

# Maternal Mental Health

May 2023

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# Executive Summary

In October 2022, Healthwatch England launched a national online survey to gain insight into maternal mental health care – what is working well and what needs to be improved. This report explores the findings from Lincolnshire, whereby 21 women shared their experiences.

- 18 out of the 21 experienced mental health difficulties during or after birth.

## What's working well?

- 6/8 agreed that they were informed about the risks of taking medication for their mental health through pregnancy.

## What needs to be improved?

- **Support for mental health needs**

- 5/8 disagreed that the support offered allowed them to make informed choices about managing their mental health during pregnancy.
- 5/8 disagreed that the healthcare professionals they saw or spoke to during their pregnancy were aware of their mental health needs.
- Half of the respondents did not know how to access maternal mental health services.

- **Timely access**

Timely access to support services is crucial in preventing symptoms from getting worse. For those that were referred, 2/5 were seen within a week, an additional 2/5 were seen within 1 – 2 weeks and one had to wait 3 – 4 weeks to be seen.

In this very small sample, the longer it took to be seen correlated with symptoms worsening. Whilst waiting for support, respondents experienced a range of symptoms, including:

- Anxiety
- Anger and rage
- Being unable to leave the house
- Suicidal thoughts
- Unwanted and intrusive thoughts
- Relationships breaking down
- Struggling to care for others

- **Back to basics**

The data suggests that in some areas there is a need to go back to the basics which includes ensuring patients are listened to and involved in making decisions about their care.

- 8/21 agreed with the statement 'I felt staff listened to me', however, 8/21 disagreed with the statement.

- 10/21 agreed that they 'felt involved in decisions about my care' but 8/21 disagreed with the statement.
- 12/21 agreed that 'any concerns they had were taken seriously by staff' but 9/21 did not feel this way.
- 10/21 agreed with the statement 'I felt well informed about my care, including any procedures or interventions that took place during labour and childbirth', however, again 8/21 disagreed with this with the statement.

- **Labour and after childbirth**

- 13/21 reported that their experience of labour and childbirth negatively impacted their mental health.
- 3/21 did not have a post-natal check-up.
- For the 18 that did have a post-natal check-up, 11/18 said mental health and wellbeing was not mentioned at all and,
- Only 4/18 felt that mental health and wellbeing was mentioned 'just the right amount'.

## Introduction

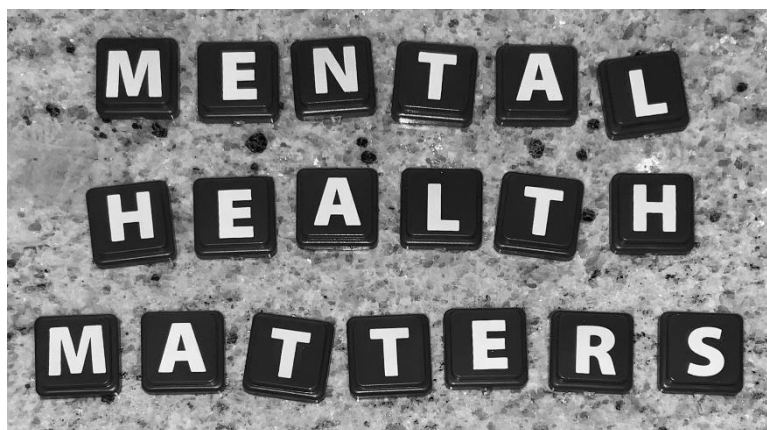
NHS England outlines that just over 1 in 4 new and expectant mums experience mental health problems during their pregnancy and the first year following the birth of a child.<sup>1</sup> The support from maternity services can have a significant impact on mental health and wellbeing and without appropriate support there can be a long-lasting impact on the mother, child and wider family.

Maternal mental health is high on the national agenda with reviews and reports such as the Ockenden review emphasising that mental health support is and should be integral to all aspects of maternity care and service provision.<sup>2</sup> There are also plans to improve maternal mental and physical health in the Women's Health Strategy for England<sup>3</sup> and the NHS Maternity Transformation Programme<sup>4</sup>

Back in 2019, work carried out by Healthwatch England<sup>5</sup> contributed to the introduction of mental health checks in the postnatal consultation for mothers.<sup>6</sup> This policy would mean that all mothers should receive a postnatal consultation, 6-8 weeks after giving birth with their GP. This check-up should cover the mother's physical and mental health and would be separate to the post-natal check-up which looks at the baby's health. These check-ups were made mandatory.

However, despite this, feedback given to Healthwatch England about maternity services in 2021 – 2022 showed that support for maternal mental health was worsening.<sup>7</sup> The latter had also been noted by other organisations such as the National Childbirth Trust, who reported that a quarter of mothers were not asked about their emotional or mental health during their postnatal consultation.<sup>8</sup> Currently, there is no monitoring in the compliance of the 6-8 week postnatal consultation either.

In October 2022, Healthwatch England launched a national online survey to gain insight into maternal mental health care – what is working well and what needs to be improved. To read the Healthwatch England report, please [click here](#). This report explores the findings from Lincolnshire, whereby 21 women shared their experiences.



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<sup>1</sup> NHS England – Perinatal Mental Health (<https://www.england.nhs.uk/mental-health/perinatal/>)

<sup>2</sup> Ockenden Report (2022) - [Ockenden review: summary of findings conclusions and essential actions](#)

<sup>3</sup> UK Government (2022) – [Women's Health Strategy](#)

<sup>4</sup> NHS England – [Maternity Transformation Programme](#)

<sup>5</sup> Healthwatch England (2019)– [Mental health and the journey to parenthood](#)

<sup>6</sup> Healthwatch England (2020) – [How your views have helped improve mental health support for future mums](#)

<sup>7</sup> Healthwatch England (2022) – [What people told us about maternity services](#)

<sup>8</sup> National Childbirth Trust (2021) – [NCT finds a quarter of new mothers are not asked about their mental health](#)

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## Inclusive Language

At Healthwatch, we champion inclusivity and equality in all we do as an organisation. Most maternity service users are women and all the respondents in Lincolnshire identified as a woman. Therefore, we have primarily used the term 'mothers' and 'women' in this report, but we also recognise the experiences of diverse gender identities.

## Disclaimer

Owing to the small number of responses, numbers as opposed to percentages are used throughout the following sections. All analysis is purely descriptive, no statistical analysis has been undertaken.

We also acknowledge that due to the small sample size these findings are not likely to be representative of all those in Lincolnshire who access and use maternity services in Lincolnshire. Nonetheless, these experiences are still valuable and provide some insight into maternal mental health services in Lincolnshire.

## Findings

21

21 women in Lincolnshire who had given birth between April 2020 – present, shared their views on what is working and what needs improving for those who develop mental health difficulties during their maternity experience. For 7/21, this was their first-time giving birth.

11

11/21 had a diagnosed mental health condition prior to becoming pregnant. When asked to reflect upon their care during pregnancy, they responded as follows (please note only 8/11 answered the following questions):



**5/8 disagreed** that the support offered allowed them to make informed choices about managing their mental health during pregnancy.



**6/8 agreed** that they were informed about the risks of taking medication for their mental health through pregnancy.



**5/8 disagreed** that the healthcare professionals they saw or spoke to during their pregnancy were aware of their mental health needs.

**Half of the respondents did not know how to access maternal mental health services.**

All respondents were then asked to describe their mental health whilst pregnant and after birth. **3/21** did not experience any mental health difficulties but...

- **6/21** experienced mental health difficulties for the first time.
- **5/21** experienced an episode of an existing mental health problem.
- **7/21** experienced additional mental health difficulties (on top of their existing difficulties).



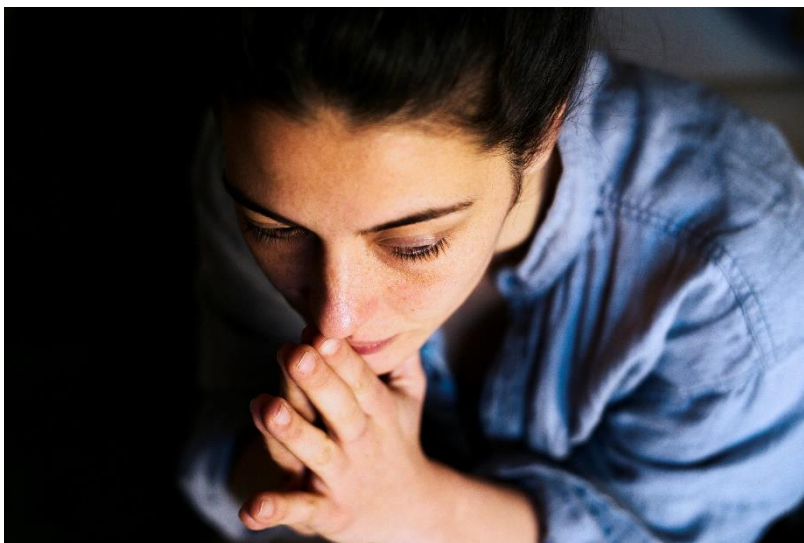
These 18 women were then asked what support they were offered/referred to. They were referred to the following:

- Maternal Mental Health Services
- Adult Mental Health Services
- Mother and Baby Unit
- Local Peer Support Group

Timely access to support services is crucial in preventing symptoms from getting worse. For those that were referred, 2/5 were seen within a week, an additional 2/5 were seen within 1 – 2 weeks and one had to wait 3 – 4 weeks to be seen.







In this very small sample, the longer it took to be seen correlated with symptoms worsening. Whilst waiting for support, respondents experienced a range of symptoms, including:

- Anxiety
- Anger and rage
- Being unable to leave the house
- Suicidal thoughts
- Unwanted and intrusive thoughts
- Relationships breaking down
- Struggling to care for others



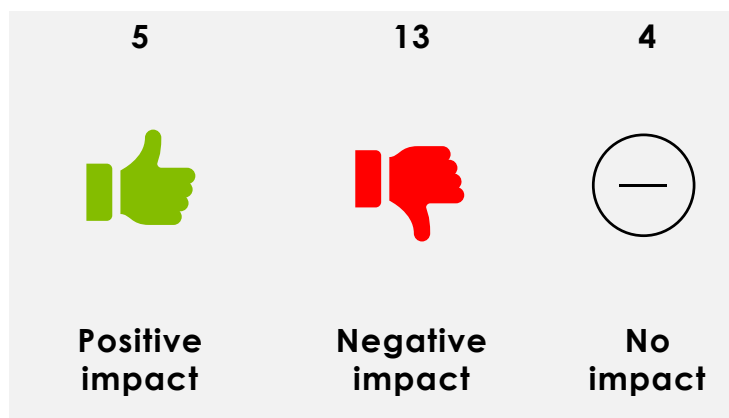
## Labour and Childbirth

The women were then asked to reflect on several aspects of labour and childbirth. The answers to the questions were mixed, with some women having a more positive experience than others. The data collected does not allow us to see if there are any common factors such as location or age that explains this variation. Some of the variation is likely due to the small sample size, however, it could indicate that there is an experience lottery.

-  • 8/21 agreed with the statement 'I felt staff listened to me', however, 8/21 disagreed
-  • 10/21 agreed that they 'felt involved in decisions about my care' but 8/21 disagreed
-  • 12/21 agreed that 'any concerns they had were taken seriously by staff' but 9/21 did not feel this way
-  • 13/21 agreed that staff communicated things to them in a way they could understand and that their partner was able to support them in the way they needed
-  • 10/21 agreed with the statement 'I felt well informed about my care, including any procedures or interventions that took place during labour and childbirth', however, again 8/21 disagreed with this
-  • 12/21 agreed that the care they received from staff during labour and childbirth was personal and supportive

A full breakdown of the responses can be seen in Appendix 1.

When asked what impact their experience of labour and childbirth had on their mental health, respondents answered as follows:





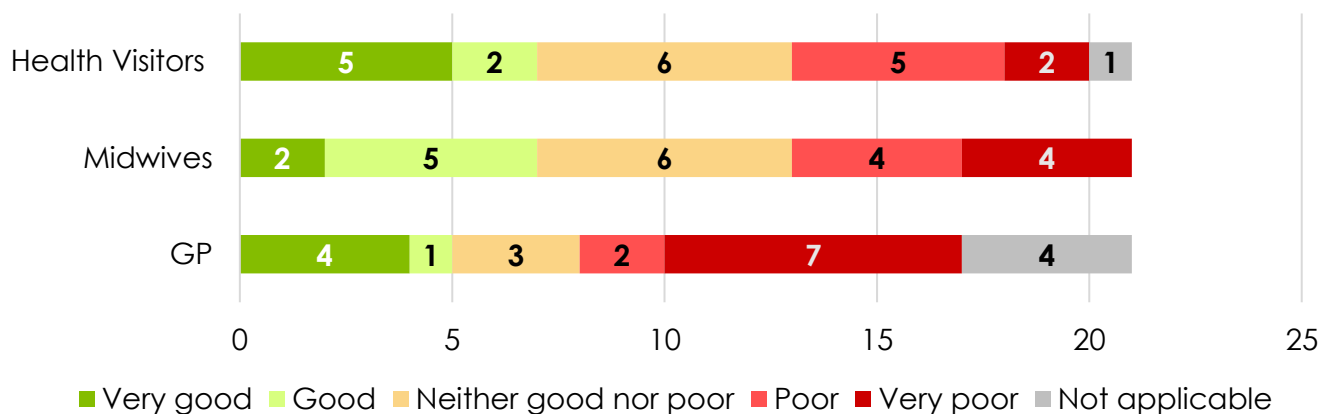
## After birth



3 individuals did not have a postnatal check-up, despite these being made mandatory.

Responses were also polarised when asked to rank the quality of mental health support given by health professionals after the birth.

How would you rate the quality of mental health support given by health professionals such as your GP/midwife/health visitor?

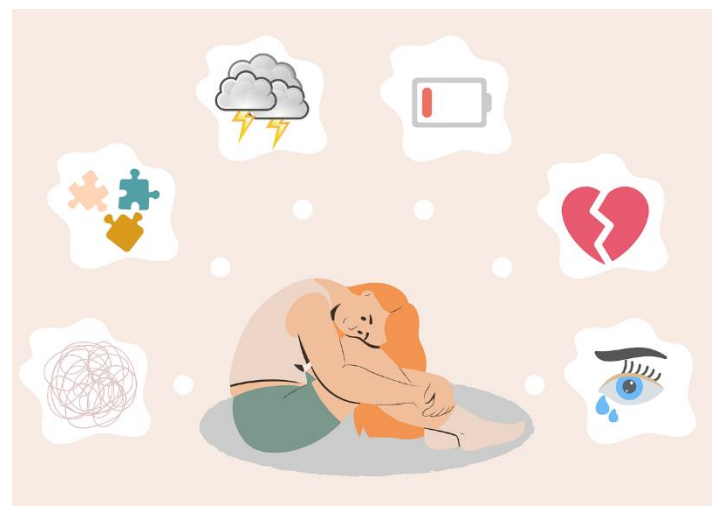


For the 18 women who did have a postnatal check-up, all except one occurred face-to-face. The remaining 1 took place over the phone. When asked to reflect on their post-natal check-up, the responses were as follows:

11/18 said mental health and wellbeing **was not mentioned at all**.

3/18 felt mental health and wellbeing **was not mentioned enough**.

4/18 felt mental health and **wellbeing was mentioned 'just the right amount'**.



## Recommendations

As a result of the findings through this work, Healthwatch England outlined the following recommendations to improve the delivery of postnatal consultation to provide a meaningful opportunity for mental health intervention for everyone who needs it.

Recommendation	Why is this change needed?	Who is responsible for this change?
<p>Integrated Care Systems should monitor the delivery of six to eight-week postnatal consultations as part of their primary care commissioning responsibilities</p>	<p>Since 2020, the standard GP contract has required all GPs to deliver a postnatal consultation for all mothers between six and eight weeks after birth. This consultation must take place in addition to the consultation on the baby's health.</p> <p>NICE guidance is clear that these consultations should include discussing the mother's mental and physical health.</p> <p>Yet our investigations show that GPs are not currently tracking whether mental health is addressed as part of a postnatal consultation, and data on postnatal consultations is not being shared with ICSs.</p> <p>From 1 April 2023, ICSs will have full commissioning responsibilities for primary care services. As part of this responsibility, they should seek to understand the extent to which GP practices deliver on their contract responsibilities and ensure compliance.</p> <p>ICSs should promote the NICE guidance outlining the importance of addressing mental and psychological health during postnatal consultations.</p>	<p>Integrated Care Systems</p>
<p>The Medical Licensing Assessment being introduced from 2024 should check understanding of the importance of postnatal mental health and the mental health element</p>	<p>The General Medical Council (GMC) will be introducing the Medical Licensing Assessment for the majority of incoming doctors, including all medical students graduating from academic year 2024 to 2025 and onwards. The Women's Health Strategy has committed to ensuring that this assessment will include a number of topics relating to women's health, to encourage a better understanding of women's health among doctors as they start their careers. This assessment should include questions checking new doctors'</p>	<p>General Medical Council Department of Health and Social Care</p>

of the postnatal consultation	understanding of the importance of postnatal mental health.	
The section of the GP contract on delivery of postnatal consultations should be updated to include mention of signposting to specialist and community mental health services and point to best practice guidance around carrying out open-ended discussions	<p>Our respondents have told us that the quality of postnatal consultations needs to improve, even for those who can access them.</p> <p>Many people told us that their mental health was not discussed or not talked about in enough detail at their consultation, with the focus instead being on their physical health or simply focusing on the baby. Often, respondents were not offered a referral or any information about organisations to contact for mental health support by their GP.</p> <p>As part of their contracted delivery of the postnatal consultation, GPs have an opportunity to provide people with a meaningful discussion on mental health, alongside clear information about mental health support.</p> <p>Strengthening the GP contract to clarify these elements would not place any additional responsibilities on doctors, but would emphasise the importance of the mental health element of postnatal consultations, which is currently often missed</p>	NHS England Department of Health and Social Care BMA
As part of its Maternity Transformation Programme, NHS England should consider what additional support and guidance it can provide for GPs to have quality conversations about mental health at the six to eight-week postnatal consultation	<p>Our respondents have told us that when GPs get six-eight week consultations right, they can really make a vital difference.</p> <p>Yet the feedback from some of our respondents tells us that many people were not given the time they needed to discuss their mental health, options for support were not mentioned, or they experienced dismissive attitudes from health professionals.</p> <p>Improving access to perinatal mental health services is one of the goals of the NHS Maternity Transformation programme. As part of this work, NHS England should consider how it can provide further tailored support to ensure GPs can deliver consistent, quality mental health support as part of postnatal care.</p>	NHS England GPs

<p>Deliver the Long-Term Plan commitments on improving access to specialist community perinatal mental health services</p>	<p>As part of the Maternity Transformation Programme, the NHS has invested in four additional mother and baby units since 2016. NHS England needs to continue its work to ensure every ICB has access to specialised community perinatal mental health services, including the development of new Maternal Mental Health Services (MMHS, referred to in the Long Term Plan as 'maternity outreach clinics') for women with moderate to severe or complex mental health needs arising from birth trauma or loss. This will need to be underpinned by longer-term systemic solutions to workforce and staffing issues and considered as part of the NHS Workforce Plan.</p>	<p>NHS England Integrated Care Systems</p>
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## Where can I go for support for my mental health as a parent?

Mental health problems are common during pregnancy, you are not alone in how you feel.

### If you're in a crisis and need urgent help:

If you don't feel you can keep yourself safe right now, seek immediate help by visiting your nearest [Accident & Emergency \(A&E\) department](#) or call 999.

### If you need urgent support but don't want to go to A&E:

- Call Samaritans on freephone 116 123 – they're always open and are there to listen
- Contact your GP surgery and ask for an [emergency appointment](#)
- Contact [NHS 111](#)
- Visit [Mind's website](#) for more information

### Talk to your health professional:

During pregnancy, you can talk to your midwife, GP or health visitor at any time if you're worried about your mental health. They should ask if you have ever had problems with your mental health in the past, and whether you have been bothered by feeling down, hopeless or unable to enjoy things lately.

Don't be afraid to tell your midwife or health visitor how you're feeling. This can help them to identify if you are unwell or might become unwell.

### Action on Postpartum Psychosis (APP)

Postpartum psychosis is a rare but serious mental health illness that can affect a woman soon after she has a baby. Find out more about the symptoms [here](#).

APP offer a peer support service, connecting women and families to recovered volunteers, via: an online peer support forum; one to one email support; meeting a volunteer programme (Skype and in person); social groups and creative workshops.

Guidance for women and their partners that have experienced Postpartum Psychosis can be found [here](#).

Visit: [www.app-network.org](http://www.app-network.org)

Email: [app@app-network.org](mailto:app@app-network.org)

## **Association of Postnatal Illness**

Postnatal depression is a type of depression that many parents experience after having a baby. It's a common problem, affecting more than 1 in every 10 women within a year of giving birth. It can also affect fathers and partners. Find out more about the symptoms [here](#).

Get in touch for some friendly advice, or just to talk.

Phone: 10am – 2pm – 0207 386 0868

Email: [info@apni.org](mailto:info@apni.org)

Visit: [apni.org](http://apni.org)

## **Maternal OCD**

Maternal OCD refers to new mums experiencing obsessions and compulsions. Whilst they may vary from patient to patient, a common underlying factor is high levels of responsibility for preventing harm or mistakes.

Get in touch with Maternal OCD for more information and to enquire about their peer support.

Visit: [www.maternalocd.org](http://www.maternalocd.org)

Email: [info@maternalocd.org](mailto:info@maternalocd.org)

## **PANDAS**

PANDAS help to support and advise any parent experiencing a perinatal mental illness. They can also advise and guide family members, carers, friends and employers as to how they can support someone who is suffering.

Visit: [www.pandasfoundation.org.uk/](http://www.pandasfoundation.org.uk/)

Phone: 9am-8pm daily – 0843 2898 401

Email: [info@pandasfoundation.org.uk](mailto:info@pandasfoundation.org.uk)

## **Tamba**

Twinline is Tamba's listening service for parents of twins, triplets and more. All the calls are answered by volunteers who have multiples themselves.

Phone: 10am - 1pm and 7pm - 10pm daily - 0800 138 0509

Visit: [www.tamba.org.uk/support/twinline](http://www.tamba.org.uk/support/twinline)

Email: [asktwinline@tamba.org.uk](mailto:asktwinline@tamba.org.uk)

## Tommy's

Tommy's offers support to women who have suffered the loss of a baby as well as support for those who have had a difficult or traumatic pregnancy, birth or postnatal period.

Phone: Monday to Friday 9am – 5pm - 0800 0147 800

Visit: [midwife@tommys.org](mailto:midwife@tommys.org)

Email: [www.tommys.org](http://www.tommys.org)

Thank you to the Maternal Mental Health Alliance for working with us to put this list together. Take a look at their work [online](#).

## Who shared their views?

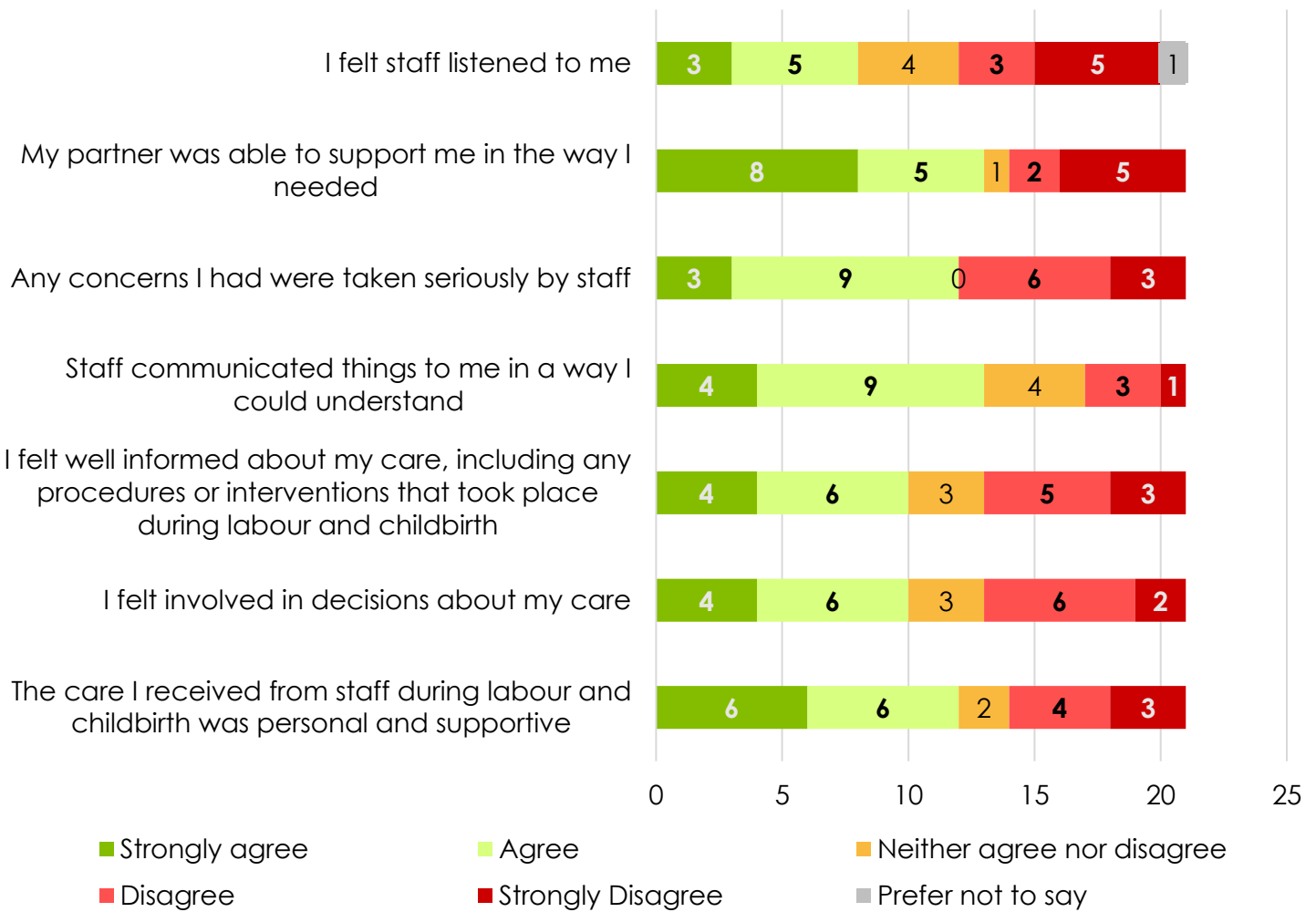
Demographic	Number of people	Demographic	Number of people
When did they give birth?		First experience of giving birth?	
April 2020 – March 2021	9	Yes	
April 2021 – March 2022	6	No	14
April 2022 – Present	6		7
Age		Ethnicity	
25 to 49	21	White: British/English/Northern Irish/Scottish/Welsh	17
		White: Any other white background	2
		Mixed/Multiple ethnic groups	2
Gender Identity		I am a carer	0
Woman	21	I have a long term condition	3
		I am neurodivergent Blindness or severe visual impairment	1
			1
Sexual Orientation			
Heterosexual/Straight	18		
Bisexual	2		
Asexual	1		



# Appendix 1

## Additional data - Labour and childbirth

To what extent do you agree or disagree with the following:





# healthwatch

Healthwatch Lincolnshire  
Rooms 33-35  
St Georges Road  
Boston  
Lincs  
PE21 8YB

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t: 01205 820892

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