



# Maternity Mental Health Report

## September 2019

## Index

Heading	Page
Index	2
Glossary of terms	2
Tables list	3
Executive summary	4
Summary of findings	4
Recommendation for Local Maternity Systems (LMS)	5
What is Healthwatch Telford and Wrekin	6
Background to this study and report	6
What we did	8
What we found	8
• Staff questionnaires	8
• Mothers/Partners Questionnaires	9
Acknowledgements	22
Appendices	24

## Glossary of terms

HWT&W	Healthwatch Telford and Wrekin
LMS	Local Maternity Systems
PNMH	Perinatal Mental Health
GP	General Practitioner
CBT	Cognitive Behaviour Therapy
T&WC	Telford and Wrekin Council
T&W	Telford and Wrekin
IAPT	Improving Access to Psychological Therapies

Tables

Table No	Title
Table 1	Activity summary
Table 2	Rate current Maternity Mental Health support
Table 3	People who had a formal review within 12-months
Table 4	How informed did people feel about 5 key areas
Table 5	How maternity care they received, affected their mental health needs
Table 6	Information & advice about maternity and mental health
Table 7	Professionals offering mental health support
Table 8	Accessing support
Table 9	How long people waited for mental health support
Table 10	Quality of mental health support given to mothers



## Executive summary:

Healthwatch Shropshire, at the request of Healthwatch England, completed a wide-ranging engagement to understand people's experiences of maternity mental health support available in Shropshire. A report based on the findings was produced.

Healthwatch Telford and Wrekin (HWT&W) was later approached by the Local Maternity System (LMS) to conduct a study around Maternity (Perinatal) Mental Health awareness and support in Telford and Wrekin (T&W). This would also assist the new Perinatal Mental Health team that will be in place, September 2019.

The purpose of this study and report is to explore the current Maternity (Perinatal) Mental Health (PNMH) awareness and support offered in T&W. Additionally, it considers how beneficial it would be to implement a new Perinatal Mental Health team within the community.

## Summary of findings:

As a result, this study demonstrates that implementing the new PNMH team within the community would be more beneficial to mothers and their partners who find it difficult talking in a clinical environment. Additionally, this also highlights the importance of communication between members of the public and health professionals. We also found:

- There is a stigma around mental health, including a lack of support for parents dealing with maternity mental health. Mothers and partners felt they could not discuss their mental health or emotional wellbeing due to fear of being judged and/or fearing their child may be taken away.
- We heard of breakdowns in communication between expectant-parents/parents and professionals had a significant effect on mothers who had already experienced mental health challenges.
- We asked mothers and their partners if they were receiving any mental health support. Out of 81 people who responded, 54.32% received mental health support compared to 45.68% who had not received any.
- Appropriate Information, advice and guidance was needed for mothers and partners, especially around medication and mental health.
- 57.14% of people did not feel informed about planning for pregnancy.
- A higher number of people (66.66%) did feel more informed about pregnancy and how childbirth may affect their mental health condition.
- Out of 32 mothers 11 GPs provided the most support for people with mental health followed by 9 Midwives.

- A conversation about mental health with parents in the early stages could help prevent them from feeling like their child will be taken away or seen as not fit to be parents.
- Professionals need to be confident in talking and supporting parents around mental health.
- 50.62% of mothers and partners stated they had not had a formal mental health review within the last 12-months.
- 67.14% were unaware they had a care plan in place that considered both their maternity and mental health/wellbeing needs.
- There is a lack of support groups for mothers and partners that are experiencing mental health challenges in T&W. 58.33% of mothers told us they would have felt better/more confident to discuss problems with others who are in similar positions. Women isolate themselves when experiencing mental health problems which is not good for them.
- 37.21% of partners also experienced mental health challenges particularly during the perinatal journey. This was due to a lack of support and their feelings not being considered.
- A high number of partners experienced a wait for support of between two weeks to two months.

## Recommendations for the Local Maternity Systems:

Our research demonstrate that mental health issues are still considered as a sensitive subject, many parents fear to be honest and discuss this at the fear of being judged. Therefore, we recommend the following to be considered when delivering the new Perinatal Mental Health services in T&W:

- There needs to be more support for partners, ensuring they are being looked after during the perinatal stage.
- Parents need to receive more information during pregnancy, having a clear pathway so they know where to go and who to talk to.
- Raise awareness amongst mothers and their partners about support groups available in T&W, and what they do; So, they can discuss problems with others who are in a similar position.
- The new team being a community-based support for mothers and partners. Professionals need to approach mothers and partners in a caring/helpful manner. Whilst being more understanding to their feelings will them help talk more about their mental health.
- A need for audio/visual contact for mothers, 14% of mothers who had experienced mental health challenges during the perinatal stage told us that they would have found it helpful if there was an online resource/app that would help them reach out

to other mums who are experiencing the same challenges. We have mentioned the Baby Buddy app which some people were unaware exists.

- Information for parents is important and not to pressurise them (e.g. Breastfeeding)
- Quicker appointments and referrals.
- Shorter waiting times to access clinicians for support.
- 24/7 mental health support – information, advice and guidance.

## What is Healthwatch Telford and Wrekin?

Healthwatch Telford and Wrekin (HWT&W) is an independent consumer champion/patient voice, created to gather the views of people who live in T&W. Nationally, Healthwatch England, supports 151 local Healthwatch's that cover local Clinical Commissioning Groups and local authorities. We are a small team, consisting of a General Manager; Information Analyst and Business Support Manager; and Engagement Officer. We are supported by a board of directors and a team of volunteers.

Our aim is to provide our communities with a stronger voice, in influencing and challenging how health and social care services are provided in T&W. HWT&W routinely gathers the views of residents who use or have access to health and social care services and that feedback is then analysed allowing HWT&W to inform the key groups who plan, manage and regulate the service with evidence-based comments.

HWT&W engages with many statutory/voluntary organisations including the Local Authority, Care Quality Commission, Clinical Commissioning Groups, providers, individuals and groups, to ensure that services are designed and structured to meet the needs of local people. In addition, HWT&W have a responsibility to carry out Enter and View visits to provider services offering health or social care activities. This responsibility is a statutory power enshrined in law under the Health and Social Care Act.

## Background to this study and report:

In December 2018 Healthwatch England made known they were exploring the support available to expecting and new parents, this formed a wider research programme on mental health. It involved gathering the experiences of more than 2,000 new mums and pregnant women.

In late 2018, Healthwatch Shropshire became one of five local Healthwatch's to take part and contribute to this national research by talking to residents of Shropshire about their experiences.

As a result, the LMS, commissioned a study around Maternity (Perinatal) Mental Health awareness and support in T&W.

The purpose of this study and report is to explore the current Maternity (Perinatal) Mental Health awareness and support offered in T&W. Additionally, it considers how beneficial it would be to implement a new Perinatal Mental Health team within the community.

### What we did:

Altogether we engaged with **215** people seeking their views and experiences. We gathered feedback by distributing three separate questionnaires; Maternal Mental Health Questionnaire, Staff Questionnaire and Stakeholder Questionnaire.

The questionnaires were formatted either; electronically, paper or through survey monkey. The questionnaires were designed by Healthwatch Shropshire and each of them focused on Maternity Mental Health from different approaches.

The Staff Questionnaire and Stakeholder Questionnaire were distributed by HWT&W a covering letter at various services.

Other forms of engagement were conducted through social media, local press, telephone and email conversations.

The following table is a breakdown of the 215:

Activity summary	Total
Number of mum/partner questionnaires shared at activities attended	10
Number of Staff Questionnaires distributed	38
Number of Stakeholder Questionnaires distributed	12
Number of additional people spoken to at groups/events	12
Number of mum/partner detailed comments recieved	111
Number of mum/partners involved in 1:1 and small groups	16
Number of staff interviews	13
Number of stakeholder interviews	3
<b>Total number of people spoken to</b>	<b>215</b>
Total number of questionnaires returned from mums/partners	111
Total number of staff questionnaires returned	21
Total number of stakeholder questionnaires returned	3
<b>Total number of completed questionnaires returned</b>	<b>135</b>

Table 1 Activity Summary

All responses were anonymous, and we did include demographics which have been analysed.

Due to time management we did not engage with as many people as we hoped, however we still managed to highlight key points surrounding awareness and support in Telford and Wrekin for Maternity (Perinatal) Mental Health.

## What we found:

### Staff Questionnaires:

We distributed 38 staff questionnaires to professionals, and we received 21 replies, these included speaking to:

- Midwives (3)
- Improving Women's Health Team (2)
- Health Visitors (4)
- Supporting Families Intervention Team (2)
- Doctors (2)
- Nurses (2)
- Support Workers (2)
- Mental Health Workers (2)
- Crisis Team (2)

This was done by visiting Shrewsbury and Telford Hospital, emailing GP Practices, visiting support groups and services in T&W area.

When professionals were asked if services and support for parents with mental health issues had changed over the last two years, 9 respondents said that it had changed, while 7 stated there was no change. 5 respondents said they didn't know.

We asked professionals if they had noticed any changes, and how would they describe the effect it had on the service offered. 4 respondents said it had greatly improved the service offered, while 9 respondents said it had improved the service. However, 7 respondents reported it had no effect on the service offered, while 1 respondent stated that it had a detrimental effect. Out of 21 replies, 13 (61.90%) stated that they noticed an improvement.

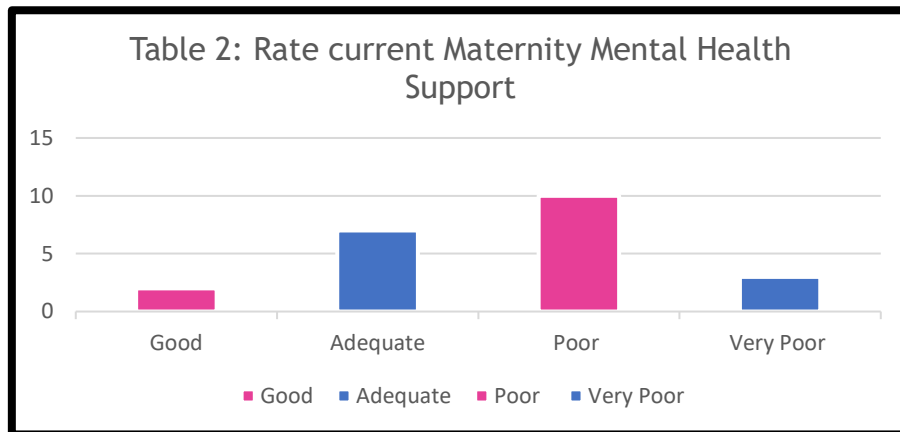
We invited respondents to share any comments in relation to services offered:

- **"Mental health is a huge focus within the NHS so it is taken very seriously, we are underway with the new Perinatal Mental Health team".**
- **"It has always been about recognising what matters most, the effects of the small changes so far have been positive".**
- **"I believe the effects to be positive now, there is much more to be done around the support for mothers and early intervention".**
- **"We need to get to a stage where mothers and/or partners feel they can be honest and trust in us, we do not want them to be afraid to talk. That is an area I feel we still need to work on".**
- **"I feel they have improved; we are on the right track".**
- **"Community support is important!".**



We asked professionals if they had been involved in delivering any changes. 4 (19.05%) respondents stated they had been involved; while 17 (80.95%) stated they not been involved.

We invited professionals to rate the current level of Maternity Mental Health support currently being offered. Out of 21 replies, 13 respondents (61.90%) stated the level of support was “poor or very poor”.



**Mothers/Partners Questionnaires findings:**

We asked people to comment on their mental health or that of their partners. We had 29 mothers and 12 partners who stated they had an existing mental health issue. 19 mothers and 21 partners stated they had experienced mental health challenges. However, 20 mothers and 10 partners had not experienced any mental health concerns at all.

Out of 111 questionnaires received, we had 81 responses to this question. 22 mothers and 13 partners stated they experienced mental health conditions or challenges before trying to get pregnant. 7 mothers and 2 partners replied while trying to get pregnant. 5 mothers and 3 partners responded during the pregnancy. However, 14 mothers and 15 partners stated they experienced mental health conditions or challenges after the birth.

We asked if mothers or their partners were receiving any mental health support. Out of the 81 people who responded, 31 mothers and 13 partners (44 in total or 54.32%) received mental health support. However, 17 mothers and 20 partners (37 in total or 45.68%) had not received any support.

We asked people if they were taking medication as part of their treatment, if so what advice were they given about the impact of continuing or stopping medication before pregnancy or after conception.



The respondents that had experienced mental health challenges stated;

- Never been on medication.
- Medication was not even raised with some mothers.

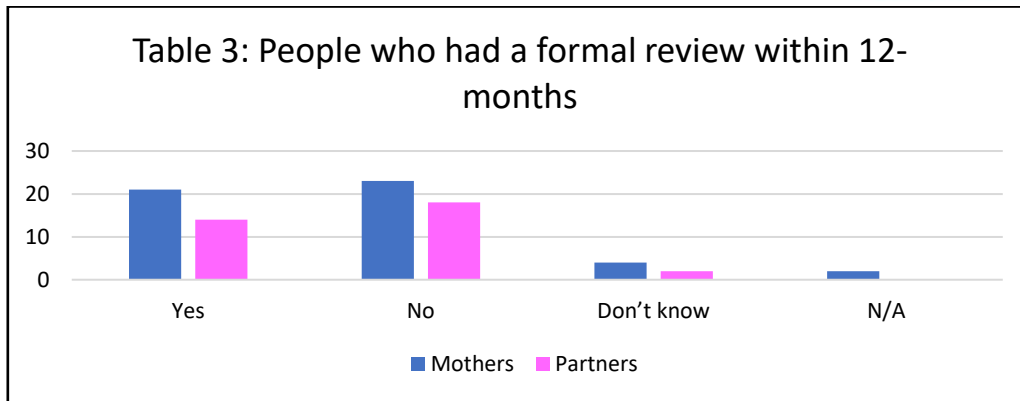
- No advice was given around medication.
- Medication reviews varied between people.
- Accessing GP advice could take up to 10 days.
- Incorrect information given out to some mothers.

The respondents who stated they had an existing mental health condition, said;

- *“It wasn’t even a topic until I brought it up, they told me I could carry on with my low dose and it will be reviewed after her birth”.*
- *“My doctor told me it was safe to continue with my medication, was not mentioned again”.*
- *“I have been attending CBT classes, I have not needed medication for my anxiety”.*
- *“Advised to continue with medication”.*
- *“The impact of stopping was discussed with me, we spoke about different options. Although there was no risk to baby with me taking them it was good to discuss the impact and options”.*
- *“I was told to continue with my medication as coming off them now could worsen my mental health”.*
- *“Spoke to a pharmacist about the medication when I collected it, they advised me to speak with a doctor as I was early into my pregnancy. I made an appointment with the doctor but it took over 10 days to see them so by the time I got to discuss the issue I had already continued to take them. Nothing was mentioned about my medication at my booking in appointment which is where I would of thought we would have discussed it or been advised on what to do”.*
- *“I was advised to take a lower dose, and this would not have any effect on me as I had been on the medication for over 4 years. It did have an effect; I don’t think my postnatal depression would have been as bad if my medication was being reviewed throughout the pregnancy. I started feeling low around 29 weeks”.*

We asked people who had been diagnosed with a mental health condition, as part of their treatment did they have a formal 12 month review with a health professional.

50.62% of mothers and partners stated they had not had a formal review within the last 12 months, while receiving treatment. There was a higher number of mothers compared to their partners. This is stated in table 3.

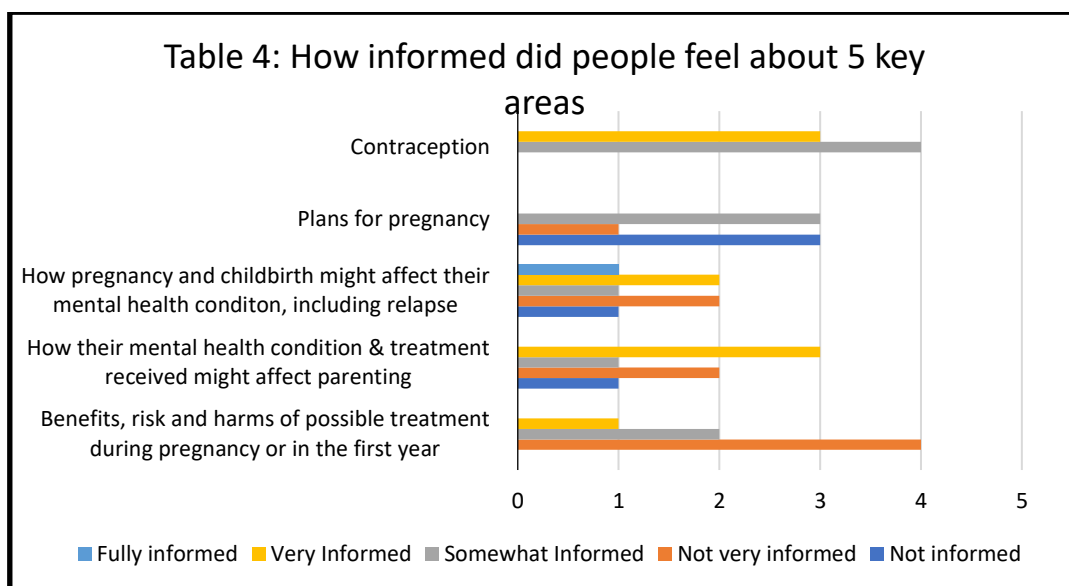


**Information, Advice and Guidance**

We asked people after receiving their mental health review, how informed did they felt around 5 key areas, these being:

- Contraception.
- Plans for pregnancy.
- How pregnancy and childbirth might affect their mental health condition, including relapse.
- How their mental health condition and treatment they received affected their parenting role.
- Benefits, risks and potential harm of possible treatment during pregnancy or in the first year.

7 people who had a mental health review within the last 12-months responded:



There was a high proportion of respondents who did not feel informed in 4 out of the 5 main areas following their mental health review. 57.14% of respondents did not feel informed

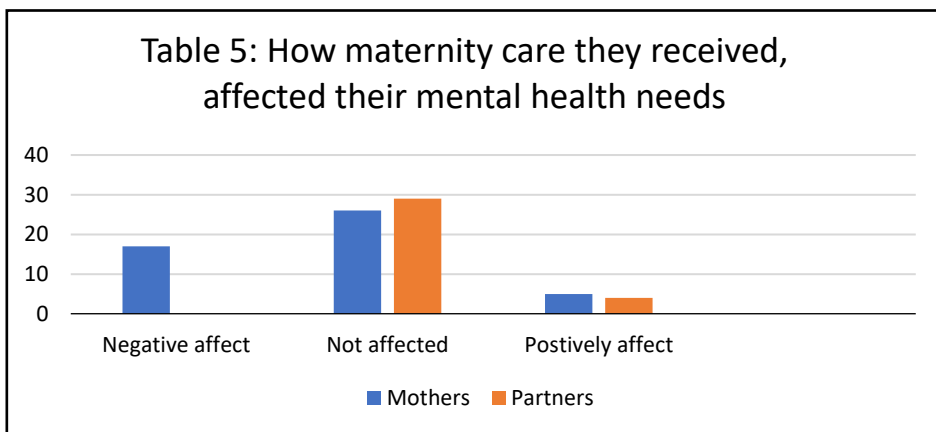
about planning for pregnancy, while 42.86% felt somewhat informed. However, a higher number of respondents felt somewhat to very informed on contraception in order to prevent pregnancy.

66.66 % of respondents felt somewhat informed on how pregnancy and childbirth may affect their mental health, while 33.34% did not feel informed.

Over half (57.14%) of respondents did not feel informed on the benefits, risks and potential harm, treatment could have on their pregnancy, or within the first year.

Respondents (66.66%) did feel more informed about pregnancy and how childbirth may affect their mental health condition. This included information on relapsing.

A high number of mothers and partners reported no effect on their mental health needs during maternity care. However, more mothers (17) reported maternity care they received, had a negative effect on their mental health needs compared to that of their partners (0).



We also received some general comments from people responding to our questionnaires:

- **“Better information regarding mental health is needed”**
- **“All I needed was advice and support, not being made to feel it was a normal part of parenthood”**

4 partners informed us that if they had been better prepared for the birth themselves, it would have helped.

Mothers and partners also identified good support networks to help them cope with situations. 18 Partners who had mental health challenges during the maternity journey, never spoke about their experiences until now.

54.55% of Partners who experienced mental health challenges during the perinatal journey had admitted they never spoke about it until now.

Professionals are key to providing update and accurate information in a way that people feel supported and able to ask questions.

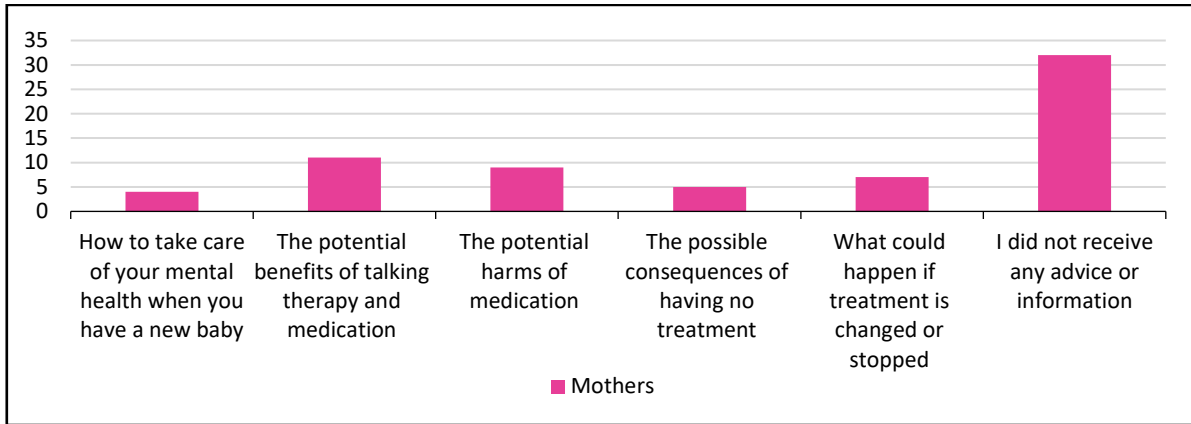
We also heard from people who had children with certain conditions and how their maternity journey was not a good experience. Mothers and partners with a mental health condition or had an experience that affected their mental health, may find this difficult to understand without additional support.

**Case study 1: A mother had a post-natal diagnosis of Down Syndrome (DS) for their child.** “I didn't have a good experience during my time at hospital. I was met by a doctor who had nothing but negativity towards DS such as "they" tend to not walk, talk, feed themselves, access school and achieve anything. I was given tons of outdated leaflets one including an adoption agency and it was hinted to me if I just upped and left, they would understand and know what to do. During DS assessment they told me my child had no heart problems when of course she had two holes. I was pressurized to breast feed with no consideration that my child may not be able to latch. The "encouragement" I received was to be told by the nurse, they would not let me be her first failure...but guess I was. Luckily, I had a strong family and I was able to deal with the shock in a normal manner and ignore everything I was told was "wrong" with DS. Sadly, my experience isn't unusual”.

**Case study 2: Antenatal diagnosis of Down Syndrome (DS) for their child.** “My experience started with being told I was ‘incapable of having a baby’ by a fertility consultant. They told me if I was stupid enough to try for a baby naturally, I had a 95% chance of miscarriage, therefore, it was a wonderful surprise to be told by my GP that I was 3 months pregnant. I was told to go and have my bloods taken; it was compulsory. A fact later explained to me by the consultant in Neonatal that this was in fact optional! Someone called me whilst away and asked if I was at home and if I had anyone with me, she then went on to tell me ‘right, your bloods have come back with a 1:5 result which means that more than likely your baby is Downs so we need to arrange for you to have an amino ASAP – it was not in fact the news that had upset me but the way she told me. After explaining my reasons for not wanting an amino (years of trying to become pregnant and being told I had a high risk of miscarriage and knowing amino held a risk of miscarriage) she kept insisting I needed one. I had to state very firmly that the ONLY reason I would consider one was that I intended to act upon its results; I did not. My child arrived early and was immediately rushed off to neonatal, it was 7 hours before I could see him. We were told the evening of his birth that DS was suspected, and bloods were taken. 3 days later they returned with the words... “I’m sorry”. As soon as I was allowed to care for him I spent all my time doing so. It was during one of our breastfeeding sessions when a registrar came up to me and said “they can’t breastfeed” I asked, “who are they?” to which he replied “Downs babies”. He could quite clearly see he was breastfeeding! The first time anyone said “congratulations” to me was 18 days after he was born when we were being discharged. I went to feed him and noticed a bunch of DS literature underneath his cot, no one discussed the contents of these with me, and more booklets/ information every day on DS. Although I had not suffered with post-natal depression, I was told by a professional “You would be the perfect candidate for Post Natal Depression” - what a statement to make! I don’t remember anyone ever asking how my husband felt or checking on him.

**Mental health and wellbeing support**

A high proportion (47.06%) of Mothers did not receive any information or advice about maternity and mental health. Some advice was incorrect and made situations worse in some cases. Especially those with special needs.



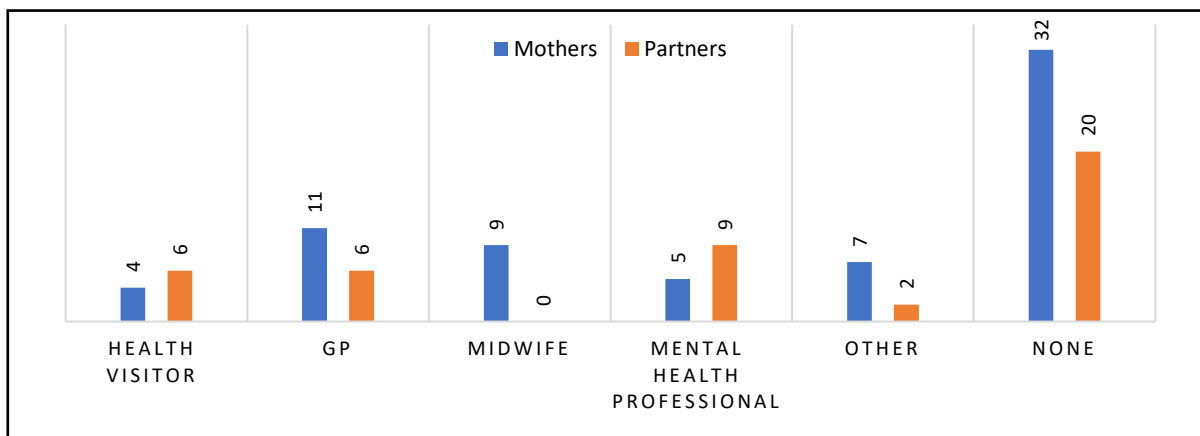
**Table 6 – Information & Advice about maternity and Mental health**

When asked mothers to describe what information and advice they received, 68 respondents told us that; 11 received information on the ‘potential benefits of taking therapy and medication’ while 9 received information and advice on ‘the potential harms of medication’.

Out of 68 mothers who responded, 32 mothers (28.83%) and 20 partners (18.01%) who responded to the question did not receive any mental health support from health professionals. Of those who did 36 mothers (32.43%) and 23 partners did receive mental health support.

Mothers (11) received most support from their GP followed by 9 mothers who stated that their Midwife gave them the most support. However, in relation to 23 partners (20.73%), 9 said they received the most support from a mental health professional and 6 received support from a Health Visitor.

7 Mothers also received support from other professionals, but these had not been listed.



**Table 7 - Professionals offering mental health support**

Out of the 81 people who stated they needed support for their mental health and wellbeing, showed that a higher proportion of 26 mothers (23.42%), compared to 14 partners (12.61%), found it 'neither easy nor difficult to get support'. 10 partners (9.01%) found it very difficult to get support compared to 5 mothers (4.5%).

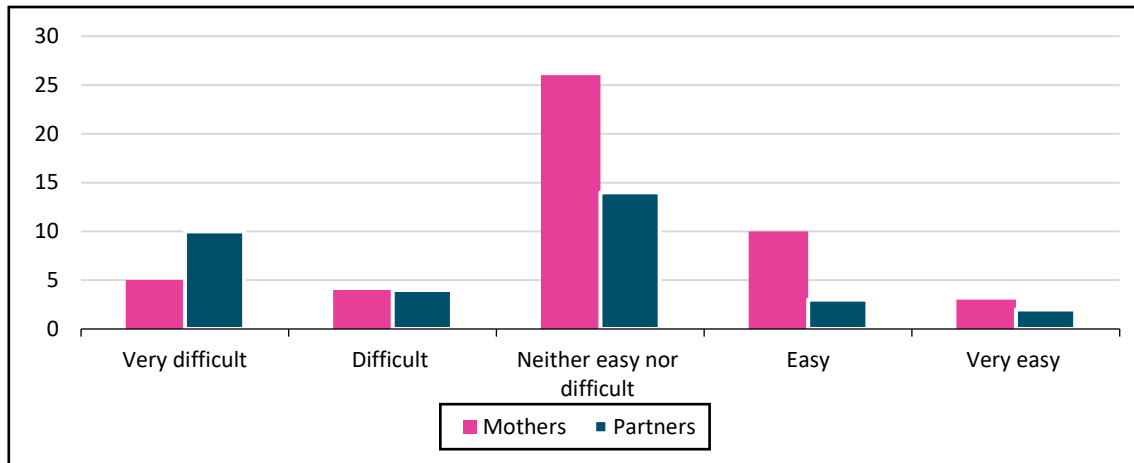


Table 8 – Accessing support

10 mothers (9.01%) found accessing support easy, compared to 2 (1.80%) partners, while a small number of mothers and partners found it very easy – mothers found it easier than Partners. People said:

- “My Health Visitor was brilliant, she cared so much for the families she worked with. She made everyone happy”.
- “All I needed was for someone to just listen to me and help”.
- “Just to talk through with someone who was willing to listen made such a difference”.

We asked people how long it took between asking for mental health support and receiving it. Of the 81 who responded, 39 said this was not applicable (48.15%). A high number of 11 mothers (13.58%) had to wait over 3 months, followed by 6 mothers reporting a wait of two weeks. However, a high number of partners had a wait from two weeks (3) to two months (5).

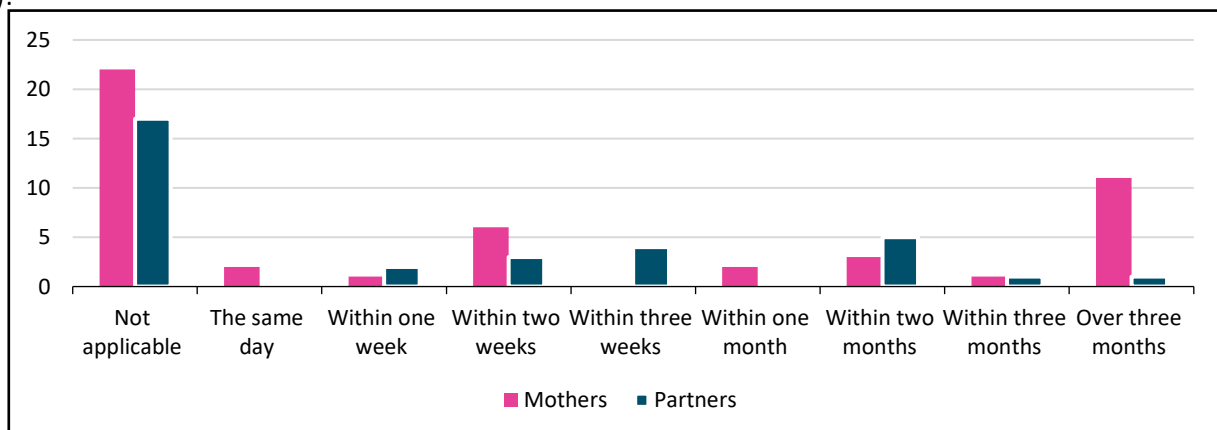


Table 9 – How long people waited for mental health support

The quality of mental health and wellbeing support given to mothers (68) by health professionals, such as a GP, Midwife or Health Visitor varied.

25 respondents (36.76%) said that it was fair. While 10 respondents (14.71%) said it was good. A small percentage (4.41%) said the support given was very good. However, 44.12% described support as being poor or very poor.

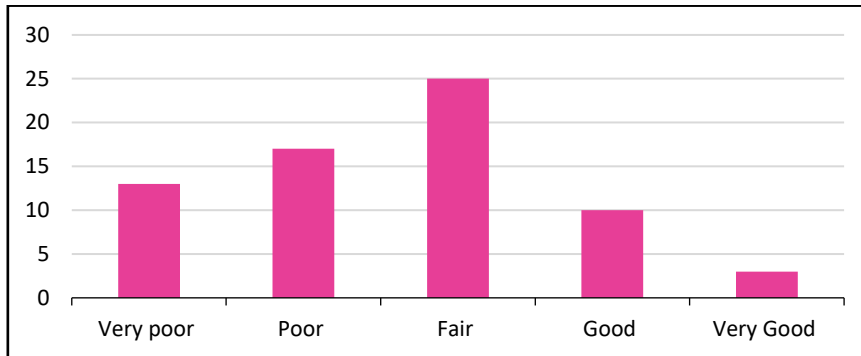


Table 10 - Quality of mental health support given to mothers

### Care plan

Out of 68 people who responded, 45 (66.18%) were unaware they had a care plan in place that considered both their maternity and mental health/wellbeing needs.

16 respondents (23.53%) did not have a care plan in place, while 7 (10.29%) respondents said they did have one in place.

When we asked people if they felt involved in decisions about their care, 68 people responded. 40 (58.82%) did feel involved while, 28 (41.18%) did not feel involved in their care for various reasons.

### What improvement(s) could be made

We invited people to consider on how their mental health & well-being had been supported during maternity. We received a few comments on gaps they found between what they needed and what was currently provided.

Offering suitable appointments will help support mothers and partners.

- “My health visitor arranged a GP appointment for my husband, he was suffering and she was so helpful once we opened up with her”.
- “Quicker appointments/referrals”.
- “Shorter waiting times. I waited over 3 weeks for an IAPT appointment”.
- “Making more time for us. I felt my midwife visits was very rushed, lets not mention the 10-minute GP appointment only”.

We received a lot of feedback on offering appropriate support to mothers and their partners. Awareness of support groups, timing and level of support offered is very important.



- “Giving dad support, they need it just as much as us if not more whilst we are struggling, need to make it as important for men as it is for women”.
- “I just needed to talk, someone to answer the phone”.
- “Support groups are limited in Telford, mother and baby groups are hard to attend when you are surrounded by people who are enjoying parenthood and you are not. Maybe a group we could attend or an online forum we can reach out to. (We discussed the baby buddy app)”.
- “Where even is the support in Telford”.
- “I would say more support after birth, it’s such an overwhelming time”.
- “Not so much pressure on breastfeeding”.
- “Just more support, more checking in and asking how we are”.
- “I was given a lot of support from my Health Visitor and Midwives”.
- “I’m accessing private service and they have been brilliant”.
- “More support during the start of pregnancy”.
- “I needed to cry and let it out, but I felt I would have him taken from me. I had little to no support around me”.
- “Continuity with Midwives”.
- “I needed support for my partner, he was my rock and it was hard to see him suffer. I asked for help for him but I don’t think it’s something that we should have to ask for. The signs were there”.

Peoples understanding of what support groups and community support available varied. There needs to be clear information on what groups and support can offer mothers or partners.

- “More community support, having someone who is available to check in and on hand”.
- “I always associated support groups with addiction groups. I was hesitant to go so I think they need to feel more normal. Maybe a conversation about them not long after birth”.
- “I needed to not be scared to talk, the fear around being honest was overwhelming. I honestly thought I would be judged, and my kids would be at risk of being taken away from me. It was only when I spoke to a mum at baby group that I realised I wasn’t alone. It was more common than I thought”.
- “I think every parent would benefit from having a point of contact to call, I would have benefitted from knowing I could call someone when I felt low and give me a little push and a reminder that I am not a failure”.

Good communication is required between mothers, partners and organisations throughout their maternity journey and post birth. mothers and partners said;

- “I wasn’t listened to, all I wanted was my husbands support during my time in hospital. We had a traumatic labour which I believe to be the reason behind my post

natal depression. He wasn't even spoken to by professionals half the time and if he was it was because he was being asked to leave the hospital due to visiting times ending. I couldn't talk for myself I was too sad, ask our partners. They know us best".

- "I needed honesty".
- "Not to be made to feel like it's normal. It isn't".
- "Conversation around mental health in general is hard, it shouldn't be this hard to talk".
- "Communication to be better, I always had to repeat myself to each midwife and when I next saw my health visitor. It made me feel like no one was actually listening to me just scribbling in a note book".

Mothers and partners need good information around medication. They also require medication reviews to be held regularly to ensure people receive appropriate medication to help with their mental health condition. People said;

- "A review of my medication, more follow ups".
- "More information and advice around medication".
- "If I had my medication reviewed properly, I think it may have had a better outcome and the depression would not have got to the extent it was at"

Involve partners and professionals to help support the mothers. Here's just a few comments people made;

- "After 16 hours in labour and a late night delivery my husband was sent home, I couldn't move from exhaustion and pain. It would have been ideal to let him stay and help me, ringing the buzzer didn't help".
- "I had such difficulty with sleeping after his birth, it wasn't him I just couldn't switch off. I felt anxious closing my eyes. Maybe some support during evening/nights for single parents. Just advice really and top tips for".

Provide appropriate information, advice or guidance to mothers or partners will help provide appropriate support. People said;

- "Once you're open and honest the support will be there".
- "There's so much to take in when having a child, although I don't believe we should be overloaded with information I think it would be nice to have classes/groups for pregnant women to prepare for the birth with Midwives and Health Visitors".
- "I struggled with lack of sleep, when I mentioned it my Health Visitor would laugh and say that's motherhood".
- "How to support my older child with a newborn, she had a terrible time with jealousy and this affected me a lot".
- "Knowing who to talk to when you don't feel right".

- “In general, more information around maternity mental health. I didn’t know how normal it was until I attended my first parent group and it was openly spoken about”.
- “Profesionals saying “baby blues are normal” 3 weeks after birth was not helpful. I felt I was being fobbed off”.
- “24 hour advice and information line maternity mental health? Not sure if it exist, if it does I haven’t been made unaware”.
- “More preparation for labour, having my first child was not what I expected and traumatic”.
- “I felt overwhelmed becoming a mum, it was a lot to take in. I honestly thought I was prepared because the information I was given for preparation was not a lot. I think having a real preparation for such a life changing experience would have helped me”.

Health professionals need to be more understanding and not pressurise mothers or partners. More time with mothers and/or partners may be needed. People told us:

- “Less pressure on breastfeeding, encourage it but don’t try to force it. For some people it just doesn’t happen”.
- “As her partner I felt my emotions didn’t matter, anyone who visits (profesionals, family, friends) ask about my partner and the baby. I found myself dropping into a hole but too embarrassed to ask for help. I felt like veryone expsected me to be ok?”
- “Having a normal conversation about it, we asked “Hows the baby eaten, lets check their weight”, why can’t they say “how are you feeling today emotionally” become just as normal”.
- “It is very easy to overlook signs of depression as something else; I think this should always be the first illness profesionals tackle not last”.
- “I was unprepared for my post-natal depression, it would have only taken one conversation to open my eyes to the possiblity”.
- “I think there’s to much pressure on things like breastfeeding and being the perfect parent. It needs to be more releastic. I wish someone had looked me in the eye and said it might not be easy, but there is help”.

**Case study 3:** We had a traumatic time around the labor, my wife was induced at 38 weeks as baby was losing amniotic fluid. The whole induction process was a nightmare nothing was getting her going until 5 days later she had an emergency “c” section. It was terrifying, everything happened so fast. We were sent home 2 days later. My wife was still sore and in a bit of shock. She developed post-natal depression and we could all see it from as early as the same day. Midwives didn’t acknowledge it or seem to want to entertain it, it’s baby blues, they would say. It was only when my health visitor came over did things change, she said “How are you? Are you sleeping ok, eating ok?” We spoke for about an hour and she was so, so helpful she even asked my husband how he felt. She listened and arranged an appointment with my GP. She made such a change in me by just simply asking how I am, I could tell she cared about me.

Some people who responded to our questionnaires had more than one child and often had different experiences for each birth. So, we wanted to know if they noticed any difference in how their mental health was supported throughout pregnancy and in the first year after the birth with each child. The main areas identified related to support; information, advice and guidance.

**Case study 4:** I have 5 kids, never experienced any mental health challenges with the first 4, all perfect labors and healthy pregnancies. My 5<sup>th</sup> was a horrendous birth and a traumatic labor (Forceps). I experienced depression within the first week, felt down and unable to get out of bed and do normal activities. My midwife told me it's just the recovering from the birth and everything would settle down. I found it very overwhelming being mentally drained and physically with having 5 children. Nobody seemed to want to listen, it ended up with me presenting myself to A&E to say I'm not okay for me to be heard.

Peoples experiences of support varied, however, we found:

- People informed us that there was less support for their second child.
- One person suffered postnatal depression and following the birth of their second child stated "they were offered much more support". More people checking in and easier conversations would be beneficial.
- Each experience was different. People felt there was more support with the second and third child than the first.
- Health professionals need to have continuity in supporting mothers and partners – not just one-off support.
- Some mothers felt there was no difference between the two.
- Support with this pregnancy has been a lot better than the first.
- One person felt better prepared for the labour and their choices respected.
- Health professionals to offer support, be open with people and talk about things with mothers and partners.
- More pressure should breastfeed with second child than first.
- One mother felt Midwives were quicker to leave visits with second child they don't seem to stick around very long.
- Support got better with each child born.
- Information and leaflets given out with first child around various things; but not with the second child.

We would like to thank all those who took part in our research, and contributed through questionnaires, meetings and discussions.

This research showed that, mothers and partners feel a stigma and embarrassment around talking about mental health challenges. Also, 20.59% of those who had shared their struggles amongst professionals felt there was a breakdown of communication between professionals making their experience of getting help difficult.

This study has shown that there is a lack of awareness for Maternity (Perinatal) Mental Health. Furthermore, there is a lack of information and signposting especially around accessing support and medication for mothers and partners throughout the perinatal journey. Therefore, the new Perinatal Mental Health team being community-based, involving partners and a point of contact for all will be beneficial.

## Acknowledgements

<u>Engagement areas</u>	<u>Type of activity/engagement</u>	<u>Number of people approached</u>	<u>Feedback received</u>
Princess Royal Hospital	Corner desk visit	33	22
Consultant led unit- PRH	Corner desk visit	26	11
Early Help Intervention Team	Email	2	2
Shropshire Community Midwife Team	Phone conversation	3	3
Brookside Community Café	Holding drop in visits to engage with mothers and partners visiting the center for parent and children groups.	26	16
Park Lane Community Centre	Attended 4 parent and toddler groups to engage with mothers and partners.	24	13
Strickland Mums Group	Participating with their support group.	2	1
Donnington Medical Practice – Immunisation Clinic drop in	Distributing questionnaires to staff and patients.	5	5
Tel doc Branches	Questionnaires were sent to staff and patients by email and were circulated to stakeholders.	5	0
Shropshire Community Health NHS Trust	Drop in engagement.	4	4
Meeting Point House	Distributing and circulating questionnaires and supporting our Drop in Day.	6	6
The Wakes	Distributing and circulating questionnaires, engaging with the public.	13	9
Telford Soft Play Centre	Supporting our focus group dates with mothers and families.	8	8
Mental Health Obstetric Clinic	Distributing questionnaires to staff and patients, engaging with patients during their visit.	41	19

Supporting Families 0-5 Group The Wakes	Engaging with parents during support groups.	9	9
Supporting Families 0-5 Group Newport Infants School	Engaging with parents.	7	6
Health and Wellbeing Service	Interview with a staff member.	1	1
	Total:	<b>215</b>	<b>135</b>

## Appendices

Number	Title
1	Mother and Partners by age groups
2	Sexual Orientation
3	Ethnicity
4	Religious
5	Disability

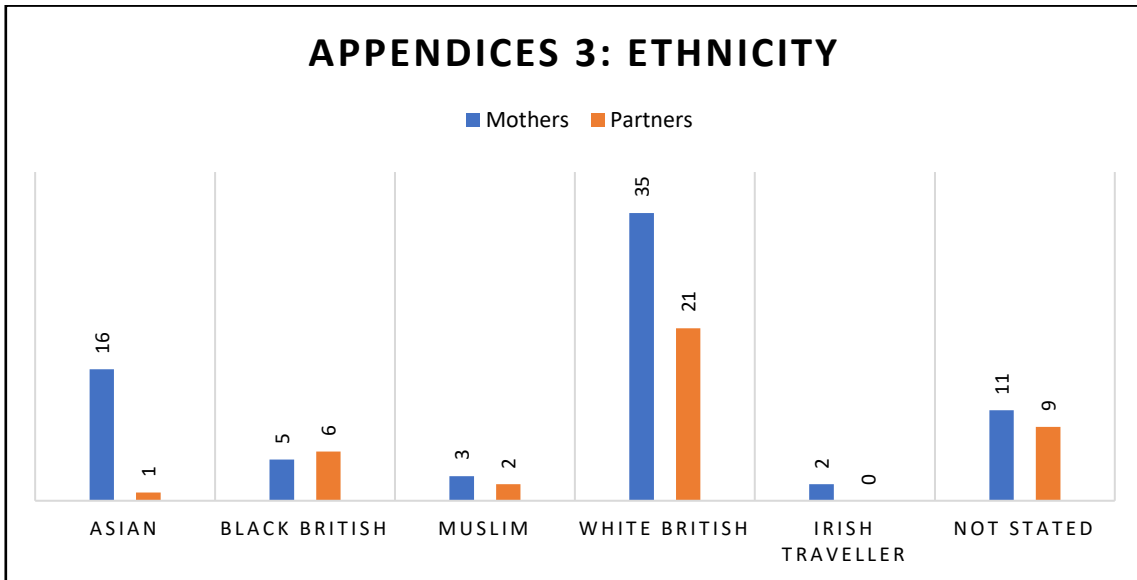
Appendix 1: We had 111 responses to the mothers and partners questionnaires			
	Mothers	Partners	Total
Age 18 and under	8	7	15
Age 18 – 24	15	5	20
Age 25 – 34	33	11	44
Age 35 – 44	7	9	16
Age 45 – 54	8	5	13
Age 55 and above	1	2	3

All partners we identified with are male

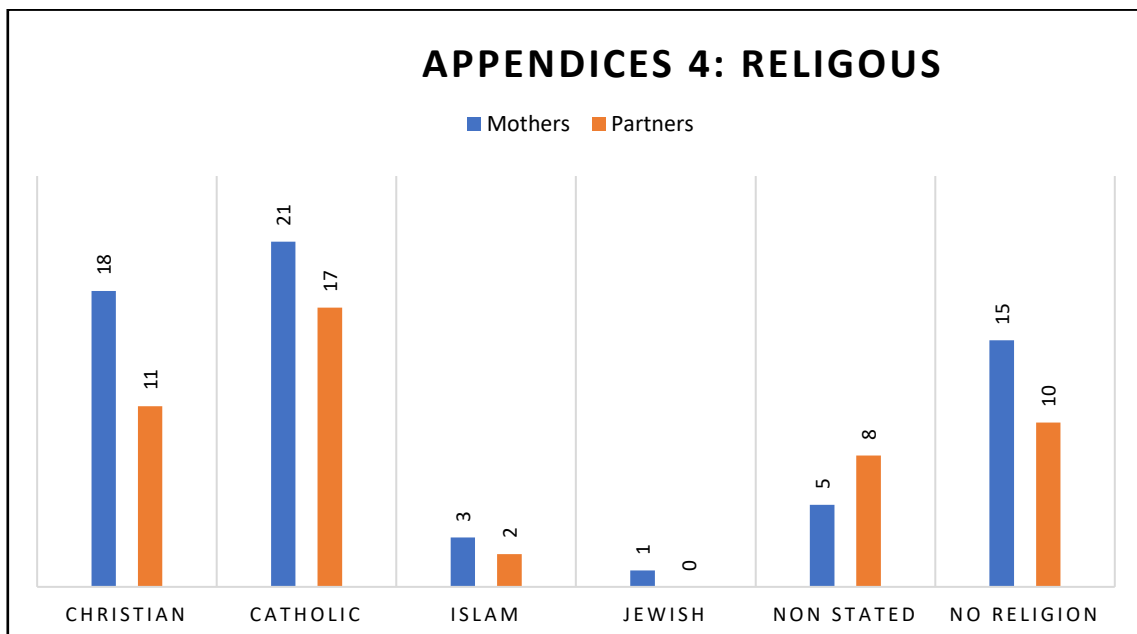
Appendix 2: We had 111 responses to the mothers and partners questionnaires			
	Mothers	Partners	Total
Heterosexual	71	39	110
Bisexual	0	0	0
Gay/Lesbian	0	0	0
A sexual	0	0	0
Pansexual	0	1	1

All partners we identified with are male

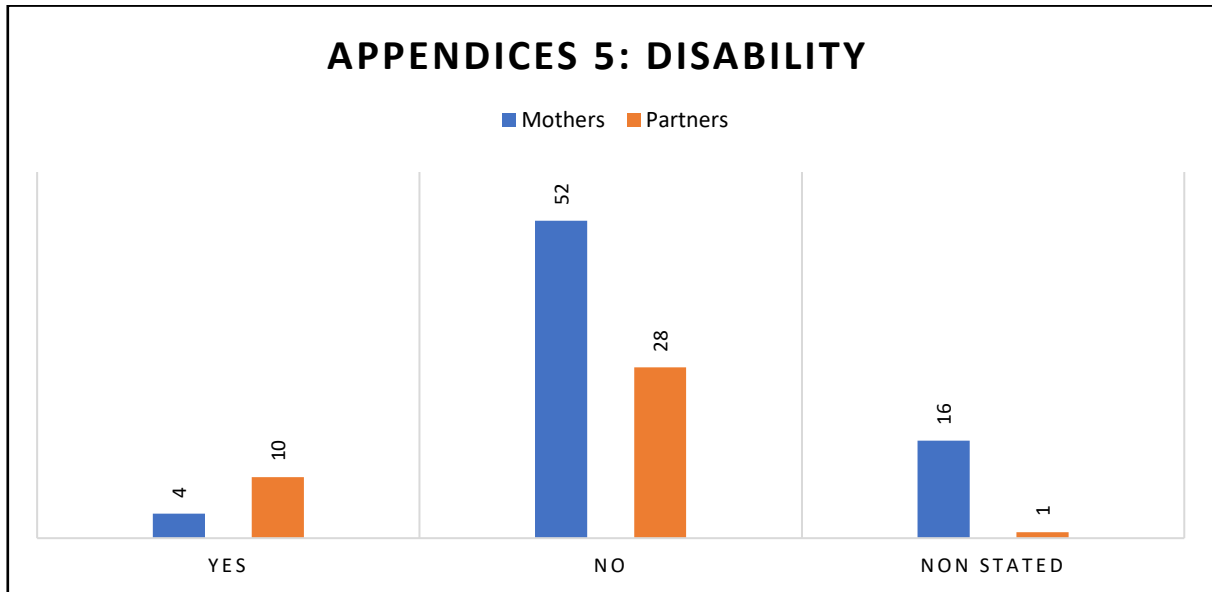




All partners we identified with are male



All partners we identified with are male



All partners we identified with are male

**For more information**

Healthwatch Telford and Wrekin, Meeting Point House, Southwater Square

Telford Town Centre TF3 4HS Telephone: 01952 739540

Email: [info@healthwatchtelfordandwrekin.co.uk](mailto:info@healthwatchtelfordandwrekin.co.uk)