses

## Pregnant women:

- Pregnant women are having to cope with the current pandemic and resulting uncertainty
- There has not been an increase in anxiety per se, but conversations about causes of anxiety are heavily influenced by COVID- 19.
- Mums often worry about the health of their baby and this gives a tangible focus of that fear.
- The changes to the delivery of maternity care has caused an increase in anxiety.
- Reduction in high quality information.
- Rescheduled and cancelled appointments contribute to anxiety.
- Reassurance can be given through phone contact.
- Significant anxiety around support from family/friends who would have accompanied women to antenatal appointments.
- Higher level of anxiety attending scans especially if abnormalities are detected.
- There is a recognition that maternity services are stretched and this has an impact on identifying mental health needs early in pregnancy.
- Action on Postnatal Psychosis expressed extreme concern about the increase in stress, anxiety, depression and isolation caused by the pandemic, which is amplified for pregnant women with the expected impact on birth outcomes and postnatal illness - please see [Appendix 1](#) for the Action on Psychosis report received.
- The impact of perinatal stress and anxiety on foetal development.
- Anxiety regarding risk of COVID- 19 infection from hospitals and from visiting health professionals.
- We are not seeing many pregnant women in primary care, which is a considerable worry.
- Communication between hospitals and primary care is challenged at present. This is likely to mean missed opportunities to support pregnant women, which makes it so much harder to provide a proactive primary care response.

## Women known/referred to perinatal mental health services:

- For some women, the changes in antenatal care, has triggered feelings of anxiety, helpless and trauma.
- Restrictions on family/friends who would have accompanied women to antenatal appointments is having a huge impact on high risk women.
- The quality of remote psychiatric assessments for women on maternity wards is an ongoing challenge.

## Women who develop postpartum psychosis (PP):

- Postpartum Psychosis is a severe and frightening form of postnatal illness that develops, often out of the blue, in the hours, days or weeks following childbirth, affecting one to two in every 1,000 births.
- It is extremely concerning to hear women are not accessing professional support. We fear a rise in suicide and infanticide rates. Fifty per cent of cases of PP are 'out of the blue' to women without previous mental health problems, so sufficient staffing, and close postnatal monitoring, that includes partners/other family members, is essential to identify risky symptoms early on.
- In normal times, postpartum psychosis (PP) is a leading cause of maternal death. We fear that the COVID- 19 crisis will cause an increase in stress, trauma, psychiatric illness, maternal suicides, and

infanticide in this population.

- Women who are at high risk of developing postpartum psychosis and require careful birth planning to manage medication during pregnancy, and plan for the safe management of mental illness relapse after birth.
- Appointments with professionals are now through telephone or video conferencing and birth planning by perinatal psychiatrists is being offered remotely, meaning it is much more difficult for PP to be picked up quickly.
- Adequate birth planning must include partners/cohabiting family members and making plans for monitoring for relapse in the postpartum (also involving partners – as many women do not realise, they have relapsed).
- The redeployment of health visitors and Perinatal Mental Health team staff (the latter happening particularly in Scotland and Wales) is of especial concern, as identifying and appropriately caring for high risk women is not possible without well trained frontline health professionals.
- Recovery from PP tends to be followed by a lengthy period of depression, anxiety and adjustment bonding, face to face support from family and friends is vital for recovery - there is real concern this will impact on maternal suicides.

### Young Mums:

- This group of mums is particularly isolated
- Lack of community run support groups/baby classes
- Peer support is vital and is missing at this time
- Financial worries are a factor for this population.

### Fathers / partners and lack of family support:

- Lack of face to face contact
- Restricted visiting both at the birth and pre and postnatal
- Lack of information for new dads as they are currently far less involved with perinatal services.

### Digitally challenged and excluded populations:

- Many women do not have access to digital equipment (smart phone, laptops and Wi-Fi)
- The very limited financial resources of some of our perinatal populations , excludes digital access
- Women who are in temporary accommodation; asylum seekers and those estranged from mainstream society are excluded from digital interventions
- BAME; we have not identified any barriers over and above what already exist. A significant number of BAME population use WhatsApp to make free Wi-Fi calls to family abroad, therefore are used to this app
- We are not aware of access issues specific to LGBTQI+. In our experience, such clients are often well-skilled in use of technology and indeed this may aid rather than hinder engagement
- Unknown needs – one in 64 children is known to be on the autistic spectrum. By inference, one in 64 adults may also be on the autistic spectrum. Often their difficulties may not be recognised within generic services or be diagnosed, simply presenting with generic complaints of anxiety and depression, or specifically in the perinatal period with difficulties in bonding and dealing with change to parenthood. Technology may help overcome barriers they have in accessing community perinatal care rather than hindering
- A major issue with upstream video conferencing is that it uses patient's data and, therefore, it is costly for patients to access a consultation.

### **BAME populations:**

- More BAME women are in temporary accommodation, asylums seekers and those estranged from mainstream society
- BAME women from a professional background are more engaged than usual by phone with perinatal services
- A particularly challenging area is translation services when English is not the first language. Challenges include securing translation services and ensuring suitability of translators. These services have seen a definite increase in need for support and we have changed the frequency of support for many, from fortnightly to weekly
- BAME women: Oxleas service had approval for a research project to commence looking at the needs of the BAME women accessing perinatal services and barriers to them accessing. This has become even more relevant in this situation and is ongoing. Unlike other research projects, Oxleas have not paused this.

### **Vulnerable parents:**

- No access to a private space to have a conversation
- No access to a private space or protected time way from parental duties to benefit from telephone/online counselling
- Parents who rely on practical help are severely isolated
- Parents who have various degrees of learning difficulties
- It is difficult for services to gauge the full extent of risk for vulnerable parents
- Parents that were hard to engage pre-Covid19 are even more difficult to involve now. Numerous methods of contact are required to engage these parents in support services
- Pregnancy and domestic violence are linked, and these women are now even more vulnerable
- Women and parents who have reduced income
- Increase in safeguarding issues are being seen
- It is very challenging to identify domestic violence and safeguarding issues
- Our most vulnerable families in the community have become even more vulnerable and isolated
- Child protection meetings have worked well via Microsoft Teams.

### **Rise in mental health presentations:**

- The feelings of anxiety and isolation have been intensified during COVID- 19 lockdown
- Reduction in referrals from social work and health services to perinatal support services.

### **Community Support:**

- No opportunity to make new friends to support and share learning pre and post birth
- Reduction in support networks
- Reduction in community baby groups has resulted in many already isolated parents being more isolated
- Caring for a young baby and home-schooled children is challenging.

### **Physical Health:**

- Some women have concerns about immunising their baby as they are fearful that if their baby becomes unwell, they will have to go to hospital, which they want to avoid at this time
- There is a general anxiety about having to enter a hospital to give birth.

## Perinatal service responses to Covid 19:

### Staff wellbeing:

- It was recognised that maternity staff will need more support from mental health colleagues and to address this need, a working group has been meeting across perinatal mental health, midwifery, and obstetrics
- A remote reflective practice group has commenced
- There is a perceptible difference in the lack of 'corridor conversation' which helps to bring the team together, resolve issues quicker, help staff to learn from one another and get that intangible but invaluable timely support.

## Opportunities and challenges:

### Challenges

- Given that approximately one third of clients decline video contacts and prefer telephone for entirely legitimate reasons, NHSE need to review why they still do not accept telephone consultations as part of perinatal services national specification/trajectory numbers
- Our experience is that quite a number of clients decline video consultations and request/prefer phone appointments. Current estimate is that approximately one third of clients decline video call and request phone instead
- We are using videos of the mother and child to help address bonding issues. It is a good alternative, but meeting face to face is probably better
- Most service users use a mobile phone to access video calls, whereas most professionals use laptops for day to day contacts. Software must be utilisable on iPhones and Android phones
- We have started to use Attend Anywhere which, when it works, has been a reasonable alternative to face to face as part of crisis management. It has its limitations, for example professionals cannot see mum with her baby if mum has to go off camera to look after another child.
- The quality of care able to be offered has dropped. This has been due to inability to risk assess thoroughly, assess mother-baby interaction/attachment, identify, and address safeguarding concerns and challenges working with partner agencies
- The frequency of contacts between perinatal services and parents has increased, and the service is expecting to see this increase in demand maintained. The challenge will be to how to address this when no increase in resource is available.

### Opportunities

- North west boroughs have been asked to give an interview and put together a small piece in collaboration with the BBC around 'Supporting vulnerable parents and infants in the community to build good bonds and mental health during COVID-19'. Thus, further advice, support and guidance will be offered to vulnerable parents and infants from the Trust & Partnership, nationally via this BBC broadcast.
- North west boroughs have published Building Bonds and Good Mental Health for you & your Baby during COVID-19'
- Berkshire Healthcare NHS Trust has been offering video consultations to patients open to the

service (for assessment and/or treatment). This also includes the offer of Cognitive Behavioural Therapy sessions, baby massage sessions etc.

- Berkshire trust using their Mood App and are organising the provision of [Dadpad](#)
- Berkshire Healthcare NHS Trust is providing their Me and Baby in Mind group course virtually with embedded video clips to demonstrate principles being discussed with supporting telephone conference call (this will be supported with Microsoft Teams once systems in place)
- Humber Coast and Vale ICS are running promotional campaigns on [Every Mum Matters](#) . One uploaded video attracted over 1000 views within 24 hours of upload, demonstrating the power and reach of such a strategy
- Together Kent and Medway partners and Southampton City Council employment support team is running '[Virtual Tea Time](#)', managing anxiety in pregnancy and the postnatal period. It is a free virtual social group for parents, families and people expecting a child to connect and take a break from the stresses of lockdown
- Southampton Maternity Services - last week, as part of their 'Maternal Mental Health Awareness Week', promoted the following video on [Perinatal Positivity](#)
- Leeds Teaching Hospital Trust has set up a dedicated helpline for women with concerns about the impact of COVID-19 restrictions during pregnancy
- Leeds Council has produced a document that summarises the changes in perinatal mental health (PNMH) support, which is on the [MindWell](#) website, the key website for mental health support for adults in the city. This is being promoted via social media and via professionals
- Leeds Council has worked with the local BBC news channel to create a feature about the impact of COVID-19 on PNMH which encouraged women and families to still access support. It included a woman talking about her personal experiences
- Leeds City also has two 'PNMH Ambassadors' who write a [blog](#) which includes current experiences of pregnancy during COVID-19
- Merseyside Women & Children Partnership has shared, developed, and delivered as much digital support and resource as possible to the multi-disciplinary teams and to vulnerable parents in the community
- By switching from traditional type of working to remote consultations (phone and video), there was an approximate uplift in client contacts in South West Yorkshire Partnership NHS Foundation Trust perinatal team, by 35 per cent in March 2020 (outbreak of COVID-19) compared to February 2020. This uplift has shown a continuing trend in April 2020. Initially these new contacts were by phone, now they are increasingly by video app, as professionals improve their confidence and systems to help clients install apps have improved.
- Not all of this uplift is attributable to remote working. Our ability to increase contacts at a time of acute national stress amid the concern about a reduction in general mental health community contacts reported in national media, is a strong demonstration of the need for all services to improve their remote consultations. This is achievable within a perinatal population and it appears likely that nationwide specialist services, such as perinatal teams, are likely to be early adapters of remote consultations.
- All patients under the care of Oxleas service have been reviewed to look at clinical needs, risk, and care plans. This has also included screening women for high risk criteria as set out by NHSE for isolation/shielding due to various physical health concerns and pregnancy.
- A perinatal RAG rating was devised for the perinatal population, adapting from the available guidance. A business continuity plan was drafted to be prepared for a reduction in staffing levels in the service. The RAG rating is used as a guide to identify high risk, vulnerable women. They are discussed in a daily service huddle meeting and weekly MDT meetings.
- Oxleas experience is that engagement has remarkably improved. Initial data suggests DNA rates



have improved significantly (30 per cent pre COVID-19, to average 10-15 per cent during the COVID-19 pandemic).

- Oxleas is a pilot site for NIHR- Effectiveness of Services for Mothers with Mental Illness (ESMI II) study
- Patients were directed to recovery college for access to various self-help resources
- Face to face used where necessary and because this has been communicated with the women, none have declined. Oxleas believe that this may have been because they were going in full personal protective equipment.

### Learning and CPD:

- The focus has been the current COVID-19 pandemic, learning about the evolving virus and impact on mental wellbeing. Staff have access to various webinars, but at the same time; with continued busy clinical work, the time available to access learning is a challenge.

### Feedback from patients:

- The service usually gets feedback from patients at the end of the care. For this period, it has been a challenge to capture this on a form, although patients have been grateful for the input they have had and communicated this informally (verbally, via text messages or emails).
- Berkshire Healthcare NHS Foundation Trust has been pleasantly surprised by the way they were able to deliver their Compassion Focussed Group (psychological treatment) from the face to face group facilitation in the community to video group delivery (literally overnight!) with very good feedback from the patients.
- Berkshire called patients on their caseload within the first couple of weeks and sent a letter explaining what support was available, so no one has expressed confusion over the support available.

## Appendix 1

### Action on Postnatal Psychosis Report



NHSX information  
response.pdf