strengthening perinatal mental health

A roadmap to the right support at the right time

Royal College of Midwives

The women at the heart of perinatal mental health services

“I work in the NHS as a nurse, my work was intense, highly emotional. I was referred to perinatal mental health services by my GP before I was even pregnant. I have a long and extensive history of mental health problems, including self-harm, suicide attempts and a stay as an in-patient in my early twenties.

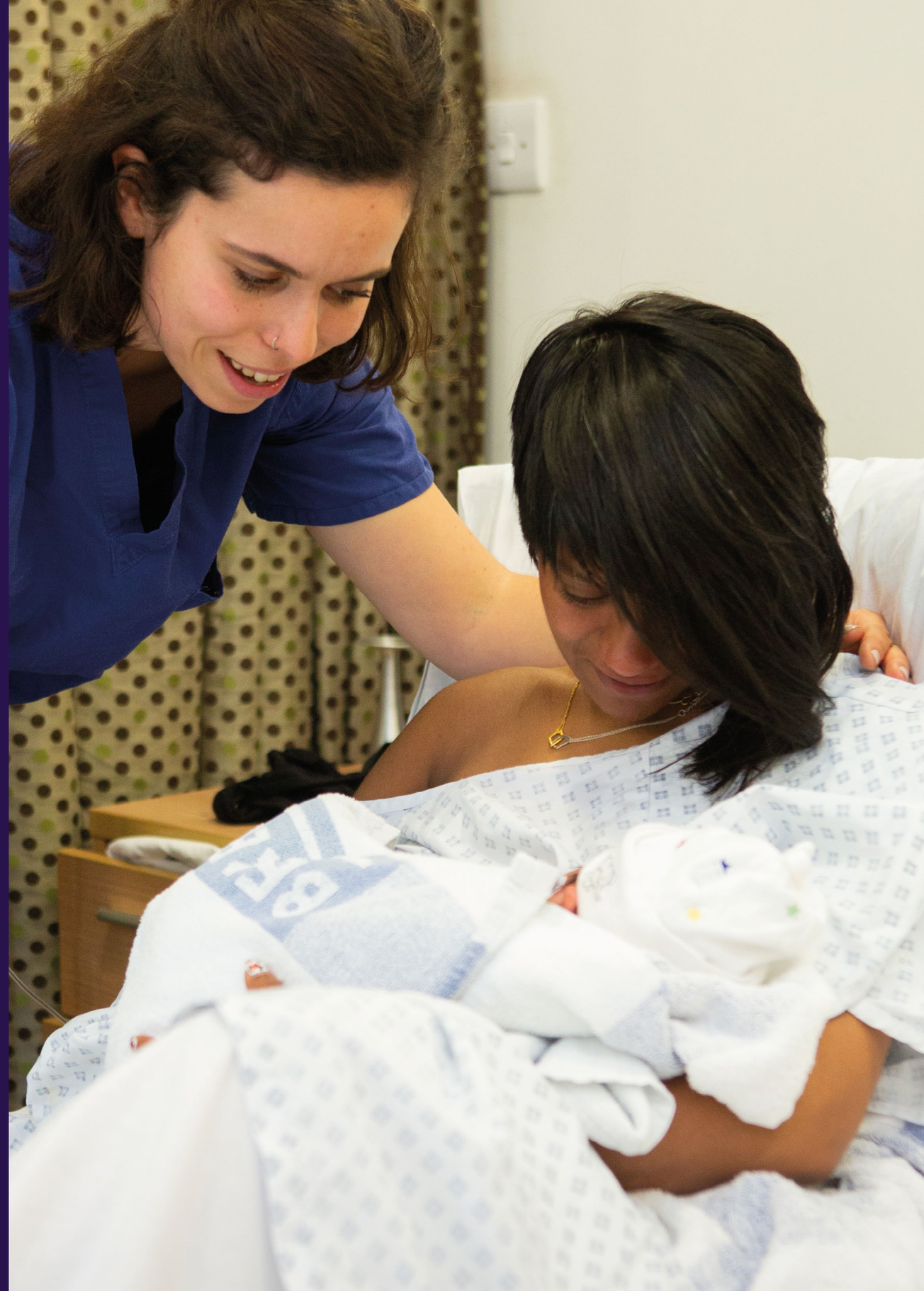
Being pregnant was not easy for me, I developed anxiety, low self-confidence and reduced resilience, little knocks affected by mood massively.

In my first appointment with a midwife, she asked a little about my history. She talked about how they would prevent me feeling exposed or vulnerable. She showed me the birthing rooms in a casual and relaxed manner. Suddenly the place felt less alarming, less fearsome.

I saw the midwife every two weeks; I built up a relationship that enabled me to be honest about my feelings and concerns. Together we made plans to address any episodes of disassociation that trauma of birth might trigger. Charlie was born in the pool after 16 hours of labour, and a lot of Entonox. Rather wonderfully the midwife came in and looked after me.

After having a midwife I had known for months and now trusted made me feel safe, reassured my wife and resulted in a positive birth experience.

I did get the baby blues, but my midwife had prepared me for this, support was already in place, so I did not need to be admitted. Pregnancy was difficult and emotionally draining, but I am not afraid to go through it again. Without the support of the perinatal mental health service, this would have been a very different story. “



Executive summary

Strengthening perinatal mental health

During pregnancy, and up to one year after birth, one in five women will experience mental health issues, ranging from anxiety and depression to more severe illness[1].

For most women, pregnancy and childbirth can be a symbolic passage to parenthood, with an expectation of joy and excitement. However, the societal expectation can be very different to the reality, with 70% of women either hiding or underplaying the severity of their mental health problems.

For those women experiencing mental ill-health, barriers often exist preventing them from accessing care, including variation in availability of service, care, and treatment. These are often worsened by cultural stigma, previous trauma, deprivation, and discrimination.

With traditional barriers to care exacerbated by the COVID-19 pandemic, the gaps in maternal outcomes have widened even further, discriminating against the most vulnerable in our communities where multiple levels of adversity are present and persist[2].

Despite perinatal mental illness being the most common health complication during or after pregnancy, gaps remain in the equity of access to treatment including access to a specialist midwife, or a perinatal mental health service in a location near to the woman's home[3].

Mental health needs remain secondary to physical health needs of women during pregnancy; yet mental ill-health is on an equal footing with physical factors as a cause of maternal deaths in the UK[4].

Between 2018 and 2020, suicide was the leading cause of maternal death in the first year after birth.

Very few women who died had received formal mental health diagnoses despite reported symptoms suggestive of severe ill-health. One in three women disclosed domestic abuse, which has an established association with mental health conditions, and one in two women had multiple adversity present, with a history of childhood and/or adult trauma present.

When mental ill-health remains undiagnosed and untreated, not only is there an adverse impact on women and families, but a wider economic one. The financial burden across the health system adds an additional £8.1 billion for each annual group of births in the UK[5].

The clinical and cost-effective case for change is irrefutable. The midwife has a significant public health role to contribute whether through routine identification of those at risk, providing low intensity treatments or enabling access to the wider integrated maternal mental health network/system.

To ensure both the health and economic returns across the UK, a further 347 additional midwives are required to deliver at scale an integrated model of care, on top of the existing midwifery staffing shortfall[6]. This includes both midwives and perinatal specialist midwives.

The Royal College of Midwives is the leading voice of and advocate for midwifery in the UK. While it is the role of the national governments to deliver services, this road map is intended to provide guiding principles for that delivery, for further strengthening the midwifery contribution to the perinatal mental wellbeing of women.

[1] MMHA: A sound investment: increasing access to treatment for women with common mental health problems. Centre for Mental Health. 2022.
[2] Brown A, Covid Babies – How pandemic health measures undermined pregnancy, birth and early parenting. 2021. Printer & Martin Ltd.
[3] Women's Health Strategy for England - GOV.UK (www.gov.uk) 2022
[4] MMHA: Perinatal mental health and domestic abuse. Briefing 2023.
[5] London School of Economics and MMHA. The costs of perinatal mental health problems. 2014.
[6] MMHA: A sound investment: increasing access to treatment for women with common mental health problems. Centre for Mental Health. 2022
[7] NHS England. NHS longer term workforce plan 2023

RCM priorities for perinatal mental health:

- All professionals working with women in the perinatal period have the knowledge and understanding of perinatal mental health including trauma informed care, and at a minimum, updated annually.
- Every maternity Trust/ Health Board has a minimum whole-time equivalent band 7 Perinatal Specialist Midwife supported by a team, which may include maternity support workers, and necessary administrative support.
- Access to local maternal mental health system and community based mental health teams.
- Education and training in perinatal and infant mental health appropriate to the role working at specialist, advanced or consultant level practice.[7]
- All maternity professionals should be equally concerned with mental as well as physical health in pregnancy, childbirth, and postnatal periods.

Recommendations: The roadmap to success

Pre-registration midwifery standards and education programmes refer to and include:

- Trauma-informed risk assessment and care
- Assessment of women with persistent and severe insomnia for signs of underlying mental illness
- Recognising factors which may influence the willingness of a woman or her family to disclose symptoms of mental illness, thoughts of self-harm or substance misuse

All midwives

- Annual update in perinatal mental health assessment and ongoing updating in mental health huddles.
- Access to training in trauma risk assessment
- Access to specialist midwife in perinatal mental health
- Awareness of/access to an integrated maternal mental health service or equivalent for psychological distress relating specifically to obstetric care including obstetric loss, PTSD and birth trauma
- Direct access to low intensity psychological therapists who are integrated itno maternity services, sufficient to meet population needs.

Band 7/8 Specialist Midwife in perinatal mental health

- One whole time equivalent employed within a Trust/Health Board or local maternal mental health service considering the local service needs.
- Clinical supervision including A-Equip, visibility and accessibility to midwives across maternity services.
- Perinatal mental health clinical supervision and clarity over job plans,

Band 8 midwifery

- Strategic Leadership
- Lead Midwife
- Consultant Midwife

Creating the conditions for success

- A review of NMC Standards of Proficiency for Midwives with a perinatal mental health lens
- All maternity services have a minimum of one whole time equivalent midwife with job plan that incorporates clinical supervision.
- Annual review of demand and capacity around the role to ensure staff wellbeing and prevent burnout.
- Health Board/Integrated Care Systems – Perinatal mental health strategy and integrated care pathway covering all levels of service provision encompassing the range of mental health care needs.
- NHS leaders – commission a midwifery workforce framework for specialist midwives to inform local planners/commissioners of maternity services.

Why midwives?

Midwives work across the whole continuum of care in all care settings from pre-conception, pregnancy, labour, and birth, postpartum, and the early weeks of newborn infants' lives.

Together, the midwife and the woman spend the most face-to-face time engaged in health care interactions, health promotion, health protection and safeguarding the mental and physical wellbeing of the woman during the maternity journey. It is a unique and unforgettable relationship.

Accepting that perinatal mental ill-health is now the most common complication of childbirth, this relationship must be protected to ensure adequate time for a thorough mental health and wellbeing assessment with equal weighting as a physical risk assessment. This should be repeated at each care interaction.

With often only a 15- or 20-minute appointment window, midwives must instil trust and confidence, work to mitigate health and social inequalities, and reach out to women who may experience judgement and stigma that form barriers to trust with health professionals. This includes, but is not exclusive to, women from the global majority, LGBTQ+ community and women with disabilities.

For midwives to fulfil their role and their impact, the environmental conditions for practice must be optimised. This includes ensuring all midwives have protected time to update their knowledge regarding mental health, including the confidence and competence in detecting, discussing, and dealing with mental ill health.

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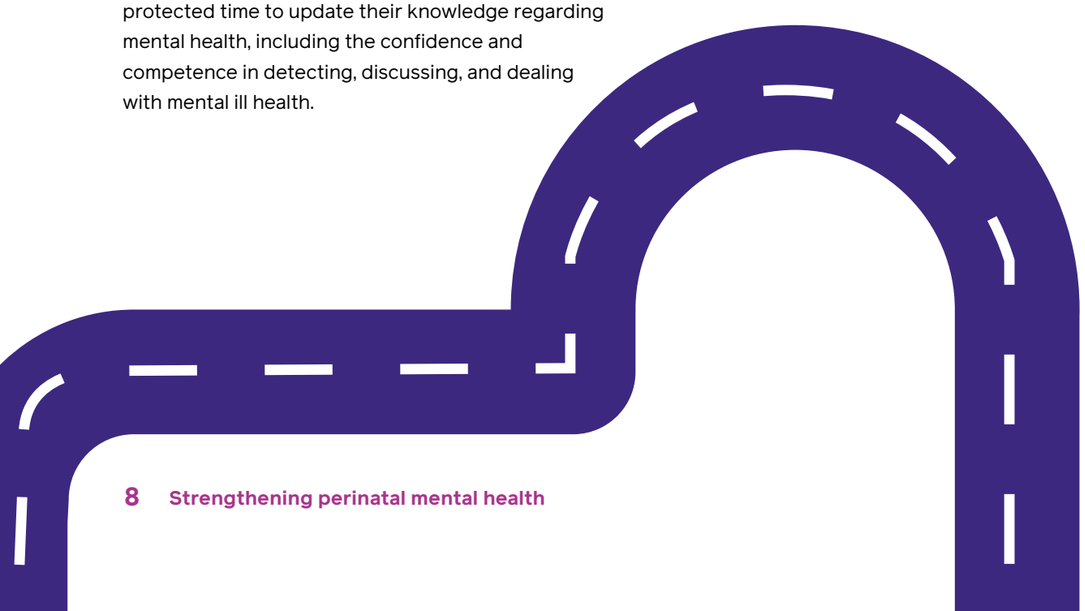

Personalisation of care

Adverse childhood experiences and adult trauma have a widespread effect on mental health which can be triggered during pregnancy and after birth. It is imperative that midwives are given the appropriate training to screen all women, and then personalise their care toward the woman's needs. When the mental health needs of a woman are beyond what the midwife can provide within the scope of their role, explicit pathways must exist for additional support mechanisms to add further value to the lived experience, while maintaining the continuity of care.

In 2015, the Royal College of Midwives, supported by the Department of Health and Social Care (DHSC) and the Maternal Mental Health Alliance, developed guidance on Caring for women with mental health difficulties. The five key points were:

- **Every maternity service has a midwife who specialises in maternal mental health at a senior level**
- **A whole system approach to perinatal mental health within each Trust/ Health Board**
- **All professionals working with women in the perinatal period have a basic awareness, knowledge and understanding of perinatal mental health**
- **Education and training in perinatal and infant mental health appropriate to the role**
- **All maternity professionals should be equally concerned with mental as well as physical health in pregnancy, childbirth, and postnatal period.**

Sadly, more than half of perinatal anxiety and depression continues to go undiagnosed despite contact with professionals. Women often downplay their mental health conditions. This can be due to a range of factors, including fear of being judged as unable to cope and fear of having their baby removed from their care. Cultural issues and stigma are critical barriers to diagnosis and onward treatment. Compounding this further is the presence of a medical model of mental health acting as a barrier to health professionals seeing domestic abuse as a social issue, beyond the scope of mental health treatment.

When midwives work within a holistic, women-centred model of care they are well situated to build upon the mental health and wellbeing conversations, but to achieve optimal impact, they too must have ongoing awareness training in using a trauma informed approach. This emphasises the value of trusted and non-judgemental relationships and listening to women's experience. It highlights the importance of choice and consent and has equity, diversity, and inclusion at its heart. Such an approach not only helps support staff, but it also puts emphasis on linked up- compassionate care being available to everyone.

[8] NMC: Standards of proficiency for midwives. 2019.
[9] The maternity journey includes the time of the first interaction a woman has with a midwife, at the "booking" visit, less commonly may be preconception. All women continue to have a midwife as the core professional until after the birth, and this may extend beyond the routine 10 day visits.
[10] RCM, DoHSC. Caring for women with mental health problems: standards and competency framework for specialist maternal mental health midwives. 2015

Specialist midwives

Learning from all incidents, national reports, and coroners' reports is fundamental to effecting change, and must be applied, both systemically and on an individual basis, as soon as practicable. A timely and managed response to learning not only benefits the staff at the forefront of care but also ensures women and babies receive the best and safest care possible.

Perinatal mental health specialist midwives, alongside the practice development team, are positioned to lead a robust programme of training and updating for all maternity staff. Their visibility and leadership are key parts of raising awareness across all staff groups of perinatal mental health. However, this impact will be limited if the role is not full-time, or the scope is too large.

From 2018 to 2022, the number of maternity units with a perinatal mental health specialist midwife marginally increased from 73% to 79%. However, not all units employed a full-time specialist midwife dedicated to perinatal mental health. RCM members described a range of role title ambiguities and a wide variation in the hours employed, from half a day a week to full time hours. This not only makes their workloads complex and difficult to manage, but it also restricts the capacity of the wider team to refer women for specialist care and support.

In our 2023 RCM Perinatal mental health Survey, 85% of services employed a perinatal mental health specialist midwife and a named obstetrician, in 15% respondents described having a midwife with an interest or special interest.

Specialist midwife roles are crucial to effective perinatal mental health care. They are at the heart of forming and leading local care pathways, providing training of staff and advice and support for other maternity teams. The leadership embodied with the role provides for quality improvement relating to how services are delivered and reduce the gaps through which vulnerable women can fall.

However, to succeed in centralising midwifery at the heart of perinatal mental health and ensuring it is properly resourced, we need to take a closer inspection at what women require of services. Without the baseline training of all midwives, the true prevalence of mental ill health will remain underestimated and will continue to go undiagnosed and untreated.

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This data is fundamental to understanding demand and capacity, and to drive impactful transformation. Failing to do so puts midwives at risk of significant burnout when developing new services.

An RCM focus group (2023) highlighted the challenges faced by perinatal mental health specialist midwives:

- Being used to cover staff shortages.
- No dedicated space to work, speak or see women.
- Single person team, with little resilience to cover sickness, annual or maternity leave.

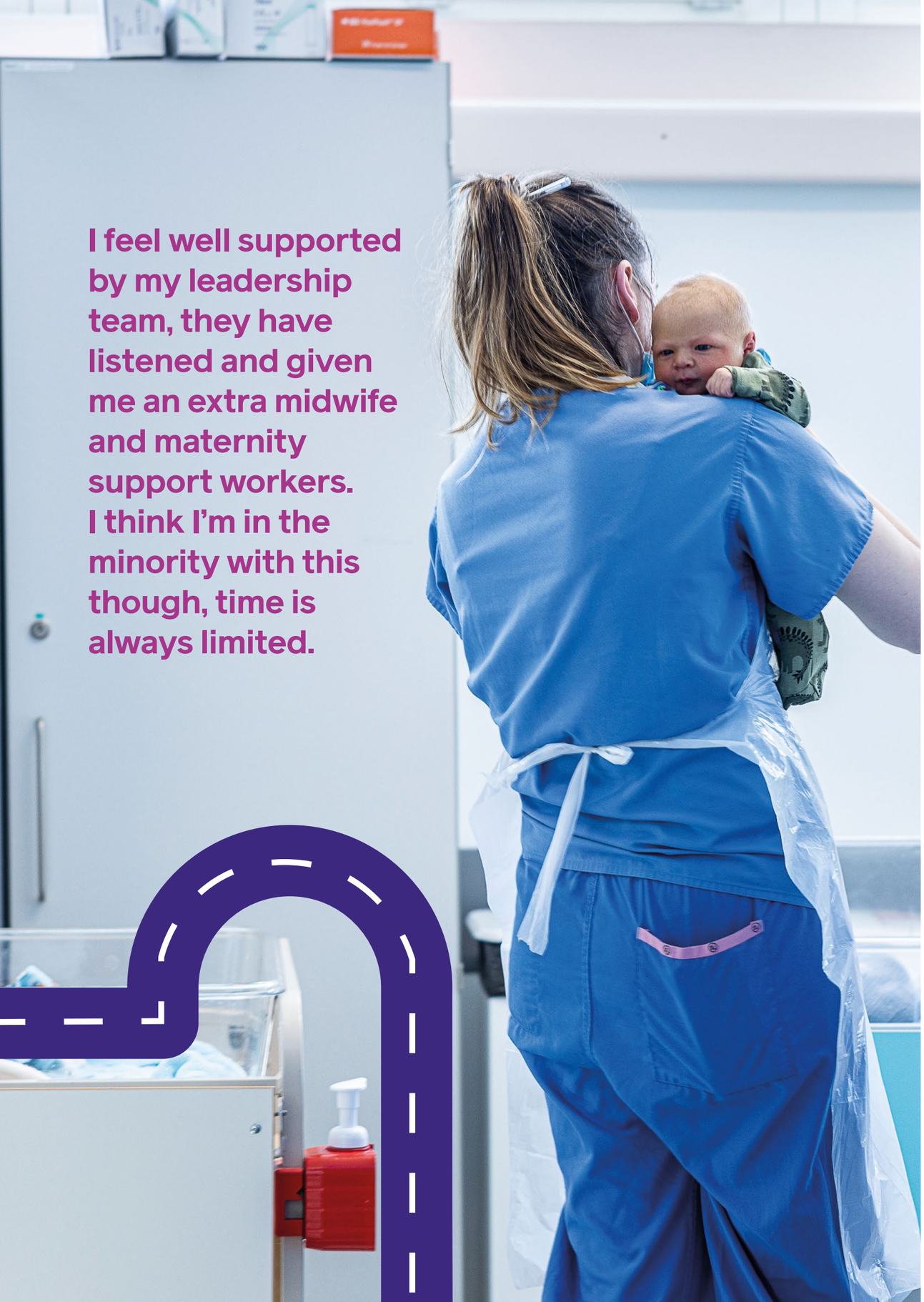
In Trusts where specialist roles are employed, the bandings range from 6 to 7, and a range of hours from 2 to 37.5, with 13 maternity providers having a full team of staff. Very few responses detailed senior leadership roles working at Band 8, in a lead midwife or consultant midwife role.

For Trusts and Boards employing one person in a mental health support role, there is little resilience to cover short notice clinics or annual leave periods, contributing to low morale. Subsequently, specialist midwives felt their role goes unrecognised, that they have little time and space to focus on helping women and supporting midwives through training.

Overall, the focus groups painted a bleak picture of perinatal mental health services. While midwives are enthusiastic about the need for perinatal mental health provision, many factors prevent them from improving the care they offer, and staffing levels are a critical barrier.

For specialist midwives to thrive there needs to be commitment at senior midwifery leadership level to see parity between mental and physical health. With this support perinatal mental health care can be ringfenced to ensure staff working in this area are not redeployed to cover shortages in other parts of the system. Chronic and worsening staff shortages in many Boards and Trusts can lead to long term redeployment of specialist roles, which has a long-term impact on equity of service and staff morale.

[11] Maternal Mental Health Alliance. Perinatal mental health and domestic abuse (2023)



I feel well supported by my leadership team, they have listened and given me an extra midwife and maternity support workers. I think I'm in the minority with this though, time is always limited.

The overwhelming themes that emerge from both the specialist midwife focus group and the RCM member survey is a lack of clarity about the specialist midwife role, inadequate capacity to meet the clinical demands of perinatal mental health, combined with a real sense that midwives want to do their best, but are exhausted.

The findings point toward a need for clarity over the roles, training provided, and change processes so both midwives employed in the roles, and the maternity team, are conversant with the scope and remit of the role. Furthermore, midwives employed in either consultant positions within Trusts/Boards, or senior leaders in maternal mental health services/networks act as the role models to whom midwives can aspire, and act as advocates and champions for women's mental health services.

While maternal mental health networks have been established across the four countries, their stages of maturity are hugely variable, this was mirrored in the member survey that described local services without a dedicated lead obstetrician and restrictive barriers to referrals limited where women could receive care. Midwives have a contribution both as leaders within the networks, but also for ensuring seamless pathways for women to access.

Where services have recognised the need for responsive perinatal services, the investment in staff, and the system has been tangible. Midwives working within a system-wide mental health service have access to clinical supervision as a core part of their role and are not used during escalation within maternity units. They also report overall a more positive experience.

Both models of care have significant merit and positive impact on local service provision. However, employers of midwives need to be cognisant of the potential for attrition of midwives from one service to another that affords better work conditions.

There are many examples that highlight how systems working together to align national ambitions for equitable, compassionate, and responsive perinatal mental health care do work, including what makes a difference to those staff working within the systems.

Recognising that maternity staff too have been experiencing unprecedented working conditions, looking after the mental wellbeing of staff is equally important, this element was incorporated into the work of one team working in Barnsley Hospital NHS Foundation Trust.

Case study:

Midwives leading professionally - Preconception through the perinatal period.

“We really listen to women and then personalise their care. It is their voice first because we want to make it better. We know that it is not just supporting women, but also the mental health of the midwives. We are unique in the region as we set up a mums group for women with babies up to six months, that focuses on protecting their mental health. We let women know that it’s ok to not be ok, we can empower them, and help them with a range of tools to improve their mental wellbeing”.

Yasmeen Akhtar, Mental Wellbeing Health Midwife, Melissa Addy, Maternal Mental Health Midwife. Barnsley Hospital NHS Foundation Trust

RCM Winner 2023 – Outstanding contribution to midwifery services: Perinatal mental health

For midwives to feel valued and inspired within the profession, it is critical that there are opportunities to develop into specialist areas, build confidence and expertise. Midwives have the innovative skills through their function to co-design and co-produce services together with women.

In 2019, an innovative multiprofessional model to target women experiencing moderate to severe mental ill health was established under the leadership of a consultant midwife and specialist perinatal mental health midwife, subsequently recognised by the NMC as the standard of leadership expected of the midwifery profession.

[12] Creation of innovative ‘Magnolia Midwives’ model commended to midwives across UK by nursing and maternity regulator | News from North Mid | North Middlesex University Hospital

Case study:

Midwives leading professionally – Case loading to provide continuity of care.

The Magnolia midwives formed the first UK multi-disciplinary model bringing together specialist mental health services to women. In 2022, 485 women received specialist midwifery care, and 334 births were attended by a dedicated team. Midwifery leadership through specialist midwives and a consultant midwife, provide a midwifery-led model of specialist care. The team of midwives offer a range of alternative therapies to support women, tackle stigma and prevent isolation. Magnolia Team – Case loading women with

“I felt my mental health improved as the pregnancy went on, with the support of the midwife my worries never manifested.” up to one year after birth.

Fiona Laird, Consultant Midwife, Jennifer Elliot, Specialist Perinatal mental health Midwife

RCM Winner 2021 – Outstanding contribution to midwifery services: Perinatal mental health

For midwives to be equipped and ready to take on a more specialist role, there needs to be agreed pathways that enable a clear transition to additional responsibilities undertaken by recognised and validated training. This should also include clinical supervision built in as standard. This must go hand in hand with addressing current challenges where midwives work beyond funded capacity,

Opportunities exist to further strengthen the transformation underway in perinatal mental health to ensure that future and existing midwives can make the impact that they want, along with a national framework to support career development further.

Case study:

Midwives leading professionally - Maternal mental health service

The maternal mental health service was co-producedwith over 60 people with lived experience. It was designed to build capacity and capability with existing provision and improve support for people and families in the most diverse and vulnerable communities.

Midwives are trained to offer joint midwifery and psychological support through trauma-informed care.

“Having experienced a very traumatic birth, and recent termination for medical reasons, it had a massive impact on my pregnancy and caused a lot of anxiety and distress. I was able to talk about my traumas in a very safe place with no judgement. The love and care received by the Silver Birch team has been invaluable”.

Carmel Doyle, Lead Midwife for Maternal Mental Health Service, Natalie Patterson, Specialist Perinatal mental health Midwife,

Maternal Mental Health Service, Cheshire & Merseyside Integrated Care System

RCM Awards 2023: Shortlisted – Outstanding contribution to midwifery services: Perinatal mental health

Conclusions

The RCM is committed to ongoing strengthening of perinatal mental health services.

The midwife remains at the heart of promoting great maternal mental health, whether through their role in routine care, in a specialist or a senior strategic role.

Working across all systems where women navigate their pregnancy and afterbirth care, midwives are the guardians of wellbeing. However, we cannot ignore the significant challenges midwives tell us they experience every day.

We want to see that all pre-registration midwifery training is reviewed through the lens of perinatal mental health, equipping midwives at the point of registration with the skills ready for success in their new roles.

Midwives not only need to be equipped with regular ongoing training and updating, but the opportunity to develop their skills and expertise to offer low-level interventions where scope allows, with time to offer low-intensity interventions, or to have direct access to low intensity therapists within maternity services, sufficient to meet the needs of the population.

Career frameworks needs to show logical progression that inspire and attract midwives to want to remain and be retained in local services, offering specialist, consultant, and strategic leadership midwifery roles.

There needs to be a national workforce plan that scopes midwifery workforce establishments to local population need for different models of care, proven to impact on improving maternal and child outcomes.

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