Document Version
Publisher’s PDF, also known as Version of record

Link to publication record in King’s Research Portal

Citation for published version (APA):

Citing this paper
Please note that where the full-text provided on King’s Research Portal is the Author Accepted Manuscript or Post-Print version this may differ from the final Published version. If citing, it is advised that you check and use the publisher’s definitive version for pagination, volume/issue, and date of publication details. And where the final published version is provided on the Research Portal, if citing you are again advised to check the publisher’s website for any subsequent corrections.

General rights
Copyright and moral rights for the publications made accessible in the Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognize and abide by the legal requirements associated with these rights.

• Users may download and print one copy of any publication from the Research Portal for the purpose of private study or research.
• You may not further distribute the material or use it for any profit-making activity or commercial gain
• You may freely distribute the URL identifying the publication in the Research Portal

Take down policy
If you believe that this document breaches copyright please contact librarypure@kcl.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.
Understanding Mothers’ Mental Health & Wellbeing during their transition to motherhood

Transition to parenthood/the early weeks and maternal perinatal mental health have recently been identified by the UK government as two of the six high impact areas where Health Visitors (HVs) can really make an impact in improving outcomes for children and families (DH 2009).

HVs are ideally placed to support mothers during this transition. Through delivery of their universal service, they can provide anticipatory guidance, assess for risk and signs of mental health problems, manage mild to moderate perinatal mental illness and refer on to more specialist care.

- Mood changes, irritability and episodes of tearfulness are common after giving birth. These symptoms are often known as the “baby blues”, which affect 50% of new mothers and lasts 5 to 10 days.

- If these symptoms of low mood are more persistent, then it is possible it could be postnatal depression. Depression affects 11.8% of women antenatally around 18 weeks of pregnancy (Evans et al, 2001) and 10-15% in the postnatal period (Cox et al, 1996).

- Symptoms include those of depression such as crying, feelings of helplessness, loss of appetite, as well as acute panic and anxiety, and can in some instances lead to self-harm and suicide.

- Risk factors identified as being strongly associated with postnatal depression include:
  - a lack of close confiding relationships;
  - poor marital relationships;
  - major life events/recent stresses;
  - low social support;
  - a previous psychiatric history;
  - hardship;
  - housing problems;
  - a history of abuse;
  - obstetric complications or a traumatic birth;
  - lower occupational status;
  - anxiety and depression in the antenatal period.

- Depression can cause long-term damage to the mother’s self-esteem and perceived self-worth, as well as increase mother’s vulnerability to future depressive disorders. Postnatal depression can have a significant effect on the development of the infant and child (Murray et al 1996) and on the father and his emotional needs, which may lead to complications in the parental relationship (Condon et al 2004).

- While postnatal depression is most common in the first six months after birth, it can continue into the second year for 33% of women and the third year for 10% of women.

More information on Page 2
How Health Visitors can promote mothers’ mental health and wellbeing and provide support:

- Routinely ask women about their experience of becoming a mother and explore feelings and expectations, both antenatally (where possible) and at the new birth visit.

- Educate both mothers and fathers about postnatal depression so that they are able to access help if they notice any of the signs and symptoms in themselves or their partners.

- Routinely assess for risk and signs of mental health problems by asking the Whooley and GAD questions as recommended by current NICE guidance (2014). The questioning must be supported by the use of other clinical skills such as observation, listening, paraphrasing and clinical judgement to determine if the mother is at risk. Further assessment using an assessment tool such as the Edinburgh Postnatal Depression Scale (EPDS) may be used to support the finding, and always at 6-8 weeks & 3-4 months. bit.ly/1s8yRqA

The tool choice may vary and will be dependent on local organisational policies. The EPDS is internationally used and respected. It is a 10 item self-report questionnaire that was developed in primary care specifically for the use of HVs with mothers and it’s use is endorsed by NICE (2014).

NICE (2014) advocates the use of Whooley and GAD for initial questions and any negative response should be followed up using the EPDS or PHQ9. NICE is clear that all tools can have false positives and negatives and that it is the clinical assessment and judgement of the practitioner that is vital.

- Depending on the findings, HVs should be able to offer mothers a range of support services, as suggested by the Maternal Mental Health Pathways (DH, 2012).

For example, in severe cases such as bipolar disorder or schizophrenia, women should be referred to a specialist mental health service and their general practitioner. Whereas for mild to moderate depression, mothers can be supported by:

- Non directive counselling (listening visits) or other counselling;
- guided self-help;
- computerised cognitive behavioural therapy;
- exercise;
- referral to local support.

HVs should ensure that they are familiar with their local perinatal mental health pathways and the resources available.

- If the mother is depressed, it is important to ensure that the father has adequate support systems in place as maternal depression increases the risk of depression in fathers.

- It is very important that mothers are enabled to seek help if they are suffering from postnatal depression. Help is available in different forms including:

  - self-help advice;
  - talking therapies such as cognitive behavioural or solution focused therapy delivered by HVs or IAPT services;
  - antidepressant medication.

- Mothers could be given the following self-help measures/advice to improve their mental health and wellbeing following birth and reduce the risks of postnatal depression (Baldwin and Kelly, 2014):
  - Get as much rest and relaxation as possible.
  - Take regular gentle exercise.
  - Don’t go for long periods without food because low blood sugar levels can make you feel much worse.
Don’t drink alcohol because it can make you feel worse.

- Eat a healthy, balanced diet.
- Don’t try to do everything at once. Make a list of things to do and set realistic goals.
- Talk about your worries with your partner, close family and friends.
- Contact local support groups or national helplines for advice and support.
- Don’t try to be “Supermum”. Avoid extra challenges either during pregnancy or in the first year after your baby is born. A new baby is enough of a challenge for most people.

HVs should also provide mothers with details of local support groups, such as postnatal support groups (often run in Children’s Centres) or national help lines for advice and support. They therefore need to be aware of all local and national services/resources available for mothers.

Useful Resources:

- Boots Family Trust Wellbeing Plan: bit.ly/1yY2tfj
- Maternal Mental Health Alliance: bit.ly/1CV5Dwa
- Mind: bit.ly/1wMEMrP
  Mind telephone: 0300 123 3393
- NCT: bit.ly/1BqpuLb
- Netmums Postnatal depression Support group: bit.ly/1s8AAvZ
- NHS Choices: bit.ly/1yCYxBA
- PANDAS pre and postnatal depression advice and support: bit.ly/1G4UjFd

References


Author: Sharin Baldwin, Health Visiting Clinical Academic Lead, London North West Healthcare NHS Trust