

Experiences of Perinatal Mental Health Support in Wokingham Borough

**What are mother's
mental health needs in
the time before and
after having a baby?**

**How can services meet
those needs?**

Contents

	Page
Contents	2
Introduction	3
Background	4
Current Local Provision	5
What We Did	7
What We Found	8
Survey Results	9
Support From The Community	22
Conclusions and Recommendations	23
Responses from the organisations involved	25

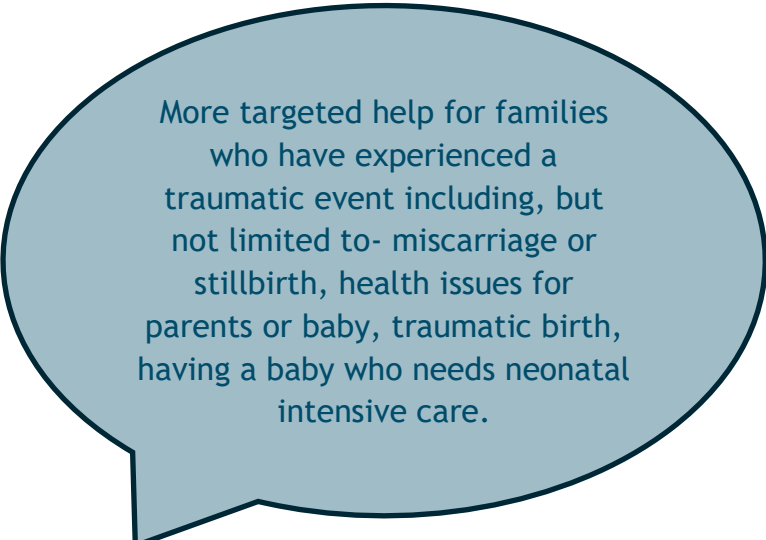
Introduction

When a baby is born it is usually a joyful event. However a national survey by the [National Childbirth Trust](#) showed that 50% of new mothers felt they had a mental or emotional health problem and 42% of those did not seek help from a health professional.


Estimates of the incidence of postnatal depression in the general population are 10-15 for every 100 women who have a baby. ([Royal College of Psychiatrists 2020](#))

Through previous community engagement the Healthwatch Wokingham team were aware that mental health support for new parents does not always meet the needs of the local population. We went into the community to gather experiences and provide an insight into the current provision and understand more about how having a baby can affect parent's mental health.


Our project identified some key areas in Wokingham Borough that would benefit from investment for the future.




More targeted help for families who have experienced a traumatic event including, but not limited to- miscarriage or stillbirth, health issues for parents or baby, traumatic birth, having a baby who needs neonatal intensive care.



Facilitated mental health peer support groups based in different areas of the Borough



Increased availability of quality breastfeeding support.



Provision of face to face counselling and access to the perinatal mental health team for more women.

Background

The effect of un-supported and un-diagnosed mental health conditions can be felt down the generations. **Healthwatch England's 2019 report** highlighted the importance of developing a strong bond between Mother and Child. This will support the mental health of the next generation. **Local CAHMS transformation plans** recommend prioritising maternal mental health as a way of safeguarding the future of children.

The most recent **MBRRACE report (2018)** also emphasised the importance of raising awareness of maternal mental health as maternal suicide is still the leading cause of death in the first year after childbirth. As part of the long term plan, following on from the 5 Year Forward View for Mental Health, the NHS are investing money into providing better mental health support for Mothers. We wanted to know what people in Wokingham have experienced and what they feel could be improved.

In our survey 42% of people who had been diagnosed with a mental health issue had anxiety, compared to 31% with postnatal depression. This is interesting as there is a greater awareness of postnatal depression which could affect parent's desire to seek help.

The perinatal period is the time during pregnancy, birth and up to a year postpartum. During this time women and their partners will meet services who play a part in emotional as well as physical care and can diagnose and refer to mental health professionals. There are a range of treatment options available depending on the severity of the mental health issue. This can lead to a confusing landscape both for parents and professionals.

Current local provision



Midwives - Women will see a community midwife during their pregnancy. Wokingham midwives operate within different teams and each team has a caseload of women. Midwives should ask about previous and current mental health problems during pregnancy. If a mental health need is identified midwives should draw up a personalised care plan with the woman. During labour women in Wokingham may go to Frimley or Royal Berkshire hospitals or choose to have their baby at home. This will affect the midwife care they receive in pregnancy, for example women who are booked for a homebirth through Royal Berkshire Hospital will have their antenatal appointments at home rather than at a GP practice or children's centre and be looked after by the same midwife during pregnancy, labour and postnatal period.

Health Visitors- They work in partnership with families to maintain the health of young children up to the age of 5. Only 37% of mothers received a first face-to-face antenatal contact with a health visitor, which is lower than the national value. ([JSNA](#)) Due to routine appointments at 2 weeks and 6/8 weeks after birth, health visitors could play a key role in identifying issues and supporting mothers.

GP- Women will see their GP for routine appointments during pregnancy. Although there is no obligation to discuss mental health during these appointments many GPs do. The 6-week postnatal check provides an opportunity to review wellbeing and mental health, however these appointments can be short and the GP will need to assess Mum and baby's physical health too.

Talking Therapies - People can self-refer to Talking Therapies or be referred by a health professional. There is usually a waiting time before starting treatment. They could offer phone or web-based support including cognitive behavioural therapy.

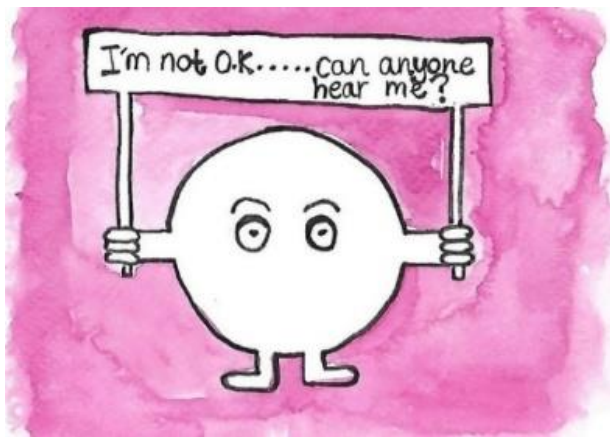
SHaRON (Support, Hope and Recovery Online Network)- Mums need to be referred by a health professional. They can then access an online forum to make connections with peers.

Perinatal Mental Health Team - Women who are at risk of severe mental health difficulties will be referred to the perinatal mental health team by their GP or Midwife. The team will make an assessment and decide the best treatment or signpost to other support including Children, Young People and Families Service to address bonding issues.

Children's centre staff - Wokingham [children's centres](#) are placed at key locations within the borough (Norreys, Finchampstead, Twyford, Winnersh, Woodley and Shinfield.) They provide events and activities that can promote positive mental health. Early intervention teams are based at children's centres, parents could be referred to them if mental health issues are making it hard for them to care for their children.

Charities and Voluntary Sector Organisations - such as [PANDAS](#), [Maternal Mental Health Alliance](#) and [MIND](#) provide online and telephone support. [National Childbirth Trust](#), [BIBS](#), church groups and community groups run social groups. Although these don't have a specific mental health focus, they can help reduce social isolation.

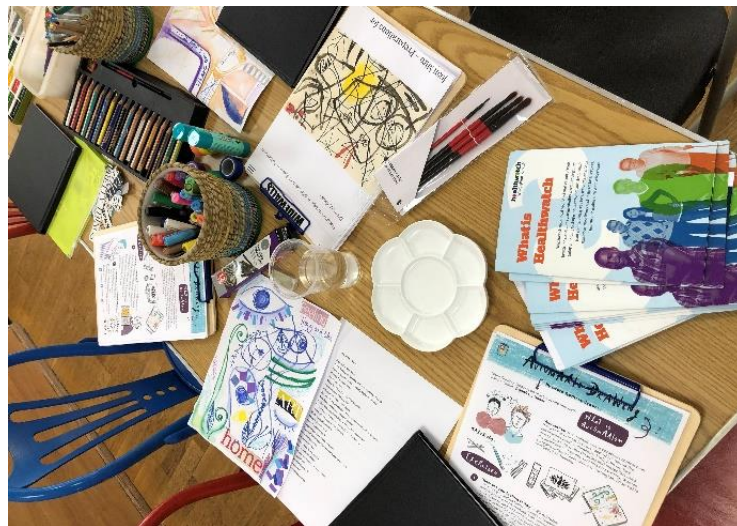
It should be noted that there are no statutory checks for Dads or female (non-birthing) partners during or after pregnancy. Some partners will attend antenatal or postnatal appointments, but the focus will be on Mum and baby. Some [research](#) has shown that partner's mental health can be affected by parenthood, particularly if the Mother is also struggling.



What we did

Designed and circulated a survey using social media and community-based partners and received 67 responses.

We visited messy play groups at Starlings and Rainbow Park children's centres. We hoped that by accessing children's centres in areas of economic deprivation we would reach parents in more vulnerable groups.



We ran creative journaling workshops for Mumzone, a group set up as a holistic health and wellbeing intervention targeting inactive mums at risk of poor mental health in Wokingham. We facilitated 4 sessions over a 3 Month period in 2 locations.

We visited a support group for parents who have had a baby in special care at Royal Berkshire Hospital run by BIBS charity. We used visual images depicting different types of support to facilitate group discussion.

Highlights of what we found

72% of people reported that their mental health had deteriorated in the perinatal period.

37% felt worried or anxious a lot of the time.

42% of people were not able to manage their mental health problems using NHS services available to them.

30% experienced low mood or were not able to enjoy life.

People identified traumatic events during their pregnancy, birth or early parenthood and described how these affected their mental health.

Mothers often felt they could not ask for help and did not feel that a conversation about mental health was genuinely wanted when health professionals initiated it.

Our full analysis asks questions about why this is and what improvements service users would like to see.

We used the data from our survey alongside qualitative information from our face to face engagement events to look for themes using thematic analysis. We have illustrated the main themes found with quotes and comments collected by Healthwatch staff and volunteers during our free form discussions or survey responses.

Survey results

The survey questions were discussed and checked with a group of new Mothers attending a Wokingham breastfeeding support group. Some changes were made based on their feedback to ensure the questions were easy to understand and elicited useful responses. We then tested the survey design with a focus group of 5 Mothers before going live.

Of the 67 surveys we received 5 people live outside of Wokingham Borough in RG7 and RG42. We decided to include these responses to provide additional insight but have highlighted where a comment was from someone in this set.

The remaining responses showed a good spread across the Borough including Earley, University area, Wokingham town, Finchampstead, Woosehill, Barkham, Sindlesham, Winnersh, Hurst, Twyford, Wargrave, Woodley and Arborfield.

The mix of ethnicity was representative of the local demographic.

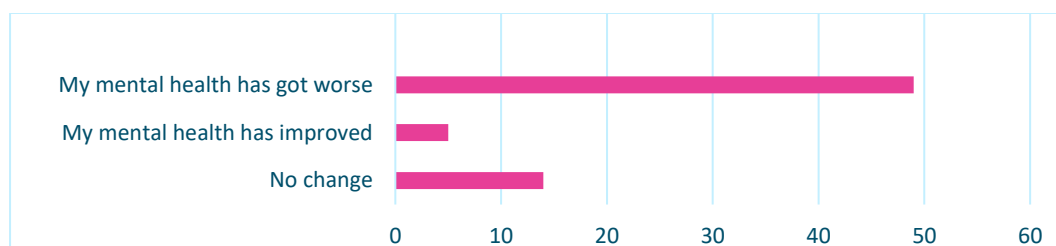
Limitations of the report

We began the project with the aim of hearing from all parents, but our survey data told us that 94% of respondents were Mothers. The number of Fathers engaged with was too small to analyse as a separate group, so their data has been included alongside the Mothers.

The average age of survey respondents was slightly higher than the typical childbearing age for the Borough. We did not hear from anyone aged under 20 and although this makes up a small percentage of the population (Only 0.9% of Wokingham mothers are under the age of 18) this group are known to experience mental health challenges. In the future we would like to engage with people in this demographic.

Question 1

Regarding your mental health, have you noticed any changes since before you or your partner were pregnant?



Could you tell us more about this?

We used thematic analysis to code the 39 responses in this section. The most common responses were:

Increased anxiety. More people told us that they were struggling with anxiety since becoming a parent than any other response. 36% of responses mentioned increased anxiety.

- “ I am more anxious as a lot of the time, I worry something bad could happen to my daughter.”
- “ During my last pregnancy my anxiety was very high, general day to day tasks at times were a challenge.”

Miscarriage, baby loss and birth trauma. Women who have had a previous stillbirth, miscarriage or baby loss are more likely to suffer from poor mental health in future pregnancies. ([Nynas et al 2015](#)) ([Tavoli et al 2018](#)) ([Gravensteen et al 2018](#)) It is estimated that up to 1/3 of women experience birth trauma. ([Reed 2017](#)) Their birth partners could also suffer from poor mental health as a result of witnessing a traumatic birth.

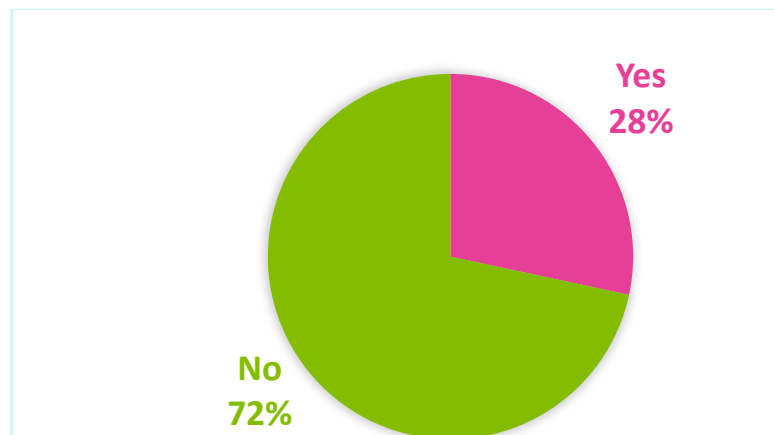
- “ I had lost a previous pregnancy at almost 12 weeks and had similar symptoms with my second, which I think was a contributing factor in being diagnosed with anxiety at 10 weeks. Over 5 years on, I am still undergoing treatment.”

Tiredness. Tiredness is common due to increased night waking with the baby but can also be a symptom of anxiety or depression. 10% of our survey respondents felt tiredness contributed to poor mental health.

Healing previous mental health issues/ time is a healer. We also heard from parents whose positive experiences of birth or parenting helped them with their mental health.

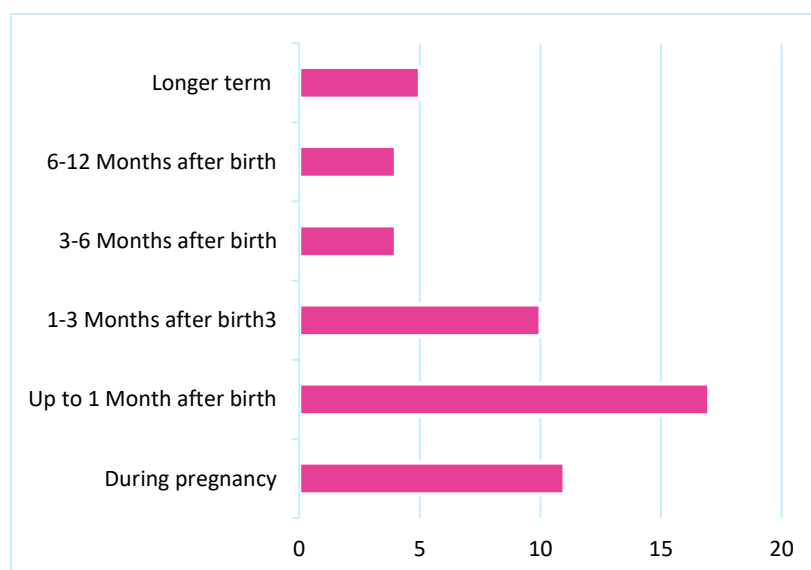
Question 2

Did you have a mental health issue before pregnancy or your partner's pregnancy?



Question 3

If you feel your mental health has declined, at what point did you realise something wasn't quite right?



Question 4

Who first noticed the change?

- Myself-75%
- My Partner 10%
- Midwife, Health visitor or GP- 11%
- Others (including, friends/ family) 4%



Question 5

What did you/they notice?

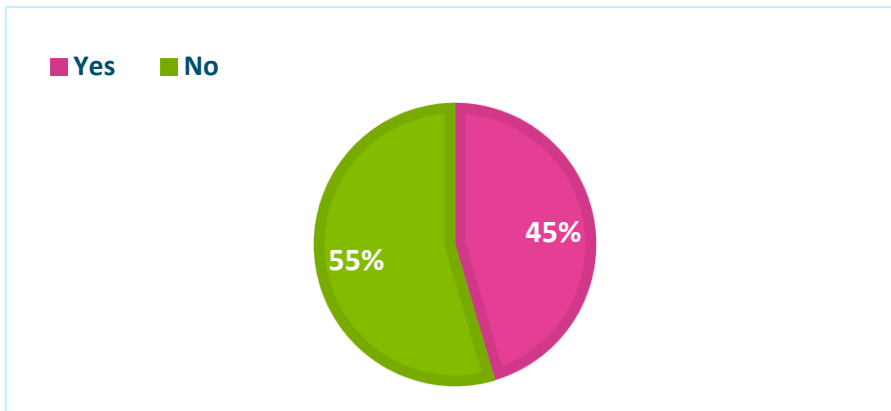
- 37% of people felt anxious or worried
- 19% of people were angry or irritable
- 30% people felt low mood or that they were not enjoying life
- 14% Lack of confidence
- 11% were worried about their relationship with the baby

During my Son's 12-week injections he started crying. I commented that he didn't seem to like me very much and the nurse picked up that it was an unusual thing to say.

I was feeling anxious, heart racing. Not wanting to be away from my baby at all (even to go to the toilet) and not wanting to go out when I am usually very sociable.

Question 6

Did the 6-week check-up with your GP provide an opportunity to discuss your mental health needs?



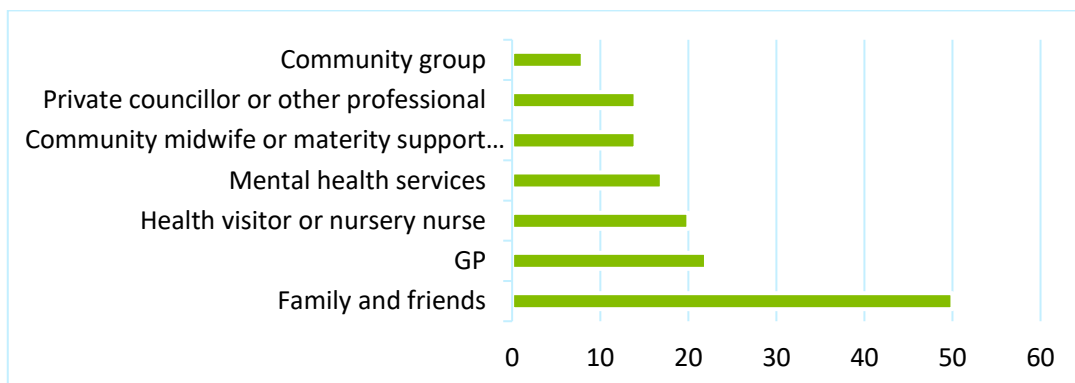
Question 7

How long was your 6-week check?

31 people could remember the details of the appointment. Of those 41% had an appointment of 10 minutes or less, 35% had a 15-minute appointment, 10% saw their GP for 20 minutes and 13% had longer than 20 minutes.

Question 8

Who did you receive help from? Please choose all that apply.



Question 9

Can you tell us more about the help you received?

Although most of the Mothers received help from their family and friends those who didn't told us they feel vulnerable as they either don't have them nearby, or they don't feel able to open-up to them.

I have found it really difficult to get the help I need. My partner has been very good but, in my culture, we don't really talk about our feelings so my family have found it very hard.

I didn't say how anxious I was feeling and covered it up. There wasn't really the opportunity to say how anxious I felt, and as I did feel very happy just being with my baby it felt no reason to say anything, but there was an underlying anxiety all the time, and I felt panicked if I had to leave the house.

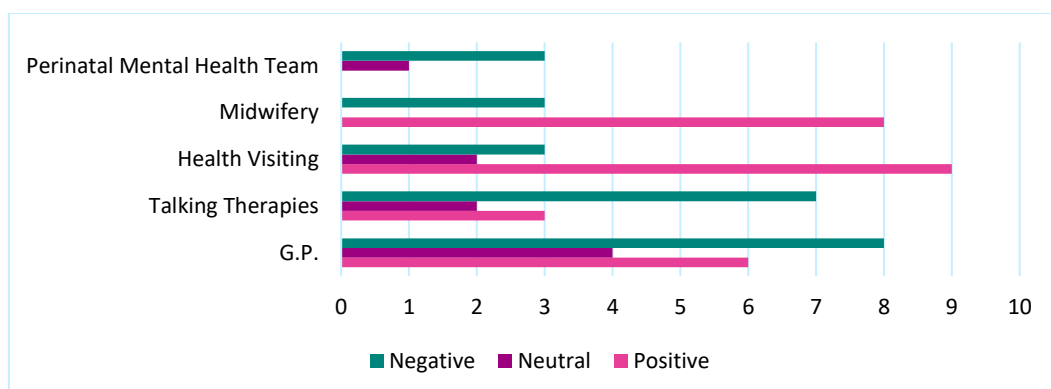
I think there is too much focus on the baby, people forget about the Mum. I want to have an honest conversation about how I am feeling but don't think I can unless I am telling them that I have postnatal depression. I just think I am finding things a bit hard at the moment.

Those who have strong social support were often able to cope with their mental health difficulties.

My family provided all the help I feel I needed at the time. I do however feel I could have or still can go to my GP should I need too. Though I am still anxious I feel discussing this with family members usually helps.

My Mum came to stay with me and gave me a lot of help. I didn't feel I needed any help from elsewhere.”

We received varied comments about all the support services.



Although some people had a positive experience this was not universal, and some Mothers felt let down by the support they received. Those who told us they had good support often mentioned the relationship they established with their Midwife, health visitor or therapist. Key themes were:

Feeling unsupported by healthcare professionals

“At my 6-week appointment the GP kept repeating he was asking questions from a standardised survey, didn’t seem interested in my answers.”

“First of all: Talking Therapies but found their approach very judgemental to my symptoms- I did not fit neatly into their "box".

Lack of opportunity to discuss mental health or they didn’t feel a conversation was wanted

“My midwife asked how I was feeling but not in depth you know.”

“I went to my GP and felt they focused more on the issues with my baby rather than my mental health.”

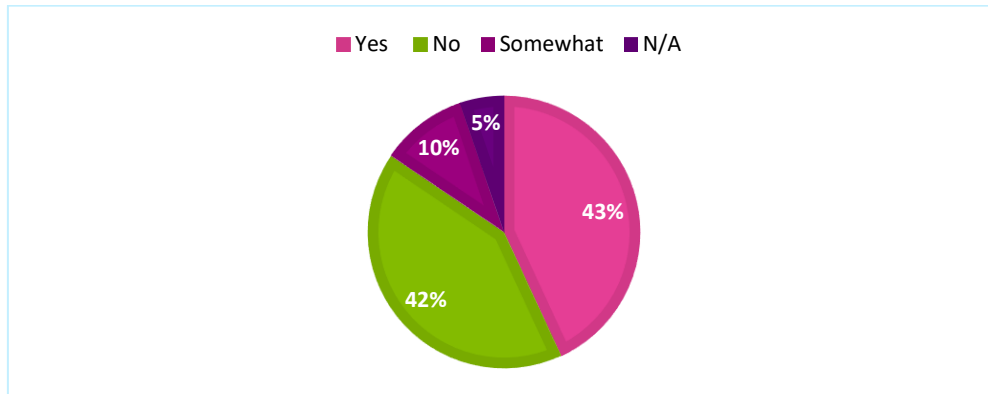
That the type of support they were offered was not enough for their needs

“When my daughter was 19 months, I was admitted into a private mental health hospital. Whilst I had lots of checks prior to this through my GP and health visitor the support wasn’t robust, and it was only a matter of time before I would have ended up in an NHS hospital which luckily we could avoid due to having private health insurance.”

“After the baby was born my doctor recommended, I contact talking therapies, but I didn’t want to. I think I need intensive psychological help not a phone call. I paid for counselling myself but have had to stop as I can’t afford it long term.”

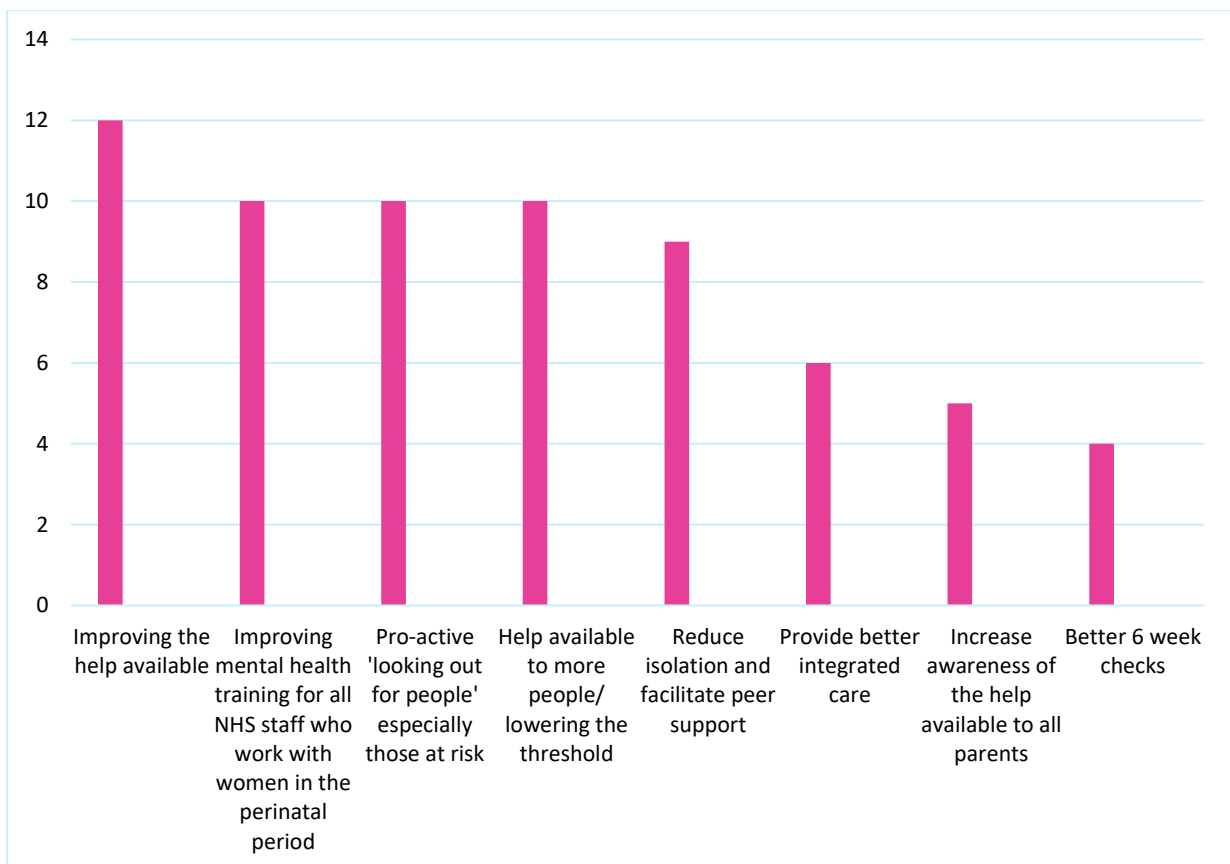
Question 10.

Would you say you were able to manage your mental health problems using the NHS mental health services available to you?



Question 11

How could your experience of NHS mental health services be improved? What would you like to see changed?



Question 12

Were there any circumstances around pregnancy, birth or the early days with your baby where you felt NHS services contributed positively or negatively to your mental health?

While mental health is a complex issue and there are often multiple triggers, many women were able to pin-point specific incidents that had a positive or negative affect on their wellbeing. We have given a summary of the freeform comments received.

Care during pregnancy

Women reported that their mental health was affected by physical health difficulties in pregnancy. A theme emerged, where women who were not presented with a choice or were coerced into a course of action that did not represent their wishes struggled to reconcile events leading to mental health issues.

There is body of evidence which suggests that women's experience of pregnancy and labour (not just the outcome) has an impact on their ability to bond with their baby and long-term mental health. ([Cooke and Loomis 2012](#))

Therefore, it is recommended that steps are taken to provide choice and autonomy for women. Alongside this, where physical health difficulties have presented in the perinatal period extra care should be taken to refer women for further mental health support if needed.

Care during labour

When women reported positive experiences of care in labour, they commonly mentioned the support of midwives, the outcome of the birth or that their choices were respected.

By contrast care that had a negative effect on Mother's mental health was said to lack respect or choice. Birth trauma is common affecting around a third of Mothers, it is estimated that about 5-8% of women go on to develop PTSD. ([Birth Trauma Association 2018](#)) Difficult births or poor outcomes are also a risk factor for postnatal depression. We heard from women who had experienced trauma caused by unexpected interventions, mistakes made by healthcare workers or lack of listening.

Where Post Traumatic Stress Disorder is diagnosed or suspected access to evidence-based therapy is essential. ([NICE 2014](#))

Postnatal care in hospital

Following a difficult birth Women are likely to need an extended stay in hospital therefore most of the comments received were from Mothers who were recovering physically and psychologically.

Kindness or lack of kindness was the primary theme here. Midwives were sometimes seen as being task orientated and not prioritising the mental and emotional wellbeing of the Mother.

Postnatal care in the community

National Institute of Clinical Excellence (NICE) guidance tells us that postnatal care should be a continuation of care offered in pregnancy and birth. A postnatal care plan should be developed in pregnancy or as soon as possible after birth. This should include the mental wellbeing of the Mother and can help to improve continuity of care.

Again, many women felt they could not ask for the help they needed. Therefore, using the postnatal care plan would help postnatal workers to understand the previous and current circumstances of the family and offer increased support accordingly.

Feeding issues

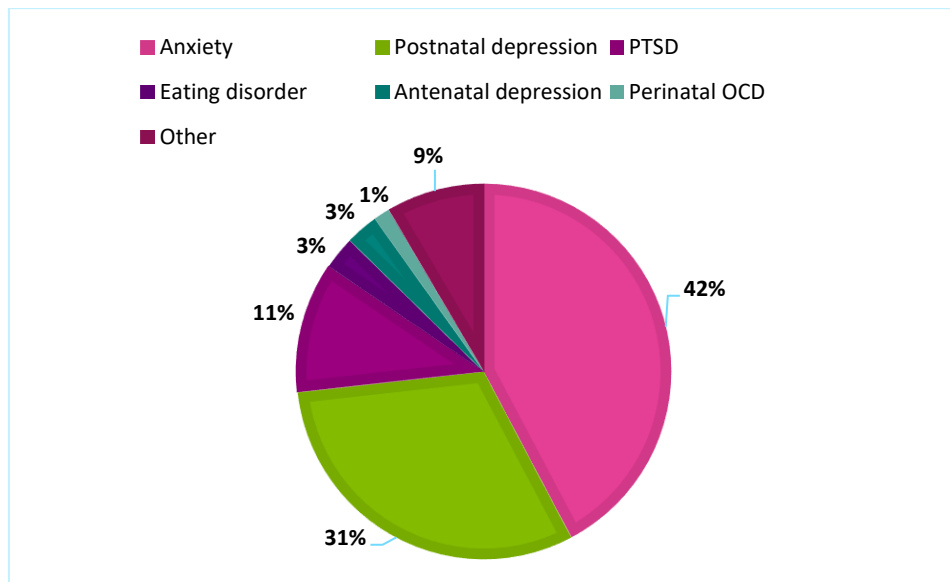
We heard that breastfeeding really matters to women and those who did receive good support felt that it benefitted their mental health.

Those who did not receive the support they needed to initiate or continue breastfeeding described lack of empathy or understanding of their breastfeeding relationship. There is debate about the link between breastfeeding and maternal mental health, but it was clear that for many Mothers we spoke to, the treatment they received as well as the breastfeeding outcome itself was significant.

In Wokingham breastfeeding support is provided by midwives or maternity support workers in hospital and the immediate postnatal period. Royal Berkshire Hospital has a feeding clinic that women can be referred to. There are also Breastfeeding peer supporters who work from children's centres or social groups.

We recommend raising awareness of the support available and ensuring that women in all areas are able access good quality support on a regular basis. Increasing the frequency and geographical spread across the Borough of groups would allow more people to access help.

Question 13. If you have a perinatal mental illness, what did/do you have? Please choose as many as necessary





Support from the community

Whilst undertaking this piece of research it became apparent that support provided by community groups was critical in supporting mental health and wellbeing.

Healthwatch visited a variety of community groups in the process of this project including Children's Centre sessions, National Childbirth Trust bump and baby groups, Mumzone and BIBS support group. Without exception they were seen positively by the people who used them. Women felt that having a space to engage with other Mothers and participate in an activity that had a positive effect on their wellbeing helped them to cope with mental health challenges.

Provision of peer support could play a key role in future mental health provision and has benefits for both parents and NHS. There are several possible ways to approach this and there are already projects running in other areas of the country including the 'Parents in Mind' program run by the National Childbirth Trust and Sutton Perinatal Mental Health Peer Support Group.

The Maternal Mental Health Alliance has developed a set of 5 principles about what makes a good peer support program, available [here](#). These principles echo the thoughts of the Mothers we spoke to.

- 1) Good perinatal support is safe and nurturing.
- 2) Good perinatal peer support is accessible and inclusive.
- 3) Good perinatal peer support compliments, rather than replicates the work of clinical mental health services.
- 4) Good perinatal peer support provides opportunities for meaningful involvement of people with lived experience and peer leadership.

- 5) Good perinatal peer support benefits everyone involved, including peer supporters.

Mumzone Group

Mumszone was a holistic health and wellbeing intervention targeting inactive mums at risk of poor mental health in Slough and Wokingham. The weekly programme provided physical activity in the form of yoga and support through informal workshops to encourage behavioural change. Steering groups have been established in both areas made up of 15 local experts in the areas of peri-natal health and wellbeing and the intervention was shaped by local mums. Intervention aims:

- 1) Improve mental health and physical wellbeing.
- 2) Provide messaging and signposting.
- 3) Offer an opportunity for mums to get together in a comfortable setting.
- 4) Aid social networking and peer support.



The project has now reached a conclusion with some positive results.

Healthwatch Wokingham facilitated 4 creative journaling sessions at Mumzone. This was welcomed by the participants who felt that journaling and the resulting discussion helped their wellbeing.

Each session had a theme such as ‘My Journey’ and involved creating a journal entry, discussion of mental health support and sharing the pages created. The group participants supported each other to open up about their experiences and share the joys and challenges of a new baby.

BIBS Family Support Group

Babies in Buscot Support Group (BIBS) is a Monthly group run by a trained facilitator for parents whose babies have spent time in Buscot special care ward at Royal Berkshire Hospital. We were interested to hear from parents who have experienced a difficult start and understand more about the support they needed.

We used some hand painted images showing different interpretations of support or lack of support and discussed the experiences of parents in the group.



The group were very positive about the help they received from BIBS and in particular the family support practitioner, alongside other members of the support group.

The group produced these messages to show how they could have been supported better with their mental health.

I THINK ALL STAFF ON MATERNITY WARDS SHOULD HAVE BASIC MENTAL HEALTH TRAINING



More Control over day to day care.
More consistency in doctors ward rounds
GPs are clueless!



Parents who have had a baby hospitalised after birth are a particularly vulnerable group. They have a much higher risk of PTSD + PND and need support, easy access to services (psychotherapy) and clear pathways. " should be FREE!



My husband was diagnosed with PTSD and postnatal depression. NO-one checked if he was OK. He had to reach crisis point and I forced him to go to the doctor. We have some really good Mums support groups but we need to have the same for Dads to avoid getting to Crisis.



Conclusions and recommendations

Listening to women's stories highlighted the different journeys that families take through the perinatal period. The challenge for care providers is to work together to give individualised care that benefits the mental health and wellbeing of the entire family.

We would like to thank all the parents who took the time to contribute their experience to this report. As services re-start post Covid-19 it is hoped that the findings and recommendations from this report are considered.

The NHS Long Term Plan committed to helping an extra 24,000 people by 2023/24 to prioritise Mother's mental health and therefore facilitate strong attachment with their baby. Our project identified some key areas in Wokingham Borough that would benefit from investment for the future.

These are our recommendations for providers and commissioners



Provision of face to face counselling and access to the perinatal mental health team for more women. The threshold for accessing the perinatal mental health team prevents some Mothers who are experiencing psychological distress from getting treatment other than Talking Therapies. We heard that this is not suitable for everyone and women wanted other options.





More targeted help for families who have experienced a traumatic event including, but not limited to- miscarriage or stillbirth, health issues for parents or baby, traumatic birth, having a baby who needs NICU support. People told us they need more opportunities to discuss their mental wellbeing with health professionals. This is especially important when there is a pre-existing mental health issue, traumatic birth or pregnancy or lack of social support for the family.

Despite more conversation and acceptance of mental health issues women still felt there was stigma about asking for help.



Increased availability of quality breastfeeding support. Women told us that being able to access the help they needed to breastfeed their babies for as long as they chose was important for positive mental wellbeing.

 **Facilitated mental health peer support groups based in different areas of the Borough.** Provision of peer support can play a key role in raising awareness about maternal mental health and wellbeing. This could be especially important for those who are isolated and lacking in family support. We heard how much women valued all the groups we visited; they voiced the need for more facilitation with a focus on mental wellbeing.

 **More collaborative working between health professionals resulting in better integrated care.** During pregnancy, birth and the postnatal period women will encounter a range of people including, GP, midwives, health visitors, antenatal educators, breastfeeding supporters, children's centre workers and volunteers. We heard that continuity and consistency are key.

 **Maternal mental health training for all health professionals working with families during the perinatal period.** Although we heard from women who were well supported there were some who felt let down by the people who cared for them. Fear of judgement prevented Mothers from talking openly about their mental health.

 **Comprehensive 6-week checks that include mental health offered to all Mothers.** Following the engagement for this report, funding was made available in the new GP contract to include the physical and mental health of the Mother in the 6-8-week postnatal check. This will be a key opportunity to discuss Mother's mental health and support families to access treatment. We look forward to seeing this being offered by all GP practices in Wokingham.

This was a small sample and we would recommend that a larger piece of work takes place to engage with both Mothers and Fathers, including young parents and others in vulnerable groups.

Response received from Berkshire Healthcare NHS Trust

Thank you for opportunity to review and comment on your findings.

In response to page 5 (Health Visitors):

Wokingham Public Health commission face to face ante-natal contacts for mothers with identified needs, e.g. previous history of mental health; child protection; previous still birth which means that unmet needs around mental health in the family are not identified. For other ante-natal parents they are sent a letter about the HV service with a link to a number of resources about preparation for a new baby, details of how to contact HV. Health Visitors rely on information being passed from midwifery, and the information flow is not straightforward. The midwifery service offer different service levels depending on the hospital of choice / type of delivery which contributes to fragmentation of service for mothers and inequity e.g. those who have home births receive care from 1 midwife, not a team. The Health Visiting service are working with RBH midwifery partners to improve communication between services.

The Health Visiting service is commissioned to provide face to face individual appointments in the home for the new birth visit between 10-14 days, when a Family Health Needs assessment is undertaken. It is quite common for partners to be present, and they are included in the conversations about transition to parenthood. It is important to note that the Family Health Needs Assessment (FHNA) is a holistic assessment of the family unit. Families are diverse, and may include single parents or same sex parents.



The FHNA covers adults experience of being parented, and both parents are encouraged to be present at new birth visit, and are welcome at subsequent contacts. If issues are identified, either or both parents can be signposted to self-help, talking therapies or Perinatal MH, dependent on identified needs.

The Healthy Child Programme (2009) recommends that the post-natal check is undertaken by a Health Visitor. The currently commissioned model in Wokingham is that contact with parents on a universal caseload is undertaken by members of the skill mix team who have undertaken additional training in a clinic setting (currently online due to Covid); whilst we work to enable provision for parents to share their concerns about mental health at these clinics the model does not provide an optimum opportunity for that. It is only for targeted families (as described above) that the 6-week check would be undertaken by the Health Visitor in the home.

Health Visitors work closely with parents and can refer mothers for peri-natal mental health support should a need be identified. There is no mention in the report of the 6-8-week Health Visiting service appointment; this appointment has a strong focus on maternal mental health and that of the family / partner. However, it is not uncommon for this appointment to be attended by the mother only, as often the father/partner has returned to work by this time.

We have noted that there is a common theme that mothers do not feel they are able to ask for help – we will explore this further and we agree that the provision of mental health needs to be increased and more joined up working between services would improve access for parents and allow them to discuss their wellbeing more freely.

It would be helpful to understand if parents were asked about their post-natal appointment with the Health Visitor service and whether questions were asked regarding the mother's mood and wellbeing. We feel this is important as the general post-natal check is focused on infant and maternal health and includes a feeding assessment.

In response to page 20 (Feeding issues):

Wokingham is the only locality in the West of Berkshire to have the Breast-Feeding Network (BFN) commissioned and they offer 3rd sector support alongside and separate to the HV service for breast feeding.

There are breastfeeding champions within the Health Visiting Team and there is a Health Visitor who is a lactation consultant and acts as a resource for professionals as well as being able to offer direct support to families. The service also runs a daily Health Visiting telephone advice line, which parents are made aware of at every contact. Consultation through this, can, if needed result in further support. It is important that there is close liaison with the RBH around infant feeding with robust pathways which ensure if a mother and her baby require specialist

support for a more complex feeding issue, that this is carried out via a referral process on behalf of the mother. This ensures that there is continuity in who provides the additional support, less stress on arranging appointments, travelling to appointments and that each referral is specific to that mother, with a thorough assessment and observation being carried out beforehand. The role of the Baby Friendly Champions ensure that they are the first point of contact for additional complex feeding issues and to ensure that information staff are providing is evidence based.

In response to page 20 (Talking Therapies -IAPT):

Since 2014 Talking Therapies have prioritised all parents (and parents to be) who are pregnant or have a child up to one year of age for initial assessment and treatment. Individuals are usually assessed within one week of referral and those in the perinatal period are identified and prioritised for psychological therapy.

Talking Therapies offers face to face, telephone and web-based treatment for a variety of common mental health problems. Evidence based psychological therapies that are provided include Cognitive Behavioural Therapy, Counselling and EMDR. We would encourage those accessing the Talking Therapies service to discuss with their assessing clinician, the variety of treatment options that are available to them and how these may best meet their needs.

In response to page 19 (Care during pregnancy):

The Berkshire Perinatal Service offers assessment, support and treatment for women who are experiencing or are at risk of moderate to severe mental health difficulties, where there is an additional impact on daily functioning, bonding to baby and / or risks relating to the mental health issue(s). The Service works alongside many other health and social care professionals as well as third sector organisations. Contrary to the detail of this report, the Perinatal Service do not make referrals to other services to address bonding issues as the 3 service offers a wide range of targeted interventions to support mothers with bonding and attachment.

We are recognised on a national level for the service we provide regarding Birth Trauma and Fear of Childbirth within Berkshire. We offer a specialist Birth Trauma Pathway to offer psychological therapy for those who are experiencing symptoms of Post-Traumatic Stress Disorder from their childbirth experience. We work alongside the Birth Reflections practitioners within maternity hospitals to offer joined up care and identification of mental health difficulties, where appropriate.

In Berkshire, women may be referred by health and social care professionals to SHaRON, which is a peer-led, online support network. Our Peer Support Worker is actively involved in the development of the service and groups, such as our relapse prevention group called WINGS.

The NHS Long Term Plan is aiming for the continued development of Perinatal Mental Health care, which includes: increased access and support for women who have experienced loss, have a fear of childbirth and / or birth trauma. The Long-Term Plan also aims to ensure that partners/carers are more involved and receive support or advice where appropriate. We are pleased to say that work is currently being undertaken to achieve these objectives moving forwards.

Across the county, we provide regular, monthly Perinatal teaching sessions to our maternity colleagues and quarterly teaching sessions to our Health Visiting and Mental Health colleagues. We offer yearly training to our GP colleagues. Nominated clinicians within the service attend monthly meetings with maternity hospitals to identify and pro-actively support those women who may be at increased risk of their mental health becoming affected during the perinatal period. We also hold fortnightly joint maternity and mental health clinics with the Royal Berkshire Hospital.

We approached Berkshire West Clinical Commissioning Group, North East Hampshire and Farnham Clinical Commissioning Group and Wokingham Borough Council for comment but did not receive a response from these organisations.

0118 418 1418

enquiries@healthwatchwokingham.co.uk

www.healthwatchwokingham.co.uk

**Healthwatch
Wokingham**

**c/o Town Hall,
Market Place
Wokingham RG40 1AS**