Supporting High-Quality Perinatal Mental Health Care: What does good look like?

EVIDENCE REVIEW

Publication date: 06 March 2023

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Introduction

The evidence in this document has been collated following a desktop review by the Institute of Health Visiting. The review includes key publications, policy guidance, toolkits, research and reports of families' and practitioners' lived experience. The focus of the review is "what does high-quality perinatal mental health care look like" for women, birthing people and their families. The search criteria were restricted to evidence from the UK published within the last 12 years. It is acknowledged that seminal work and wider research may have informed current guidance, however inclusion was beyond the scope of this summary. Key themes emerging from the evidence review are captured in the related resource: Supporting High-Quality Perinatal Mental Health Care.

NAVIGATION

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1. NATIONAL POLICIES

Evidence / document	Summary
Department of Health and Social Care (2022) **Women's Health Strategy For England**	This is the government's first Women's Health Strategy for England. The strategy sets out how the government aims to improve the way in which the health and care system listens to women's voices and boost health outcomes for women and girls. It takes a life-course approach, focused on understanding the changing health and care needs of women and girls across their lives, from adolescents and young adults to later life.
Department for Education and Department of Health and Social Care (2022) **Family hubs and start for life programme: local authority guide**	This programme guide aims to support the 75 Local Authorities in England that have received funding as part of the Family Hubs and Start for Life programme for the period 2022–2025. The guide provides the evidence of need and expectations for the delivery of services in the local authority areas. Specific guidance on perinatal mental health is included.
Overview by the King's Fund (2022) **The Health and Care Act 2022**	The Health and Care Act 2022 was given Royal Assent in May 2022 and puts children at the heart of NHS integrated care. The Health and Care Act 2022 will change the way that services are planned and delivered by the NHS, local authorities, and other key organisations. The Act introduces two-part statutory Integrated Care Systems (ICSs), comprising an integrated care board (ICB), responsible for NHS strategic planning and allocation decisions, and an integrated care partnership (ICP), responsible for bringing together a wider set of system partners to develop a plan to address the broader health, public health, and social care needs of the local population. The most significant change relates to the expectations of the 42 ICBs that replaced Clinical Commissioning Groups (CCGs) across the country from 1 July 2022.

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Evidence / document	Summary
Public Health Scotland (2022) **Supporting a mentally healthy workplace**	The new Mental Health & Wellbeing Platform for Employers has been developed to support mental health and wellbeing across all those in employment. It recognises that employers can sometimes find it difficult to find the right information and advice to support mental health and wellbeing at work, and this platform signposts them to reputable information. The platform is targeted at employers of all sizes in Scotland from large scale companies to SMEs and the self-employed, but this will also be a useful resource for employees.
SANDS and the National Bereavement Pathways Teams (2022) National Bereavement Pathways Scotland:	England has five bereavement care pathways focusing on miscarriage, ectopic pregnancy, molar pregnancy, termination due to foetal anomaly, stillbirth, neonatal death and sudden unexpected death up to 12 months. Each pathway focuses on the needs of the family, building on what women and men want. The National Bereavement Care Pathway Scotland provides dedicated, evidence-based care pathways designed for all healthcare professionals and staff who are involved in the care of women, partners and families at all stages of pregnancy and baby loss.

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Evidence / document	Summary
HM Government (2021) **The Best Start for Life: A Vision for the 1,001 Critical Days. The Early Years Healthy Development Review Report**	The Best Start for Life: A Vision for the 1,001 Critical Days is a government review into health and development outcomes for babies in England. Six action areas are identified: 1. seamless support for families 2. a welcoming hub for families 3. the information families need when they need it 4. an empowered 'Start for Life' workforce' 5. continually improving the 'Start for Life' offer 6. leadership for change. The section on mental health (p.47) states that 'It is vital that every new parent and carer has access to compassionate and timely mental health support if they need it, from the moment they find out that their baby is on the way. This is not just because of the negative consequences to both the parents and their baby if mental health goes untreated – the effects of mental health challenges come with a heavy financial cost.' Because parental mental illness is associated with increased rates of mental health problems in children, effective mental health support for parents and carers to develop a secure bond with their new baby can be integrated fully into the Universal offer to every family. The Universal offer should make reference to the services that result from existing commitments in the NHS Long Term Plan.
Department of Health Northern Ireland (2021) **Mental Health Strategy 2021-2031**	This strategy for Northern Ireland sets out a wide series of actions to improve mental health in all settings. Focus is given to promoting mental wellbeing across the life course, providing the right support at the right time, and looking at new ways of working including digital innovations.

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Evidence / document	Summary
NHS England (2021) **Involving and supporting Partners and other family members – Good Practice Guide**	This guide is aimed at specialist PMH services and commissioners. It provides guidance on how services can involve the whole family and the importance of this in PMH.
NHS England and NHS Improvement (2021) **Involving and Supporting Partners and Other Family Members in Specialist Perinatal Mental Health Services.' Good Practice Guide**	This is a guide for commissioners and providers of specialist perinatal mental health services. It includes principles and ideas about how services can support family members of mothers who are receiving specialist perinatal mental health care. The guide highlights three key principles: 1. Think Family 2. Perinatal Mental Health Frame of Mind 3. Stay Curious
Scottish Government (2021) **Perinatal and Infant Mental Health Programme Board 2021 Delivery Plan (Scotland)**	This document outlines the Scottish Perinatal and Infant Mental Health Programme Board's delivery plans that were informed by lived experience at a strategic and operational level with family members being meaningfully involved in decision making. The plan focuses on: • supporting positive relationships within families and creating opportunities for positive relationships where it is not possible for children to stay with their families (Family and Care) • actively supporting the development of relationships within families and with the community and professional systems involved, who in turn must be supported to listen and be compassionate in their decision making and care (People) • responsive help, support and accountability to enable support to be accessed and utilised to its fullest potential (Scaffolding)

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Evidence / document	Summary
Public Health England (2021) **Healthy child programme 0 to 19: health visitor and school nurse commissioning**	Guidance on the commissioning of 0-19 services in England. Focus on the role of health visitors and school nurses in addressing health, including mental health.
NHS England and NHS Improvement (2020) **Advancing Mental Health Equalities Strategy**	This strategy document aims to summarise core actions needed to bridge the gaps in mental health care within communities in England. This will be supported by considering: supporting local health systems; use of data and information; and the workforce.
NHS Scotland (2020) **Specialist Community Perinatal Mental Health Services Guide Scotland**	Perinatal Mental Health Network Scotland (PMHN Scotland) is a national managed clinical network. Their aim is to help develop and improve access to high-quality care for women, their infants and families, who experience mental ill-health in pregnancy or during the first postnatal year, and this document serves as a guide.

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Evidence / document	Summary
Welsh Government (2020) **Together for Mental Health delivery plan 2019-2022** **Review of the Together for Mental Health 2019-2022**	Together for Mental Health is a cross-Government Strategy setting out the goals for improving mental health and mental health services in Wales. This third and final delivery plan covers all ages: children and young people, adults of working age, and older people. The strategy focuses on raising awareness and working in partnership with the public. The second paper considers actions that need to be considered following COVID-19 and provides a clear plan with objectives to be achieved.
Association of Infant Mental Health (2019) **Infant Mental Health Competencies Framework (IMHCF)**	The framework has been developed so that all staff working with infants and their parent/s/caregivers can support them to promote healthy infant development. The aim is to enable staff to hold 'an infant mental health frame of mind'; this means being able to maintain the perspective not only of the parent but also that of the baby. Practitioners need the capacity to maintain a focus on the parent-infant relationship as a dynamic system, and to be able to apply interventions flexibly in line with the strengths, vulnerabilities and wider social context of each infant, parent, and family. The IMHCF features 63 competencies which are divided into seven areas: • relationship-based practice • normal and atypical development • factors that influence caregiving • assessment of caregiving • supporting caregiving • reflective practice and supervision • working within relevant legal and professional framework

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Evidence / document	Summary
NHS England (2019) **The NHS Long Term Plan** **NHS Mental Health Implementation Plan**	The NHS Long Term Plan presents a vision for health care for all patients in England. The NHS Mental Health Implementation Plan focuses on key deliverables in mental health including: community-based offers with access to psychological therapies; improved physical health care; employment support; personalised and trauma-informed care; medicines management and support for self-harm and coexisting substance use; and proactive work to address racial disparities. Supporting a move towards a new place-based, multidisciplinary service across health and social care, aligned with primary care networks.
Scottish Government (2019) **Getting it Right for Every Child (GIRFEC)**	Getting it Right For Every Child (GIRFEC) supports families in Scotand by making sure that children and young people can receive the right help, at the right time, from the right people. The aim is to help them to grow up feeling loved, safe, and respected so that they can realise their full potential. Most children and young people get all the help and support they need from their parent(s), wider family, and community but sometimes, perhaps unexpectedly, they may need a bit of extra help. GIRFEC is a way for families to work in partnership with people who can support them, such as teachers, doctors and nurses.
Health Education England (2018) **Competency framework for perinatal mental health**	This competency framework has been developed for all staff in England working to support mothers and families across the perinatal care pathway, from preconception to postnatal care. It is designed to increase general awareness of perinatal mental health disorders and associated care skills, supporting advanced and specialist practice. It has been developed to standardise competencies for perinatal mental health practice across England. This will help to ensure that the workforce is confident and suitably skilled to identify need and deliver care to women who have mental health problems during the perinatal period, thereby increasing access to appropriate evidence-based treatment for thousands of women.

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Evidence / document	Summary
NHS England (2018) **The Perinatal Mental Health Care Pathways**	The guidance provides services with evidence on what works in perinatal mental health care, as well as case studies describing how areas are starting to make this a reality in England.
Welsh Government (2016) **An overview of the Healthy Child Wales Programme**	The Healthy Child Wales Programme (HCWP) sets out what planned contacts children and their families can expect from their health boards from maternity service handover to the first years of schooling (0-7 years). These universal contacts cover three areas of intervention: screening; immunisation; and monitoring and supporting child development (surveillance).
Welsh Government (2016) **Together for mental health: our mental health strategy (2012)**	Together for Mental Health sets out the Welsh Government's ambitions for improving mental health and their vision for 21st century mental health services. It is the first mental health Strategy for Wales that covers people of all ages.

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2. STANDARDS/CLINICAL GUIDELINES/TOOLKIT

Evidence / document	Summary
Royal College of Psychiatrists - College Centre for Quality Improvement (2022) **CCQI Standards for Inpatient Mental Health Services**	This literature review was undertaken to identify any evidence published since publication of the third edition which could be used to update standards and create new standards. The standards then underwent a consultation process. This was carried out by a working group of multi-disciplinary mental health professionals, patient and carer representatives, and CCQI staff that was led by Dr Rob Chaplin (Clinical Lead for Accreditation, CCQI).
Royal College of Psychiatrists - College Centre for Quality Improvement (2022) **CCQI Standards for community mental health services**	This is the fourth edition of the standards. A review of the previous standards was completed to consider future inclusion and new evidence. The standards set out expectations for the delivery of community mental health services.
Royal College of Psychiatrists - College Centre for Quality Improvement 4th Ed (2022) **CCQI Standards for Community Perinatal Mental Health Services**	A revised set of standards that services can benchmark themselves against to improve care. The standards cover all aspects of service provision and focus on safeguarding, continuity of care and workforce competencies.

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Evidence / document	Summary
Royal College of Nursing (2022) **Transition from Fertility to Maternity Care**	This guidance from the RCN aims to raise awareness of possible pathways of care for women and others (their partners/support networks) as they travel through fertility treatment and pregnancy, and how they can best be supported by the healthcare professionals they encounter along their journey.
MHRA (2022) **Update on MHRA review into safe use of valproate, MHRA statement** GOV.UK (2022) **Valproate: a reminder of current Pregnancy Prevention Programme requirements; information on new safety measures to be introduced in the coming months**	This alert from MHRA and article from Gov.uk reminds healthcare professionals of the risks in pregnancy and the current Pregnancy Prevention. The MHRA highlight the advice that no one under the age of 55 should be initiated on valproate unless two specialists independently consider and document that there is no other effective or tolerated treatment. Where possible, existing patients should be switched to another treatment unless two specialists independently consider and document that there is no other effective or tolerated treatment or the risks do not apply. Patients currently taking valproate must be advised not to stop taking it unless they are advised by a specialist to do so. Any patient who thinks they are pregnant while on valproate should be advised to talk to a specialist urgently.
Brighton and Sussex University Hospitals (2021) **Gender Inclusive Language in Perinatal Services: Mission Statement and Rationale**	This guidance aims to promote a move towards inclusive language in perinatal services, as a means to improve health outcomes and to address existing discriminatory linguistic practices (National LGBTI Health Alliance, 2013). This guidance was created, in the absence of national guidance, and aims to lead the way to ensure that the language we use includes everyone. They want to ensure that all women and people see themselves reflected in the services they use.

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Evidence / document	Summary
Blackpool Best Start in Life (2021) **A good practice guide to support implementation of trauma-informed care in the perinatal period**	This guide is universal and applies to all staff (clinical and non-clinical) working with perinatal women in maternity and mental health services, although it may be more pertinent to certain roles. This guide does not intend to supersede or replace regulatory or practice requirements already in place for a professional group or role, but aims to be additionally supportive. The guide is also for parents to help them understand what good trauma-informed practice might look like. It is also recognised that the guide will aid the workforce to strengthen trauma-informed practices and policies as part of a recovery response to COVID-19, and also enable them to more effectively support and engage with service users at an understandably more difficult and stressful time.
NICE (2021) **NICE Guideline Antenatal Care [NG20]**	This guideline covers the routine antenatal care that women and their babies should receive. It aims to ensure that pregnant women are offered regular check-ups, information, and support. NICE has also published a guideline on postnatal care, which covers the topics of emotional attachment and baby feeding. The importance of continuity of care is highlighted.
NICE (2021) **Postnatal care NICE guideline [NG194]**	This guideline covers the routine postnatal care that women and their babies should receive in the first 8 weeks after the birth. It includes the organisation and delivery of postnatal care, identifying and managing common and serious health problems in women and their babies, how to help parents form strong relationships with their babies, and baby feeding. The recommendations on emotional attachment and baby feeding also cover the antenatal period.
NHS England / University of Exeter (2021) **IAPT Competency Framework**	This framework describes the various activities which need to be brought together in order to carry out clinical work in the context of perinatal work within IAPT. The framework locates competences across six "domains", each of which represents a broad area of practice. This helps users to see how the various activities associated with work in this area fit together. The competency framework includes only perinatally-specific competences; existing competency frameworks should be used to inform general practice. Although its primary audience will be clinicians, clinical managers and commissioners of primary care mental health services (particularly IAPT), service users will also find the competency framework useful.

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Evidence / document	Summary
NHS England (2021) **Involving and supporting partners and other family members in specialist perinatal mental health services**	This guide is for specialist perinatal mental health services and commissioners in England. It relates to the families of mothers receiving care from inpatient and community specialist perinatal mental health teams. This includes partners, grandparents of the baby, siblings of the baby, and any significant others identified by the mother. It covers how to support and involve these family members. The guide describes underpinning principles and key ideas for what services can do to involve and support partners and other family members, and why this is needed as a result of the impact on the whole family. The actions and practice tips offer suggestions to guide services. The practice examples it includes help to illustrate these ways of working. The majority of points apply to both inpatient and community settings. Some are specific to Mother and Baby Units, and this is clearly indicated in the text.
NHS Wales (2021) **Perinatal Mental Health Programme and Pathways**	The Wales Perinatal Mental Health Programme (WPNMHP) sets out the actions practitioners will take to ensure that the mental health and wellbeing of women and their partners/families is supported when planning and during a pregnancy, and after birth up until their baby is one-year-old. The programme provides an overview and summary of the research and recommendations for change and pathways that are underpinned by a 'matched' care and needs-led model, which specifies the anticipated steps from universal, primary, secondary and through to tertiary care. The pathways will provide guidance to all practitioners who come into contact with a woman and their partner/family who are planning a pregnancy, pregnant or given birth and have a baby under one-year-old, across all settings.
Birth Companions (2019) **The Birth Charter Toolkit**	The toolkit has been developed to bridge the gaps we see between what is set out in policy and what is actually provided in practice. It provides stakeholders with a practical guide to help them address these gaps and implement the Birth Charter's recommendations, outlining best practice in supporting pregnant women and new mothers in prison.

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Evidence / document	Summary
NHS Education Scotland (2018) **Perinatal Mental Health Curricular Framework**	This framework sets out the different levels of knowledge and skills required by members of the Scottish workforce who have contact with mothers and their babies, to enable them to support mothers, babies and their families to have positive wellbeing and good mental health during the perinatal period.
Healthy London (2018) **Tokophobia toolkit**	Most people understand that the thought of childbirth is anxiety-provoking to many women – indeed, some might say that this is a normal response to an inherently unpredictable event where the outcomes are vitally important. It is less well known that severe anxiety about childbirth in the form of tokophobia is relatively common, affecting around 14% of women. This toolkit offers best practice guidance about identifying and treating tokophobia. It draws on the current evidence and recommendations of a group of experts in the field.
NICE (2018) **NICE impact maternity and neonatal care**	This report from NICE considers the impact of the NICE guidelines on Neonatal care and makes recommendations for future improvements. This report focuses on how NICE's evidence-based guidance contributes to improvements in maternity and neonatal care and provides examples of where care has been improved.
NICE (2016) **QS115 Antenatal and postnatal mental health**	This quality standard covers the recognition, assessment, care and treatment of mental health problems in women during pregnancy and the postnatal period (up to 1 year after childbirth). It also includes providing preconception support and advice for women with an existing mental health problem who might become pregnant, and the organisation of mental health services needed in pregnancy and the postnatal period.

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Evidence / document	Summary
Royal College of Midwives (2015) **Caring for Women with MH difficulties RCM standards and Competencies for MWs**	This document sets out the recommendations needed to develop a standards and competency framework for specialist midwives, to deliver a capability that is aligned to world-class standards. System-wide problems will demand system-wide solutions to address the dramatic impact on long-term outcomes for mothers, fathers, children, families and society. It does this by ensuring that all health professionals working with women and their families in the perinatal period are competent to identify women and families in need; by establishing a midwife who specialises in maternal mental health in every maternity trust; and by addressing the disparity of esteem between physical and mental health in pregnancy, childbirth, and postnatal periods. These recommendations will best serve women, babies and their families both now and in the future. This work has been set within the political, legal, and technological challenges facing the NHS, and there are undoubtedly challenges in developing a common framework for these specialist midwives. In order to continue supporting women and their families, they will need a greater level of collaboration and awareness from across the workforce, including in the greater use of e-learning and e-networking.
NICE (2014) **CG192 Antenatal and postnatal mental health: clinical management and service guidance**	This guideline covers recognising, assessing, and treating mental health problems in women who are planning to have a baby, are pregnant, or have had a baby or been pregnant in the past year. It covers depression, anxiety disorders, eating disorders, drug- and alcohol-use disorders and severe mental illness (such as psychosis, bipolar disorder and schizophrenia). It promotes early detection and good management of mental health problems to improve women's quality of life during pregnancy and in the year after giving birth.
SIGN (2012) **SIGN 127 Management of perinatal mood disorders**	This is the Scottish clinical guideline. Recommendations are based on current evidence for best practice in the management of antenatal and postnatal mood and anxiety disorders. The guideline covers prediction, detection, and prevention as well as management in both primary and secondary care. It also outlines the evidence in relation to the use of psychotropic medications in pregnancy and during breastfeeding. This guideline will assist in the development of local evidence-based integrated care pathways and networks.

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Evidence / document	Summary
SIGN (2012) **SIGN 127 Audit Tool Perinatal Mood Disorders**	This audit tool is based on recommendations from the guideline. It aims to help measure current practice of the SIGN guideline on management of perinatal mood disorders. The target users/healthcare setting best suited for this tool are: • part one - midwives/ obstetricians • part two - general practitioners The instructions, the exact methods and duration of data collection will depend on local circumstances. However, the audit is in two parts: • part one - predicting and reducing risk • part two - psychosocial management
NICE (2010) **CG110 Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors**	This guideline covers antenatal care for all pregnant women with complex social factors (particularly alcohol or drug misuse, recent migrant or asylum seeker status, difficulty reading or speaking English, aged under 20, domestic abuse). It offers advice on improving access to care, maintaining contact with antenatal carers, and additional information and support for these women.

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3. REPORTS - BY YEAR

Evidence / document	Summary
CQC Maternity Survey Report (2023)	This survey conducted in 2022, received responses from 20,927 women and people who had recently given birth. The 2022 maternity survey shows that people's experiences of care have deteriorated in the last 5 years. Positive findings around mental health were: • Support for mental health during pregnancy is improving, although there remains room for further improvement • Nearly three-quarters of women and other pregnant people (71%) said their midwife definitely asked about their mental health during antenatal check-ups; an improvement compared with 69% in 2021 and 67% in 2019 • 85% said they were given enough support for their mental health during their pregnancy; an improvement compared with 83% in 2021 • In terms of postnatal care, the vast majority said a midwife or health visitor asked them about their mental health (96% compared with 95% in 2021 and 2019) Areas for improvement included: • In terms of postnatal care, 70% were 'always' given the help they needed when contacting a midwifery or health visiting team, down from 73% in 2021 and 79% in 2019 • There has also been a downward trend for 'always' being treated with kindness and understanding whilst in hospital after the birth, from 74% to 71% • 59% of women and other pregnant people were always given the information and explanations they needed during their care in hospital, down from 66% in 2017
Institute of Health Visiting (2023) Mental Health Departmental Report	This report provides a summary of the achievements of the iHV mental health team over 2022-2023. It highlights the collaborative work to support high quality perinatal mental health for all.

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Evidence / document	Summary
Institute of Health Visiting (2023) **Annual Survey**	The iHV annual survey highlights the challenges the current workforce face. The survey findings paint a bleak picture with health visitors seeing first-hand the realities that families with babies and young children in the UK are facing. Health visitors are reporting epidemic levels of poverty, with more parents struggling under the weight of the cost-of-living crisis that is forcing them to turn to food banks to feed their children. Alongside this, more parents are living with mental health problems, domestic abuse and adversity, that pose risks to the health and wellbeing of babies and young children.
Centre for Early Childhood Development (2023) **Measuring What Matters Scoping Review: The current use of outcome measures by Specialist Parent-Infant Relationship and Infant Mental Health Services**	The aim of this review is to help guide good practice in the evaluation of parent infant relationship services and to provide practical solutions for future use. The review highlights a lack of consensus on which outcome measures should be used to assess parent-infant relationships. The review highlights some of the barriers to carrying out outcome assessments including practical constraints, time requirements, potential burden and accessibility for families. It was highlighted that there is a need to consider recognition of practitioner observation within assessment tools as an outcome measure. The authors make five recommendations for future practice: Being realistic, seeking clarity, capturing observation, thinking long-term, and working together.
Centre For Mental Health, London School of Economics and Maternal Mental Health Alliance (2022) **A sound investment**	This report summarises the findings of the investment case for increasing access to treatment for women with common mental health problems during the perinatal period, published by the London School of Economics (LSE) Care Policy and Evaluation Centre (CEPC), and explores their implications for policy and practice. The need for investment and integrated care are highlighted.

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Evidence / document	Summary
London School of Economics and Political Science (2022) **The economic case for increasing access to treatment for women with common mental health problems during the perinatal period** **Centre for Mental Health: A sound investment: Policy analysis of MMHA Report Jan 2022**	Independent research commissioned by the Maternal Mental Health Alliance (MMHA), and conducted by the London School of Economics and Political Science (LSE), estimates the costs and benefits of addressing unmet maternal mental health needs. The report presents the clear economic benefits from training midwives and health visitors in perinatal mental health and enabling their work with pregnant and postnatal women: • Changes to standard practice could have a net economic benefit of £490 million over ten years; £52 million in NHS savings and quality of life improvements worth £437 million. • Universal services such as health visiting and midwifery have a clinically-effective and cost-effective role in perinatal mental health care, identifying women in need or at risk, and facilitating access to or providing treatment as part of their routine work with women during and after pregnancy. • The report recommends scaling-up integrated provision across the UK as both desirable and viable from an economic perspective.
House of Commons Inquiry (2022) **Ockenden report: Findings, conclusions and essential actions from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust.**	This Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trus commenced in the summer of 2017. The report highlights: • Patterns of repeated poor care • A failure of governance and leadership • And makes recommendations for learning and immediate and essential actions, both locally and nationally. These include training for the workforce.

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Evidence / document	Summary
LGBT Foundation (2022) **The Improving Trans Experiences of Maternity Services (ITEMS) project report 2022**	The ITEMS research project was commissioned by the Voluntary, Community and Social Enterprise Health and Wellbeing Alliance (VCSE HWA) and delivered by LGBT Foundation in partnership with a steering group. It ran between September 2020 and April 2021 aiming to gain insight into trans and non-binary experiences of perinatal services and put forward recommendations for improvement. Key points: • Trans and non-binary people's experiences of perinatal care are consistently worse across the board compared with cisgendered women. • The recommendations of this report aim to outline how different parts of the healthcare system can take coordinated action to improve experiences and outcomes for all trans and non-binary birthing parents. • These recommendations include: supporting the delivery of personalised and trauma-informed perinatal care; proactively adopting inclusive language and targeting outreach to trans and non-binary birthing parents; and implementing IT and demographic monitoring systems to enable the sensitive collection of data about gender identity and trans status in perinatal services.
Parent-Infant Foundation (2022) **Securing Healthy Lives report**	In this ground-breaking research, the Parent-Infant Foundation gathered views from parents and spoke to local practitioners about how they support families to develop a strong bond between babies and their parents. Thought to be the largest UK survey of parents on this topic, their research found that: • Parents rated the quality of parent-infant relationships with their baby as the third most important influence on child development, just below the impact of violence in the home and parental drug use • Only 35% of parents felt there was enough relationship support available to them • 65% were not asked about their relationship with their baby • Whilst only 3% of parents had received direct help for their parent-infant relationship, 93% of those parents found that support helpful

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Evidence / document	Summary
Department for Health and Social Care (2022) **Final report of the Ockenden review**	This report details the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust. The report highlights the failings in maternity provision and lessons learnt for future consideration. It identifies immediate and long-actions for implementation across maternity provision in England. Key recommendations include: • the need for significant investment in the maternity workforce and multi-professional training • suspension of the midwifery continuity of carer model until – and unless – safe staffing is shown to be present • strengthened accountability for improvements in care among senior maternity staff, with timely implementation of changes in practice and improved investigations involving families
First 1001 Days Movement (2022) **Why Health Visitors Matter: perspectives on a widely valued service**	The report is a compilation of short testimonies about why health visitors are important in ensuring that all babies and children are safe, healthy, and able to thrive. The testimonies showcase the vital role of health visitors, demonstrating the breadth and depth of their work. The First 1001 Days Movement is a campaigning alliance of over 200 organisations who work together to promote the importance of sensitive and nurturing relationships for babies and young children's emotional wellbeing and optimal development.
Institute of Health Visiting (2022) **Mental Health Department Report 2021/2022**	The iHV Mental Health Report focuses on how health visiting, as part of the PIMH system, can maximise the opportunity for good family mental health and wellbeing. Additionally, it spotlights the iHV's important collaborations with several partners to ensure that the voice of infants and their families have and will be heard by the Government.

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Evidence / document	Summary
BirthRights (2022) **Systemic racism, not broken bodies: An inquiry into racial injustice and human rights in UK maternity care**	This report presents the findings from an inquiry which heard from 300 people including: professional and clinical bodies; experts in maternal mortality and anti-racism; other charities who work with LGBTQ+ birthing people of colour; and refugee, asylum-seeking and migrant women. The key findings included in the report include: • Lack of physical and psychological care • Safety being ignored and disbelieved • Racism by caregivers • Dehumanisation • Lack of choice or consent and coercion • Structural barriers • Workforce representation and culture
Five X More (2022) **The Black Maternity Experiences Report: A nationwide study of Black women's experiences of maternity services in the United Kingdom.**	This report by the organisation Five X More presents the findings of a survey into black women's experiences of maternity services in the UK. The survey aimed to understand how maternity care is delivered from the perspective of women from the Black community, and 1,340 Black and Black-mixed women responded, sharing their experiences. It seeks to highlight the real-life encounters behind the known disparities in maternal care. The report highlights the disproportionately negative experiences of black women in all elements of their perinatal care.
Muslim Women's Network (2022) **Invisible - Maternity Experiences of Muslim Women Summary Report**	This report presents the findings of research to investigate the experiences of Mulism women in the UK, particularly from Black, Asian and other minority ethnic backgrounds, to better understand what factors were influencing the standard of maternity care they received and which may be contributing to poorer outcomes for them and their babies. The findings highlight that these women experience variable and inequitable maternity services. Specifically there is a data gap in accurately recording ethnicity data, maternity information gaps on their specific needs, they were not listened to, felt neglected, care lacked dignity, and their feedback was not captured.

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Evidence / document	Summary
UNICEF (2022) **Early Moments Matter: Guaranteeing the Best Start in Life for Every Baby and Toddler in England**	The report Early Moments Matter: Guaranteeing the Best Start in Life for Every Baby and Toddler in England makes the case for investing in early childhood development and sets out a picture of significant regional variation in provision across early childhood services including maternity, health visiting, mental health, and early childhood education and care. The report makes recommendations to the UK Government including the delivery of The Baby and Toddler Guarantee for every baby, young child, and family across the UK.
Bliss (2022) **Locked out: the impact of COVID-19 on neonatal care**	This report is based on a survey of parents experiences of neonatal care during lockdown. The survey found that parents had been excluded from visiting their baby during lockdown – describing that parents should not be viewed as visitors. The report highlights the detrimental effect of parents being separated from their baby during the stay on the neonatal unit and makes recommendations for the future to prevent parents being excluded from care.
Women in Global Health (2022) **#HealthToo** **Her Stories: Ending Sexual Violence and Harassment of Women Health Workers**	This report shares the stories of over 235 women health workers under #HealthToo, confirming the work of earlier studies that Sexual Exploitation and Harassment are widespread in the health sector and the victims are mainly women, globally. The report highlights the need for comprehensive ways to recognise and give women a voice and address the voices of women and challenge gender inequalities.

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Evidence / document	Summary
The Institute of Health Visting and First 1001 Days Movement (2022) **Casting Long Shadows: The ongoing impact of the COVID-19 pandemic on babies, their families and the services that support them**	This report describes the ongoing impact of the pandemic on babies, young children and their families, and the services that support them. It sets out the results of a review of relevant reports, research and national data and a new survey of 555 professionals and volunteers who work with babies and their families in health visiting, mental health, maternity, early education, and other services. The findings from both the survey and literature review were consistent and compelling.
MBRRACE (2022) **Enquiry: MBRRACE-UK Saving Lives Improving Mothers' Care – Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20.**	The ninth confidential enquiry makes stark reading, and key findings include: • 1 in 9 mothers who died experienced severe and multiple disadvantages, such as mental illness, domestic abuse and substance use • More women from deprived areas are dying and this continues to increase • 40% of deaths within the year after pregnancy were from mental health-related causes • Suicide remains the leading cause of direct maternal death in the first postnatal year • Suicide during pregnancy or up to six weeks after is increasing – in 2020, women were three times more likely to die by suicide during this period compared to 2017-19 • Very few women who died by suicide in 2020 had formal mental health diagnoses, but significant numbers had a history of trauma • Women living in the most deprived areas are more than twice as likely to die as women living in the wealthiest areas • Concerning trend of increasing teenage suicides • Roughly doubling of domestic abuse rates in suicide and substance misuse deaths, compared to 2017-2019.

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Evidence / document	Summary
ACE Hub Wales (2022) **Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity**	An all-society Framework to support a coherent, consistent approach to developing and implementing trauma-informed practice across Wales, providing the best possible support to those who need it most. The Framework outlines a set of five principles that underpin four practice levels that describe the different roles people and organisations may have when supporting people affected by trauma. The levels extend from societal awareness that trauma and adversity exist, and recognising the multiple presentations of the impacts of trauma; to enabling services to support practice that helps people feel connected, valued and safe, and through to specialist clinical interventions, that are personalised and co-produced, when these are required.
Scottish Government (2022) **Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032**	This strategy document builds on the Every Life Matters Strategy and includes a number of new approaches to prevent suicide. The strategy sets out the Scottish Government and Convention of Scottish Local Authorities vision for suicide prevention in Scotland over the next ten years. The strategy is supported by an initial 3 year action plan setting out the actions needed to support the vision.
MBRRACE (2015 -2021) **MBRRACE-UK Saving Lives, Improving Mothers' Care**	The Maternal, Newborn and Infant Clinical Outcome Review Programme, delivered by MBRRACE-UK, was commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). The reports (from 2015 to 2021) present lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity. This MBRRACE-UK report also highlights yet again the stark disparity in maternal mortality rates between women from Black and Asian aggregated ethnic groups and White women – more than four times higher for Black women, two times higher for mixed ethnicity women, and almost twice as high for Asian women. Apart from a slight drop in the maternal mortality rate for Black women, this bleak picture has not changed in over a decade.

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Evidence / document	Summary
Royal College of Psychiatrists (2021) **Perinatal mental health services: Recommendations for the provision of services for childbearing women. CR232**	This College Report summarises the evidence base for the extent and impact of perinatal mental disorder and opportunities for intervention. The report sets out best practice principles, guidance, and workforce recommendations. It recognises that the provision of high-quality mental health care in the perinatal period is not solely the responsibility of specialist perinatal mental health teams and that there is a fully integrated care pathway across all health and social care services - so that people using services, their families/supporters and all professionals, know what should be expected at any point along a woman's journey of care and that there is a consistent and coordinated response.
Royal Foundation (2021) **State of the Nation: Understanding Public Attitudes to the Early Years**	The foreword to this report affirms that investing in the start of life is not an indulgence, but an economically, socially and psychologically vital component of a prosperous society - according to the views of 500,000 individuals from across the UK. Three main themes identified: 1. the importance of promoting education and dissemination of evidence on the primacy of the early years 2. the need to cultivate and sustain more support networks for parents to enhance their mental health and wellbeing 3. encouraging society as a whole to be more supportive of parents, carers and families in the early years. Key stats: • 90% of people in the study cited parental mental health and wellbeing as a critical factor in a child's development. • 18% of parents would feel uncomfortable asking for help with how they are feeling. This % increased to 34% during the pandemic. As a result of the pandemic, perceived loneliness also increased from 38% to 63%.

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Evidence / document	Summary
Skills for Health (2021) **The Principles of Workforce Integration**	This report highlights the principles of workforce integration that were developed to support leaders, managers, practitioners and organisations to consider what is meant by integration. They focus on supporting the system leaders to think about how workforce development can contribute to the implementation and sustainability of integration by focusing on personalised care and improving the lives of people drawing on care and support. Personalised and person-centred care is at the centre of the framework presented.
Men's Health Forum (2020) **Fathers Reaching Out – Why Dads Matter: 10 years of findings on the importance of fathers' mental health in the perinatal period**	This report highlights the importance of focusing on fathers' mental health in the perinatal period drawing on research from over 10 years. Key recommendations are made for practice including: recognition and assessment of fathers' needs, specific fathers' services, information and resources, further research.
Early Intervention Foundation (2020) **Adverse childhood experiences: What we know, what we don't know, and what should happen next**	This major report presents the evidence relating to the prevalence, impact and treatment of Adverse Childhood Experiences (ACEs), the extent to which ACEs should provide the basis for frontline practice and service design, and the benefits and limitations of ACE-related approaches, such as routine enquiry and trauma-informed care.
NSPCC Scotland (2020) **Well Being for Wee Ones**	This NSPCC report has been written in partnership with the Perinatal Mental Health Network Scotland (PMHNS). Its focus is on the provision of mental health and support services in Scotland for children under 5, and specifically for babies and those aged under 3 years. It primarily seeks to map services provided by local authorities and third sector organisations, in order to complement and add to information previously published.

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Evidence / document	Summary
Institute of Health Visiting (2019) **Health Visiting in England: A Vision for the Future**	This report was developed by the Institute of Health Visiting (iHV) in collaboration with experts in the field of health visiting, including health visiting and local authority public health leaders, practising health visitors, academics, researchers and the views of more than 1000 parents. The iHV Vision provides a blueprint for health visiting service delivery models based on proportionate universalism - it was written for England but the evidence is applicable to all UK nations and includes recommendations for practice - including 15 High Impact Areas and 8 universal contacts.
Birthrights (2019) **Holding it all together - Birthrights**	Birth Companions and Birthrights have frequent contact with women in highly difficult circumstances and in 'Holding it all together' they have explored the themes and realities of their journeys through our maternity systems. Some of these women will have experienced horrific traumas in the UK or in other countries, many are simultaneously dealing with a huge range of issues and needs, and some may have very little hope left for the future in their fragile lives. These women are at great risk of further traumatisation, are fearful of authority, and expect the worst or very little from care providers.
NHS Scotland (2019) **Delivering Effective Services PMHN Scotland**	This report draws on the findings of the Perinatal Mental Health Network's NHS board visits, professionals' workshops, and online survey of women's views, conducted in 2017-18, and the existing evidence base on service provision, to make recommendations on what services Scotland should develop to meet the needs of mothers with mental ill-health, their infants, partners and families. The report makes recommendations across all tiers of service delivery, with the aim of ensuring that Scotland has the best services for women with, or at risk of, mental ill-health in pregnancy or the postnatal period, their infants, partners and families.
NSPCC (2019) **A time for action perinatal mental health care in Northern Ireland**	This report sets out the findings of a study exploring health visitors' and midwives' roles and experiences of identifying and responding to perinatal mental illness in Northern Ireland. The findings affirm that health professionals in Northern Ireland experience similar challenges in identifying and responding to perinatal mental illness as their counterparts in the rest of the UK. Within both health visiting and midwifery, the main challenges are regarded overwhelmingly as systemic with underfunding, overwork, and growing levels and complexity of demand undermining the face-to-face time and continuity of care required for early recognition and response.

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Evidence / document	Summary
Healthwatch (2019) **Mental health and the journey to parenthood - Healthwatch England**	The report presents the views and experiences from women and their partners of parenthood. The report highlights that every person's experience is unique to them. Key points: • People feel their mental health problems are triggered by a variety of issues • People don't know where to turn to for help • People feel scared about how others will respond if they speak up.
Maternal Mental Health Alliance (2018) **The Perinatal Mental Health Peer Support Principles**	This document provides the five principles of what good Perinatal Peer Support looks like. The principles were co-designed by people with lived experience, maternal mental health and maternity professionals, organisations facilitating peer support, Mind, and the McPin Foundation. Additional support, including testing and feedback, was provided by fellow Maternal Mental Health Alliance (MMHA) members and MMHA staff helped to coordinate the design and dissemination of the final principles. "*The Perinatal Peer Support Principles were designed to give peer supporters the confidence to create and deliver peer support that meets the needs of women and families affected by mental health problems during pregnancy or the postnatal period. Adherence to them should help ensure that peer support during this important time is safe, inclusive, informed, that it benefits everyone involved and remains distinct from - but closely connected to - clinical perinatal mental health services.*"
NSPCC (2018) **From bumps to babies: PMH care in Wales**	This report provides an overview of the findings from the Perinatal Mental Health in Wales project, a collaboration between NSPCC Cymru/Wales, National Centre for Mental Health (NCMH), Mind Cymru and Mental Health Foundation, with support from the Maternal Mental Health Alliance Everyone's Business Campaign. The project explored perinatal mental health care in Wales and how this is experienced by women and their partners affected by perinatal mental health problems.

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Evidence / document	Summary
Department of Health and Social Care (2018) **Women's Mental Health Taskforce Final Report**	The Women's Mental Health Taskforce was formed in response to a rise in mental ill-health among women, to set out priorities for improving women's mental health and their experiences of services. This includes: respecting their preferences; ensuring that appropriate, acceptable services are accessible; ensuring safety, dignity and respect; and providing effective, holistic, trauma-informed care that acknowledges the role of women as mothers and carers. The taskforce's final report sets out how women's experience of mental ill-health can differ to men. It covers: • core themes in women's mental health • the involvement of women with lived experience • principles for service design • future strategic priorities.
Early Intervention Foundation (2018) **What works to enhance the effectiveness of the Healthy Child Programme: An evidence update**	The report includes an evidence review of interventions for maternal mental health from conception to birth and birth to five.
Bliss and Sands (2018) **Audit of Bereavement Care Provision in UK Neonatal Units 2018**	This joint report, from Bliss and Sands charities, shows bereavement support for parents whose babies die in neonatal services is worryingly inconsistent and under-resourced. Wide variation in the quality of bereavement rooms with more than 40% of the units having rooms situated where parents can hear other babies' cries, which can be incredibly distressing. Bereavement care training is not available to staff in one in five units. Over a quarter of units provide no emotional support for neonatal nurses, and over a third have nothing similar in place for doctors. Although the majority of neonatal units (83%) reported having a bereavement care lead, only one in ten said that they had any dedicated time set aside to perform this role on the neonatal unit (and two thirds of these staff had less than eight hours a week).

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Evidence / document	Summary
Royal College of Obstetricians and Gynaecologists (2017) **Maternal Mental Health – Women's Voices**	This report is based on the findings of a survey of over 2300 women on their experiences of care in relation to their mental health during pregnancy and in the postnatal period. It provides the experiences of the mothers of their perinatal mental health and engagement with healthcare professionals. The report makes recommendations to support access to care, information and training and supervision of staff.
NHS England (2017) **Implementing better births**	This National Maternity Review document sets out the vision for maternity services in England "which are safe and personalised; that put the needs of the woman, her baby and family at the heart of care; with staff who are supported to deliver high quality care which is continuously improving. At the heart of this vision is the idea that women should have continuity of the person looking after them during their maternity journey, before, during and after the birth".
Children, Young People and Education Committee (2017) **Perinatal mental health in Wales. National Assembly for Wales.**	The Children, Young People and Education Committee undertook an inquiry into Perinatal Mental Health in Wales. The aim of the inquiry was to consider how Perinatal Mental Health services are provided and how the Welsh Government could improve services for mothers, babies, fathers and families. The report features 27 recommendations for improving perinatal mental health care in Wales.
Royal College of Midwives (2017) **Every Mother must get the help they need.**	The report of the analysis of comments left at Lucie Holland's Change.org petition about the urgent need for better awareness and care for those affected by maternal mental health problems.

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Evidence / document	Summary
Royal College of Midwives (2017) **Specialist Midwives what they do and why they matter**	This report makes the case that all areas need to have Specialist perinatal mental health midwives to raise awareness, tackle stigma, build trust, support assessment, care provision to all women and their families.
National Childbirth Trust (2017) **The Hidden Half - Bringing postnatal mental illness out of hiding**	The NCT surveyed 1,000 women who had recently had a baby and found that half had had a mental health or emotional problem postnatally or during pregnancy. 50% of mothers hadn't had their mental health problem identified by a health professional and did not receive the treatment they needed to support their recovery. This NCT campaign called for additional funding and training for GPs to enable them to have sufficient dedicated time at the 6-week postnatal check to assess maternal mental health.
Race Equality Foundation (2017) **The maternal mental health of migrant women**	This briefing paper aims to highlight the specific needs of migrant women in the UK. This paper has three main objectives. Firstly, it explores female migration to the UK, in order to develop an understanding of the level and types of diversity. Secondly, it uses existing evidence to investigate why there is low take-up of maternal mental-related services by migrant women. Thirdly, it considers how maternal mental health care providers can develop services which meet the needs of migrant women.
Health Education England (2016) **Specialist Health Visitors in PIMH: What they do and why they matter**	This document explains what Specialist Health Visitors (PIMH) do, how they support the vital work of the wider health visitor workforce and why such posts are needed within all health visiting services. It is intended as a resource for health visitor managers and commissioners of health visiting services, who have responsibility for developing services in line with NHS priorities to improve training and develop wider expertise in Perinatal and Infant Mental Health.

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Evidence / document	Summary
NHS England (2016) **The National Maternity Review**	This report sets out NHS England's vision for safer maternity care and priorities for the planning, design and safe delivery of services; how women, babies and families will be able to get the type of care they want, and how staff will be supported to deliver such care. A table of recommendations for action, who should take responsibility and what timescale they should work towards is found in Annex A of the report.
Maternal Mental Health Alliance (2015) **Falling Through the Gaps: Practical implications for primary care of the NICE CG192**	This report is an important step in understanding women's experiences and the role of GPs in disclosure, identification, and support. It makes important recommendations for policymakers, commissioners of maternal health services and healthcare professionals, and builds on the important work of the Maternal Mental Health Alliance's Everyone's Business campaign, the recent All Party Parliamentary Group's 1001 Critical Days manifesto, and the Building Great Britons report.
Centre for Mental Health (2014) **The Cost of PMH Problems**	Perinatal mental health problems carry a total economic and social long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK. Written with the London School of Economics, this report also finds that the NHS would need to spend just £337 million a year to bring perinatal mental health care up to the level recommended in national guidance. The report is part of the Maternal Mental Health Alliance's 'Everyone's Business' campaign, which calls on national Government and local health commissioners to ensure that all women throughout the UK who experience perinatal mental health problems receive the care that they and their families need, wherever and whenever they need it.
NSPCC (2013) **Prevention In Mind**	This report focuses on perinatal mental health and forms part of a series of 'All Babies Count' spotlight reports produced by the NSPCC calling for better early support for parents during the perinatal period to ensure all babies are safe and able to thrive. The report focuses specifically on the services and support needed by women who experience perinatal mental illnesses.

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Evidence / document	Summary
Boots Family Trust Alliance (2013) PMH and the experiences of women and HCPS	Two surveys were conducted, the first to delve deeper into the lived experience of women experiencing perinatal mental illness, and the second to identify the experiences and needs of professionals working with women in the perinatal period - with selection having happened during August and September 2012 and including responses from 1,547 women. Overall, it explored the experiences of mothers, including symptoms, disclosure, the impact on family relationships, and how front-line health services were helping these mothers or not. The survey of professionals was also conducted online. It was distributed by a number of organisations supporting health professionals including the Institute of Health Visiting and the Royal College of Midwives during March and April 2013. It looked at the confidence of health professionals in raising mental wellbeing with patients and the resources that they felt would benefit them in working with women and their families. The survey was completed by 2,093 self-selected health professionals, predominantly health visitors (1,330), but also midwives, family nurse practitioners and others. As with all questionnaire research of this kind, both surveys are likely to have attracted those with an interest in the topic, however the survey remains helpful in suggesting some clear trends and opportunities for service improvement.

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4. RESEARCH - BY YEAR

Evidence / document	Summary
Burgess, A. & Goldman, R. (2022) **Bringing Baby Home: UK fathers in the first year after the birth (full report). Contemporary Fathers in the UK series. London: Fatherhood Institute**	This report explores who dads are; what they do as caregivers, and what influences this; what impact they have (on children and mothers); and how services engage with them. The report highlights that NHS systems are not set up to engage with, assess and support new fathers, despite clear evidence that there is a strong case for routine engagement with them in the perinatal period. They provide three clear reasons that underpin the need for better support: • Fathers' physical and mental health impacts significantly on babies' future health and wellbeing. Negative infant outcomes that have been shown to be associated with fathers' characteristics and behaviours include heightened risk of obesity, respiratory problems and impaired cognitive development. • Mothers want and can benefit from better father-engagement, through improved birth outcomes and experiences; better-supported birth recovery and initiation and continuation of breastfeeding; and enhanced potential for sharing of caregiving roles. • The perinatal period is a 'golden moment' for identifying and addressing health problems and behaviours among fathers themselves.
Homonchuk, O. and Barlow, J. (2022) **Specialist Health Visitors in Perinatal and Infant Mental Health.** Department of Social Policy and Intervention, University of Oxford	This research paper published by Oxford University examined the training and qualifications of Specialist Health Visitors in Perinatal and Infant Mental Health (Sp HV PIMH), and their role in supporting health visitors and families at risk of/or experiencing mental health problems during the perinatal period. The paper also recommends that Sp HV PIMH should be commissioned throughout the UK to tackle this issue, which has an extremely high social and financial cost.

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Evidence / document	Summary
Leonard, R., Linden, M., & Grant, A. (2022) **Personal and professional influences on health visitors' family-focused practice for maternal mental illness: a cross-sectional study.** BMC Health Services Research, 22(1), 1-9.	While it is recognised that health visitors play a key role in supporting families when mothers have mental illness, there is limited understanding of health visitor's family-focused practice (FFP) in this context and its relationships with factors, such as, workload, training, skill and knowledge, and personal and professional experience. This paper examined the effect of the health visitor's interaction with the family, and personal and professional experience on their family-focused practice. Key findings: • in order for family-focused practice to be effective, the quality and content of visits and contact with family should be addressed, as opposed to a focus on the quantity of visits. • for this to occur, health visitors need to have appropriate support in their own right, with manageable caseloads and resources.
Lisa Morriss and Karen Broadhurst, (2022) **Understanding the Mental Health Needs of Mothers who have had children removed through the family court: A call for action.** Qualitative Social Work	This editorial calls for greater attention and tailoring of the provision for mothers involved in family court who are experiencing mental health difficulties. The authors argue that the needs of these mothers are not met and this is a health equity issue.

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Evidence / document	Summary
Howard, L. M., Trevillion, K., Potts, L., Heslin, M., Pickles, A., Byford, S., ... & Abel, K. M. (2022) **Effectiveness and cost-effectiveness of psychiatric mother and baby units: quasi-experimental study.** The British Journal of Psychiatry, 1-9.	Psychiatric mother and baby units (MBUs) are recommended for severe perinatal mental illness, but effectiveness compared with other forms of acute care remains unknown. The aims of this research were to determine whether women admitted to MBUs would be less likely to be readmitted to acute care in the 12 months following discharge, compared with women admitted to non-MBU acute care [generic psychiatric wards or crisis resolution teams (CRTs)]. Key findings: • The study found no significant differences in rates of readmission, but MBU advantage might have been masked by residual confounders; readmission will also depend on quality of care after discharge and type of illness. • Future studies should attempt to identify the effective ingredients of specialist perinatal in-patient and community care to improve outcomes.
Hampton, S. Allison, C and Holt, R. (2022) **Autistic mothers' perinatal wellbeing and parenting styles (Feb, 2022)**	Autistic people may be at higher risk of perinatal mental health conditions, given that autism and mental health conditions commonly co-occur and that autistic people face additional stressors such as barriers to appropriate maternity care. This study explored self-reported stress, depression, anxiety and satisfaction with life during the third trimester of pregnancy (n=27 autistic women; n=25 non-autistic women), 2 to 3 months after birth (n=24 autistic women; n=26 non-autistic women) and 6 months after birth (n = 22 autistic women; n = 29 non-autistic women). Key findings: • Professionals working with autistic parents should be aware that autistic and non-autistic parents report being equally likely to engage in positive parenting behaviours such as nurturance and involvement. • There is a need for effective screening and support for perinatal mental health conditions for autistic people.

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Evidence / document	Summary
Lee-Carbon et al (2022) **Mental health service use among pregnant and early postpartum women**	This study explored the proportion and characteristics of women with a mental disorder who have contact with mental health services during pregnancy and the postnatal period in a maternity service in London. Only 35% of women who met diagnostic criteria for depression accessed professional treatment during the perinatal period, looks at reasons for lack of engagement / treatment.
Cibralica. W et al (2022) **The impact of midwifery continuity of care on maternal mental health: A narrative systematic review**	This review shares preliminary evidence showing that midwifery continuity of care is beneficial in reducing anxiety/worry and depression in pregnant women during the antenatal period. Furthermore, as the evidence stands, midwifery continuity of care may be a preventative intervention to reduce maternal anxiety/worry and depression during the perinatal period.
Anna Freud Centre. Sleed, M., Li, E., Vainieri, I., & Midgley, N. (2022). **The evidence base for psychoanalytic and psychodynamic interventions with children under 5 years of age and their caregivers**	This comprehensive scientific review of international research by the Anna Freud Centre shows the positive impacts of therapy interventions with children under 5 years of age and their caregivers. The systematic review of 77 research studies, including 5,660 participants, shows that therapy in the very early months and years of life can help to prevent and reduce mental health difficulties both for parents and carers and their children by focusing on the crucial relationship between them.

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Evidence / document	Summary
Moore, A., Bertotti, M., Hanafiah, A. & Hayes, D. (2022) **Factors affecting the sustainability of community mental health assets: a systematic review**	This review, explored the factors affecting the sustainability of community mental health assets. They conducted a systematic review of the literature using keywords based on three key terms: 'sustainability', 'mental health issues' and 'service provision'. Key barrier across all sustainability levels was funding (cost to individual participants, lack of available funding for VCSEs, economic uncertainty) whilst a key facilitator was connectedness (social connections, partnering with other organisations, linking with national public health systems).
Hodgson, S., Painter, J., Kilby, L., & Hirst, J. (2021, February) **The experiences of first-time fathers in perinatal services: present but invisible.** In Healthcare (Vol. 9, No. 2, p. 161). Multidisciplinary Digital Publishing Institute.	Interviews with 12 new fathers (recruited via social media from the UK) to explore their experience of engagement with perinatal healthcare providers. Highlighted lack of father-specific support. Poor communication with healthcare professionals. Fathers felt as though they were treated as a visitor in maternity units. Fathers wanted to be involved, informed and respected. They wanted more father-focused information to prepare for pregnancy, birth and parenthood. Fathers also wanted their role as a co-parent to be recognised.

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Evidence / document	Summary
Parent-Infant Foundation (2021) Working for babies	The research took place from July to November 2020. Insights were gathered via: • a rapid review of the evolving literature from a wide range of sources • an online snapshot survey of service providers • a series of semi-structured interviews with senior local decision makers and three area-focused deliberative workshops. The evidence to date suggests that the direct impacts of COVID-19 on babies were very limited for the vast majority, but the 'hidden harms' of lockdown on 0-2s are broad, significant and experienced unevenly, depending on family background and circumstance. Pregnancy, birth, the early months and, to some extent, the first two years should be considered as an additional 'risk factor' for lockdown harms to children due to the specific needs and vulnerabilities in this age range. These can be summarised as: • Susceptibility to the environment • Dependency on parents • Dependency on services • Dependency on social support • Invisibility to professionals
Naomi Delap, 2021 (in L.Abbott (ed) Trauma Informed Care of Perinatal Women – Complex Social Issues and the Perinatal Woman	Considers what is trauma and the impact during the perinatal period, highlights the importance of trauma-informed approaches in for all women.

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Evidence / document	Summary
Parent-Infant Foundation (2021) **Where are the infants in children and young people's mental health? Findings from a survey of mental health professionals**	283 practitioners working in NHS infant, children and/or young people's mental health services completed an online survey in Spring 2021. • 26% of practitioners had not been trained to work with 0–2-year-olds. • 48% had not had experience of working with this age-group during their training. • 63% of psychotherapists had received a 'lot' of training compared with 15% of psychiatrists and 12% of psychologists • 31% of mental health practitioners rated their understanding of infant mental health as 1 out of 5. • 52% of practitioners said their local NHS children and young people's mental health service took referrals for children aged two and under. • 9% of respondents thought there was sufficient provision for babies and toddlers whose mental health was at risk.
Paul, E., Kwong, A., Moran, P., Pawlby, S., Howard, L. M., & Pearson, R. M. (2021) **Maternal thoughts of self-harm and their association with future offspring mental health problems.** Journal of affective disorders, 293, 422-428.	This study involved an examination of data from the Avon Longitudinal Study of Parents and Children (n=8425 mothers and offspring). Mothers completed the EPDS at 11 time points from 18-weeks' gestation to 18-years' postpartum. The relationship between maternal responses to the question on the EPDS about self-harm and offspring self-harm or past-year depression at age 24 was explored. Offspring of mothers who had reported self-harm on 5-11 occasions were over 3x more likely to be depressed and 1.5 x more likely to have self-harmed compared to their peers with non-self-harming mothers.

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Evidence / document	Summary
Fairbrother N, Collardeau F, Albert AYK, Challacombe FL, Thordarson DS, Woody SR, Janssen PA. (2021) **High Prevalence and Incidence of Obsessive-Compulsive Disorder Among Women Across Pregnancy and the Postpartum Period.** J Clin Psychiatry. 2021 Mar 23;82(2):20m13398. doi:	This research sampled 763 pregnant women and new mothers. The study highlights that reports of perinatal OCD may be higher than previously believed and only when women are encouraged to report their perinatal specific symptoms and diagnostic criteria applied will there be a true reflection of incidence.
Wilson, C. A., Finch, E., Kerr, C., & Shakespeare, J. (2020) **Alcohol, smoking, and other substance use in the perinatal period.** BMJ, 369. doi: 10.1136/BMJ.m1627	Alcohol consumption during pregnancy is 9.8%, with 10.4% of pregnant women in England smoking tobacco at the time of delivery. The prevalence of cannabis use during pregnancy in a UK cohort has been reported as 5%. The WHO recommends that healthcare providers ask all pregnant women about substance use (past and present) as early as possible in pregnancy and at every antenatal visit. Such inquiry is best done by a professional who the woman trusts and with whom she has established a rapport, preferably in the preconception period. This article provides examples of questions that can be used to enquire about substance use. It emphasises the importance of asking about broader stressors that might impact on substance use, offer brief interventions if appropriate, and agree a management plan with the woman.

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Evidence / document	Summary
Daniels, E., Arden-Close, E., & Mayers, A. (2020) **Be quiet and man up: a qualitative questionnaire study into fathers who witnessed their Partner's birth trauma.** BMC pregnancy and childbirth, 20(1), 1-12.	In this research, 61 fathers who had witnessed their partner's traumatic birth completed an online questionnaire about their experience. Key findings: • fathers who witnessed their partner's traumatic birth felt that there was very little recognition of the impact that this had on them • the witnessing of the trauma affected their mental health and their relationship with their partner for a significant period of time.
Nelson, C. A., Bhutta, Z. A., Harris, N. B., Danese, A., & Samara, M. (2020) **Adversity in childhood is linked to mental and physical health throughout life.** BMJ, 371.	The risk of adverse health consequences increases as a function of the number, timing, duration and interactions between adversities. One of the ACEs is parental mental ill-health. Adverse health consequences for children include asthma, allergies, dental problems, increased infections, learning / behaviour problems. Childhood adversities have also been associated with greater risk of adult chronic conditions, including cardiovascular disease, stroke, cancer (excluding skin cancer), asthma, chronic obstructive pulmonary disease, kidney disease, diabetes, overweight or obesity, and depression, as well as increased health risk behaviours. Some great infographics in this article. Public health strategies for primary, secondary, and tertiary prevention of childhood maltreatment and adversity include both universal and targeted interventions, ranging from home visiting programs to parent training programs, routine screening for adversity, and cognitive behavioural therapy.

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Evidence / document	Summary
Tommy's (2020) **Delivering preconception care to women of childbearing age with mental illness**	The guide provides the latest evidence to support healthcare professionals having informed conversations on the considerations regarding mental and physical health for women of childbearing age with serious mental illness (SMI), whether or not they are planning a pregnancy. It should be used alongside national clinical guidance and associated updates.
Howard, L. M., & Khalifeh, H. (2020) **Perinatal mental health: a review of progress and challenges.** World Psychiatry, 19(3), 313-327.	This article is a critical examination of the epidemiology, impact, and treatment of perinatal mental disorders. It refers to a global prevalence of postnatal depression of 17%, 15-20% for antenatal anxiety, and 10% for postnatal anxiety. Perinatal mental disorders are common – indeed, the commonest complication of child-bearing – and are associated with considerable maternal and foetal/infant morbidity and mortality. In addition, there is a huge cost burden, particularly to health and social care, estimated in the UK to be £75,728 and £34,840 per woman's lifetime for perinatal depression and anxiety respectively, with an aggregate cost for the country of £6.6 billion. Around 75% of this economic burden is associated with subsequent childhood morbidity.
Baldwin, S., Malone, M., Sandall, J., & Bick, D. (2019) **A qualitative exploratory study of UK first-time fathers' experiences, mental health and wellbeing needs during their transition to fatherhood.** BMJ open, 9(9), e030792.	21 first-time fathers with children under 12 months of age were recruited from 4 London Local Authority Boroughs. Ten of these men described their ethnic background as Indian, seven as White British, one as Spanish, one as Black African, one as Black Caribbean and one as Pakistani. Key findings: • all fathers need routine assessment and support for their mental health and wellbeing during the perinatal period, not just those whose partners are unwell. • men's own perceived needs and how they would like to be supported during the perinatal period should be considered an essential question.

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Evidence / document	Summary
Watson et al (2019) **A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe**	This review aimed to explore ethnic minority women's experiences of perinatal mental ill-health, help-seeking and perinatal mental health services in Europe. The study found a lack of awareness about mental ill-health, cultural expectations, ongoing stigma, culturally insensitive and fragmented health services, and interactions with culturally incompetent and dismissive health providers all impact on ethnic minority women's ability to receive adequate perinatal mental health support in the UK.
Philpott, L. F., Savage, E., FitzGerald, S., & Leahy-Warren, P. (2019). **Anxiety in fathers in the perinatal period: A systematic review.** Midwifery, 76, 54-101.	This systematic review included 34 studies that met the inclusion criteria. Key findings: • fathers experience anxiety in the perinatal period, particularly at the time of birth. • anxiety increased from the antenatal period to the time of birth, with a decrease in anxiety from the time of birth to the later postnatal period. • the prevalence of anxiety ranged between 3.4% and 25.0% during the antenatal period, and 2.4% and 51.0% during the postnatal period.

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<table>
<tr><th>Evidence / document</th><th>Summary</th></tr>
<tr><td>Das, R., & Hodkinson, P. (2019).

New Fathers, Mental Health and Social Media.

University of Surrey.</td><td>Findings from a qualitative project with 15 new fathers found that fathers are often unaware of the challenges they might experience in the transition to parenthood. Reported symptoms of mental health problems that may, or may not, have been diagnosed.
Factors contributing to difficulties included:
• difficult pregnancies/traumatic birth
• sleep deprivation/constant crying
• partner's mental health
• dramatic change in identity and responsibilities
• identified isolation and lack of space/opportunity to talk about their experiences
• reluctance to share how they felt was compounded by the sense that they need to be seen as coping and dependable
• using 'coded' messages to both declare and 'mask' their distress
• online support was helpful but did not always meet fathers' needs</td></tr>
<tr><td>Ranjana Das (2019)

Migrant mothers' mental health communication in the perinatal period</td><td>This article features interviews with 68 mothers and 4 HVs, with a range of factors being identified as essential:
• including diversity of experience of migrant mothers and multiple influences on maternal mental health including family pressures, social isolation, cultural and family traditions/ religious taboos and restrictions.
Mothers wanted to be able to develop a relationship with health professionals (particularly midwives and HVs) and wanted them to be proactive in assessing perinatal mental health and helping them to access appropriate support.</td></tr>
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Evidence / document	Summary
Migrant mothers MH communication in the perinatal period (2019)	The report, available from the University of Surrey, brings together findings from qualitative interview-based research key themes: • Damages of a 'Child is a Blessing' Discourse: Expectations and understandings of motherhood within the broader family cause a significant degree of pressure on women where the notion of the child being a 'blessing' necessitating maternal 'sacrifice' makes it impossible for mothers to foreground their own wellbeing and speak about their perinatal difficulties. • Isolation in a Sea of People: Contributory factors to mental health difficulties included maternal pressures around isolation and loneliness amidst a sense of feeling overwhelmed, surveilled and smothered by extended family. This is a particularly pertinent point for any contact with Health Care Professionals, because a large number of relatives surrounding the mother might easily be mistaken for a support network, when, in reality, this network might have mixed, or even negative implications for her. • Difficulties seeking help: The widely acknowledged stigma around mental health, particularly from older generations, the pervasiveness of the 'child is a blessing' discourse, lack of awareness of perinatal mental health difficulties and lack of information about sources of support made it significantly difficult for mothers to seek help even when they recognised the need for it. • Difficulties surrounding interactions with healthcare professionals: Mothers recognised nurses and midwives to be a key source of support, but they spoke on numerous occasions about the need for continuity of contact, so as to not have to repeat their stories to different people, and they recognised the impact of heavy caseloads on health visitors' hands, leaving them less time for a detailed conversation in the midst of significant paperwork to fill out. • The mixed role of technology: Technology was often significant for many migrant mothers, but, for those in difficult material circumstances, this often meant a reliance on male partners' funding calling cards to be able to call families, and a significant reliance on internet telephony. Apps were also significant for many mothers who seemed to only use the internet for information rather than connection.

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Evidence / document	Summary
Rutherford, C., Sharp, H., Hill, J., Pickles, A., & Taylor-Robinson, D. (2019) **How does perinatal maternal mental health explain early social inequalities in child behavioural and emotional problems?** Findings from the Wirral child health and development study. PloS one, 14(5), e0217342.	This study aimed to assess how maternal mental health mediates the association between childhood socio-economic conditions at birth and subsequent child behavioural and emotional problem scores. The analysis is part of a longitudinal study of 664 children whose mothers were recruited when they were pregnant. Key findings: • Children growing up in the most disadvantaged circumstances were more likely to exhibit externalising behaviour problems at age 5 than those living in less deprived areas. • 40% of this increase in externalising behaviour was attributable to maternal perinatal mental health.
Smith, M. S., Lawrence, V., Sadler, E., & Easter, A. (2019) **Barriers to accessing mental health services for women with perinatal mental illness: systematic review and meta-synthesis of qualitative studies in the UK.** BMJ open, 9(1), e024803.	Lack of access to mental health services during the perinatal period is a significant public health concern in the UK. Barriers to accessing services may occur at multiple points in the care pathway. However, no previous reviews have investigated multi-level system barriers or how they might interact to prevent women from accessing services. This review examines women, their family members, and healthcare providers' perspectives of barriers to accessing mental health services for women with perinatal mental illness in the UK Key findings: • complex, interlinking, multi-level barriers to accessing mental health services for women with perinatal mental illness exist. • to improve access to mental healthcare for women with perinatal mental illness, multi-level strategies are recommended which address individual, organisational, sociocultural and structural-level barriers at different stages of the care pathway.

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Evidence / document	Summary
Lever Taylor, B. et al, (2019) **Experiences of social work intervention among mothers with perinatal mental health needs.** Health and Social Care Community 2010:1-11	Qualitative study of 18 women with 6- to 9-month-old babies, who had been treated in England for a perinatal mental health difficulty and also had social services intervention. Findings suggested that mothers had a predominantly negative view of children's social services, especially when social workers had significant child protection concerns. The fear of being judged an unfit mother and having their babies taken away overshadowed their encounters. The findings also suggested there may be value in improving collaboration between social workers and mental health professionals to create more space for representation of women's needs as well as those of their babies.
Forde, R., Peters, S., & Wittkowski, A. (2019) **Psychological interventions for managing postpartum psychosis: a qualitative analysis of women's and family members' experiences and preferences.** BMC psychiatry, 19(1), 1-17.	The study included 13 women and 8 family members, including partners, from England and Wales, to explore the experiences, needs and preferences for psychological intervention from the perspective of women with postpartum psychosis and from the perspective of family members. Symptoms of puerperal psychosis (PP) including hallucinations, delusions, mania and depression typically present with a sudden onset during the first postpartum week, but an increased risk remains during the first 90 days. Poorly managed episodes of postpartum psychosis can increase the risk of maternal and infant accidents and maternal and first-degree relative suicide. Access to urgent and appropriate care is therefore essential. Long-term recovery is a complex process. Key findings: • at nine-months' postpartum, it was found that women reported significantly more symptoms of depression and generalised anxiety compared to a matched reference group. • 25% of women reported impairment in their psychosocial functioning. • mothers need ongoing psychological support. Frontline healthcare professionals need to receive training in how to respond to, and manage PP, and how to involve other family members. • need clear pathways to ensure access to MBUs but also care for mothers and their families when discharged from MBUs.

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Evidence / document	Summary
Peter J Lawrence, Michelle G Craske, Claire Kempton, Anne Stewart and Alan Stein (2017) **Intrusive thoughts and images of intentional harm to infants in the context of maternal postnatal depression, anxiety, and OCD** British Journal of General Practice 2017; 67 (661): 376-377. Letter in response BJGP letter: Shakespeare, Challacombe, Bavetta	The paper highlights that anxiety and OCD are common in the postpartum period. Intrusive thoughts of harming one's baby are common among clinical and non-clinical samples alike. However, they may become more distressing and harder to cope with in mothers who are suffering from mental health problems. The paper generated lots of discussion - a letter to BJGP highlighted that the list of intrusive thoughts in the paper did not include common examples of the most violent and repugnant thoughts that parents with postnatal depression, OCD and anxiety can experience. Parents are extremely unlikely to disclose these thoughts spontaneously because they are afraid that social services will be informed and the child will be removed. A knee-jerk referral to social services needs to be avoided by ensuring that parents receive the right diagnosis so that the optimum treatment is offered.
Memon A, Taylor K, Mohebati LM, et al. (2016) **Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England** BMJ Open 2016;6:e012337. doi: 10.1136/BMJopen-2016-012337	A qualitative study of 26 BME people (half men and half women), concluded that people from BME backgrounds require considerable mental health literacy and practical support to raise awareness of mental health conditions and combat stigma. There is a need for improving information about services and access pathways. Healthcare providers need relevant training and support in developing effective communication strategies to deliver individually tailored and culturally sensitive care. Improved engagement with people from BME backgrounds in the development and delivery of culturally appropriate mental health services could facilitate better understanding of mental health conditions and improve access.

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Evidence / document	Summary
Glover, V., & Barlow, J. (2014) **Psychological adversity in pregnancy: what works to improve outcomes?** Journal of Children's Services	Foetal programming is one of the key mechanisms by which physical and social adversity is biologically embedded during pregnancy. The purpose of this paper was to examine the literature addressing the impact of stress in pregnancy and the implications for practice. Key findings: • this research highlights the importance of intervening to support the psychological wellbeing of pregnant women to improve outcomes for infants and children • the research also points to the need for further research into innovative ways of working, particularly with high-risk groups of pregnant women.
Challacombe.F. and Wroe. A. (2013) **A hidden problem: consequences of the missed diagnosis of perinatal obsessive compulsive disorder.** British Journal of General Practice.	The article highlights that: • OCD is increased during the perinatal period, and may present as fear around harming the baby. • CBT is effective for treating postnatal OCD. • lack of awareness of perinatal OCD can lead to failure to diagnose, or misdiagnosis, and inappropriate treatment, which causes distress and potential disruption of mother–infant relationships.

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