Perinatal Mental Health

Rona Carroll is a GP with a special interest in perinatal and adolescent mental health. She is the GP voice in a new perinatal mental health video produced by Capital and Coast DHB for health professionals. In this article Rona shares some key take out messages and tells us how we can access the video.

The video draws on lived experiences of New Zealand women, and on what clinicians have learned from working alongside them. It is a very helpful resource and does a good job highlighting the importance of perinatal mental health. You can find links to the video at the end of this article, but in this article I’ve captured some of the main learning points.

Depression and anxiety are the most common perinatal mental health problems with around 12% of women affected during pregnancy and 15-20% affected in the first year after birth. There is little information about prevalence rates in Maori, however Maori women appear to be at higher risk than New Zealand European Women. Suicide is consistently the leading ‘single’ cause of maternal death in New Zealand. Other mental health problems such as OCD, PTSD, bipolar disorder, eating disorders, personality disorders and drug and alcohol issues occur in the perinatal period. Postpartum psychosis affects between one and two in 1,000 women who have given birth and is a psychiatric emergency. Postnatal depression can affect 10% of men, but for simplicity I have focussed on mothers in this article.

“There is no such thing as a baby, there is a baby and someone” - Winnicott

Although the phenomenology and risk factors for perinatal mental health disorders are largely similar to those for the disorders at other times, treatment considerations differ during this time. Considering both parts of the mother-baby dyad is crucial when thinking about medications during pregnancy and breastfeeding, and when considering the long and short term effects of the mental illness. Substantial evidence exists to show that these disorders are associated with a range of negative psychological and developmental child outcomes. Effects on the infant and the mother-infant relationship can lead to a range of negative outcomes which can persist into adulthood.

Having the conversation

A GP will have a number of opportunities to talk about mental health, for example when a mother visits for the baby, for contraception or the six week check. It is worth noting that mothers may not present specifically for mental health concerns, and some women may hide considerable feelings of distress if they are not directly asked. It is important to ask every time you see a patient who is a mother. Ask open and interested questions about how she is finding motherhood, even if she looks like she’s doing well. There is still a lot of stigma around perinatal mental health disorders, and some women have a fear that their baby may be taken away from them. A good relationship with your patient, as well as a non-judgemental, empathetic response if a woman does disclose feelings of distress can help. The Royal College of General Practitioners in the United Kingdom says that disclosure is a ‘red flag’ because mental health can be such a difficult thing for a woman to raise with her GP – therefore it should always be taken seriously. If concerns arise and you are short of time, you can always arrange a follow up visit to spend more time having these conversations.
It is important to screen for past or present mental illness and a family history of severe mental illness in all patients who are pregnant or in the postpartum period. A history of bipolar disorder is of importance, as those women have a one in four risk of developing postpartum psychosis.

You may wish to consider using a screening tool such as the Edinburgh Postnatal Depression Scale (EPDS) which is available on the bestpractice decision support module via medtech. Pay attention to question 10 which asks about suicidal thoughts. It is important to be aware that the EPDS is validated for depression and may miss cases of anxiety which are almost as common in the perinatal period.

Support and Intervention

Mild to moderate mental health problems can be managed in primary care with self-management strategies, psychological therapy, perinatal mental health support groups and support from whanau and other community organisations. It is useful to know of community supports available for parents in your area.

Notice how the mother is interacting with her baby. Attachment issues can cause long term problems for infants, and early intervention helps. If you have concerns, consider referring your patient to your local infant mental health service.

Severe illness usually requires medication and/or referral to secondary specialist services. Women should be offered a range of options for treatment and be supported to make an informed decision about medication use on an individual basis. You can contact your local perinatal psychiatry service for advice, especially regarding medication questions.

The most recent report of the Perinatal and Maternal Mortality Review Committee recommends the referral of pregnant women and new mothers with a history of severe mental illness for psychiatric assessment and management even if they are currently well, as their risk of relapse in the postpartum period is high.

Endnotes


Rona Carroll works at Evolve youth service in Wellington and with the Specialist Maternal Mental Health Service at Capital and Coast DHB. Rona is a board member of the Perinatal Anxiety and Depression Aotearoa (PADA). She also has an interest in breastfeeding support and is a qualified lactation consultant (IBCLC). Rona lives in Wellington with her husband and three children.

Listening to our stories – locating and accessing the resource

- Go to the Ministry of Health LearnOnline website
- Create an account if you are not already registered with the site
- Click on Course Catalogue (top of page), then scroll down and click on mental health
- Click on the title Perinatal Mental Health Education Video: Listening to our stories

Further resources for GPs

- www.pada.nz - Perinatal Anxiety & Depression Aotearoa
- www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx - The Royal College of General Practitioners has a comprehensive ‘perinatal mental health toolkit’ for GPs