Topic: Identifying, caring for, and supporting women at risk of or experiencing pre-existing perinatal mental health problems during the COVID-19 pandemic.

Potential impact of COVID-19 on the mental health and wellbeing of pregnant and new mothers.
Perinatal mental health problems are common. Up to one in five women will experience poor mental health in the perinatal period. Without prompt and effective treatment, perinatal mental health problems can have serious consequences for both the woman and her family.

The COVID-19 pandemic has created a challenging climate for pregnant and postpartum women. The unknown of pregnancy and motherhood is a psychological trigger for many, and episodes of mental illness are often precipitated by periods of social stress (Royal College of Psychiatrists, 2020). As a result, all women, and particularly vulnerable women (for example, those with underlying health conditions) are likely to be more susceptible to perinatal mental health conditions.

It is important to be mindful of the additional stress women are likely to be experiencing during the COVID-19 pandemic. Women may not have access to family or peer support networks or may have had their routine interrupted. Women may also be anxious or fearful of unemployment, redundancy, may be struggling with debt or have financial worries. Rates of domestic violence have also increased significantly during the pandemic.

Findings from the Maternal Mental Health Alliance report (Papworth, Harris, Durcan, et al. 2021) showed that the pandemic has posed mental health challenges for women during pregnancy and early motherhood, however the impact has been unequal with some communities being impacted more than others e.g. women of colour, refugee and asylum-seeking women.

We must also recognise the impact on midwives and the risk of exhaustion, anxiety, depression and post-traumatic stress disorder (PTSD) created during the pandemic. This must be managed well so that staff feel supported.

Current key guidance for this topic – clinical care and advice for women
During the COVID-19 pandemic, you should:

- continue to identify women with new/emerging mental health problems. Postpartum psychosis is directly associated with a diagnosis of bipolar affective and previous episodes of postpartum psychosis; it is important that this group of women continue to be identified so that robust plans can be put in place for labour and the immediate postpartum period. Equally women who have previous diagnosis of psychotic illness, severe early postnatal depressive disorder or severe enduring mental illness (Royal College of Psychiatrists, 2020). Although midwives are busy and mostly hurried at this time it is vitally important to check how women are feeling mentally, and to provide time and space for women to talk about their fears e.g. the possibility of home birth or having to stay inside for months before the baby arrives.

- be mindful of the language you use and be direct. Ask direct questions and don't assume women will talk to you when they feel vulnerable. For example ask: 'How are you feeling mentally about COVID-19?' or ‘Has the pandemic disrupted your routines? How are you coping with that?’

- acknowledge that it is reasonable to be anxious particularly where women have existing problems with anxiety, recognise the fact that there are many things currently outside of their control. Acknowledging these difficulties can sometimes assist with anxiety (Royal College of Psychiatrists, 2020).
- recognise that women might worry about burdening an already pressured NHS by seeking help for mental health problems, emphasize the importance of seeking help to safeguard their own wellbeing.

- continue to follow established care/referral pathways for women with pre-existing mental health conditions. Be aware that IAPT services have moved online to allow continued access.

- signpost women to credible sources of digital/online support (see below).

- seek help if you find it difficult to cope with stress at work or experiencing any mental health challenges.

You should reassure women there is no evidence to suggest that pregnant women are more likely to contract COVID-19 than anyone else. Nor is there evidence to suggest that COVID-19 increases the risk of miscarriage or fetal malformation. Most women who do get COVID-19 will have mild or moderate cold and flu-like symptoms. However, the body responds differently to viruses during pregnancy, which can occasionally cause more severe symptoms. This will be the same for the COVID-19 virus. For this reason, pregnant women are included among a group of vulnerable people identified by the government, who need to take extra care in following social distancing guidelines as a precautionary measure to help stop them becoming unwell.

There are key red flags identified by the MBRRACE reports which require immediate referral to specialised perinatal mental health services (Knight, Bunch, Tuffnell, et al. 2019)

- Recent significant changes in mental state or emergence of new symptoms
- New thoughts or acts of violent self-harm
- New and persistent expressions of incompetency as a mother or estrangement from the infant
- Referral with mental health concerns on more than one occasion should prompt clinical review, irrespective of usual access thresholds or practice.

Current Evidence base


Links to online and virtual support and guidance

Resources for women

General mental health support
Maternal Mental Health Alliance Looking after your mental health during pregnancy and birth  

Public Health England COVID-19 Guidance for the public on mental health  

Royal College of Psychiatrists Q&A’s Mental health before, during and after pregnancy during COVID-19  

Anxiety and stress  
Every Mind Matters provides expert advice and practical tips to help you look after your mental health and wellbeing.

Postpartum psychosis  
Action on Postpartum Psychosis (APP) will continue their national peer support services throughout the outbreak. The APP forum is available for people affected by PP to talk to other women and partners.

They offer one to one peer support for anyone in the UK, where people are paired with an APP coordinator with lived experience, or a volunteer peer supporter. They offer one to one peer support via email, private messaging on the forum, or via video call. Their regional postpartum psychosis cafe groups will also continue via video call. People personally affected by PP (woman, partner, family members) who would like to access this support should Email app@app-network.org. Bipolar disorder  
Bipolar UK provides coronavirus advice for pregnant women with bipolar disorder and offers peer support on its e-community.

Perinatal OCD  
Maternal OCD provides guidance and resources for coping with COVID-19 for people with perinatal OCD  
https://maternalocd.org/

Eating disorders  
Beat Eating Disorders provides resources for people with eating disorders during the COVID-19 pandemic.

Depression and other perinatal mental illnesses  
The PANDAS Foundation provides support and advice for any parent and their networks who need support with perinatal mental illness.

Perinatal anxiety  
Anxiety UK offers support, advice and information on a range of anxiety, stress and anxiety-based depression condition via email, text and live chat services.
Resources for families

Guidance has been published by PHE for parents and carers on looking after the mental health and wellbeing of children or young people during the coronavirus (COVID-19) outbreak.

Guidance for parents and carers on supporting children and young people’s mental health and wellbeing during the coronavirus (COVID-19) outbreak.

The advice is to help adults with caring responsibilities look after the mental health and wellbeing of children or young people, including those with additional needs and disabilities, during the coronavirus (COVID-19) outbreak.

The Royal College of Paediatrics and Child Health (RCPCH) has released guidance for Children and Families on COVID-19.

It contains some links on helping children cope with stress or who are worried about coronavirus and highlights that if your child has a medical condition it is important that they continue to access treatment and attend medical appointments as recommended by their hospital, GP or healthcare professionals.

Resources for midwives

NICE Antenatal and postnatal mental health: clinical management and service guidance
https://www.nice.org.uk/Guidance/CG192


Royal College of Midwives Maternal Emotional Wellbeing and Infant Development
https://www.rcm.org.uk/media/2342/maternal-emotional-wellbeing.pdf

Perinatal mental health RCM iLearn module

Nurturing infant mental health RCM iLearn module