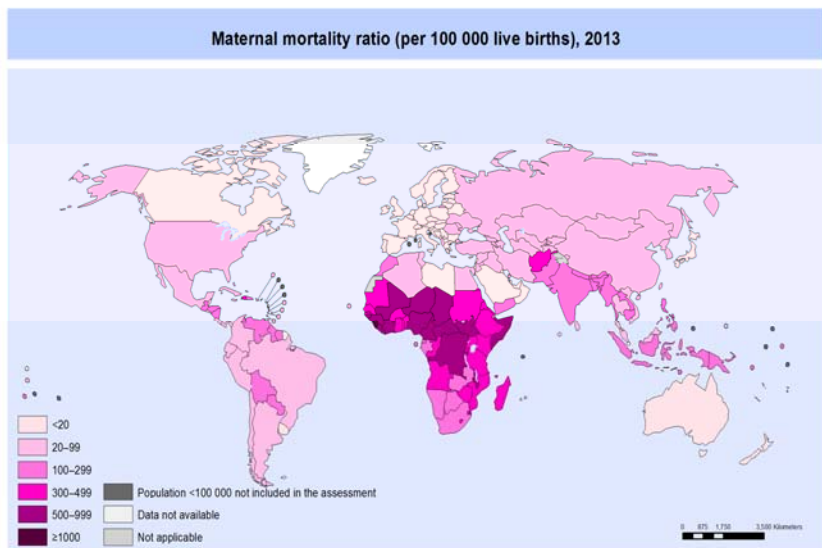


Psychological Medicine for Obstetrics



MBRRACE

- 2/3 of mothers died from medical and mental health problems in pregnancy only 1/3 from direct complications of pregnancy e.g. bleeding
- 3/4 of women who died had medical or mental health problems before they became pregnant
- Women with pre existing medical and mental health problems need pre pregnancy advice and joint specialist care.

As confident managing pregnant women with mental health problems as those with hypertension or IUGR

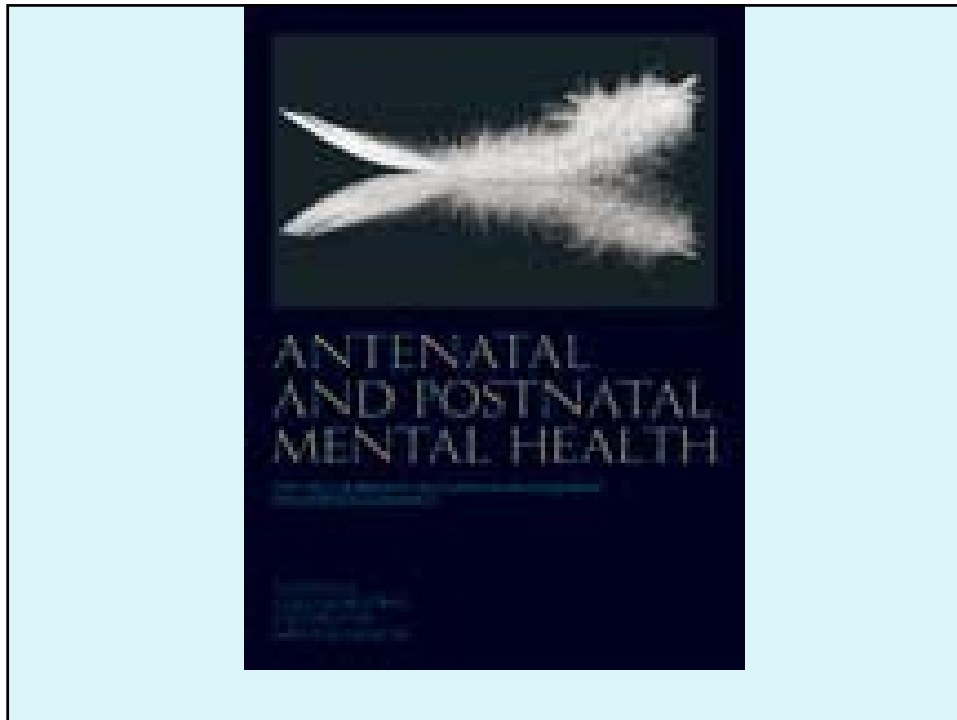


Chief Medical Officer's annual report 2012: Our Children Deserve Better: Prevention Pays

The effect of a mother`s mental health on the subsequent health of her child is equally important as her physical health

Evidence

- Patton GC, Romaniuk H, Spry E, et al. Prediction of perinatal depression from adolescence and before conception (VIHCS): 20-year prospective cohort study. *Lancet* 2015;
- Stein A, Pearson RM, Goodman SH, et al. Effects of perinatal mental disorders on the fetus and child. *Lancet* 2014; **384**: 1800–19.
- Stewart D E, Battling Perinatal Depression: *Lancet* 2015; 386: 835-36
- The combined effects of raised anxiety (or depression) both antenatally (32 weeks) and postnatally (33months) on child outcome up to 13 years O'Donnell et al 2014
- The risk of bipolar relapse Viguera AC. *Am J Psychiatry*. 2000;157:179-184



What is stopping us?



Teenage pregnancy

- Highest rates in Europe
- Only the US worse
- Lowest rates of teenage conception since 1967
- Collaborative effort between health, social and educational services



Case History 1

- 34 yrs
- Para 3 (CSx3)
- 15 weeks
- Last baby 6 months ago
- “best friend and I think she very low”
- “pack bags and go as I am useless mother”

- Take his number
- Get old records
- Phone GP
- Urgent assessment (crisis team)
- Admitted for 5 days AMHT
- Starts fluoxetine
- relate

- USS
- Very withdrawn
- CPN daily visit
- DNA`s

28 weeks

- See ANC
- Repeat USS
- GTT

32 weeks

- DNA GTT
- Placenta praevia
- “well I told you I wanted to die so want nature to take its course”

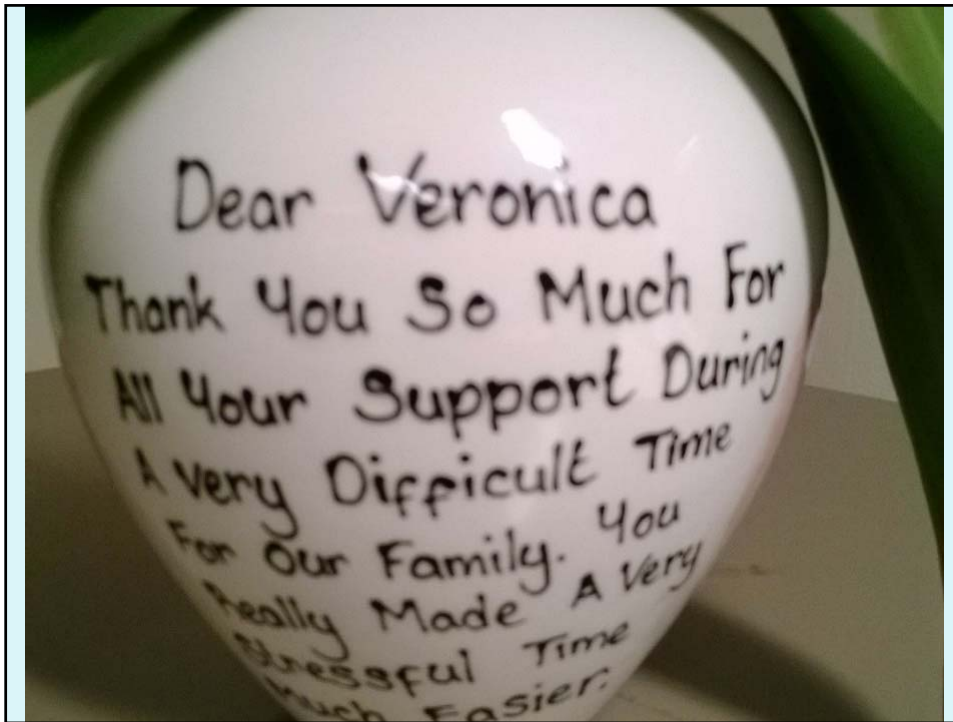
- Urgent CMHT review re capacity
- On high risk list
- HB GTT
- Speak to legal
- FMU scan

34 weeks

- Placenta no longer low lying
- BS not controlled on Diet alone
- Wants VBAC
- Also wants sterilisation
- How would you manage pregnancy

- CMHT report improvement and has capacity
- Metformin not insulin
- Normal growth USS
- Good control
- Continue pregnancy up to 40 weeks

- Perinatal plan CMHT
- SROM 24 hours
- CS and BLT



Case History 2

- 30 yr old, Primip at 32 weeks
- Presented to Maternity assessment with reduced fetal movements
- CTG and Observations all normal
- “doctor can you see and send home”

- AMHT Crisis team JR
- Admitted with support from AMHT
- Medical team review paracetamol levels managed.
- Transferred to Warnesford (5 days)
- Commenced medication

- ANC weekly
- Daily CPN
- PNMH plan
- Planned admission to MBU
- SVD male 3.2 kg at 38 weeks

- Remains at home both doing well thinking of baby number 2

In Summary

- To recognise that a Mother`s Mental health is as important as Physical health.
- Smooth integrated pathways
- Good communication between services
- Use the tools

What has made it easier at JR

- In house Perinatal Psychiatrist
- Champions in the community teams and wards
- Educate all
- Dedicated ANC with MDT input including social workers.

Take back message

- How are you going to use the new community Perinatal MHT?
- How to engage social workers?
- We can make a difference

Thank you

