

## Maternal Health and Perinatal Mental Health

### Introduction

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is usually a positive and fulfilling experience, it can be associated with ill-health and poor mental health. Pregnant women should receive regular check-ups and information, vaccination, and advice about the impact of lifestyle choices like smoking, drinking and healthy weight.

### Summary

Around 9,100 babies are born each year in Norfolk. Two thirds of women pregnant during winter do not have their flu jab, a quarter of pregnant women are obese, and 1 in 10 smoke throughout their pregnancy. It is estimated that 3% of mothers will experience severe mental health needs and 10-30% with have mild to moderate mental health needs.

### Headlines

Approximately 9,100 babies are born each year in Norfolk. Early maternal care supports good maternal health and data suggests that the vast majority of Norfolk mothers are seen before 13 weeks pregnancy. The majority of deliveries (64%) are 'spontaneous', 12% are 'instrumental' (meaning forceps or some other intervention was used) and 24% of birth are delivered by caesarean section, which is statistically significantly better (lower) than the national average.<sup>1</sup>

### Influences on Health and Wellbeing

A women's lifestyle choices take on particular importance during pregnancy and motherhood. Drinking alcohol is harmful to the unborn child and can in extreme cases cause foetal alcohol spectrum disorder (FASD). This condition is estimated to affect 1% of births,<sup>2</sup> if 9,100 children are born each year in Norfolk we can estimate that around 90 children each year will have FASD.<sup>3</sup>

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. Smoking increases the risk of complications during labour, miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy, it is also linked to asthma in children. More women are still smoking during pregnancy in Norfolk than is seen on average. This has declined over recent years, but is 12.7% in Norfolk (which was 1,099 mothers in 2015/16), compared to 10.6% of mothers in England (see Figure 1).<sup>4</sup>

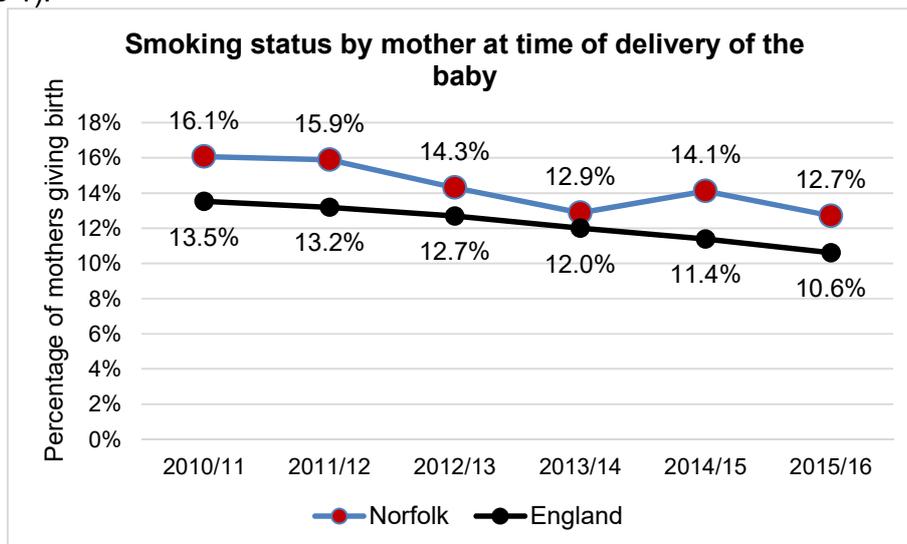


Figure 1: Smoking status at time of deliver (Calculated by KIT East from the Health and Social Care Information Centre's return on Smoking Status At Time of delivery (SSATOD)).

<sup>1</sup> Public Health England Children and Young People's Health Benchmarking Tool. Caesarean section percentage from Hospital Episode Statistics 2014/15. <https://fingertips.phe.org.uk/profile/cyphof/data#page/3/qid/1938132969/pat/6/par/E12000006/ati/102/are/E10000020/iid/92244/age/1/sex/2>

<sup>2</sup> Larcher, V. and Brierley, J. Fetal alcohol syndrome (FAS) and fetal alcohol spectrum disorder (FASD)—diagnosis and moral policing; an ethical dilemma for paediatricians" Achieves of Diseases in Childhood.

<sup>3</sup> ONS Birth data 2015.

<sup>4</sup> Public Health England (2016) Percentage of women who smoke at time of delivery

<https://fingertips.phe.org.uk/profile/cyphof/data#page/4/qid/8000025/pat/6/par/E12000006/ati/102/are/E10000020/iid/20301/age/1/sex/2>

Maternal obesity increases health risks for both the mother and child during and after pregnancy, and obese women are at greater risk of miscarriage, gestational diabetes, cardiac disease, pre-eclampsia and haemorrhage. Women who are obese are significantly more likely to be older in pregnancy, to have a higher parity (number of pregnancies), and live in areas of high deprivation, compared with women who are not obese.<sup>5</sup> Data on maternal obesity in Norfolk is only available for women under the care of the Norfolk and Norwich University Hospital (NNUH), and data from January-June 2016 shows that 25% of mothers were overweight at their booking in appointment (a similar proportion to the national average), but NNUH patients had a higher level of maternal obesity - 25% compared to only 20% nationally. Data for King's Lynn and Gorleston hospitals is not yet available.<sup>6</sup>

Perinatal mental illness encompasses a range of mental health conditions that mothers may experience during pregnancy or in the first year after the birth of their child. Illnesses include antenatal and postnatal depression, maternal obsessive compulsive disorder, anxiety and psychotic disorders. Experiencing mental health problems can make adjustment to motherhood and caring for new and existing children more difficult and can impact upon the mother's self-esteem. These conditions may be experienced for the first time in pregnancy, or can be to a recurrence of existing conditions. NICE estimate 3% of mothers will experience severe mental health needs (around 300 women each year in Norfolk) and 10-30% with have mild to moderate mental health needs (2,600 – 4,500 women). See Table 1 for more detailed estimates:

Condition	Lower est.	Upper est.	Estimated number in Norfolk	
Postpartum Psychosis	0.2%		20	
Chronic serious mental illness	0.2%		20	
Severe depressive illness	3%		265	
Mild to moderate depressive illness and anxiety states	10%	15%	875	1,310
Post-traumatic stress disorder	3%		265	
Adjustment disorders and distress	15%	30%	1,310	2,620

Table 1: Estimates of perinatal mental health conditions applied to the Norfolk Population. Source: Public Health England, Child and Maternity Health Intelligence Network<sup>7</sup>

Pregnant women have a compromised immune system and are therefore more susceptible to developing common illnesses, such as influenza. There is good evidence that pregnant women have a higher chance of developing complications if they get flu, particularly in the later stages of pregnancy. They are therefore considered a high risk group and eligible for free seasonal flu vaccination through GP, pharmacies and midwifery services if they are pregnant during the winter months. Last year (2015/16) just 36% of pregnant women in Norfolk received their seasonal flu vaccination, lower than the national average of 42%.<sup>8</sup>

The chances of a woman dying in and around childbirth in the United Kingdom are very small – less than 1 in every 10,000 women giving birth. Maternal deaths from direct causes - that is complications from the pregnancy itself such as bleeding, blood clots, pre-eclampsia or infection - continue to decrease. However, maternal deaths from indirect causes; pre-existing conditions that are not direct pregnancy complications, such as heart disease, epilepsy, mental health problems or cancer, remain a challenge in the UK.<sup>9</sup>

<sup>5</sup> Public Health England National Obesity Observatory (2005) Maternal Obesity

[http://www.noo.org.uk/NOO\\_about\\_obesity/maternal\\_obesity/maternalhealth](http://www.noo.org.uk/NOO_about_obesity/maternal_obesity/maternalhealth)

<sup>6</sup> NHS Digital Maternity Services Monthly Statistics Provider Level data <http://www.content.digital.nhs.uk/catalogue/PUB22301>

<sup>7</sup> Source of deliveries: Hospital Episode Statistics, Health and Social Care Information Centre.

Source of rates of disorders: Joint Commissioning Panel for Mental Health. Guidance for commissioners of perinatal mental health services. Volume two: practical mental health commissioning. London: Joint Commissioning Panel for Mental Health; 2012. Available from: [www.icpmh.info/resource/guidance-perinatal-mental-health-services/](http://www.icpmh.info/resource/guidance-perinatal-mental-health-services/)

<sup>8</sup> Public Health England (2015/16) Seasonal influenza vaccine uptake amongst GP Patients in England.

<https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-in-england-winter-season-2015-to-2016>

<sup>9</sup> MBRACE-UK (2015) Confidential Enquiry into Maternal Death 2015 <https://www.npeu.ox.ac.uk/mbrace-uk/reports>

## Social, environmental, population context

More babies are born in deprived areas of Norfolk than in more affluent areas (see figure 2). Poverty is associated with a higher risk of illness and premature death. More children in deprived areas are born with a low birth weight, they are more likely to experience poor housing, higher rates of chronic illness (such as asthma) and poor diet and nutrition.<sup>10</sup> All of which contribute to people in the most deprived areas having a life expectancy that is six years lower for men and three years lower for women than the most affluent groups in Norfolk.

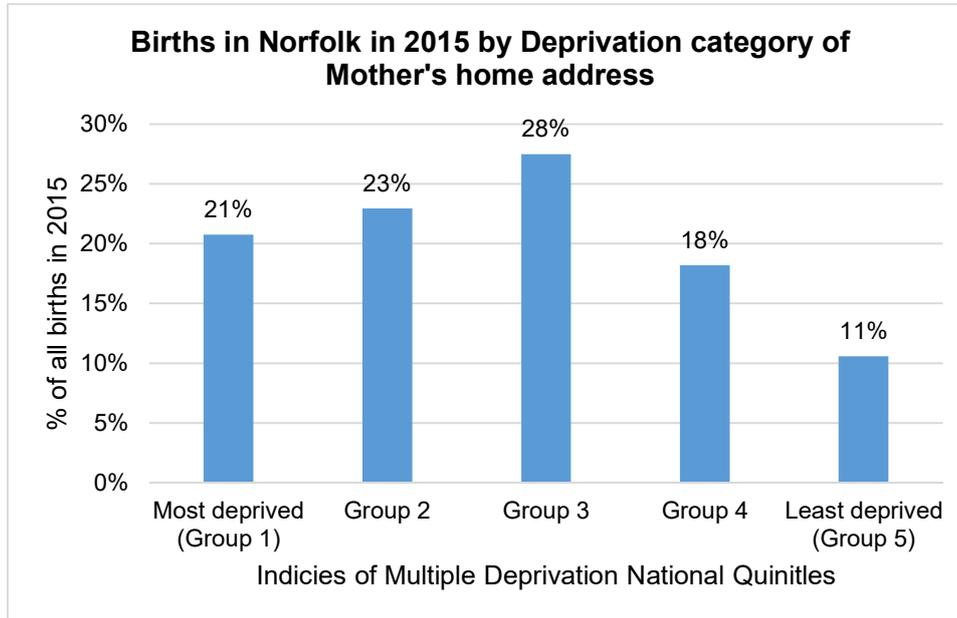


Figure 2: Proportion of births in 2015 that were born in each of the deprivation categories (IMD2015 National Deprivation Quintiles) based on the home address of the mother. Source: ONS Birth Data.

Mothers in the lower and upper age bands are at greater risk of poor health for themselves and their babies. Teenage mothers are at increased risk as they often present for services later on, and due to the mother's lifestyle and diet; last year 4% of Norfolk mothers in 2015 were under the age of 20, similar to national average.<sup>11</sup> Older mothers present a series of different challenges; they have a greater chance of developing medical disorders such as diabetes, high blood pressure or other chronic diseases. The likelihood of stillbirths and multiple births also increases with the mother's age.<sup>12</sup> Norfolk has fewer births to mothers aged over 35 than is seen nationally – 17% compared to 20%.<sup>13</sup> So more women in Norfolk give birth during the “lower-risk” ages of 20-35.

## Current services, local plans and strategies

All mothers are cared for by a community Midwife, accessed through their GP Surgery and then transferred to a Health Visitor when the baby is born. Families in Norfolk have several options of where to deliver their baby, including home birth or delivery at an acute hospital (Queen Elizabeth Hospital in King's Lynn, Norfolk and Norwich University Hospital in Norwich and James Paget University Hospital in Gorleston) either in the labour wards or in the midwifery led birthing units available at each hospital.

Antenatal classes deliver messages about maternal health and build parent's confidence, and prepare them physically and emotionally for pregnancy, labour and birth. Pathway to Parenting courses are offered free via Children's Centres (parents are referred via their Midwife). Pathway to Parenting is delivered in partnership by Children's Centre Staff and local Midwives and Health Visitors. Private options are also available such as National Childbirth Trust (NCT).

Norfolk has recently been successful in a bid to develop a specialist perinatal mental health service. The focus of the service will be on the mothers with severe mental health needs, but also those with moderate needs

<sup>10</sup> Child Poverty Action Group: The impact of child poverty <http://cpag.org.uk/content/impact-poverty>

<sup>11</sup> ONS Birth data 2015.

<sup>12</sup> ChiMat Maternity Service Snapshot <http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=10&geoTypeId=>

<sup>13</sup> Public Health England Children and Young People's Health Benchmarking Tool. Percentage of deliveries to women aged 35 years or above from Hospital Episode Statistics 2014/15.

<https://fingertips.phe.org.uk/profile/cyphof/data#page/3/qid/1938132969/pat/6/par/E12000006/ati/102/are/E10000020/iid/92250/age/1/sex/2>

where capacity allows. There will also be an education and training programme for non-specialists involved in the care of pregnant and postpartum women (general psychiatric teams, GPs, midwives, health visitors and psychological treatment services) to ensure the early identification of those at high risk and early diagnosis. The new service will begin to recruit during 2016/17 will be the appointment of the two Consultant Psychiatrist posts, the Clinical Team Leader and the Administrator post, with the remaining posts appointed during 2017/18 and full implementation in 2018/19.

The new specialist perinatal mental health service will link in with current perinatal mental health provision including:

- The universal Health Visiting and Midwifery services, which provide health education, mental health screening, low level support and signposting services for women suffering with mental health problems.
- Lead Obstetricians and Specialist Midwives for Perinatal Mental Health, Substance Misuse and Domestic Abuse.
- Parent, Infant Mental Health attachment team (PIMS) for mothers and infants, commissioned by Norfolk County Council to provide attachment focused therapies to promote the parent-infant relationship. This service supports mothers and their babies on the edge of care and 75% of infants have remain safely with their birth parents.
- Point 1 0-4 years team provides consultation to professionals working with families and brief parent infant psychotherapy to support some of the parents who will be catered for by the specialist perinatal mental health service.
- Norfolk and Waveney Wellbeing Service provides a service to women with mild to moderate mental health conditions. The service is currently developing a webinar for women with post-natal depression
- "Get Me Out the Four Walls" (GMOTFW) established by an ex-post-natal depression sufferer living in Norfolk. The service has 1,700 members and offers a formal forum to offer regular support and they run social meets for mothers, peer support and opportunities for volunteering. There is also a dedicated fund to provide private psychological therapy to women most in need.

## Voice – the perspective from the public, service users, referrers and front line staff

In 2015 Norfolk Healthwatch carried out a project to review maternity services in Norfolk and make recommendations for commissioners. They visited maternity services and interviewed service users and staff. Generally that found good satisfaction with maternity services and made some specific recommendations in relation to ensuring equity of access to antenatal classes and ensuring provision of information for women who do not speak English as their first language.<sup>14</sup>

All maternity services (like other health services) are required to ask users whether they would recommend the service to their friends and family (known as the 'Friends and Family Test'). The results for Norfolk hospital are shown in Table 2. In general 96-97% of people are satisfied with the services they receive and would recommend them. They are most satisfied with the services they received whilst actually giving birth, and slightly less with their antenatal care.

	James Paget University Hospital	Norfolk and Norwich University Hospital	Queen Elizabeth Hospital
Antenatal Care	93%	93%	94%
Birth Setting	100%	99%	98%
Postnatal Ward	94%	98%	95%
Postnatal Community	90%	98%	99%
<b>Total</b>	<b>96%</b>	<b>97%</b>	<b>96%</b>
N = (Number of respondents)	741	751	1623

Table 2: Percentage of respondents who are likely or extremely likely to recommend maternity services (April – September 2016)

The Norfolk and Norwich University Hospital, Queen Elizabeth Hospital in King's Lynn and the James Paget University Hospital in Gorleston have Maternity Services Liaison Committees (MSLC) made up of staff involved in providing maternity care and representatives of service users who work together to monitor and improve the maternity services.

<sup>14</sup> Revill, S. on behalf of Healthwatch Norfolk (2015) Maternity Services in Norfolk <http://www.healthwatchnorfolk.co.uk/wp-content/uploads/2015/11/15-07-Maternity-Services-in-Norfolk.pdf>

## Considerations for Health and Wellbeing Board and Commissioners

In March 2015 NHS England announced a major review of maternity services as part of the NHS Five Year Forward View. This found seven key priorities to drive improvement and ensure women and babies receive excellent care wherever they live:

- **Personalised care**, centered on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information.
- **Continuity of carer**, to ensure safer care based on a relationship of mutual trust and respect in line with the woman's decisions.
- **Better postnatal and perinatal mental health care**, to address the historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby and family.
- **A payment system** that fairly and more precisely compensates providers for delivering different types of care to all women, while supporting commissioners to commission for personalisation, safety and choice.
- **Safer care**, with professionals working together across boundaries to ensure rapid referral, and access to the right care in the right place; leadership for a safety culture within and across organisations; and investigation, honesty and learning when things go wrong.
- **Multi-professional working**, breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies.
- **Working across boundaries** to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed.<sup>15</sup>

Women who are pregnant, or planning to become pregnant, should be encouraged to stop smoking, maintain a healthy weight and get appropriate vaccinations. Encouraging these lifestyle changes at a crucial turning point in their lives may encourage women to adopt these habits for good and pass on healthy behaviours to their children.

## References and information

Other relevant JSNA briefings – Low birth Weight, Teenage Pregnancy, breastfeeding, parental substance misuse.

<http://www.norfolkinsight.org.uk/jsna/document-library/briefing-papers/>

Healthwatch Maternity Services in Norfolk

<http://www.healthwatchnorfolk.co.uk/wp-content/uploads/2015/11/15-07-Maternity-Services-in-Norfolk.pdf>

NHS England (2016) National Maternity Review Report.

<https://www.england.nhs.uk/ourwork/futurenhs/mat-transformation/mat-review/>

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<sup>15</sup> NHS England (2016) National Maternity Review Report. <https://www.england.nhs.uk/ourwork/futurenhs/mat-transformation/mat-review/>