East and North Hertfordshire NHS Trust

Audit of the Perinatal Mental Health Service at East & North Hertfordshire NHS Trust

Dr Mariam Akinpeju-Adebayo[1], Miss Rabia Zill-E-Huma & Miss Shachi Mudgal
Lister Hospital, East & North Hertfordshire NHS Trust, Stevenage 1: mariam.akinpeju@nhs.net

Mental Health in Pregnancy

According to the MBBRACE report (2018), Perinatal Mental Health (PNMH) issues are a significant cause of maternal death in the UK (1). Maternal suicide is the fifth most common cause of death during pregnancy & is a leading cause of death in the first year postnatally (1). A large proportion of mothers who commit suicide have a severe affective disorder.

Worldwide, at least 10% of ALL pregnant or postnatal women experience depression (2). Together with anxiety, these are the commonest mental health disorders to present during this period.

In 2010, fewer than 15% of localities in the UK had specialist PNMH services available at the full level recommended by the evidence (3). Untimely access to quality PNMH care is estimated to cost the NHS & social services £1.2 billion and society £8.1 billion per year (3). When mental health issues are identified, however, they are generally well treated (4).

Key recommendations from the 2018 MBBRACE report (1) relating to PNMH include:

- Improvements in recognising symptoms
- Supporting women with existing & new mental health problems
- Referring to/ providing access to specialist perinatal mental health care
- Considering the benefits of starting or continuing medication during pregnancy, as well as risks.

(Many medicines are safe in pregnancy & proper treatment may be the best way to care for both mother & baby).

PNMH Service at ENHT

The PNMH service at East & North Hertfordshire NHS Trust (ENHT) comprised of two consultant obstetricians with special interest in PNMH, who each held joint monthly clinics with a consultant perinatal psychiatrist at Welwyn Garden City and Stevenage.

They functioned in co-operation with the Community Perinatal Team (CPT) – a specialist service which treats women with, or at high risk of developing, moderate to severe mental illness in pregnancy or postnatal period.

The CPT is made up of a consultant perinatal psychiatrist, community psychiatric nurses, psychologists, nursery nurse and occupational therapists. The CPT can refer to inpatient mental health care at Thumbswood Mother & Baby Unit, if necessary.

Patients with mild to moderate perinatal mental illness are signposted to the Wellbeing team.

The local dedicated service started 3 years ago and expanded to include two sites across the Trust.

Audit Overview

Objective
To audit the performance of the perinatal mental health (PNMH) service provided at East & North Hertfordshire NHS Trust (ENHT).

Design
This was a retrospective audit. The standards were devised from the local departmental guideline on Perinatal Mental Health (5), as well as the 2014 NICE guideline on antenatal and postnatal mental health (4).

NICE Standards

- In pregnancy & postnatal period
  - Screen for anxiety & depression at booking and early postnatal period
  - Screen for severe mental illness (for 1st degree relative)
  - Screen for PTSD: Traumatic birth, stillbirth and miscarriage
  - Screen for Drug and Alcohol misuse
  - Integrated care & treatment plan with identified roles for healthcare professionals
- Clear management and referral pathways and protocols
  - High intensity psychological intervention (e.g. CBT, IAPT)
- High risk women e.g. Psychosis, severe Bipolar disorder: Joint care plan with woman at 28-32 weeks

Local Guideline Standards

- Screen all women for Domestic violence at Booking
- Screen all women for Drug and Alcohol Abuse at Booking
- Information Sharing Form (ISF) for all women with existing or new mental health condition: accessed by GP, health visitor, community psychiatric nurse, community midwife and safeguarding midwife
- Referrals should be seen by CPT between 1-3 months
- Individualised care plan
- Documented discussion on medications
- Paediatric Alert Notification (PAN) forms for all women on medication
- Information leaflet on Perinatal Mental Health to be given to all women at booking

Method
Thirty-five cases were randomly selected from electronic clinic lists between November 2017 and March 2018. Paper notes were retrieved and reviewed against the audit proforma. Nine cases were excluded owing to non-attendance, cancellation, or inappropriate use of PNMH clinic. Data was collected and analysed on Microsoft Excel.

Audit Results

Summary of Standards & Results

Standards	Audit Compliance	Notes
Screened for Domestic Violence	100%	
Screened for Drug & Alcohol Abuse	100%	
Information Sharing Form (ISF) filled	92%	
Referral time to first assessment by CPT 1-3 months	**Insufficient data in ANC notes**	Only had evidence of "time from referral to being seen in PNMH Joint ANC" (not "time to first CPT assessment")
Individualised Care Plan	100%	
Documented discussion on medication	92%	4/18 cases that had documentation were not/no longer on medication. 6 cases were not on medication and had no documentation. Only 2 cases were on medication and no documentation on discussion on medication
Paediatric Alert Notification (PAN) filled	77%	10 cases were not on medication so were excluded. 6 cases on medication had no PAN filled
Information Leaflet given	4%	
Documented discussion on breastfeeding	4%	*Not mandated in current local guidelines. These are routinely discussed but not documented explicitly*

Background of Audit Cases

Demographics

- Age: 18-24 (19%); 25-30 (35%); **31-39 (46%)**
- BMI: **19-24 (42%)**; 25-29 (27%); 30-34 (15%); 35-39 (12%); 40+ (4%)
- Ethnicity: **White English 84%**; Indian 8%; Pakistani 4%; White Polish 4%

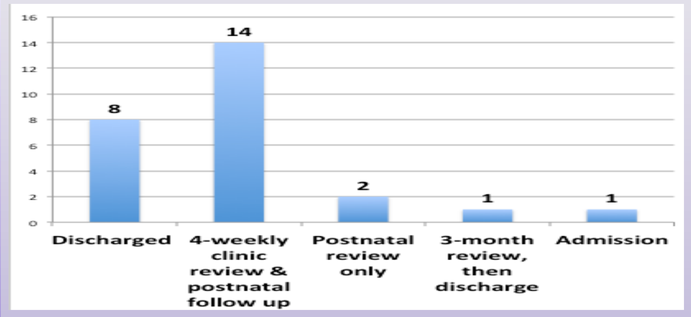
Current Risk Factors

Domestic violence: 0%; Alcohol abuse: 0%; Drug abuse: 11.5%

Referral Details

- Gestation at Referral (in weeks): **6-13 (58%)**; 14-26 (31%); 27-36 (11%)
- Referrer: **Booking Midwife (54%)**; Community Midwife (23%); Obstetrician (23%)
- Diagnosis at Referral: **Depression (77%)**; ***Depression + Other diagnosis (61.5%)***; Anxiety (27%); Bipolar Affective Disorder (19%); Previous postnatal depression (19%); OCD (11.5%); Eating disorder (8%); Suicidal ideation (8%); ADHD (8%); Previous psychosis (4%); ?Tocophobia (4%)

Outcome after first PNMH clinic (number of cases)

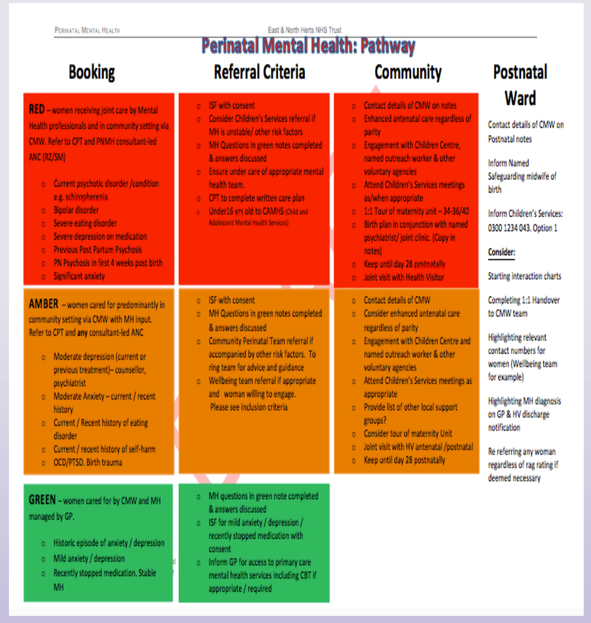


Recommendations

- Information leaflets about Mental Health in Pregnancy need to be printed for ALL women in pregnancy and provided by booking midwife.
- Next audit round: joint audit of larger sample size with consultant psychiatrist (Community mental health team/CPT hold more data than obstetric team).
- ISF for selected cases only - (for cases of significant concern) following guideline amendment.
- PAN form for selected cases only - (mothers on antipsychotics, mood stabilisers, polypharmacy) following guideline revision.
- Discussion on breastfeeding whilst on medication to be routinely clearly documented in ANC notes to reduce risk of varied information given by non-specialist staff.
- Revision of referral pathway to a Traffic Light System, in order to streamline all referrals to the PNMH service.

The Future of PNMH at ENHT

- Expansion of specialist PNMH team: additional Perinatal Psychiatrist and PNMH midwife appointed.
- PNMH midwife triages all referrals with CPT and stratifies some amber patients to midwifery-led PNMH clinic (see RAG referral pathway below).
- Revised local guideline on PNMH released in 2019.
- New Red-Amber-Green (RAG) referral pathway.
- Re-audit with revised standards and in collaboration with psychiatry team once revised guidelines in place for adequate amount of time.



References: (1) MBRRACE-UK (2018) Saving Lives, Improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2014-16. Available from: https://www.npeu.ox.ac.uk/downloads/files/mbrrace-uk/reports/MBRRACE-UK%20Maternal%20Report%202018%20-%20Web%20Version.pdf
(2) World Health Organization (2019) Maternal Mental Health. Available from: https://www.who.int/mental_health/maternal-child/maternal_mental_health/en/
(3) NHS England, NHS Improvement & National Collaborating Centre for Mental Health (2018) The Perinatal Mental Health Care Pathways. Available from: https://www.england.nhs.uk/wp-content/uploads/2018/05/perinatal-mental-health-care-pathway.pdf
(4) National Institute for Health and Care Excellence (2014) Antenatal and postnatal mental health: clinical management and service guidance. Available from: https://www.nice.org.uk/guidance/cg192
(5) S. Mudgal et al (2016) Department Guideline on Perinatal Mental Health. Available from: Trust Intranet (Knowledge Centre, Departments, Maternity)