

More mental health provision needed for mothers during pregnancy and after birth

8 July 2015, by George Wigmore



More research is needed to improve the identification and treatment of women with perinatal mental health issues, according to a new editorial co-authored by Professor Susan Ayers, the lead of the Centre for Maternal and Child Health Research at City University London.

Along with co-author Judy Shakespeare, from the Royal College of General Practitioners, Professor Ayers' article highlights how between 10 and 20 per cent of women suffer from [mental health problems](#) during this period, costing the NHS £1.2 billion a year. The editorial is published in the journal of *Primary Health Care Research & Development*.

Mental [health problems](#) can arise in pregnancy or after birth and most commonly consist of anxiety, depression, post-traumatic stress disorder (PTSD) following a difficult birth and stress-related conditions such as adjustment disorder. Severe postnatal [mental illness](#), such as puerperal psychosis, is less common, but is one of the leading indirect causes of maternal death.

Speaking about the issue in the editorial, Professor Ayers said: "There is now substantial evidence that maternal mental health problems are associated with a variety of adverse outcomes for women and children. The impact on women and children varies according to the timing and type of mental illness, and there are still gaps in our knowledge, but the

overall evidence is convincing and we need to do more to provide support for these women. In the UK, there has been increased awareness of the importance of perinatal mental health in recent years, but we still face considerable challenges to implement change in primary care."

The reasons for tackling the issue are clear with evidence that postnatal depression is associated with a poorer relationship between the mother and baby, and consequently with poor child development. Anxiety and PTSD in pregnancy are also associated with increased risk of preterm birth. For example, a study of 2,654 women in the United States found those with PTSD in pregnancy were two and a half times more likely to have a pre-term baby. There is also evidence that anxiety in pregnancy has an impact on the developing fetus. Studies of stress, anxiety and depression in pregnancy show that these are associated with altered patterns of fetal behaviour and heart rate responses.

In terms of recognising perinatal mental health disorders, the biggest barrier is the lack of identification of women with problems. Other barriers include lack of training for [general practitioners](#) (GPs) on perinatal mental health, GPs not feeling confident about managing perinatal mental health problems, time pressure, stigma preventing women asking for help and women feeling dismissed or overly reassured by GPs when they do ask for help. As primary care practitioners are often the first line of care for women with perinatal mental health problems, more research is needed on how to effectively identify and treat women with perinatal mental health problems in this context.

"We still have a long way to go in terms of effecting change but in many ways this is an exciting time for perinatal mental health in the UK because of the increased momentum for making a difference. However, we need more research on how to

improve the identification and treatment of women with perinatal [mental health](#) problems in primary care and other services. As a result it is important that policy makers, commissioners, researchers, clinicians, and [women](#) and families who have experienced perinatal mental illness continue to work together to ensure appropriate and effective care pathways and services are provided," said Professor Ayers.

More information: "Should perinatal mental health be everyone's business?" *Primary Health Care Research & Development* / Volume 16 / Issue 04 / July 2015, pp 323-325 DOI: [dx.doi.org/10.1017/S1463423615000298](https://doi.org/10.1017/S1463423615000298)

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