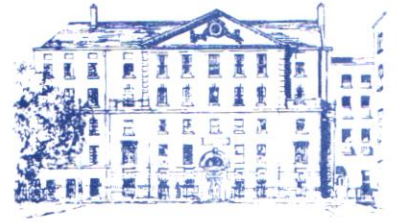




An tOspidéal Náisiúnta Máithreachais The National Maternity Hospital

Founded in 1894

Sráid Holles, Baile Átha Cliath 2 • Holles Street, Dublin 2, D02 YH21
Telephone: (01) 6373100. Fax: (01) 6766623. Web: www.nmh.ie



Máistir/Master: Prof. Shane Higgins

OPENING STATEMENT

The Specialist Perinatal Mental Health Services are a vitally important component of mental health services in Ireland. Why are they so important and necessary?

1. Because pregnancy and birth and the demands of new motherhood can be seriously challenging for any woman's mental health.
2. And because mother's mental health difficulties can have very significant negative effects on obstetric outcomes and on the baby.

1. Challenges of Pregnancy to Women's Mental health.

A Mother is 19 times more likely to be admitted as a psychiatric inpatient in the first 6 weeks after the birth of a baby than in any other 6-week period in her life. Post Natal Depression, which affects 11% of all new mothers, is the commonest complication of pregnancy. A Psychotic Illness post-delivery occurs in 1 in 500 mothers.

And although the image of mothers in pregnancy is often of women "glowing" and contented, pregnancy is frequently a very challenging time for women's mental health and a time of high levels of anxiety and depression.

Normal pregnancy can be very physically and emotionally demanding (while joyful and meaningful too of course). But many women may have to deal with miscarriage, or still birth, or haemorrhage, or preeclampsia, etc in pregnancy, let alone complicated deliveries, birth trauma, hormone changes, the demands of breastfeeding, and other complications.

The psychological and social challenges of pregnancy are considerable for many. For example, unplanned pregnancies, unwanted pregnancies, the discovery of major abnormalities, or previous difficult pregnancy experiences and /or losses, or complications in relationships, or the significant increase in domestic violence associated with pregnancy. etc

Previous psychological or psychiatric issues are frequently exacerbated by pregnancy, and very often new and seriously challenging issues, as listed above, present for the first time. Previous mental health difficulties, such as Anxiety, Depression, Bipolar Illness, Post Traumatic Stress Disorder, etc, do not disappear in pregnancy and are often complicated by it and frequently worsen after it unless addressed and appropriately treated. And all of these pose considerable risks to the wellbeing and sometimes safety of the mother, her baby, and her family.

2. Mental Illness effects on Pregnancy Outcomes.

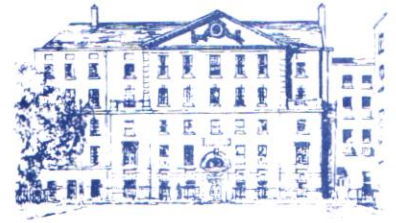
- a) Mothers with significant mental health disorders frequently present differently to antenatal and post-natal clinics and emergency rooms. For example, those with depression, psychosis, post-



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traumatic stress disorder etc., are less likely to attend for clinics/scans, appointments. Others, e.g. those with major anxiety disorders may present over regularly and obsessively to be checked and may exhibit risky behaviours.

b) Those with major mental health issues can struggle with adherence to advice re medication (medical and psychiatric), with associated risks. (Medication for diabetes, hypertension, vaccines, psychotropic medication). Similarly, advice re diet, baby care, safety, etc. are more frequently ignored or misunderstood or misinterpreted.

c) Women with mental health difficulties are much more likely to be victims of domestic violence/abuse.

d) Increased rates of termination of pregnancy, premature deliveries, instrumental deliveries, Caesarean Sections, and traumatic births are found in women with mental health difficulties.

e) At risk behaviours are more common also in those with mental health difficulties e.g. increased rates of smoking, drinking, drug abuse resulting in withdrawal syndromes or fetal alcohol syndrome for example. Women with eating disorders may have very poor diet, be vomiting, and those with anxiety be physically overchecking baby movements by putting pressure on their stomach in pregnancy or after birth constantly checking and waking the baby to ensure they are breathing. etc.

e) And all of the above are associated with not just obstetric complications but also developmental and subsequent attachment issues in babies.

3. Risks: Mental Health.

Suicide/Infanticide: Suicide is one of the most common causes of maternal death now. Infanticide, while rare fortunately, is always a tragedy, frequently preventable and rates are probably underestimated.

Major Mental Illness: see above

Lifelong effects on mother's mental health, and infant's health (physical, attachment/security often begin with postnatal difficulties. And these can have long term effects on parental relationships, and on other children.

4. Function of Specialist Perinatal Mental Services.

a) To assess and advise women referred to the Specialist Mental Health teams with mental health difficulties through pregnancy and the first year post birth.

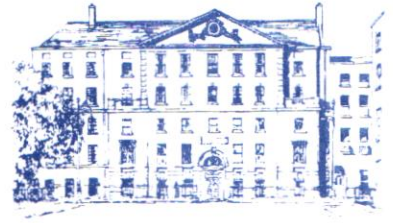
b) To assess, diagnose, and treat effectively those mothers with moderate to severe mental health problems through pregnancy and the first year post birth. Expert risk assessment is key, vitally important. Then treatments may include psychological intervention, social intervention, psychoeducation, parenting support and skills training etc. And includes advice re safe prescribing of medication in pregnancy and post-partum including for mothers who are breastfeeding. It also includes referring for psychiatric admission those mothers who are most at risk and in need of



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inpatient treatment. As others will also state, the absence of a Mother and Baby Unit in Ireland for mothers who require admission at this time is the single biggest deficit in our services to this highly vulnerable population.

- c) Assessment of risk also includes assessment of the mother/infant interaction/relationship/bonding as psychological intervention and support at this time can be so important in preventing long term effects on the baby.
- d) The team also give preconceptual advice to those mothers with serious mental illness who are considering pregnancy.
- e) Specialist assessment and advice as per requirements of the Termination of Pregnancy Act 2018.

In conclusion, I hope that the importance of these issues is understood and appreciated. The development of the Specialist teams and services has represented a huge advance in care. And it is one we need to develop further with inpatient facilities to treat Mothers and Babies together. In addition, further development of mental health services in the smaller maternity units in the country is needed.

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