

THE ROYAL COLLEGE OF MIDWIVES

# Perinatal Mental Health: Scotland Survey Responses 2019



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## Executive summary

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Perinatal Mental Health is a key issue within maternity services and current evidence highlights the importance of addressing this appropriately. The RCM Scotland PMH Forum has been in place since September 2018.

Through listening to the voices of service users and midwives we considered it important to seek the wider views of midwives across Scotland in relation to their needs and views providing PMH care. An online survey was responded to by over 400 midwives across all areas of Scotland. They clearly expressed that meeting women's PMH needs was one of their key roles, to which they are dedicated. Yet, the midwives expressed that their knowledge and understanding was often less than they desired and needed to fulfil this role. However, improving their knowledge was limited by lack of access to relevant, high quality training. This report presents the findings of the survey, alongside the planned actions by the RCM Scotland PMH Forum in response.

## Background

### The importance of childbearing women's psychological health

Perinatal Mental Health (PMH) is a key issue within maternity services. It is shown that:

- 15-20% of women develop postnatal depression and anxiety<sup>1,2,3</sup>
- Anxiety disorders include panic disorder, generalised anxiety disorder, obsessive compulsive disorder and tokophobia (extreme fear of childbirth)<sup>1</sup>
- 4% develop full post traumatic stress disorder post childbirth, with 10-15% having partial post traumatic stress symptoms<sup>4</sup>.
- 0.1-0.2% develop postpartum psychosis<sup>1,5,6</sup>
- For many women the pre-existence of conditions such as anxiety, depression, or prior trauma such as sexual abuse has a direct influence on their PMH.
- Maternal perinatal emotional distress negatively impacts on the child's behavioural development, cognitive development at age 4 and is associated with adolescent depression at age 18<sup>7,8,9</sup>
- Maternal suicide is the fifth most common cause of women's deaths during pregnancy and its immediate aftermath, and the leading cause of death over the first year after pregnancy<sup>10</sup>.

While maternity services rightly place important focus on physical wellbeing of mother and baby, equal importance is yet to be placed on psychological wellbeing. Yet, it is known that psychological wellbeing of women can have a direct impact on physical birth outcomes, including premature birth, the need for labour augmentation or pain relief, and desire for birth by elective caesarean section. Post birth, there is now wider recognition of the impact of poor PMH on recovery and future wellbeing of the mother alongside the wellbeing and development of the baby. Therefore, it is increasingly acknowledged that the psychological wellbeing of childbearing women is of at least equal importance to their physical wellbeing.

### The current situation regarding PMH services

Across Scotland's health boards, PMH services vary in extent, quality, and accessibility. A review in 2014 identified that 40% of localities had no access to specialist PMH services<sup>11</sup>. Long term costs to society of poor PMH is 5 times that of the cost of improving services, with 72% of these costs relating to impact on the child<sup>11</sup>. The cost to the UK of perinatal anxiety and depression is estimated at £8500 per woman giving birth, with around 1/5<sup>th</sup> being borne by the public sector<sup>12</sup>. Midwives are well placed to identify women's PMH needs, and

to respond and signpost appropriately. However, some express a lack of confidence in their knowledge regarding PMH and the lack of clear signposting or referral pathways. Midwives often request further education and support regarding PMH.

## The formation of the RCM Scotland PMH Forum

In September 2018, the RCM Scotland PMH Forum was formed. The forum is made up of 25 midwives who work or have a particular focus in PMH, midwifery researchers and educators, and specialist PMH midwives.

## The remit of the RCM Scotland PMH Forum

The remit of the forum is to examine the needs of childbearing women and maternity staff with regard to PMH and to formulate a practical response. The importance of this remit is highlighted by two recent key reports:

**The Managed Clinical Network report**<sup>13</sup> concludes its recommendations following collaboration with NHS Health boards, clinical workshops and online survey of women's views. The report makes recommendations across all tiers of service delivery ensuring that Scotland has the best services available for women and their families at risk. It also recognises that women have a right to clinical expertise and seamless care, regardless of postcode and clinicians and healthcare professionals have a right to develop expertise within perinatal mental health to promote positive outcomes for all women and their families.

**The Curricular Framework**<sup>14</sup> is the result of a Scottish multidisciplinary collaboration of practitioners and educationalist working together with expertise in perinatal mental health. The framework sets out the different levels of knowledge and skills required by clinicians to support mothers and their families to have positive and good mental health during the perinatal period.

This remit is further underpinned by **The Best Start: A Five Year Forward Plan**<sup>15</sup>, where Perinatal Mental Health is intertwined in all aspects of the document, whether referring to pregnant women or new mothers, babies, infants and the wider family. The document asks for clearer and more efficient pathways across NHS Scotland and the ability for all staff to be able to recognise and support women with PMH issues. Whilst the main aim of the Best Start is to provide continuity of care to all women throughout Scotland, there is also scope within the document to provide more specialist care for women experiencing PMH issues in pregnancy and beyond.

## Actions to date by the RCM Scotland PMH Forum

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During initial forum meetings we:

- Listened to invited speakers such as PMH specialists and Maternal Mental Health Scotland Change Agents (service users).
- Gathered information regarding current information, treatment and support services available to women, and identified gaps in these.

It became clear that to address the rights and care needs of women, while ensuring midwives are equipped with the necessary knowledge and skills, we needed to assess midwives needs in relation to PMH in terms of knowledge, education, practice and support. To do this we carried out an online survey.

## The RCM Scotland PMH Forum online survey

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### Purpose of the survey:

To identify midwives' knowledge and confidence regarding PMH, and their expressed education, practice, and support needs relating to PMH.

### How the survey was shared:

From (31st January to 21st February 2019) an online survey was shared to midwives across Scotland via RCM and NHS networks, by word of mouth, email, and social media.

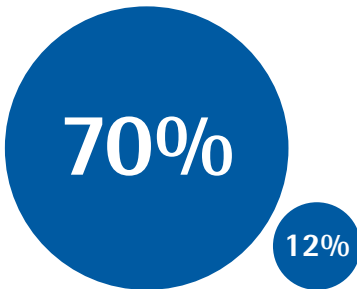
### Who answered the survey:

414 Midwives from all areas of Scotland completed the survey. 70% provide at least some PMH care within their role, while 12% provide direct or specialist PMH care. The majority of midwives had over 10 years of experience and were aged above 44. Each area of practice was well represented, although primarily within NHS consultant led units or NHS community practice.

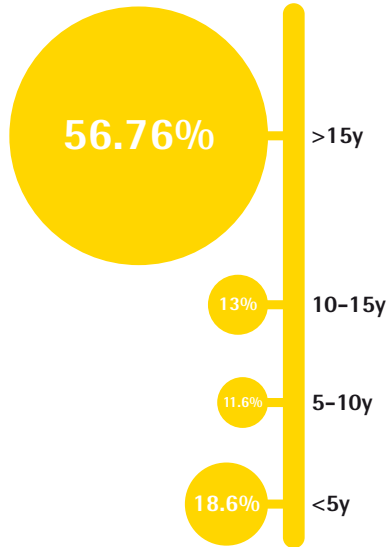
## Number of years of practice as a midwife

### Area of PMH practice

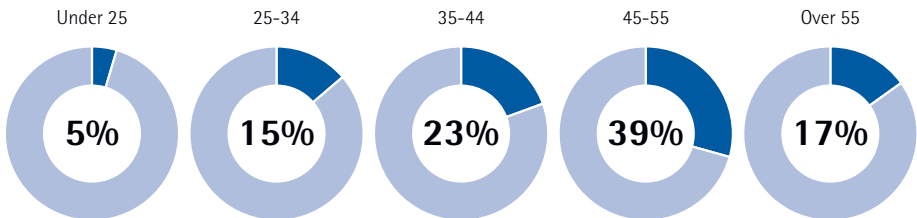
Within usual maternity care role



Direct PMH specialist role



## Age range of respondents



## Key findings from the midwives who completed the survey:

### Knowing about a woman's PMH needs

61% consider it essential to know about a women's PMH needs

93% say they ask women about emotional or mental health when needed

91% say midwives are the primary identifiers of women's PMH needs

### Some midwives told us how they would like to fulfil their role with regard to PMH:

*"Knowing that when women are asking for help that someone will contact them or review them."*

*"Having continuity with women that disclose a PMH/abuse history with me."*

*"Immediate access to ongoing professional support for women and staff. There needs to be enough PMH trained staff in a team that can provide this support."*

*"How to help men / new fathers with coping with wife/ partner with mental health needs, also their own."*

*"Being able to refer to peer support groups. Being able to refer direct to CPN."*

*"Having the time to establish therapeutic and effective relationships without time constraints."*

*"Being able to support women and their families who are affected by mental health issues in pregnancy and the postnatal period."*

### How midwives rate their level of knowledge and understanding of PMH

Less than 18% of midwives considered their knowledge regarding PMH to be good or expert.

### Midwives knowledge and confidence around PMH

- **Confidence with knowledge and understanding about PMH**  
31% not at all and 56% only somewhat, with 13% feeling confident.
- **Confidence in providing PMH care in the perinatal period**  
26% not at all and 61% only somewhat, with 13% feeling confident.
- **Confidence in signposting / referring PMH concerns**  
20% not at all and 48% only somewhat, with 25% feeling confident.



## Midwives education needs regarding PMH

- **Importance**

77% said this is very important, and 18% said important

Yet:

34% have not accessed any PMH education post-registration.

- **Content of education needed by midwives**

97% want education regarding how to respond to women's PMH needs

*"Continuing regular updates in available resources and signposting to appropriate resources" "signposting and awareness of the pathways available"*

*"How to speak with women who you think or who have told you they struggle with PNMH e.g. what services are available for them"*

79% want education to cover how to assess women's PMH needs

*"All very important. Even just to gain more insight and awareness to what we can do to properly support women"*

67% Want education to improve their knowledge and understanding about PMH

*"I wish to understand more about PMH how it effects not just the woman but the whole family unit"*

- **Barriers to education**

88% identified at least one barrier to accessing the desired PMH education

The most frequently named barriers are lack of time, clinical pressures, or managerial support to access training.

*"Work full-time so do not feel able to attend study days on days of without it having a detrimental affect on work/life balance."*

*"I work full time and it is frustrating and disappointing that management have zero interest in supporting or developing their hard working midwives."*

*"Unfortunately, all training now has to be done in our own time."*

*"Staff shortages and heavy caseloads."*

*"Cost of some conferences or seminars/study days. Always seems to be expensive and the distance."*

*"Lack of knowledge of courses/study days within area/reachable areas."*

*"Lack of availability of materials/resources."*

- **Sources of PMH education**

Of those midwives who have accessed post-registration PMH education the most common routes were online modules (NES, KSF or similar) or in-house NHS mandatory training.

- **Source of education that midwives would find of most benefit**

86% consider PMH specialist service training days to be of greatest benefit.

35% desired personal one-one support from specialist PMH service.

*"Study day would be helpful or someone to come to our unit to catch the whole team."*

*"Possibly role of specialist midwife within Scotland to lead education and practice."*

*"Far too many online trainings that just becomes a click button exercise. I want to speak to real people and have a real interaction and learn from people. Be able to ask questions and maybe use case studies to make situations real."*

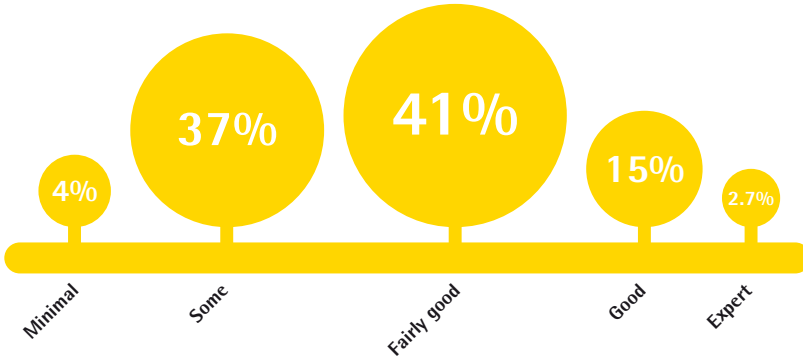
*"I think we should have access to a post graduate qualification in this specialty."*

*"Hearing from families who have experienced PMH and what they feel would have helped them to give a better insight."*

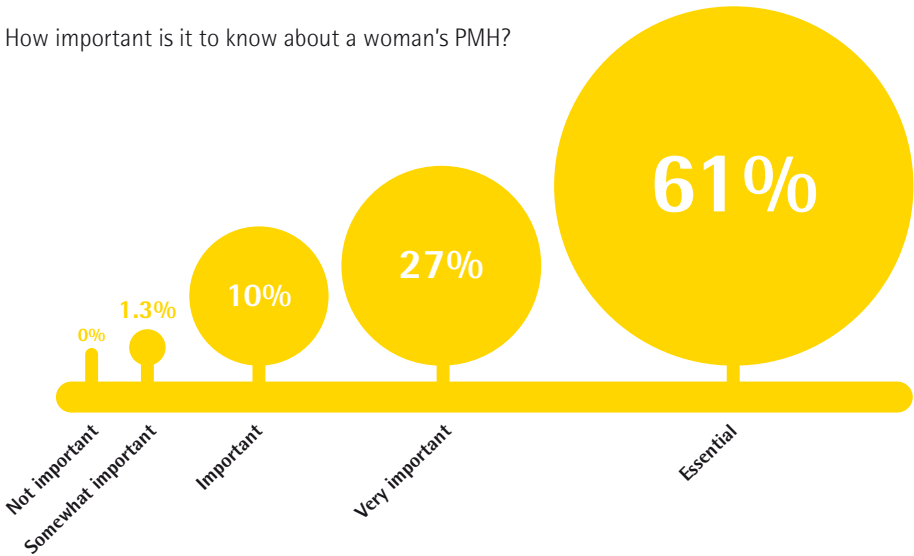
*"Information on types of treatment. I need training in how to care for the complex patients with mental health issues."*

## Midwives knowledge and confidence

How we rate our knowledge and understanding of PMH



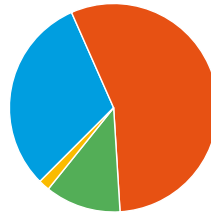
How important is it to know about a woman's PMH?



## Midwives knowledge and confidence (cont)

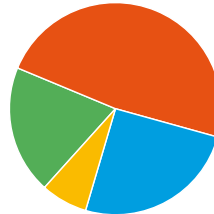
### Confidence about our knowledge & understanding

Not at all confident	30.88%
Somewhat confident	55.64%
Confident	11.76%
Very confident	1.72%



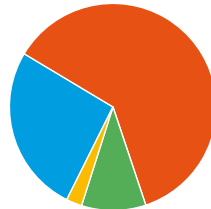
### Confidence about providing PMH care in perinatal period?

Not at all confident	26.23%
Somewhat confident	61.27%
Confident	10.05%
Very confident	2.45%



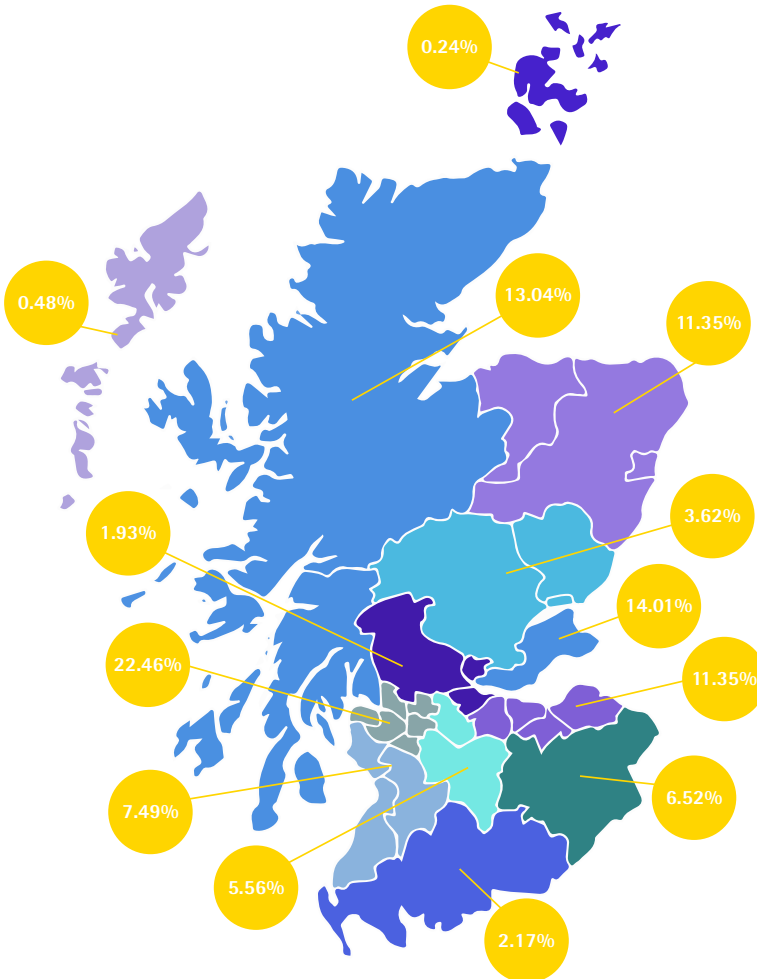
### Confidence about signposting / referring PMH concerns?

Not at all confident	19.61%
Somewhat confident	48.04%
Confident	25.25%
Very confident	7.11%



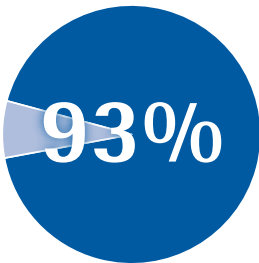
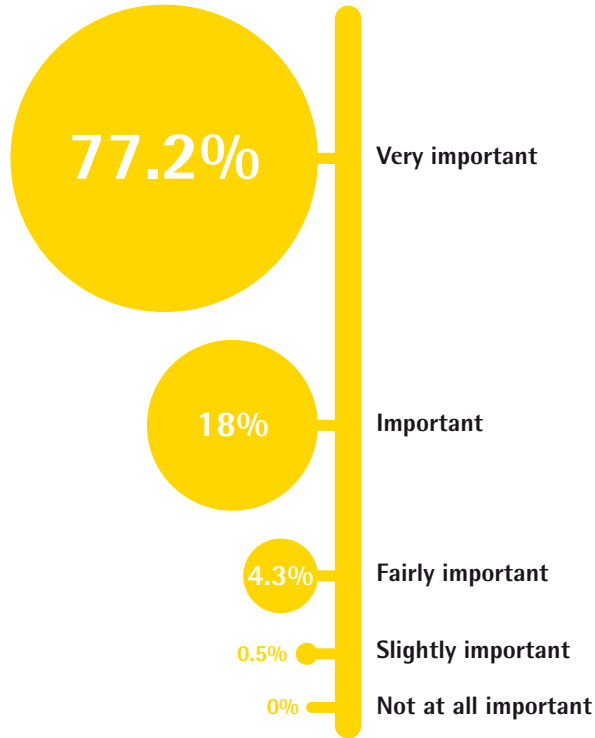


### % of responses from midwives in Scotland



## Midwives Education needs

How important is PMH education for midwives



93% of us ask women about their emotional or mental health when needed

### What education would most benefit our practice?

**87%** PMH specialist service training days

**50%** Online or university courses, seminars or conferences

**35%** One-one personal support from specialist PMH service

**How we would like to fulfill our role identifying womens' PMH needs?**

- 94% Sign posting women to others
- 83% Building trusting relationships
- 80% Knowing what to ask
- 75% Knowing how to ask
- 61% Asking at every consultation
- 5% Other

**What education have we accessed?**

- 43% Online modules (NES, KSF, or similar)
- 34% In-house NHS training
- 17% External non-NHS training
- 3% Other courses e.g. university

**What are the barriers to education?**

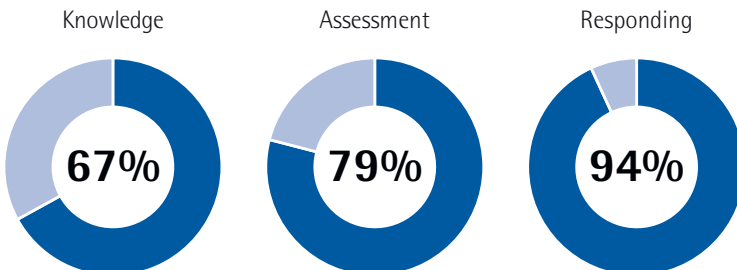
- 75% Time constraints/clinical pressures
- 43% Lack of management support to attend
- 33% Attendance or travel costs
- 21% Lack of childcare/other personal commitments
- 14% I cannot take on anymore training
- 11% There are no barriers
- 1% Further education is not a priority for me



**91%**

say we are primary identifiers of womens PMH needs

**We want PMH education covering:**



## Summary of findings:

### **The role of midwives in PMH**

Midwives see themselves as the primary identifiers of women's PMH needs and that knowing about women's PMH needs is key aspect of their midwifery role.

### **PMH knowledge needs**

The majority expressed low level of confidence in their knowledge and confidence regarding understanding and caring for women's PMH needs, with slightly more confidence in referring women on.

### **PMH education needs**

Within midwives working hours the most frequent barriers are lack of time or managerial support to access training. Midwives desire easier, supported access to high quality PMH education. Midwives consider that this training needs to be provided by specialist PMH service training days or one-to-one support. The majority of midwives say they need further education about PMH and how to assess women's PMH and respond to women's PMH needs.

### **The dedication of midwives**

Midwives place high importance on PMH knowledge to the extent that 70% said they were willing to access training in their own time. While this reflects the dedication of midwives, it is not considered appropriate to either expect or rely on midwives to only access PMH training in their personal time.

## Conclusion

**The survey has shown that midwives are passionate about caring for both the psychological and physical wellbeing of women. Yet, midwives express a lack of confidence in knowledge. Many midwives desire further education and yet most feel restricted in their access to quality information and training.**



## You said... We did!

From the survey results and forum discussion we have identified the following:

### Required actions:

- Prioritise resources and funding to meet midwives' needs in terms of their knowledge, confidence and skills regarding women's PMH needs
- Increase availability of PMH education, pre and post registration.
- Ensure education is easily accessible in terms of time, finance, and practical arrangements.

### Learning objectives for midwives

- Improve rating of knowledge and understanding (from fairly good to good)
- Increase confidence in knowledge and level of training in PMH (somewhat confident to confident)
- Develop confidence in providing care for women with additional mental health needs within the Perinatal period (somewhat confident to confident)
- Enhance confidence in signposting or referring women who have PMH needs or concerns (somewhat confident to confident)
- Extend knowledge of online training and resources in PMH
- Learn from specialists in PMH services to benefit your clinical practice
- Develop personal awareness and understanding and knowledge and skills for assessing and responding to women's PMH needs
- Feel empowered to fulfil role to build trusting relationships, and have clarity about how to ask and what to ask women to identify mental health needs

### The RCM Scotland PMH Forum response so far includes developing:

- Comprehensive list of educational resources for use by midwives
- Comprehensive list of resources midwives can use for signposting women
- Exploring the universality of access to resources, e.g., through the Badger net system
- The development and running the RCM PMH Forum Conference on 8<sup>th</sup> November 2019.

## References:

1. NICE 2014 (updated 2018) Antenatal and postnatal mental health: clinical management and service guidance. Clinical guideline [CG192] Available online at: <https://www.nice.org.uk/guidance/cg192/chapter/Introduction> [Accessed 300919].
2. MIND. 2016. Postnatal depression and perinatal mental health: What is perinatal depression? Mind for better mental health. Available online at: <http://www.mind.org.uk/information-support/types-of-mental-health-problems/postnatal-depression-and-perinatal-mental-health/postnatal-and-antenatal-depression/> [Accessed 300919].
3. Arfin, S.R.M., Cheyne, H., Maxwell, M. 2018. Review of the prevalence of postnatal depression across cultures AIMS Public Health 5 (3) 260–295. Available online at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6141558/> [Accessed 300919].
4. Yildiz, P. D., Ayers, S. & Phillips, L. 2017. The prevalence of posttraumatic stress disorder in pregnancy and after birth: A systematic review and meta-analysis. Journal of Affective Disorders, 208, 634–645.
5. MIND. 2016. Postnatal depression and perinatal mental health: What is postpartum psychosis? Mind for better mental health. Available online at: <http://www.mind.org.uk/information-support/types-of-mental-health-problems/postnatal-depression-and-perinatal-mental-health/postpartum-psychosis/> [Accessed 300919].
6. VanderKruik, R., Maria Barreix, M., Chou, D., Allen, T., Say, L., Cohen, L.S. and on behalf of the Maternal Morbidity Working Group. 2017. The global prevalence of postpartum psychosis: a systematic review BMC Psychiatry 17:272 DOI 10.1186/s12888-017-1427-7 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5534064/> [Accessed 300919].
7. Kingston, D., McDonald, S., Austin, M. and Tough, S. 2015. Association between Prenatal and Postnatal Psychological Distress and Toddler Cognitive Development: A Systematic Review Available online at: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0126929>.
8. Pearson, R.M., Evans, J., Kounali, D., Lewis, G. Heron, J., Ramchandani, P.G., O'Connor, T. and Stein, A. 2013. Maternal depression during pregnancy and the postnatal period: risks and possible mechanisms for offspring depression at 18 years. JAMA Psychiatry. 70(12): 1312–1319. Available online at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3930009/> [Accessed 300919].

9. O'Connor, T, Monk, C. Burke, A.S. 2016 Maternal Affective Illness in the Perinatal Period and Child Development: Findings on Developmental Timing, Mechanisms, and Intervention Current Psychiatry Reports 18(3) Available online at: <https://www.ncbi.nlm.nih.gov/pubmed/26830882> [Accessed 300919].
10. Knight, M., Bunch, K., Tufnell, D., Jayakody, H. Shakespeare, J., Kotnis, R., Kenyan, S., and Kurinczuk, J.J. (Eds.) 2018. Saving Lives, Improving Mothers' Care. Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2014–16. In: MBRACCE-UK (ed.). Available online at: <https://www.npeu.ox.ac.uk/downloads/files/mbrance-uk/reports/MBRACE-UK%20Maternal%20Report%202018%20-%20Web%20Version.pdf> [Accessed 300919].
11. Bauer, A., Parsonage, M., Kknapp, M., Lemmi, V. & Adelaja, B. 2014. The costs of perinatal mental health problems. Personal Social Services Research Unit, Centre for Mental Health. Available online at: [https://www.nwscnsenate.nhs.uk/files/3914/7030/1256/Costs\\_of\\_perinatal\\_mh.pdf](https://www.nwscnsenate.nhs.uk/files/3914/7030/1256/Costs_of_perinatal_mh.pdf) [Accessed 300919].
12. Bauer, A., Knapp, M. and Parsonage, M. 2016 Lifetime costs of perinatal anxiety and depression. Journal of Affective Disorders 1;192:83–90 Available online at: <https://www.ncbi.nlm.nih.gov/pubmed/26707352> [Accessed 300919].
13. Scottish Government. 2019. Perinatal mental health services: needs assessment and recommendations. Available online at: <https://www.gov.scot/publications/delivering-effective-services-needs-assessment-service-recommendations-specialist-universal-perinatal-mental-health-services/pages/6/> [Accessed 300919].
14. NHS education for Scotland. 2019. Perinatal Mental Health Curricular Framework: A framework for maternal and infant mental health. Available online at: <https://maternalmentalhealthscotland.org.uk/wp-content/uploads/2019/02/Perinatal-Mental-Health-Curricular-Framework-A-framework-for-maternal-and-infant-mental-health-Scotland.pdf> [Accessed 300919].
15. Scottish Government. 2017. The Best Start: A Five Year Forward Plan for Maternity and Neonatal Care in Scotland. Scottish Government, Edinburgh. Available online at: <https://www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland/> [Accessed 300919].

### **The Royal College of Midwives**

The Royal College of Midwives is the voice of midwifery. We are the UK's only professional organisation and trade union led by midwives for midwives and the maternity teams which support them. The vast majority of the midwifery profession are our members.

The RCM promotes midwifery, quality maternity services and professional standards. We support and represent our members individually and collectively in all four UK countries. We influence on behalf of our members and for the interests of the women and families for which they care.

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