



# > Maternal mental health

Improving emotional wellbeing in postnatal care



The message we are getting from our members is clear. We must do something to address the state of postnatal care. That's what our campaign Pressure Points is all about. Presenting the evidence and making a case for better provision of postnatal care - enabling midwives, maternity support workers and student midwives to give women and their families the care that they deserve.

This report focuses on maternal mental health. Over the next few months we'll be focusing on different Pressure Points and demonstrating how they can be eased by funding more midwives. One thing is certain - our members cannot continue to paper over the cracks in an underfunded and under-resourced postnatal environment, without there being detrimental effects on the health of women, children and the over-stretched maternity teams who are crying out to be given the time to support them.

*Cathy Wannick*

**Chief Executive,  
Royal College of Midwives**

## Pressure Point 1

# Maternal Mental Health; the background

**For many, becoming a new parent is a time of joy and one to be treasured. However, we know that for others the postnatal period becomes one of pain, discomfort and the ‘baby blues’. But are we in fact overlooking a deeper and more worrying problem when it comes to mental health?**

The information presented here demonstrates the scale of the problem we are facing, when looking at how we identify and support women with mental health problems in the postnatal period. It is clear that midwives want to help and support women with mental health issues but are restricted by their current workload and inability to deliver continuity of care. Yet the onset and progression of the impact of mental illnesses can often be prevented through early detection, support through informed choices about treatment and appropriate referral. So why are we not doing more?

Continuing shortages of midwives and overstretched maternity services means we are denying women the access to care they deserve. Postnatal visits are often few and impersonal and leave midwives rushing to cram in all the vital information into short appointments. Women feel pressured into not discussing their feelings,

their inability to cope, or any distress they are experiencing with a midwife who they perceive to be too busy.

For too long, postnatal care has remained the undervalued and under-resourced element of maternity care despite the wealth of evidence demonstrating its importance. The evidence is clear that when postnatal care is good, it is very good. Women tell us how much they value midwifery input, from which they learn and gain in confidence. Unless priority is given to promote good midwifery led postnatal services, skills and competencies will be lost and women and their families will continue to suffer long-term physical and psychological consequences. Midwifery and midwives must act to re-claim postnatal care and get it back on track for the benefit of women’s health and wellbeing. **This report suggests how we can do this and puts forward actions that would lead to improvements.**

## What should women be receiving?

**The NHS Mandate requires NHS England to “reduce the incidence and impact of postnatal depression through earlier diagnosis, and better intervention and support”.**

This means that there needs to be provision of joined up care and focus on the emotional wellbeing maternal mental health of new parents to identify women with mental health problems post birth and signpost them to appropriate services. NICE has advised that;

- Women should have their emotional wellbeing, including their emotional attachment to their baby, assessed at each postnatal contact.
- Women who have transient psychological symptoms ('baby blues') that have not resolved at 10-14 days after the birth should be assessed for mental health problems.
- Parents or main carers who have infant attachment problems receive services designed to improve their relationship with their baby.

## The results

Between September and November 2013 the RCM surveyed our midwife, maternity support worker and student midwife members across the UK. We then asked the mothers at [www.netmums.com](http://www.netmums.com) for their experiences within the postnatal care period. Throughout our report we will show the results of our members and mothers by using the below icons. These are the results.



Midwives



MSWs



Student Midwives



Mothers

## > Recognising the signs

Nearly 60% of the mothers who responded felt down or depressed after giving birth. There is an obvious need to help support these mothers beyond the critical antenatal and labour stage and into a period when they are most at risk of feeling alone and in need of experience and emotional support.



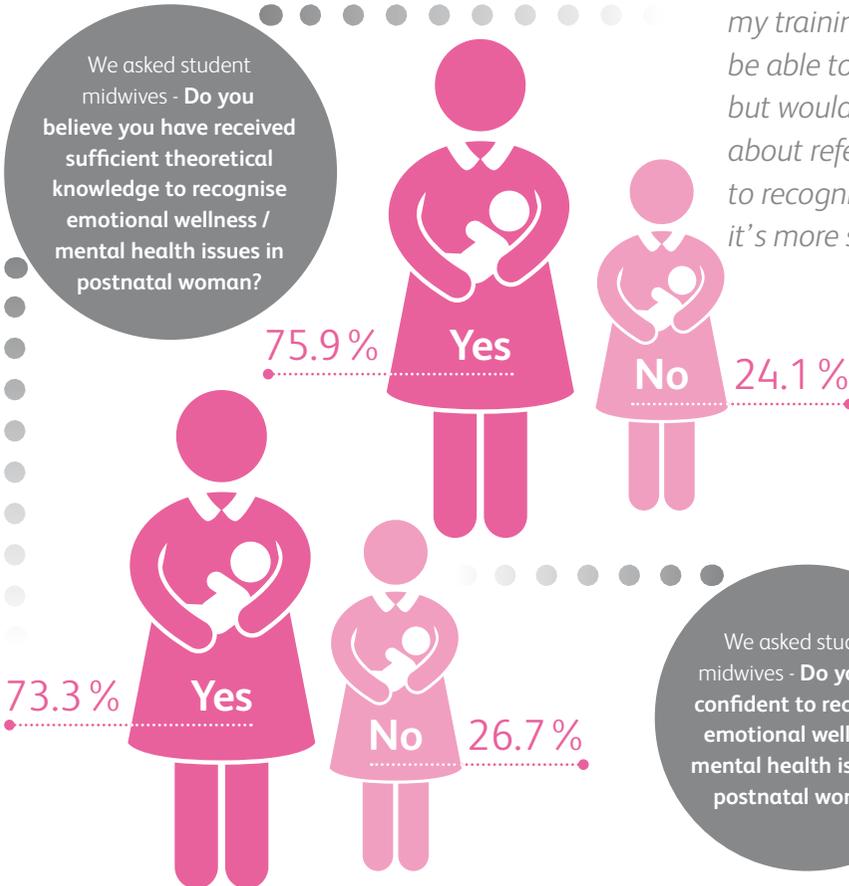
*mother - "I felt depressed and anxious but didn't think I could discuss this"*

*mother - "I did not feel brave enough to ask for support when I needed it"*

*mother - "I think as I already have two 2 year old twins there was an assumption I could cope... I feel desperate and unable to cope most days"*

*3rd year student midwife - "I am not at all confident that I would recognise serious mental illness. I often flag women up that I feel are suffering emotionally and am told they are fine"*

*3rd year student midwife - "Postnatal depression was not something covered in my training. I would be able to talk to her but wouldn't know about referral or how to recognise when it's more serious"*



It is worrying that almost a third of final-year student midwives who responded to our survey felt that they had not received enough theoretical knowledge to help them recognise issues relating to maternal mental health in the postnatal women for whom they will care. In England, the impact of this will inevitably combine with the midwife shortage to impact on care, meaning even those who feel prepared to recognise these issues will be held back by having too little time to spend with the women in their care.

**Recommendation: Adjust the pre-registration syllabus to include more emphasis on maternal mental health.**

> Focus

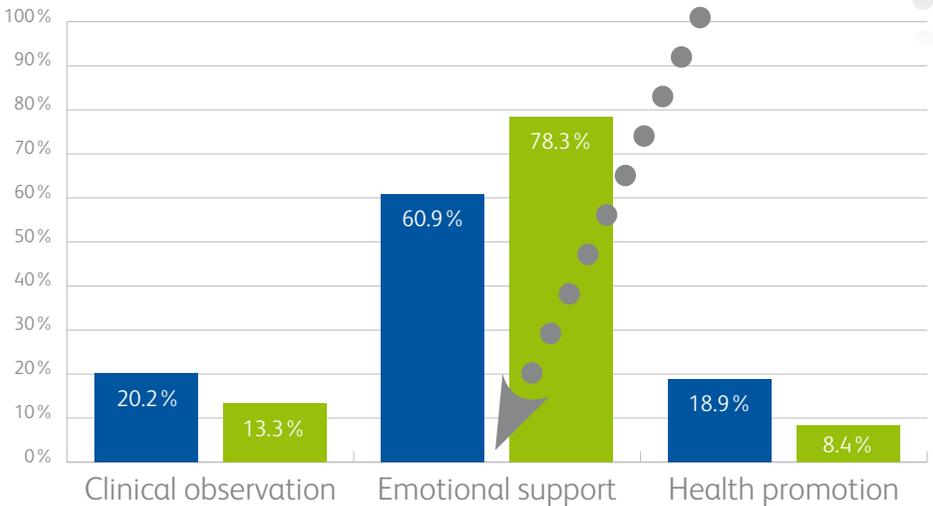
We asked midwives and maternity support workers - **In your opinion, should the main focus of postnatal care be on:**



midwives



maternity support workers



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*3rd year student midwife - “Mental health is briefly mentioned, but physical health is given far more priority”*

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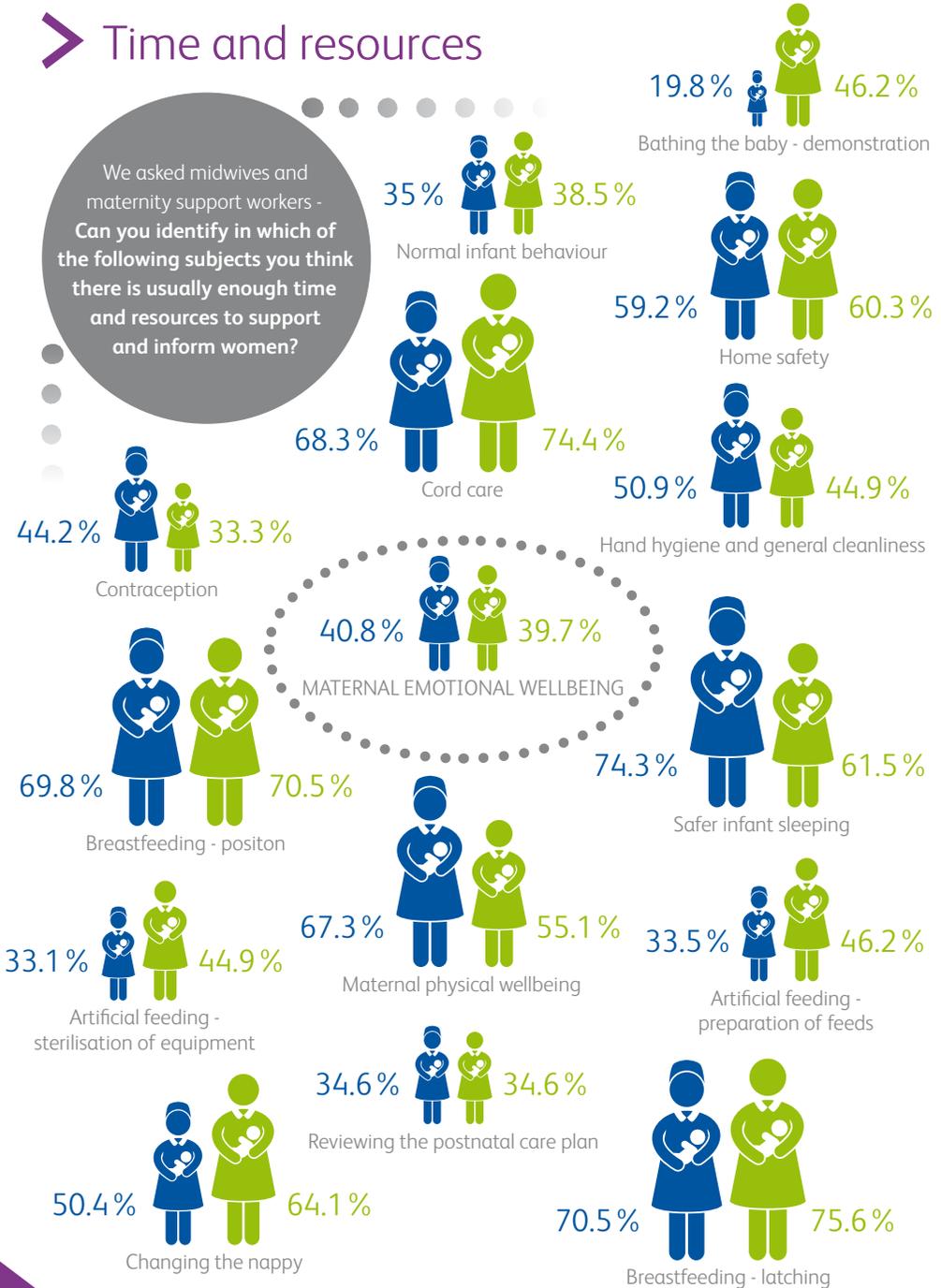
*mother - “They were more concerned about the baby and not me as the mother”*

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Postnatal care focussed on emotional support is clearly something that both midwives and maternity support workers believe should be a priority. But in practice the focus slips into a tick box exercise due to the constraints on time and the pressure to push mothers through the system.

> Time and resources

We asked midwives and maternity support workers -  
**Can you identify in which of the following subjects you think there is usually enough time and resources to support and inform women?**



*mother - “Definitely feel that staff are under huge stress and the quality of care is affected”*

*3rd year student midwife - “Midwives often face immense time pressures to rapidly discharge women, and the majority of time they need to complete paperwork”*

*mother - “Whilst the [antenatal] care I received from my midwife was fantastic, she always had time to answer my questions and allay my fears, after the birth I felt I was on my own”*

*3rd year student midwife - “As a result of lack of time, or rather too many women for one midwife to look after, I do not feel that enough time is able to be given to women to establish real rapport and time to discuss issues such as mental and emotional well being, an issue that seriously needs to be addressed”*

These results make it crystal clear that neither midwives nor maternity support workers feel they have enough time to deliver the mental health care that women need and deserve. Large proportions of both groups feel there is little time to cover what women need from them. This includes maternal mental health. Three out of every five midwives and

the same proportion of MSWs feel that they do not have enough time and resources to support and inform women about this important issue. This adds to the growing list of worrying findings to come out of our research. **Recommendation: Every maternity service provider to employ at least one specialist perinatal mental health midwife.**

> Referral

We asked mothers  
- During your  
postnatal visits did  
your maternity team  
ask about how you  
were coping?

24.9%



Yes

75.1%



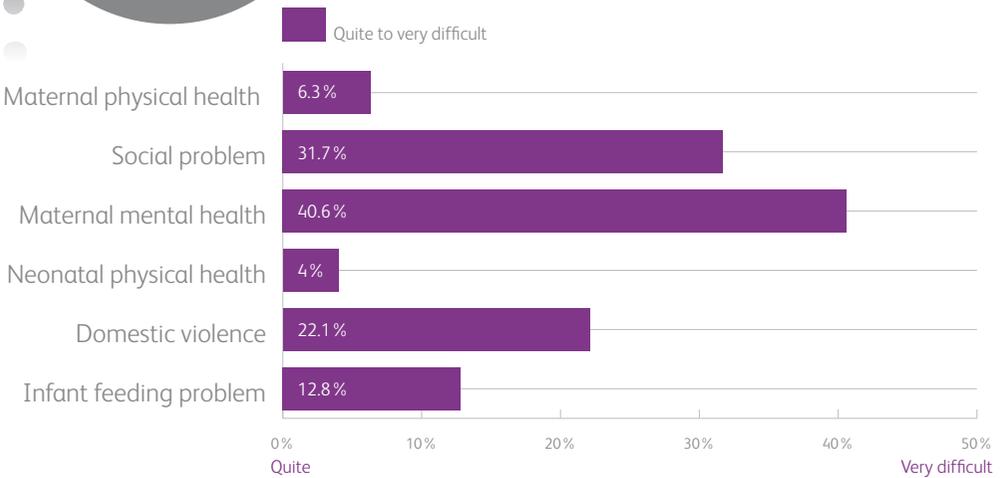
*3rd year student midwife - "We are not provided with enough information with regards to what to do once a mental health issue/depressive issue is recognised. We need more information on the correct pathways to follow as well as areas of support we can sign post these women to"*

*mother - "Everyone asked how I was coping, but no one had any help they could offer, so it was pointless"*

*mother - "I was asked how I was... but it was a tick box exercise only"*

*3rd year student midwife - "Women appear not to declare their low mood, and I think this is because we rush through questions and don't create an environment for discussion because we don't have the time. The only woman who has shared mental health worries was one who I gave an hour to. It took that long to earn her trust"*

We asked midwives - Describe how easy you find it to refer women to the appropriate health or social care professional, if you have a concern in any of the following areas?



*mother - "It felt very much like she was just getting rid of me quickly, didn't listen to me, or care. My health visitor suspected I was suffering from PND, and I feel it could have been picked up earlier, especially as I had told my midwife I was struggling"*

*mother - "I just put up and shut up, in hindsight I was depressed"*

*3rd year student midwife - "I'm not clear on who to escalate to and appropriate care pathways"*

A quarter of the mothers surveyed reported that they were not asked how they were coping during their postnatal visits. We also found that three out of five midwives find it "quite" to "very" difficult to refer postnatal women to the appropriate health or social care professional if they have a concern.

Mothers are not being referred appropriately when problems are identified because midwife shortages mean appointments are rushed. It is distressing that the maternal mental health element of postnatal care becomes nothing less than a lottery due to inadequate training and insufficient time and resource.

> Which health care professional?

We asked mothers - Did you seek help from your maternity team if you did experience any of these feelings? [depressed or little pleasure in doing things]



24.6%

No



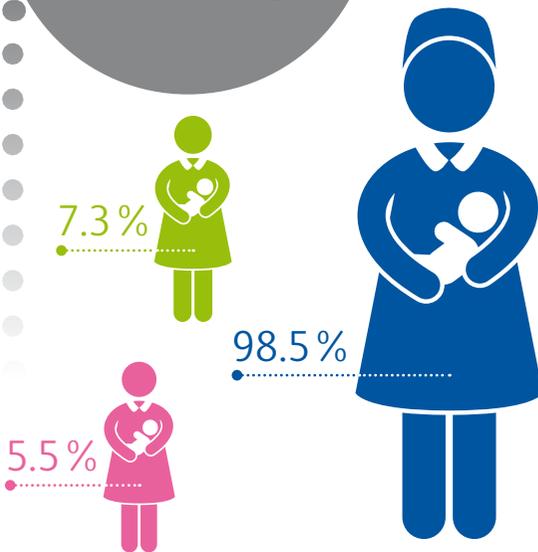
75.4%

*mother - "The help was there if you asked for it, but if you didn't ask, it wasn't readily offered"*

*mother - "I was rushed home after a couple of hours giving birth, distressed, in pain and in shock which contributed to my postnatal depression"*

*mother - "I was overwhelmed and felt that the lack of communication / support left me feeling slightly depressed"*

We asked midwives - For the last woman you cared for, which health care professional provided support and information in the area of maternal emotional wellbeing?



*mother - "I had a midwifery support worker carry out most of my postnatal care - she was a lovely person and had the right balance between being friendly and caring / professional"*

*mother - "I think if there were more MSWs, women would be able to talk about their concerns, the midwives always seem to be rushing about"*

It is a concern that three-quarters of women with signs of maternal mental health problems did not seek help from the maternity team. Looking at the evidence the underlying issue remains that the

time and resource to devote to caring for women postnatally isn't sufficient.

**Recommendation: Employ specialist perinatal mental health midwives in every maternity unit.**

> Standard of care

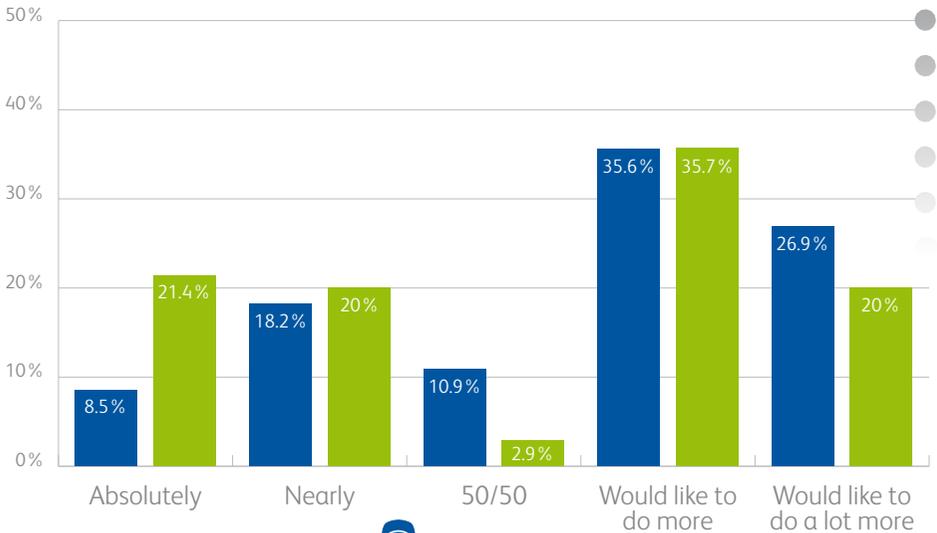


midwives



maternity support workers

We asked midwives and maternity support workers - **Are you able to provide emotional support during the postnatal period to a standard you are personally pleased with?**



**64.9% of midwives in England said that they would like to do more or a lot more.**

64.9%



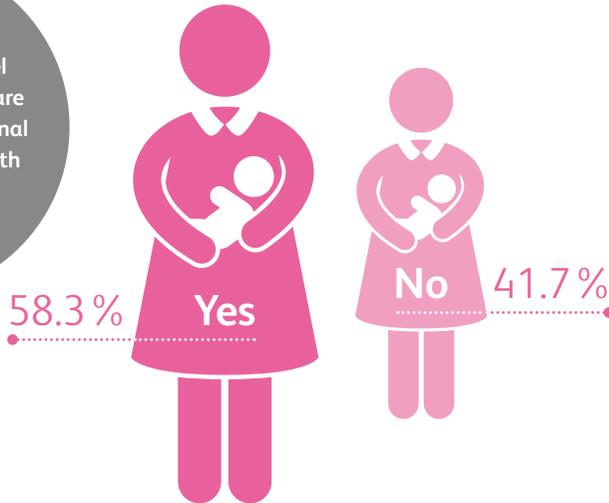
56.9%

**56.9% of maternity support workers in England said that they would like to do more or a lot more.**

Midwives and MSWs want to provide better emotional support to women after they have given birth - for the sake of women and their families we need to enable them to do this.

**Recommendation: Establish more Mother and Baby units to care for mothers with mental health difficulties.**

We asked student midwives - **Do you feel confident to provide care to women with emotional wellness / mental health issues in the postnatal period?**



*mother - "I feel that it wasn't the midwives fault that I didn't receive much help but the fact is the hospital was so short on midwives they were pulled in all directions"*

*3rd year student midwife - "As a result of lack of time, or rather too many women for one midwife to look after, I do not feel that enough time is able to be given to women to establish real rapport and time to discuss issues such as mental and emotional well being, an issue that seriously needs to be addressed"*

A significant proportion of our third year student midwives felt that they were unconfident in providing care to women with maternal mental health issues in the postnatal period. This combined with the

earlier findings that a high proportion felt that they haven't received enough theoretical knowledge and were unconfident when recognising the signs, understandably leads them to feel unprepared.

## How do we fix this?

**We need to end the lottery in postnatal maternal mental health care by raising standards everywhere.**

We are calling for four things:

- Education commissioners and providers should review pre-registration and continuing professional development programmes to ensure that midwives gain the knowledge, skills and confidence to deal with perinatal mental health issues. Once qualified, midwives should be encouraged to attend refresher training related to perinatal mental health.
- Commissioners and providers of maternity services must develop and implement a perinatal mental health strategy in order to ensure that:
  - The needs of women with perinatal mental health issues are recognised and addressed.
  - Funding arrangements support preventative work and promote multi-professional collaboration.
  - Commissioning, planning and service delivery are based on accurate information, so that issues are identified early and women get the support that they need.
- Every maternity service provider should employ at least one specialist perinatal mental health midwife.
- The establishment of more Mother and Baby Units, with sufficient beds, in order to ensure that women with serious mental illness in late pregnancy or in the first year of their baby's life should have access to an accredited unit.

Underpinning all of this is the need for more midwives, particularly in England. Attempts at improving care will always fall down in a service struggling to deliver many of the basic aspects of maternity care. Our latest estimate is that the NHS in England is short of around 4,800 midwives.

Progress must be made if we want to drive the improvements in postnatal maternal mental health care the RCM wants to see, midwives believe are important and which women and their families are desperate for.

Get involved with our campaign at  
[www.rcm.org.uk/pressurepoints](http://www.rcm.org.uk/pressurepoints)

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The Royal College of Midwives  
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