

Department of Health public consultation on the development of a national maternity strategy

SECTION 1: YOUR VIEW ON IRISH MATERNITY SERVICES

16. In your view what is working well in Ireland's maternity services?

In 2010, the National Disability Authority (NDA) published a report on the strengths and weaknesses of publicly funded Irish health services provided to women with disabilities, including women with mental health difficulties in relation to pregnancy, childbirth and early motherhood.

The report identified some strengths of the maternity services in Ireland, including;

- That when access to specialised services was available, women with mental health difficulties reported on the positive impact on their wellbeing. However, access to specialised services was based on geographical location and good liaison between maternity care and mental health service providers.
- That there has been an increase in community-based midwifery-led care provision.
- Some women described being offered "considerable support" in the community by the public health nurse".
- That some staff, particularly midwives, were perceived to have been more woman-centred in their approach to care.
- Some women described positive interactions with midwives and other health professionals that were characterised as being treated in a respectful and dignified manner. However, others reported less positive experiences.

Additional strengths identified by the women consulted included the existence of a community mental health support group, individual therapy and strong support of community mental health nurses.

17. In your view, what is not working well and how can it be improved?

Weaknesses

The NDA's report (as highlighted above) sets out a number of weaknesses in maternity services in relation to supporting the mental health needs of women engaged in services. Such weaknesses include:

- The variation in services available to women based on geographical location, co-location of the maternity unit with other specialist services and professional attitudes.
- Women with mental health difficulties described experiences with health professionals that were insensitive, inappropriate, stigmatising and discriminatory. Women reported that there was often a lack of understanding about their mental/emotional distress.
- That specialist services within the maternity care sector for women with mental health difficulties were almost non-existent.

- When services were available they were fragmented and un-coordinated, and choices to access a specific model of maternity care were limited significantly by a lack of resources and no strategic focus for care planning.
- A lack of knowledge amongst maternity care staff on mental health/mental health difficulties.
- A lack of information on mental health (verbally and written), a reluctance by staff to discuss issues relating to mental health as well as inconsistent advice regarding medications in pregnancy and in the postnatal period.
- The absence of adequately resourced community based services, including community postnatal care.
- Lack of a woman-centred approach to care. Women expressed concerns regarding the appropriateness of their care and issues related to informed consent.
- Lack of continuity of care – women with mental health difficulties reported that they had to repeat their history to a range of health professionals throughout the pregnancy and postnatal period.
- Women with a mental health difficulty felt their capacity to become a mother and care for their child was frequently questioned by health professionals. Women with mental health difficulties also described a fear of losing custody of their baby.
- Difficulties for women with mental health difficulties in accessing services.
- A lack of specialised publicly funded psychological supports for women during the pregnancy and postnatal period.

Solutions

A Vision for Change (AVFC), the national mental health policy makes specific reference to perinatal psychiatry. It recommends the development of perinatal mental health services which require both a specialist mental health service and obstetric services. Specialist perinatal mental health services are required for the following reasons:

- Women with serious mental health difficulties require coordinated care across disciplines, including psychiatry (general and perinatal), obstetric, general practice and child and family social services
- Women are rarely medicated during pregnancy, as general psychiatrists are reluctant to prescribe medication and therefore require additional supports
- Post-partum psychosis, where it presents, is severe and difficult to treat, requiring specific expertise
- Expert knowledge of the effects of pregnancy on psychotropic drugs and their possible effects on the baby are necessary to treat pregnant women requiring these medications

Specifically AVFC recommends (15.5.4) one perinatal mental health resource to be provided in a national maternity hospital. One additional adult psychiatrist and senior nurse with perinatal expertise should be appointed to act as a resource nationally in the provision of care to women with severe perinatal mental health problems.¹

¹http://www.irishpsychiatry.ie/Libraries/External_Events_Documents/vision_for_change_full_document.sflb.ashx

Mental Health Reform recommends the Department of Health include the recommendation set out in *A Vision for Change* on perinatal mental health services in the development of a national maternity strategy.

In December 2014, the National Institute for Health and Care Excellence (NICE), UK published guidelines on antenatal and postnatal mental health. The guidelines make recommendations for the recognition, assessment, care and treatment of mental health difficulties in women during pregnancy and the postnatal period (up to 1 year after childbirth) and in women who are planning a pregnancy.

Specifically the guidelines make recommendations on the following:

- That services should be patient centred and all treatment and care should take account of the individual woman's needs and preferences
- Women should have the opportunity to make informed decisions about their care and treatment
- Health professionals should provide detailed advice about the possible risks of mental health difficulties and the benefits and harms of treatment in pregnancy and in the postnatal period, taking into account individual circumstances
- To develop integrated care planning for women with mental health difficulties in pregnancy and the postnatal period (that sets out the care and treatment for the mental health difficulty, the roles of all healthcare professionals, including who is responsible for coordinating the care plan, the schedule for monitoring and providing the interventions and agreeing the outcomes with the woman
- Consider the mental health and well-being of the woman during pregnancy and in the postnatal period
- Acknowledge the woman's role in caring for her baby and support her to do this
- Provide culturally relevant information on mental health difficulties in pregnancy and in the post-natal period
- To ensure there are clearly specified care pathways so that all primary and secondary healthcare professionals involved in the care of women during pregnancy and the postnatal period know how to access assessment and treatment
- To implement clear referral protocols for services, to ensure effective transfer of information and continuity of care and

It is also important that education programmes for maternity staff are delivered to ensure that they are appropriately placed to identify and address mental health issues.

Mental Health Reform recommends that the Department of Health consider the NICE guidelines on antenatal and postnatal mental health in the development of a national maternity strategy.

Despite a number of existing early intervention programmes which have been funded by Government there is a need for investment in the development of early intervention services which specifically target the mental health needs of infants and their families. Mental Health Reform has previously highlighted service gaps that exist for women and babies/infants in terms of their mental health, including the absence of clinical psychology/ parent-child

psychotherapists in maternity hospitals; a lack of training on infant mental health among staff working in maternity hospitals and understaffed primary care psychology.

Early intervention needs to include a response which places the social and emotional health and well-being of infants, toddlers and families on par with that of their physical health.

SECTION 2: SERVICES

25. How can the benefits of health and wellbeing for women, babies and their families best be promoted?

Mental Health Reform recommends that the Department take into account the recommendations set out in the national mental health policy *A Vision for Change* on the development of perinatal mental health services.

The NICE guidelines, as outlined above should also be considered in the Department's development of a national maternity strategy.

Ireland's Healthy Ireland framework acknowledges that there is a strong link between the health of mothers and the health of their babies. Early intervention before birth is as critical as giving on-going support during a child's early years. A 2005 report on maternal health from the WHO states: 'Mothers and children need a continuum of care from pre-pregnancy, through pregnancy and childbirth, to the early days and years of life.'²

It is now widely accepted that the foundation for healthy, psychological, social and emotional health across the life span is developed in infancy and early childhood. Currently, in Ireland, the focus on the first few years of a child's life is on their physical development. Early intervention needs to include a response which places the social and emotional health and well-being of infants and their families on par with that of their physical health. Specific service gaps that exist in the area of mental health for families and infants include: the absence of clinical psychology/ parent-child psychotherapists in maternity hospitals; a lack of training on infant mental health among staff working in maternity hospital and understaffed primary care psychology.

Despite a number of existing early intervention programmes which have been funded by Government there is a need for investment in the development of early intervention services which specifically target the mental health needs of infants and their families.

The Department of Health should make a commitment to address the gaps outlined above in the development of a national maternity strategy.

26. What information and support should be provided to facilitate women and their families to make the most informed decisions on their maternity care?

As outlined in the NICE guidelines, health professionals should provide detailed advice about the possible risks of mental health difficulties and the benefits and harms of treatment in pregnancy and the postnatal period. A detailed list of information that should be provided is set out in the guidelines. <https://www.nice.org.uk/guidance/cg45>. Information should be provided prior to pregnancy, during pregnancy and during the postnatal period.

² WHO. The World health report make every mother and child count. Geneva: World Health Organization, 2005.

Mental Health Reform has previously called for the Department of Health to ensure that women of child-bearing age who are prescribed valproate medicines are fully informed of the risks and can make an informed decision about their mental health treatment. Valproate, which is used to treat bipolar disorder, among other conditions, has been linked to birth defects and developmental problems in children of pregnant women who have taken the drug. Under the Mental Health Commission's Quality Framework people who use mental health services should be empowered regarding their own care and treatment by exercising choice, rights and informed consent. The risks associated with valproate heighten the need for all health services in Ireland to ensure they fulfil this standard.

The FACS (Fetal Anti Convulsant Syndrome) Forum Ireland continue to advocate for better warnings and information from the Department of Health and related agencies on the side effects to expectant mothers of drugs that contain valproate.

Additional supports, as set under question 17, including the provision of integrated care planning for women with mental health difficulties, the provision of patient-centred care, and encouraging the role of the women in caring for her baby should be provided.

The development and implementation of initiatives which specifically target the mental health needs of infants and their families (as set out under question 25) should also be included in the development of a national maternity strategy.

27. What are the key considerations when designing how maternity services are provided (a model of maternity care)?

Please refer to the recommendations outlined above in relation to *A Vision for Change* and the NICE guidelines. Key considerations include early intervention, equitable access, comprehensiveness in terms of multidisciplinary input, choice and autonomy, and ensuring a recovery ethos is implemented in maternal mental health services.

28. What measures can be undertaken to enhance safety within maternity services?

In the UK, depression and anxiety are the most common mental health difficulties during pregnancy, with around 12% of women experiencing depression and 13% experiencing anxiety at some point. Many women will experience both. Depression and anxiety also affects 15-20% of women in the first year after childbirth and psychosis can re-emerge or be exacerbated during pregnancy and the postnatal period.

However, mental health difficulties frequently go unrecognised and untreated in pregnancy and the postnatal period. If untreated, women can continue to have symptoms, sometimes for many years, and these can also affect their babies and other family members.

Postpartum psychosis may present in the postnatal period and is a severe mental health difficulty with a rapid onset and a major impact on the woman and her ability to care for her baby. While women with particular pre-existing mental health difficulties are at higher risk of postpartum psychosis it can occur in women with no previous psychiatric history.

Mental Health Reform recommends that the national maternity strategy include a commitment to the prevention, identification, assessment, care and treatment of mental health difficulties in women during pregnancy and the postnatal period (up to 1 year after childbirth) and in women who are planning a pregnancy. This is set out in the NICE guidelines. Particular attention should be paid to women who may be at risk of postpartum

psychosis. Immediate assessment should be carried out where a woman shows signs/symptoms of postpartum psychosis.

This should be achieved, in part through the development of perinatal mental health services, as recommended in *A Vision for Change*, as well as ensuring adequate mental health and wellbeing services in primary care in order to prevent mental health difficulties and promote emotional wellbeing among women during and after pregnancy.

29. How can we ensure that maternity services are centred around the needs of women, babies and their families?

In order for the needs of women with mental health difficulties to be met, the development of perinatal mental health services must be achieved, as set out in the national mental health policy *A Vision for Change*.

Women with mental health difficulties need specialised knowledge and skills on the part of the professionals who care for them. These include specialist knowledge of the risks and benefits of medication in pregnancy and in the postnatal period, the skills to manage and care for women with serious mental health difficulties, at the same time as enabling them to meet the emotional and physical needs of their infants. In addition professionals need an understanding of the emotional and physical changes associated with childbirth and the different organisations involved in the care of women with mental health difficulties during the pregnancy and postnatal period.

The NICE guidelines includes advice on patient-centred care which offers recognition, care and treatment of mental health difficulties in women during pregnancy and the postnatal period (up to 1 year after childbirth). It also offers advice on the care of women with an existing mental health difficulty who are planning a pregnancy. Professionals experienced in the detection of difficulties within an infant parent relationship which can seriously impact on the infant's mental health and long term development are also required.

The NICE guidelines set out that treatment and care should take into account individual needs and preferences. Women should have the opportunity to make informed decisions about their care and treatment, in partnership with their healthcare professionals. If someone does not have the capacity to make decisions, decision making supports should be put in place.

30. How can access to maternity services be facilitated for all women no matter where they live, while making sure that the healthcare professional delivering those services look after sufficient numbers of women and babies to develop and maintain their skills and practice safely? (approx. 150 words)

The UK's Guidance for Commissioners of Perinatal Mental Health Services sets out that all women should have equal access to the best treatment for their mental health condition, irrespective of where they live, their socio-economic status or their ethnicity.

It also sets out that services should have an integrated care pathway to ensure the timely access of women to the most appropriate treatment and service for their condition.

This guidance is supported by the NICE guidelines which states that there should be clearly specified care pathways so that all primary and secondary healthcare professionals involved

in the care of women during pregnancy and the postnatal period know how to access assessment and treatment.

The Guidance for Commissioners of Perinatal Mental Health Services also sets out that

- Maternity services should have access to perinatal mental health teams
- Maternity services should have access to a designated specialised perinatal mental health team able to provide collaborative working with women at high risk of serious mental health difficulties and emergency assessments
- Maternity services should have access to a designated specialised clinical psychologist to advise and treat, if necessary, women with psychological distress

Mental Health Reform recommends that the Department of Health take such guidelines into account in the development of a national maternity strategy and implement the recommendation on coordinated care across the disciplines for women with mental health difficulties in pregnancy and/or the postnatal period, as set out in *A Vision for Change*.

32. How can the full potential and capabilities of all healthcare workers within maternity care be realised?

A Vision for Change sets out the need for specialist perinatal mental health staff with a complement of specialised staff. This is supported by the NICE guidelines.

The guidelines advise that staff working in maternity services have supervision and training, covering mental health difficulties, assessment methods and referral routes, to allow them to follow the care pathways.

The Guidance for Commissioners of Perinatal Mental Health Services also recommends that primary care services should be trained to meet the needs of pregnant and postpartum patients. This includes:

- General Practitioners (GPs) and other primary care staff receiving additional training in perinatal mental health and
- GPs and other primary care staff being made familiar with the perinatal mental health integrated care pathway

In the NDA's report on the strengths and weaknesses of maternity services, many women spoke of the lack of knowledge amongst maternity care staff regarding mental health issues. Midwives consulted as part of the report highlighted a deficit in their knowledge and expertise in caring for women with mental health issues.

A major weakness identified was that some women in this study experienced significant practical difficulties when communicating with health care staff at all stages of their experience of maternity services from confirmation of pregnancy to discharge and care at home. The women who experienced mental health difficulties reported receiving little or no information on mental health difficulties, and were of the view that health care practitioners were contributing to the silence around mental health difficulties during pregnancy and the postnatal period.

It was also identified that stigmatising practices experienced by women with mental health difficulties needed to be addressed by providing education programmes for staff. In order to meet the specific needs and expectations of women with a mental health difficulty, secure funding must be allocated for adequate education of staff. Supports must be made available to ensure staff can address competently and professionally the issues related to working with women with a mental health difficulty.

Mental Health Reform has previously called for enhanced capacity within maternity services/hospitals and amongst maternity staff in addressing mental health difficulties. Furthermore, MHR recommends that the Department of Health include a commitment of the development and implementation of perinatal mental health services, as set out in AVFC.

33. How can teamwork between healthcare workers be enhanced, both within their own discipline and across disciplines? (approx. 100 words)

The NICE guidelines make specific reference to the need for referral protocols and communication between all services involved in the care of women who are pregnant or are in the postnatal period. The guidelines set out that

- specialist perinatal services should provide direct services, consultation and advice to maternity services, other mental health services and community services
- there should be clear referral and management protocols for all services involved in the care of women with mental health difficulties and maternity services to ensure effective transfer of information and continuity of care
- there should be clearly defined pathways of care for women, with defined roles and competencies for all professional groups involved

A Vision for Change recommends the need for coordinated care across the disciplines, including psychiatry (general and perinatal), obstetric, general practice and child and family social services in order to support women with mental health difficulties in the pregnancy and/or postnatal period.

SECTION 2: GOVERNANCE

34. How can we ensure that best practice is applied consistently across all services providing maternity care?

The Department of Health should take into account the recommendations of the national mental health policy *A Vision for Change* on perinatal mental health services in the development of a national maternity strategy. This may be complemented by the NICE guidelines and the Guidance for Commissioners of perinatal mental health services.

Women with mental health difficulties should be offered choices in the model of maternity care offered, have access to continuity of carer, and access to information in order to participate in effective decision making when care is being planned and delivered. They should be supported by competent and professional staff who have the skills and knowledge to meet their mental health needs in a timely and accessible manner.

Quality standards on maternity care should be developed that incorporate specific guidance on the quality of mental health care to be provided as part of maternity care. These standards should reflect the Mental Health Commission's *Quality Framework* for all mental health services and should be developed in partnership with the Mental Health Commission.

As a support to implementing quality standards, the HSE's Mental Health Division should develop procedures for ensuring standardised, high quality mental health care is delivered to all women receiving maternity care who have a mental health difficulty.

35. How can governance of maternity services be improved?

In 2010, the National Disability Authority recommended that there should be a review of current clinical governance arrangements, service re-design and the development of care pathways among services that care for women with mental health difficulties who are pregnant, or have given birth. The NDA also recommended a collaborative approach among services that is both women-centred and evidence-based for women.

The NICE guidelines provides advice for services in developing clear referral and management protocols for services working with this cohort of women. The guidelines also state that maternity services should have a strategy for the prevention, early detection and management of perinatal and postnatal mental health difficulties. This includes identifying populations at risk, facilitating appropriate support and accessing a range of services for them.

In Ireland, the National Health Strategy (Department of Health and Children, 2001) proposes that the future development of maternity services should be based on the principles of access, equity, accountability, safety and women-centredness. It is clear from recent studies that there are significant gaps in maternity services for women with mental health difficulties.

There is a need to develop and improve Irish maternity services for this group of women, in part through specialised perinatal mental health services and staff. Integrated care pathways also need to be developed to ensure that all health professionals working with women with mental health difficulties who are pregnant or have recently given birth (up to 1 year) have access to such specialized supports and can adequately meet the mental health needs of such women.