Mums and Babies in Mind (#MABIM) is a Maternal Mental Health Alliance project supporting local leaders to improve services and care pathways for mums with perinatal mental health problems and their babies.

We work in Blackpool, Gloucestershire, Haringey and Southend, and capture and share our work to inform and inspire other commissioners and providers across the UK.

The project is hosted by The Mental Health Foundation and funded by the Big Lottery Fund.

The MABIM Leaders’ Programme brings together leaders from a wide range of different services and professional backgrounds to:

- Learn from leading experts in policy, research and practice,
- Be inspired by those who are making a real difference to women’s lives,
- Talk to parents with lived experience and hear their views,
- Meet and share experiences with peers from other areas, and
- Share learning and develop new solutions to difficult challenges.

We are organising nine ‘masterclass’ events for our leaders, each on particular themes relating to perinatal mental health. After each one we produce a Top Tips document – like this one – to share the insights and ideas with a wider audience.

This is the seventh Top Tips document in our series. Others can be found on the: www.maternalmentalhealthalliance.org/mumsandbabiesinmind/mabim-tools
Our seventh Masterclass: Keeping the Baby in Mind

During the MABIM project, we have held events looking at how to improve outcomes for babies whose mothers are affected by perinatal mental health problems. This document captures the key messages from our speakers and the discussions at these events, together with screen shots of some of the presentations.

It also includes links to useful documents and resources. It provides a summary of why commissioners and providers should consider the parent-infant relationship when designing and delivering support for mums with mental health problems, and how they can best respond to families’ needs.

Keeping the Baby in Mind is a critical element of good perinatal mental health care across the system

The Maternal Mental Health Alliance is very clear that all professionals and services working with women with perinatal mental health problems across the whole care pathway must understand and respond to the needs of babies alongside mothers’ mental health.

It is critically important that professionals are able to identify any problems in the mother-infant relationship and to secure timely and effective support for families.

One of the things that differentiates specialist perinatal mental health services from general adult mental health services is that they care for the dyad (mum and baby), rather than just an individual woman.

“If a perinatal service is not focusing on the infant and the mother-infant relationship as much as the mum’s mental health, it is not a perinatal service.”
Dr Alain Gregoire, speaking at a MABIM Masterclass

“Good perinatal care combines looking after a woman’s body, her mind and her relationship with her baby”
Dr Amanda Jones, Speaking at a MABIM Masterclass
Perinatal mental health problems can have a lasting impact on children

What happens in pregnancy and the first years of a child’s life are critically important for their later development and wellbeing. This is a time of rapid growth when the foundations for future development are laid.

Research increasingly suggests that perinatal mental health problems can lead to poorer outcomes for children, in infancy and throughout life. This happens through different mechanisms: mums’ mental health can affect the environment in the womb in which the fetus develops, can influence the way in which she responds to her baby after birth, and may influence the babies’ home environment in other ways (for example through the quality of the co-parenting relationship).

A report by LSE and the Centre for Mental Health on the economic impact of perinatal mental illness found that nearly three quarters of the costs of perinatal mental illness (which amount to nearly £8bn for each annual cohort of babies born in the UK) are due to the long term impact of perinatal mental illness on children.

However, the introduction to a recent Lancet series on perinatal mental health emphasises that ‘adverse effects of perinatal disorders on children are not inevitable’. Whether, and to what extent, children are affected by their mothers’ mental health depends on a range of mediating and moderating factors, such as the timing, length and severity of maternal mental illness, children’s genes and characteristics, and other family and environmental factors.

The slides shown, presented by Dr Alain Gregoire at one of our Masterclasses, show the results of longitudinal studies demonstrating the relationship between maternal and adolescent mental health.
Antenatal mental health and the fetus

At our Leaders’ Masterclass on infant mental health Professor Vivette Glover, from Imperial College, described evidence that shows that a mother’s emotional state in pregnancy can have a long-lasting effect on her child.

A mother’s emotional wellbeing can influence the placenta and the hormones that babies are exposed to in the womb which, in turn, affects fetal development and can have a lasting impact on children through a mechanism known as fetal programming.

Vivette described how a range of examples of prenatal stress (not just extreme stress or diagnosed mental illness) are associated with increased risk of changes in development and behavior in children including reduced birthweight and gestational age, anxiety and depression, behavioral problems, impaired cognitive development, sleep problems, schizophrenia, autism and asthma.

Longitudinal studies suggest that this relationship is causal: For example, as this slide from Vivette’s presentation shows, the ALSPAC study found that children of the 15% most antenatally anxious or depressed parents in the sample had a rate of mental disorder that was double that in the wider population (after multivariate analysis allowing for a wide range of possible confounding factors).

This suggests that antenatal anxiety/depression may account for around 10% of the ‘load’ of anxiety and depression in teenagers. However, it is also important to note that – despite the increased risk – over 80% of children whose mums had high levels of anxiety or depression do not have a mental health problem.

Vivette discussed why some children might be affected by their mothers’ mental health, when others are not. One reason might be that some children’s genes make them more resilient or susceptible to the impact of environmental factors. In addition, other factors in a child’s life may mitigate the impact of exposure to stress. For example, studies show that whilst antenatal exposure to the stress hormone cortisol can be associated with lower cognitive function in childhood, sensitive early mothering can reverse the impacts exposure on infant IQ.

The evidence shows the importance of detecting and treating anxiety and depression BOTH in pregnancy and postnatally, and of supporting the parent-infant relationship amongst mothers who have experienced antenatal mental health problems.
Postnatal mental health, the parent-infant relationship and children’s outcomes

At our Masterclass, Dr Camilla Rosan talked about how maternal mental health affects babies.

Camilla outlined how the infant’s mind develops in the context of the adult mind and their relationship, and that the parent-infant relationship is key to how babies learn to regulate their affective states and their growing sense of self.

When a mother’s behaviour is changed by anxiety or depression, it can play out in the mother-baby relationship, influencing babies’ behaviour and emerging sense of self. Challenges in the parent-infant relationship at this critically important period in child development increase the risk of poor outcomes, as shown in Camilla’s slide below.

Camilla talked about factors that can mitigate or moderate the impact of perinatal mental illness on children. For example, research with adolescents suggests that when mothers have postnatal depression and then recurrent depression, this is associated with a much greater impact on teenage outcomes than postnatal alone.

Research also shows that maternal attachment influences the risk of maternal depression influencing the mother–baby attachment relationship. The relationship between parental and infant mental health is complex, and understanding more about this area will help us develop more targeted and effective interventions.

Psychosocial outcomes in early childhood

- Compromised infant behavioural and social development (Murray et al., 2003; Murray, Kempton, Woolgar, & Hooper, 1992 – gender effect)

- Disturbances up to 3 years in communication, and cognitive functioning (Stein et al, 1991; Wrate et al, 1985; Ghodsiian et al, 1984; Murray & Cooper, 1997; Milgrom et al, 2003)

- Cognitive difficulties and depressive cognitions, at 5 years; attachment security (Murray & Cooper, 2001; Martins & Gaffan, 2000)
Mind-Mindedness

Professor Elizabeth Meins from the University of York talked at our Masterclass about parental ‘mind-mindedness’, and its impact on children’s development.

Mind-mindedness refers to a caregiver’s ability and willingness to represent their babies’ likely thoughts and feelings. It is measured through observing the number and appropriateness of mind-related comments that caregivers make. Elizabeth described evidence about the relationship between mind-mindedness and children’s development, summarised in her slide, below.

Research suggests that mind-mindedness has a greater impact on children’s development in disadvantaged families – it seems that if children are facing adversity, having a mind-minded parent can help them to ‘buck the trend’.

Professor Meins described two interventions designed to improve mothers’ mind-mindedness:

**BabyMind** is a universal smartphone app. It sends mums or dads a daily alert with evidence-based facts about babies’ psychological development, and a daily prompt asking what is on their baby’s mind. Parents can post photos and videos in response to the prompt, and the app team can see and comment on the post.

The app was tested with a community sample of 90 mothers who were recruited in the last trimester of pregnancy and all received the BabyMind app, and a control group of 151 mothers recruited when infants were 6 months old. All mums and babies were observed in 10 minute free play when infants were 6 months old to assess mind-mindedness.

The intervention group of mums who used the app made significantly more appropriate mind-related comments and fewer inappropriate comments than controls.

A second intervention involved a single session of video feedback designed to facilitate mind-mindedness, administered by a psychologist to mums with severe mental illness in a Mother and Baby Unit. Evaluation found that these women showed a significantly bigger increase in appropriate mind related comments and decrease in non-attuned mind-related comments at discharge from the unit compared to a control group, and at 15 months there was greater level of secure attachment amongst babies in the intervention group.

**Oxford Parent Infant Partnership (OXPIP) – VIG in psychotherapy**

At the March Masterclass, Joanna Tucker explained how the OXPIP service integrates a strength-based video-feedback intervention into psychoanalytic parent-infant psychotherapy, believing that this can help change some parents’ representations of themselves and of their babies more quickly and effectively than either intervention on its own.

Joanna shared a powerful case study about using video-feedback in parent-infant psychotherapy to help change the negative representations a depressed mother and baby had of themselves and each other.

She explained how, when parents see something for themselves through video, it can “surprise their unconscious, destabilize them, open up the possibility of change and speed it up.”
Interventions that promote infant mental health

There are many evidence-based interventions that aim to improve parent-infant relationships and infant mental health. We are continually learning more about what works in this area, particularly for women with perinatal mental health problems and their babies.

Not all women with a perinatal mental health problem will require parent-infant support: sometimes this relationship is unaffected by a mum’s mental health problem or improving her mental health, in itself, will help to improve her ability to care for her baby and respond to his or her needs.

However, treating mums’ mental health problems alone is not always sufficient to ensure the quality of the parent-infant relationship: in some cases it is critical that specific parent-infant support is also offered.

Interventions to improve the parent-infant relationship can also have a positive impact on a mum’s mental health as explained in these slides from Sally Hogg’s presentation at our Babies In Mind Seminar.

The diagram, from the 1001 critical days manifesto, and presented in Paula Magee’s slides at the Leaders’ Masterclass, shows the spectrum of parent-infant services that might exist in a local area.
Video Interaction Guidance (VIG)

In May 2017, the MABIM project hosted a seminar on VIG as part of our series of events about interventions to support the parent-infant relationship when mothers are suffering from a perinatal mental illness.

VIG is an intervention through which a practitioner uses video clips of a parent interacting with their baby in authentic situations to enhance communications within their relationships.

Practitioners work with parents to understand their hopes and goals and identify a ‘helping question’ to provide focus to the process.

The practitioner films the parent and baby together, and then parent and practitioner review selected moments of the film together. The practitioner chooses clips to represent good moments of attunement between parent and baby. The cycle of filming and shared review is repeated over a number of meetings.

It is believed that seeing and reflecting on these ‘good moments’ enhances parents’ experience of attunement and connectedness and promotes positive change, as described in Monika Calebi’s slide from our seminar.

Newborn Behaviour Observation (NBO)

In December 2016, the MABIM project hosted a seminar about how the Brazelton NBO tool can promote maternal and infant mental health.

At the seminar, Joanna Hawthorne from the Brazelton Centre UK introduced the NBO. The tool promotes healthy relationships through helping parents to observe how their baby behaves and communicates. We also learned about how the NBO tool is used by midwives, NICU nurses and health visitors in Tameside, and by health visitors in Blackpool and Gloucestershire.

The seminar introduced the VIG intervention and showed how it could be used across the pathway of care: by parent peer supporters in Essex; Health visitors in Gloucestershire; Family Support Workers in Haringey and in a Mother and Baby Unit in Winchester.
Circle of Security

In November 2017, the MABIM project hosted a seminar about the Circle of Security intervention and its use in universal, targeted and specialist services in the UK and abroad.

Circle of Security is an attachment-based parent reflection model, developed by Glen Cooper, Kent Hoffman and Bert Powell. It helps parents to reflect on how children communicate their needs through their behaviour, and to consider how best to meet these needs. The intervention is designed for parents of children from conception to age 5 and can be used individually or in groups in a range of settings. These slides from Dr Kathryn Hollins’ presentation show how CoS communicates key messages to parents:

During the seminar Kathryn introduced the intervention and discussed her Winston Churchill Fellowship, observing its use in services in Norway. We also heard practitioners present examples of its use in the UK, including within a specialist perinatal mental health service.
Keeping the Baby in Mind

Because it can be very difficult for mothers with a severe mental illness to care for, be emotionally available to, and bond with their babies it is important that specialist perinatal mental health services in the community and in Mother and Baby Units attend to the developing mother-infant relationship, though routine assessment and evidence based interventions.

At our first Masterclass on specialist perinatal mental health services in October 2016, Dr Amanda Jones described the services available within North East London Foundation Trust (NELFT) Perinatal Parent Infant Mental Health service, which include:

- Psychodynamic mentalisation based therapy for parents and baby
- Psychotherapy groups
- Video Interaction Guidance
- Family based systemic psychotherapy
- CBT
- Couple psychotherapy
- Art and drama therapy

The NELFT team incorporates a wider parent-infant mental health service and sees a broader range of families where there are issues with the parent-infant relationship – not limited to those women with severe conditions who make up the specialist perinatal service patient group.

In other areas separate parent-infant services exist, with whom Community Perinatal Services should develop a close working relationship.

Sadly in many areas, there is no parent-infant mental health service of any sort. Specialist perinatal services (and others) in such areas should actively try to promote the development of parent-infant services as these are essential partners in the provision of comprehensive care.

NICE Guidance

NICE guidance on antenatal and postnatal mental health (CG192) states that clinicians should:

"1.9.12 Recognise that some women with a mental health problem may experience difficulties with the mother-baby relationship. Assess the nature of this relationship, including verbal interaction, emotional sensitivity and physical care, at all postnatal contacts. Discuss any concerns that the woman has about her relationship with her baby and provide information and treatment for the mental health problem.

1.9.13 Consider further intervention to improve the mother–baby relationship if any problems in the relationship have not resolved."

NICE guidance on social and emotional wellbeing in the early years (PH40) includes the recommendations that:

"Health visitors or midwives should offer a series of intensive home visits by an appropriately trained nurse to parents assessed to be in need of additional support. The trained nurse should visit families in need of additional support a set number of times over a sustained period of time (sufficient to establish trust and help make positive changes). Activities during each visit should be based on a set curriculum which aims to achieve specified goals in relation to:

- maternal sensitivity (how sensitive the mother is to her child’s needs)
- the mother-child relationship
- home learning (including speech, language and communication skills)
- parenting skills and practice."

"Health visitors and midwives should consider evidence-based interventions, such as baby massage and video interaction guidance, to improve maternal sensitivity and mother-infant attachment. For example, this approach might be effective when the mother has depression or the infant shows signs of behavioral difficulties."
Haringey Parent Infant Psychotherapy Service (PIPs)

At our March Masterclass, MABIM Leaders’ programme participant, Paula Magee, described the work of the Haringey PIPs service. Fellow participant Celia Sabri from the Family Nurse Partnership (FNP) spoke about the supervision that the PIPs team offer to FNP practitioners, and parents Ellie, Ronnie and their children also joined Paula to discuss the impact that PIPs had on their lives.

PIPs offer direct support to parents, and training and supervision to other local services, as shown in Paula’s slides:

Parents and babies are referred to PIPs by their midwife or health visitor, who will have assessed the parent-infant relationship. Ideally the PIPs team will then visit the family with the professional who makes this referral.

Families are then seen at home, in the local GP practice or a children’s centre. Therapy can be very short term, but usually a few months, and sometimes up to a year depending on each family and the complexity.

PIPs also offer training, consultation and supervision to a number of other local services, including midwifery, health visiting and FNP. They are co-located with some of these services in a medical centre.

Paula described the value of “kettle conversations” – informal chats that professionals can have in shared spaces.
Modelling containing relationships

At the March Leaders’ Masterclass we discussed how the relationships that we, as professionals, have with parents can influence their relationships with their babies. Joanna Tucker described how practitioners “hear parents’ cries so that they can hear babies’ cries.”

We recognised that professionals themselves need to experience safe, containing relationships in order to provide these for parents. Paula Magee and Celia Sabri discussed the importance of reflective supervision for professionals, providing them with a safe space and feeling of containment, which enables them to do the same for parents.

Sally Hogg shared the diagram below, created by Dr Angela Underdown, which shows how relationships can be modelled in every part of the system.

At the Masterclass, we also discussed how the way that our services are designed and delivered, and every interaction we have with families communicates something about them and their baby. If services are designed in a way that focuses on parents and does not cater to babies’ needs, we are communicating to families that babies are unimportant.

“Everyone in the team, including admin, is in a position to be therapeutic in their contact with parents.” Amanda Jones

In the MABIM areas, infant mental health interventions have been adopted across local systems. For example, in Gloucestershire, health visitors and other professionals have been trained in NBO and VIG (as explained in our blog from Catherine Whitcombe, and in Haringey midwives, early years professionals and health visitors have been trained in the Solihull approach.

The value of training a number of professionals in an intervention goes beyond simply enabling them to offer the intervention itself to parents. It increases professionals’ understanding of infant mental health, which can have a wider impact on practice and gives the workforce a shared language to talk about parent-infant relationships and wellbeing.

Training professionals in an intervention is not sufficient to ensure high quality delivery of services to the parents and babies who need it. Thought also needs to be given to culture, capacity, sustainability and system-readiness.
The complex relationship between mums’ and babies’ wellbeing

At the March Masterclass, Sally Hogg talked about the complex relationship between feeding, sleeping and crying problems and maternal mental health. The goal of this presentation was to show how these problems can be interconnected for mums, and therefore require a joined-up response – seeing the mother and baby holistically, rather than dealing with individual issues separately.

Sally discussed a range of evidence that showed that:

• Mums with mental health problems may be more likely to perceive that their babies are having problems. Thus seeking help for infant crying, feeding or sleeping problems can be an indication that mum is struggling.

• Crying, feeding or sleeping problems may contribute to mums’ poor mental health, therefore addressing these problems might be a key part of improving mums’ mental health. Understanding what is happening for mum and baby can enable us understand and to address some of the causes of poor mental health as well as providing support and care the mum.

Sally prompted the audience to think about:

• How do we assess and respond to the mental health needs of mums who report that their infants have crying, feeding or sleeping problems (alongside helping them with these problems)?

• How do we ensure that mums who report mental health problems also get the support they need with any crying, feeding or sleeping problems?

“I think when people go to things like baby clinics and especially if they are asking about sleep or feeding, it would be good for staff to ask and how are you coping with that...”

Some Very Dark Days, Caterham and Oxted NCT
Pathway Assessment Tool (PAT)

The Mums and Babies in Mind Pathway Assessment Tool (previously known as the mapping tool) enables local partnerships to map their local services and pathways, for women with perinatal mental illness, against good practice and national standards.

The tool sets out standards for commissioners and providers of services. Some of the standards it sets out relating to infant mental health include:

For Maternity Services:
- All midwives, especially midwives in the postnatal ward and offering postnatal contacts in the community are trained to understand the importance of parent-infant relationships and understand how they can promote infant mental health.
- Midwives working with families in the antenatal period encourage the developing relationship with, and representation of the infant.
- Midwives working with families in the postnatal period are able to observe the nature of the mother-infant relationship, and understand what to do if they identify any issues.

For Health Visiting:
- Health visitors are trained to understand the importance of parent-infant relationships and understand how they can promote infant mental health during both the antenatal and postnatal periods.
- Health visitors are able to observe and understand the nature of the parent-infant relationship and identify any risk factors.
- Health visitors assess infant mental health as part of their ongoing assessments of children’s development, and there are clear processes for them to share any concerns.
- Health visitors offer intensive support to families in need of additional support to promote maternal sensitivity, parent-infant relationships, parenting skills and practice.
- When appropriate Health visitors provide interventions to improve parental and infant mental health in families with identified needs in line with NICE guidance or forthcoming Cochrane review.

Within Children’s Services and the Voluntary Sector:
- Across children’s services, and the voluntary and community sector, a range of services are in place to promote infant mental health across the population, both antenatally and postnatally. This includes universal services and those targeted at particular ‘at risk’ groups or families experiencing problems.
- These services are evidence based and evaluated.
- Services have good coverage and sufficient capacity to reach eligible families.
- Services are known, understood and used by families and professionals, and linked into the care pathway where appropriate.
- Practitioners and volunteers working with families and babies have training that covers infant social and emotional development, and perinatal mental health. They understand how to identify safeguarding or mental health concerns, and how to act on these concerns.

Within Children’s, Perinatal and Adult Mental Health Services:
- There is a clear pathway in place to ensure that families experiencing or at risk of problems in the parent-infant relationship – including those where the mother is experiencing perinatal mental illness – receive parent-infant therapies where necessary in line with NICE guidance.
- There are appropriate links between the parent-infant service and other services on the perinatal care pathway to ensure that the family are receiving the most appropriate services for both the mother’s mental health problem and the parent-infant relationship, and that these are joined-up.
- When families are referred in the perinatal period assessment occurs within 2 weeks of referral and intervention begins within 1 month of assessment.
- Parent-infant therapies are delivered by specially trained therapists with experience working with babies and the parent-infant dyad.
- Therapeutic services are accessible for families in the perinatal period (eg. location, timing, child friendly).
- There are sufficient services to meet local need.
- Data is collected about the use of services by families in the perinatal period, which is used to inform local planning.
- There is a clear process in place for quality assurance and improvement (eg. audit, peer review...).
Communications with Parents

At the Leaders’ Masterclass we discussed how to talk with parents about how their mental health might impact on their baby. Some of the ideas raised included:

- Finding out what parents know. They may have seen the evidence about the impact of their mental illness on babies, and may be concerned about how their child has been affected.
- Being honest and well-informed.
- Using shared language about infant mental health/babies’ development across professionals so parents receive consistent, clear messages.
- Exploring, acknowledging and addressing parents’ fears. Reflecting on them together.
- Having strengths-based conversations which bring out the positive ways that parents are interacting with their babies.
- Showing the importance, value and impact of interventions. Offering/signposting to evidence based interventions (eg. VIG).
- Emphasising that parenting only has to be ‘good enough’, there are no perfect parents. Attunement doesn’t need to be/never is completely perfect.
- Challenging catastrophising.
- Putting parents’ fears in context.
- Sharing evidence about how we can mitigate the impact of mental illness on children.
- Frame interventions as ‘aiding parenting confidence’, ‘being the mum/dad/parent you want to be’, not ‘addressing something that is wrong.’
- Showing practical things that can make a difference.
- Bringing hope “we can help you to make things different now.” Talk about the potential for getting well again, altering behaviour and making positive changes.
- Talking about the different influences on a baby, including other caregivers.
- Connecting parents to sources of peer support, enabling them to see and hear from other parents whose children are ok!
- Reflecting with parents that their concerns about their baby show that they are already keeping their babies’ needs in mind.
- Sensitively reflecting on how evidence about the impact of perinatal mental illness on the whole family shows why it’s so important for mums to seek help/self-care.
- Put things in context – this is an important moment in babies’ lives, but it is one of many. Our children will face adversity – no parent can protect their child from everything. We do the best with the situations we face.

Other useful resources on this topic

- **1001 Critical Days Manifesto** (1001 Critical Days APPG)
- **All Babies Count** (NSPCC)
- **Association for Infant Mental Health** website
- **Babies in Mind: Why the Parents’ Mind Matters** (online training) (Warwick University)
- **Begin before birth** website
- **Brazelton Centre** website
- **Breakdown or Breakthrough films** (NSPCC)
- **Circle of Security** website
- **Conception to Two: The Age of Opportunity** (Wave Trust)
- **Early Intervention: the next steps** (DWP: The Allen Report)
- **Harvard Centre on the Developing Child** website
- **Healthy Child Programme** (online training, modules 5 and 6 on attachment, parenting, development and behaviour)
- **Health Matters: Giving Every Child the Best Start in Life** (Public Health England)
- **NICE Guidelines on Social and Emotional Wellbeing in the Early Years** (PH40)
- **Preparation for Pregnancy, Birth and Beyond** (Department of Health)
- **Prevention in Mind chapter on the whole family approach** (NSPCC)
- **RCGP Perinatal mental health toolkit** section on supporting parenting
- **The Best Start at Home Report** (Early Intervention Foundation)
- **The Costs of Perinatal Mental Health Problems** (LSE and Centre for Mental Health)
- **Transforming Infant Wellbeing** (book edited by Penny Leach)
- **The Healthy Child Programme** (Department of Health)
- **Video Interaction Guidance** website
Take Home Messages

A number of common themes emerged throughout the day:

- Perinatal mental illness can, in some situations, have a significant and lasting impact on children.

- These consequences are not inevitable: many factors can moderate or mitigate the impact of perinatal mental illness on children's wellbeing and outcomes.

- It is vital that professionals working with mums who have a mental health problem, are able to observe and understand her interactions with her baby, to identify any difficulties in the parent-infant relationship, and to ensure that the family gets appropriate support.

- To deliver effective parent-infant interventions, professionals need training, reflective supervision, a supportive workplace, and the ability to access expert input if required.

- Every local area should have a range of evidence-based interventions in place to protect and promote infant mental health, together with clear care pathways so families can get the right support when they need it.

- A range of services and interventions can support the parent-infant relationship, thus improving children's social and emotional experiences and outcomes.

- Attending to the parent-infant relationship and mums’ mental health are both essential and integral elements of perinatal mental health care.

- We must be sensitive to parents’ concerns about the impact of perinatal mental illness on their babies, and respond to this in an honest, informed and strengths-based way.

To download copies of Leaders’ Top Tips visit www.maternalmentalhealthalliance.org/mumsandbabiesinmind/mabim-tools

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