healthwatch Shropshire

Maternity and Mental Health

Engagement Report – Appendix

Shropshire

January – March 2019

Published 24th June 2019

Contents

Report – Please note these appendices are intended to be read alongside the report

About Healthwatch Shropshire

Healthwatch Shropshire is the independent health and social care champion for local people. We gather information on people's experiences of health and social care services.

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need. We are a charity.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

Context of this project

In December 2018 Healthwatch England announced that they were exploring the support made available to expecting and new parents as part of a wider programme of research on mental health. Between August and December 2018 they gathered experiences from more than 2,000 new mums and pregnant women.

In order to expand on their findings they asked a number of local Healthwatch to speak to women and their partners to understand their experiences of mental health services when planning a baby, during pregnancy and after the birth until the child is three, and to find out their views on what these services should look like in the future.

NHS England states that 'perinatal mental health problems are those which occur during pregnancy or in the first year following the birth of a child'. In August 2018 Healthwatch Shropshire had run a 'Hot Topic' to gather people's views of Perinatal Mental Health (PNMH) services locally. Seven people contacted us to share their difficult experiences. We were also aware of the new PNMH Service being planned for the county so we felt it would be useful on a local as well as a national level for us to take part.

Late 2018, Healthwatch Shropshire were asked to be one of five local Healthwatch to contribute to this piece of national research by speaking to people about their experiences during pregnancy and in the year after birth when they try to access mental health services. We were asked to share our findings with Healthwatch England by the end of March 2019. The content of the appendices was sent to Healthwatch England to inform their report.

The purpose of this report is to summarise our findings so that they can be taken into account by local providers and commissioners when evaluating services and planning for the future. It will has been shared with the Local Maternity System and the Sustainability and Transformation Partnership (STP) for Shropshire, Telford & Wrekin so that our findings and recommendations can inform the local STP Long Term Plan to be finalised by Autumn 2019.

Details of engagement activities

What we did

Healthwatch England asked us to use a number of engagement (contact) methods to give people as many ways as possible to share their views, including seldom heard groups.

We promoted this piece of work and asked mothers and their partners to participate primarily through attending Library Rhyme Time sessions across the county. We chose these sessions because research has shown they can have a positive impact on maternal mental health, e.g. research conducted by Shared Intelligence in Essex funded by Arts Council England.[1]

We used a series of questionnaires based on those designed by Healthwatch England to gather the views of mums / partners, staff and wider stakeholders (e.g. service providers, commissioners).

[1] https://sharedintelligence.net/our-work-2-2/library-rhyme-times-and-maternal-mental-health-action-research/

We also completed 1:1 and small group interviews with pregnant women (and their partners where possible) and new parents. The information gathered from these is included in this report as case studies.

We also interviewed a number of staff, including mental health and maternity professionals and other stakeholders (interested parties).

Engagement summary	Total
Total number of groups/events for mums/partners attended by the Engagement Officer	**19**
Number of mum/partner questionnaires distributed at groups/events	218
Number of additional people spoken to at groups/events	89
Number of mum/partner detailed comments received	15
Number of mums/partners involved in 1:1 and small group interviews	19
Number of staff interviews	3
Number of stakeholder interviews	4
Total number of people spoken to	**348***
Total number of questionnaire's returned from mums / partners	74
Total number of staff questionnaires returned	10
Total number of completed questionnaires	**84**

**Some people who took a questionnaire also gave us a detailed comment*

Feedback and engagement summary

Face-to-face engagement	Type of activity	Numbers
Healthy Child Programme Co-ordinator Shropshire Council Public Health	Stakeholder Interview	1
Shrewsbury Library Rhyme Time	Survey distribution 17	24
Oswestry Library Rhyme Time	Survey distribution 10	14
Whitchurch Library Rhyme Time	Survey distribution 8	12
Shrewsbury Library Rhyme Time	Survey distribution 12	23
Oswestry Library Rhyme Time	Survey distribution 3	20
Oswestry Baby Sensory Group	Survey distribution 30	35
Whitchurch Library Rhyme Time	Survey distribution 7	17
Shrewsbury Baby Sensory Group	Survey distribution 76 individual comments 8	83
Bridgnorth Medical Practice Immunisation Clinic	Survey distribution 5 individual comment 1	6
Claremont Bank Shrewsbury Immunisation Clinic	Survey distribution 5	8
PlasFfyynnon Medical Centre	Survey distribution 7	12

Immunisation Clinic	individual comment 1	
Ludlow Library Rhyme time	Survey distribution 8	16
Church Stretton Library Rhyme Time	Survey distribution 9	13
South Shropshire Imam Community Leader	Survey distribution 1 individual comment 1	1
Craven Arms Surgery Immunisation Clinic	Survey distribution 1 individual comment 1	2
Costa Coffee Bridgnorth	Case Study Interview 1	1
Face-to-face engagement	**Type of activity**	**Numbers**
Craven Arms Surgery Immunisation Clinic	Survey distribution 5 individual comment 1	6
South Shropshire Rural Play Group	Survey distribution 1 6 mini case history interviews	7
Local Maternity Services Manager	Stakeholder Interview 1	1
Oswestry Private House	Case Study Interview 1	2
Mental Health Obstetric Clinic Telford	Survey distribution 13	18
Muslim Women's Group	Group discussions 8	9
Shrewsbury Focus Group	Group discussions 2	2
Shropshire Health Visitors	Staff Interviews 3	3
Consultant Obstetrician and Gynaecologist, Shrewsbury & Telford & Wrekin	Telephone Stakeholder Interview 1	1
Nurse Consultant and Clinical lead for Perinatal Mental Health	Stakeholder Interview 1	1
Questionnaires received post quantitative data analysis qualitative data used		2
Mini Case History Shrewsbury	interview	1
Total		**348* (of which 7 are staff)**

**Some people who took a questionnaire also gave us a detailed comment*

- **Service user questionnaire**

We received 74 responses. All respondents were female, 11 were pregnant and 63 had their baby in the last three years. Fifty-one respondents offered information about their partners, of these 49 respondents were heterosexual and two declined to declare their sexuality. From this it could be inferred that 49 partners (96%) were therefore male.

A full list of questions and all responses can be found in Appendix 1.

- **Service user discussion**

Thirty four people spoke directly to us to share their experiences. These discussions included the following seldom heard voices:

- the Muslim community (eight mothers and the Imam)
- one female farmer
- three individual fathers
- one Polish mother

Information from a Shrewsbury Focus group, two case histories, a group of mini-case histories, an immunisation clinic and a medical practice are included in Appendices 3-6, 8-9 and 11.

- **Staff questionnaire**

We asked service managers to distribute the staff questionnaire on our behalf with an explanatory letter and details of our Freepost address. We are not sure how many staff were given the opportunity to take part.

We received completed questionnaires from 10 members of staff; a Maternity Outpatient Service Manager, a Consultant Perinatal Nurse and a group of eight midwives based in the Princess Royal Hospital and Wrekin Community Midwifery Service.

A full list of questions and all responses can be found in Appendix 2.

- **Stakeholder and Staff Interviews**

We spoke to four staff working across the maternity system (stakeholders) and three Health Visitors. These interviews asked about the current PNMH situation and the new PNMH Team which was being appointed during the period of this survey.

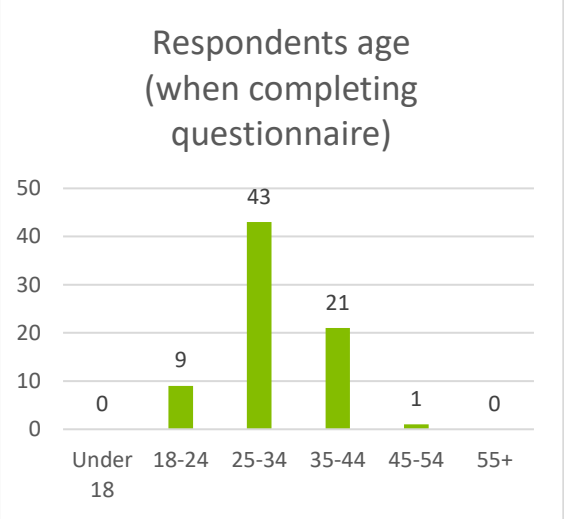
This information can be found in Appendix 7 and Appendix 10.

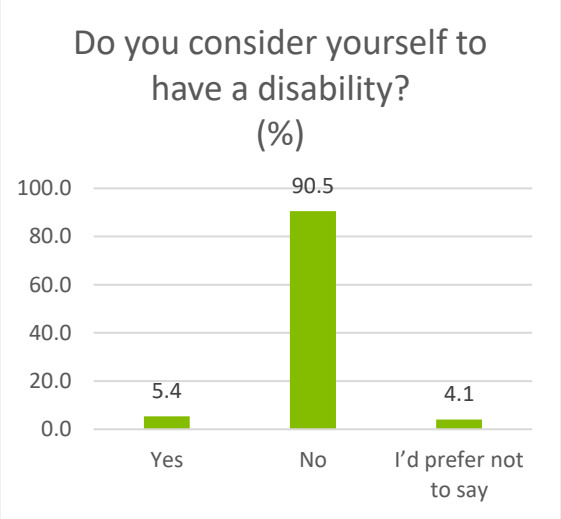
Appendix 1: Responses to the questionnaire for women and / or their partners

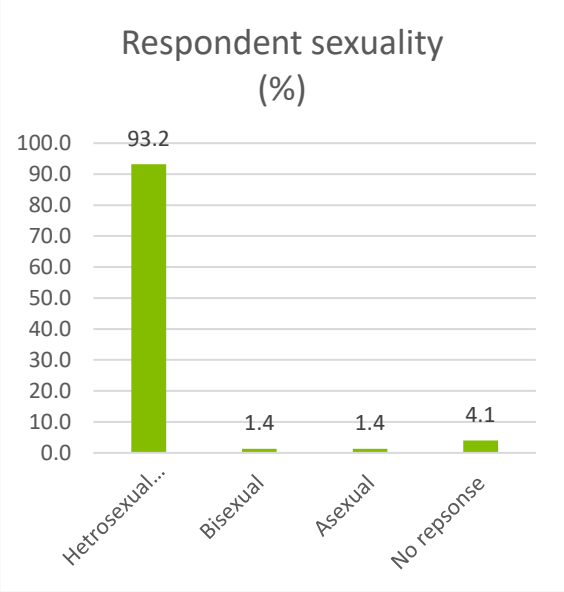
We received 74 responses.

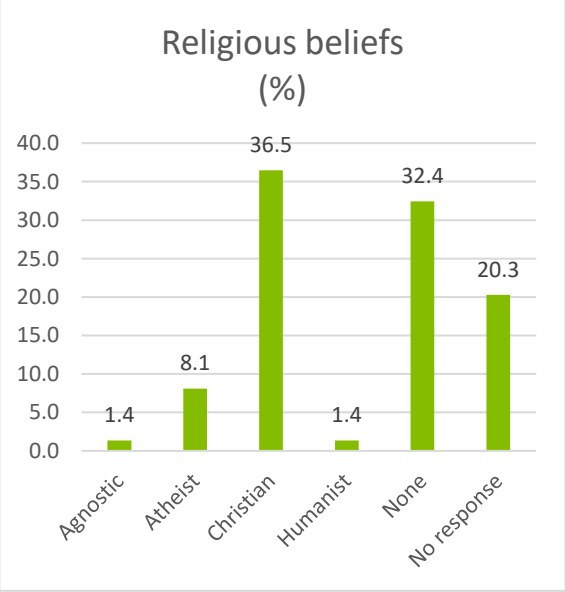
Section 1: About you

All respondents were female, 11 were pregnant and 63 had their baby in the last 3 years. Fifty one respondents offered information about their partners.



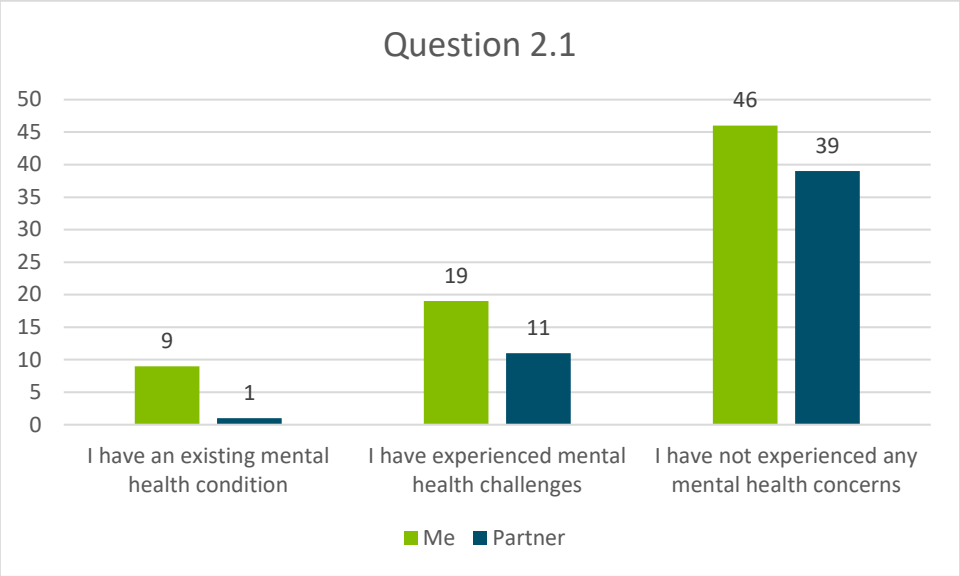






Section 2: Mental Health

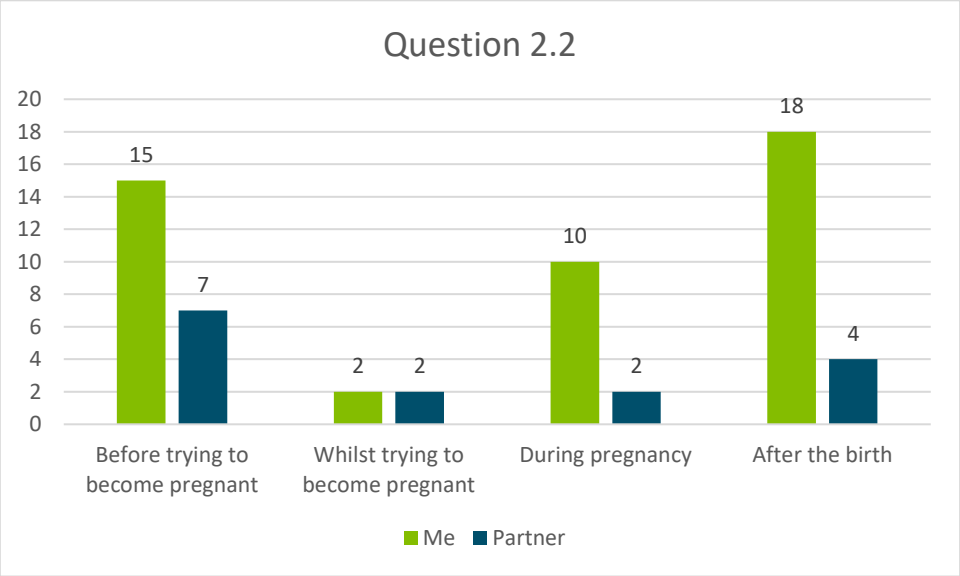
2.1 When thinking about you & your partner's mental health what of the following statements best applies?

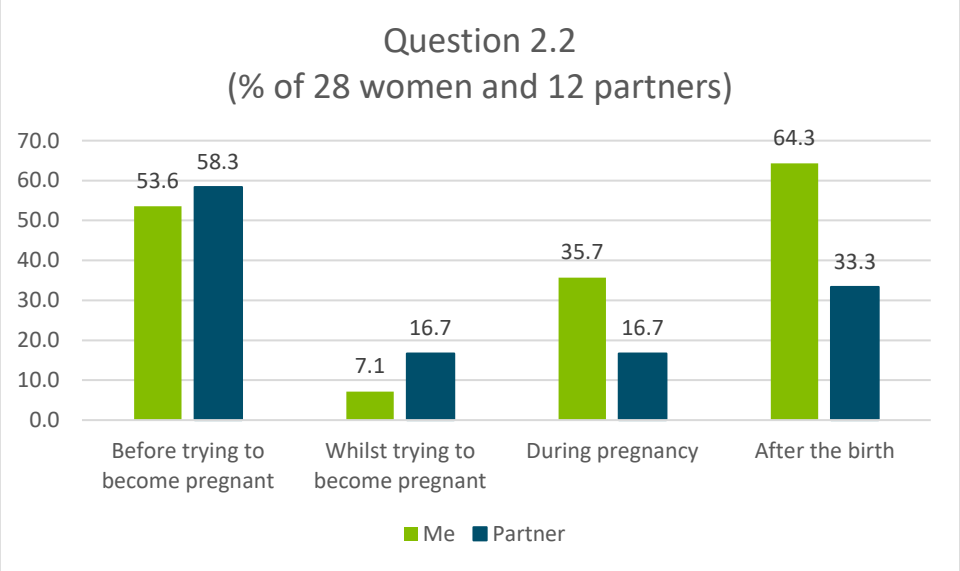


Narrative: By looking for themes within the free text questions at the end of the questionnaire the group identifying themselves as having mental health challenges can be sub divided into two. Roughly half of this group indicated specifically they had recently received or were having talking therapy of some kind, had taken medication or were still taking it, were waiting for appointments with a mental health service, or stated a specific condition in relation to themselves e.g. postnatal depression and post-traumatic stress syndrome. It is not clear from the questionnaires why they chose this option when they could have also chosen the 'have a mental health condition' perhaps this is to do with social stigma, not wishing to label themselves as having mental health condition or perhaps a recognition that their mental health had suffered over this period (comparing themselves against themselves) but not feeling they have a mental health condition compared to others or stereotypes they know of. It may be that whilst accessing services they have not received a formal diagnosis.

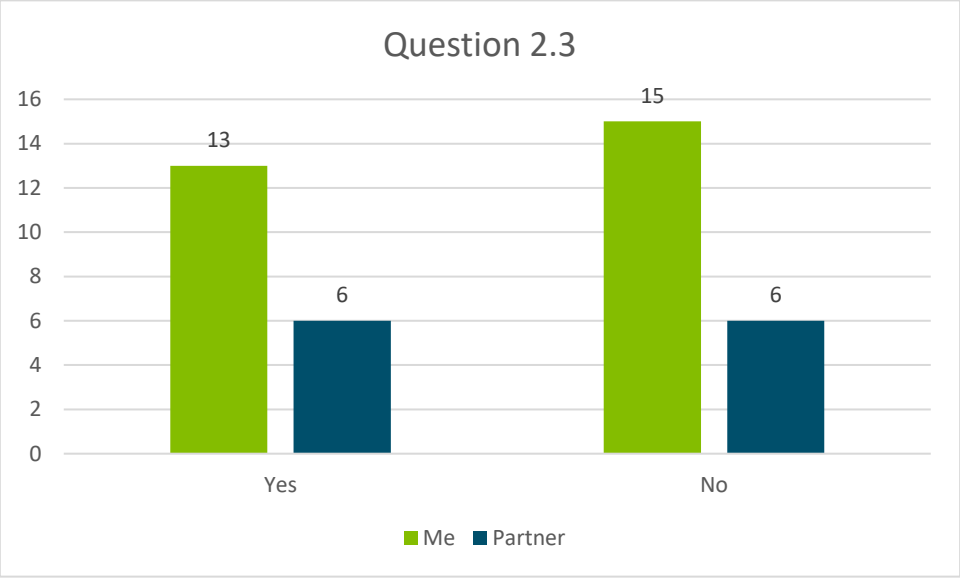
2.2 When did you or your partner experience a mental health condition or challenge?

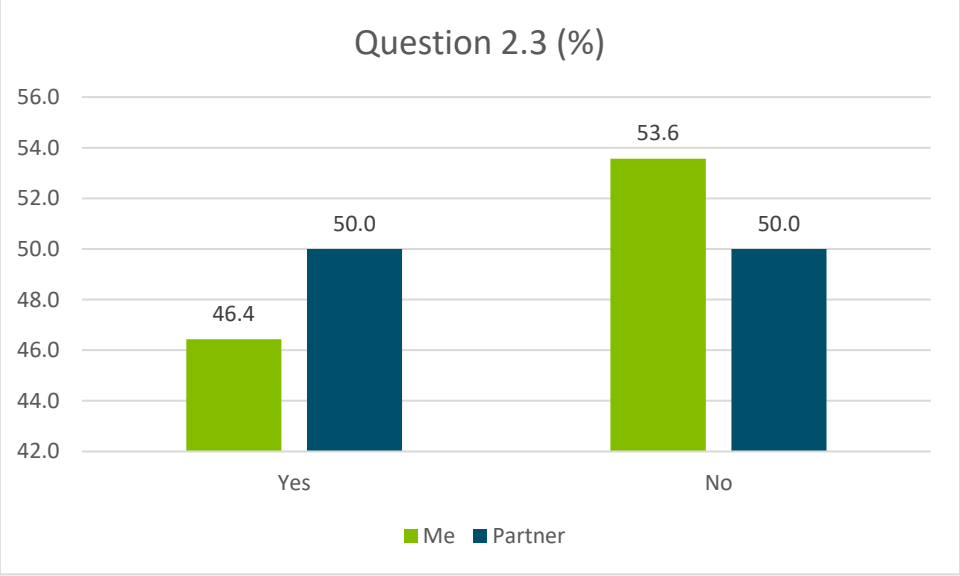
(Of the 28 women and 12 partners who declared having an existing mental health condition or having experienced a mental health challenge.)





2.3 Were/are you or your partner receiving any mental health support?





2.4 If you were taking medication as part of your treatment, what advice were you or your partner given about the impact of continuing or stopping medication before you became pregnant or after conception?

The group that had experienced mental health challenges

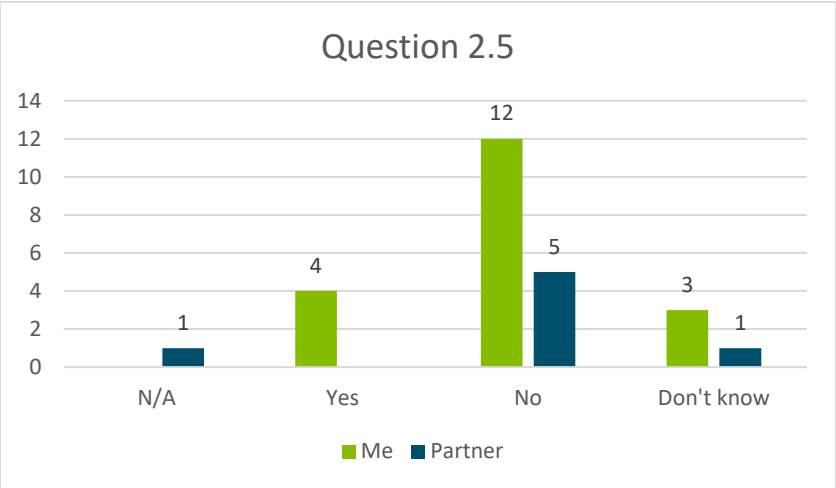
- no Medication as undiagnosed
- Was told to take meds for 2 years but I said I would stop taking medication when I felt the time was right
- I was on low dose antidepressants during my second pregnancy and then, they gradually upped my dose after birth
- Was taking medication before pregnancy, was informed of the risks and side effects during pregnancy. Was advised to stop but reduced it instead and re increased after birth.

- none
- Nil, 3 years prior to being pregnant
- Not relevant; help gained after falling pregnant for my partner

The group that had an existing mental health condition

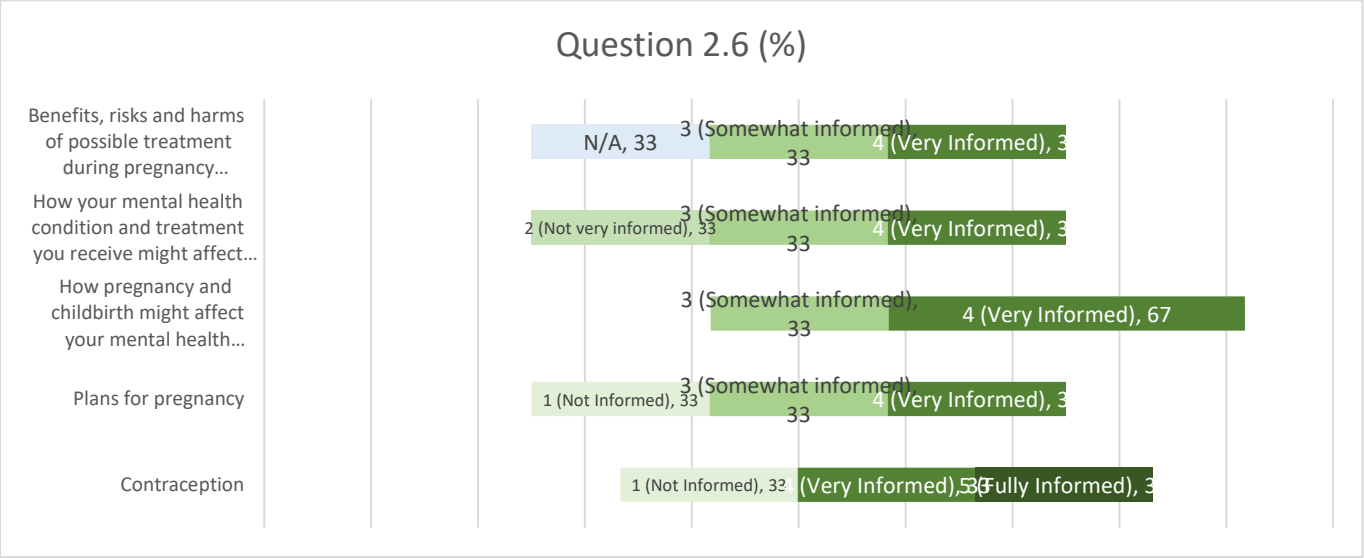
- Was just told to continue
- When I found out I was pregnant, I stopped my medication.
- Upon becoming pregnant, was advised by my GP to stop taking it. I followed the advice but by the time I had my first midwife appt. (12 weeks) I was really struggling. The midwife advised me to start taking my medication again and referred me for consultant care.
- With both pregnancies I was advised not to take any medication until baby was 12 weeks
- Just to lower dose
- Advised to continue to take medications as pros outweigh cons
- Advised to stop antipsychotics as dangerous for baby. Low dose of a safe antidepressant, no support. Was discharged by CMHT after working with them for years but challenged what CPN told me. Asked for new worker as was struggling, was kicked to the kerb and left to it. Perinatal mental health not interested as pre-existing pregnancy so not their remit apparently now left with no support or meds. Cygnet team really supportive but can't talk to anyone as not trained and panic
- Consider impact on baby and yourself. Sometimes you being ok and safe is the main concern (only if risks are low). Must get medical advice

2.5 If you have a diagnosed mental health condition, as part of treatment you should be undergoing a formal review at least once a year with a mental health professional. Please confirm whether or not you have had a formal review within the last 12 months.

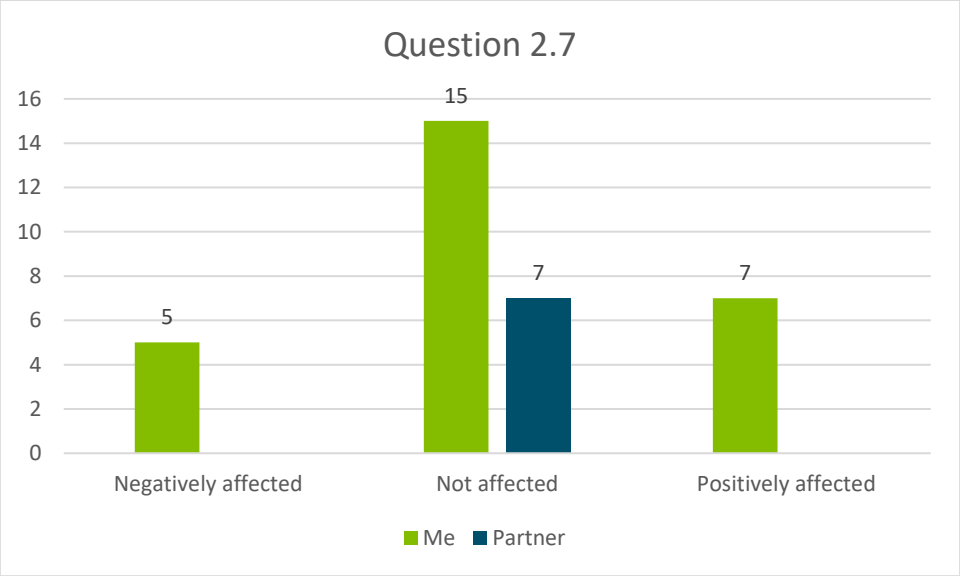


2.6 After your mental health review, please tell us how informed you felt about the following on a scale of one to five with one being not informed and five being fully informed.

Three people gave answers to this question.

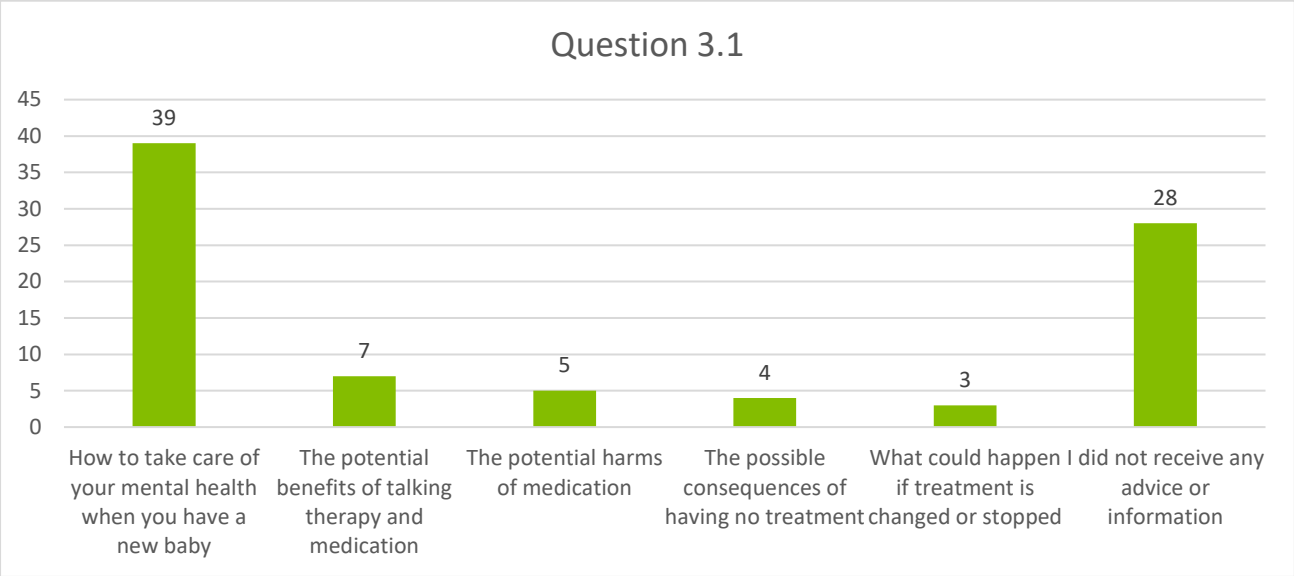


2.7 Do you feel the maternity care you receive is affected by your mental health needs?

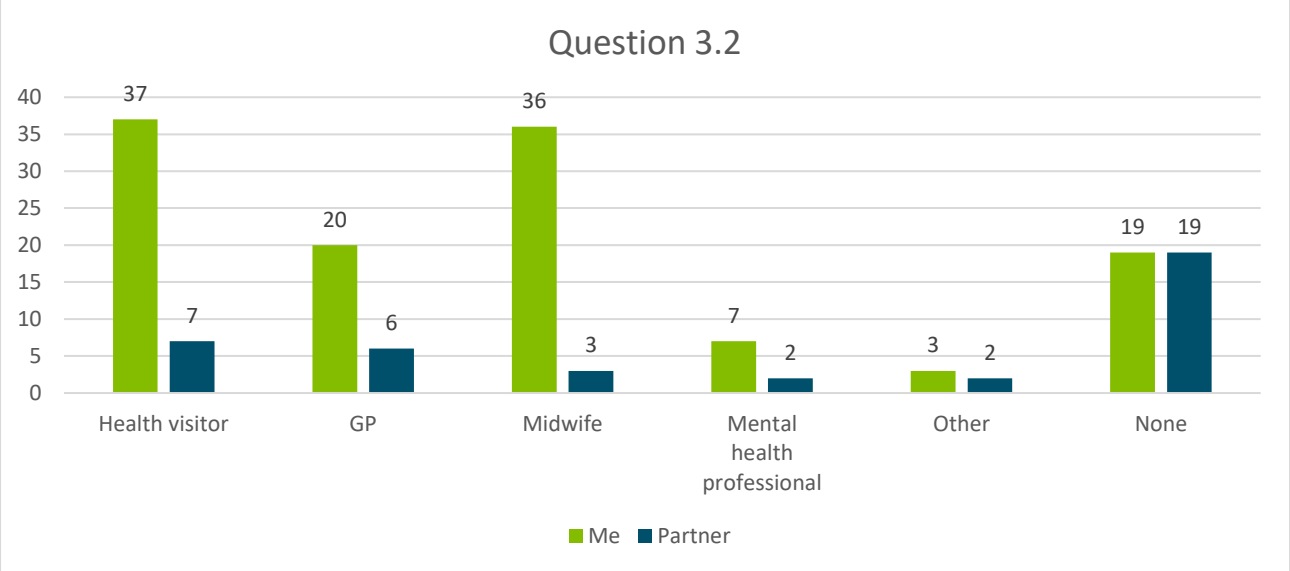


Section 3 Mental health & well-being support

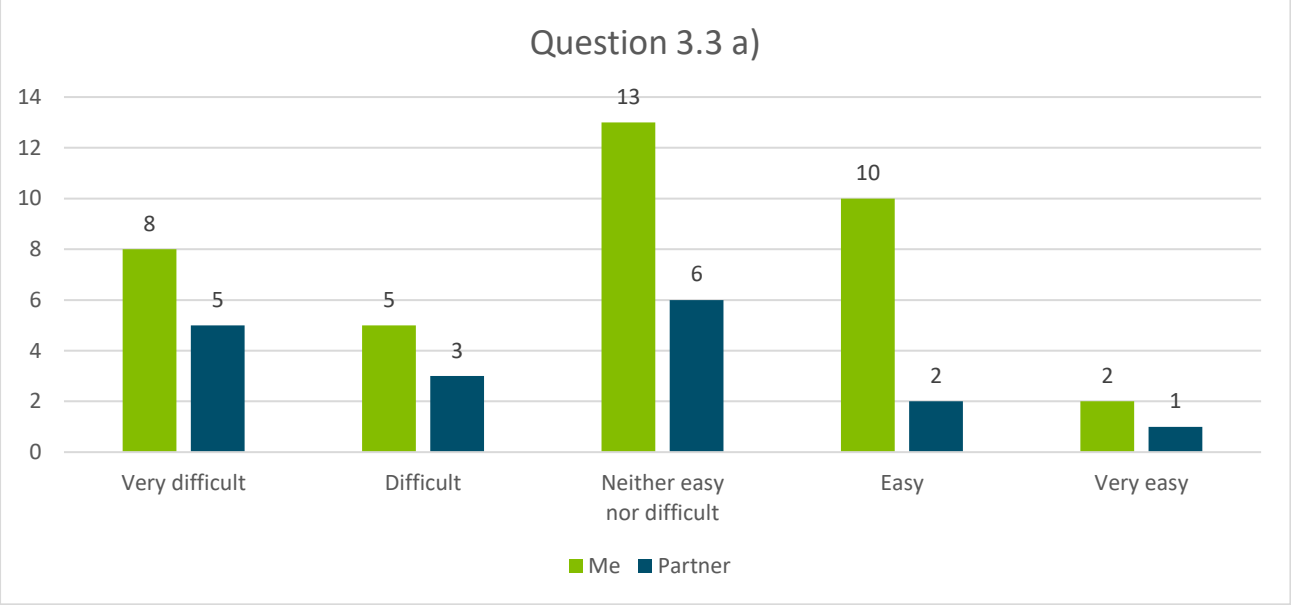
3 .1 What information and advice have you been given about maternity and mental health? Please tick all that apply.



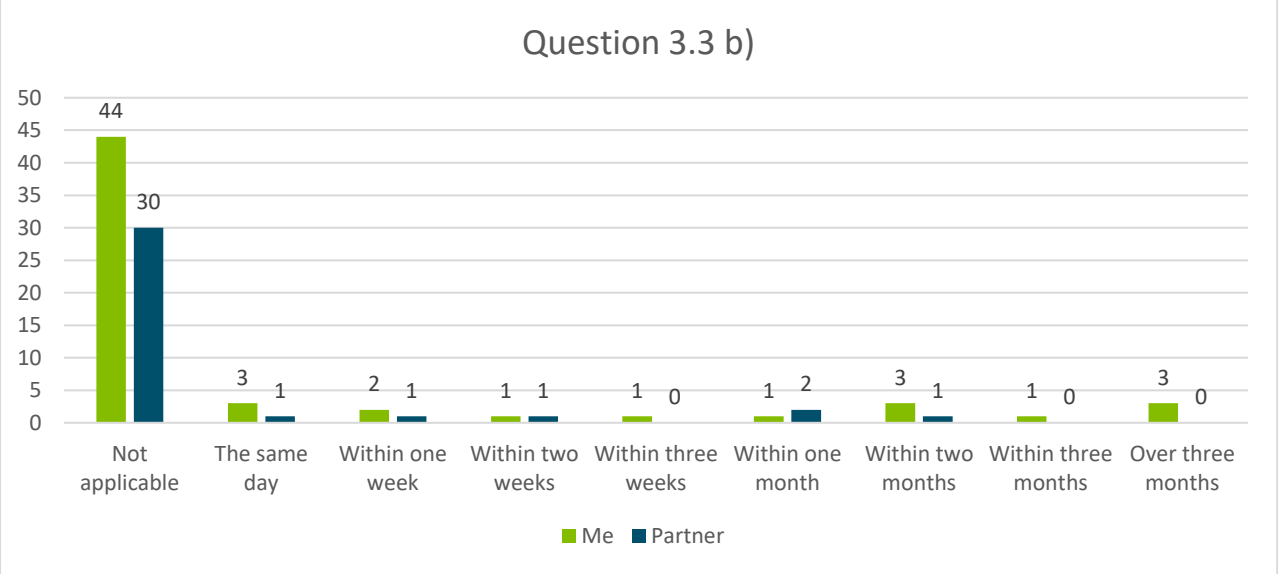
3.2 Which health professional/s have offered you / your partner mental health support?



3.3 a) If you or your partner needed support how easy was it to get support for your mental health & well-being?

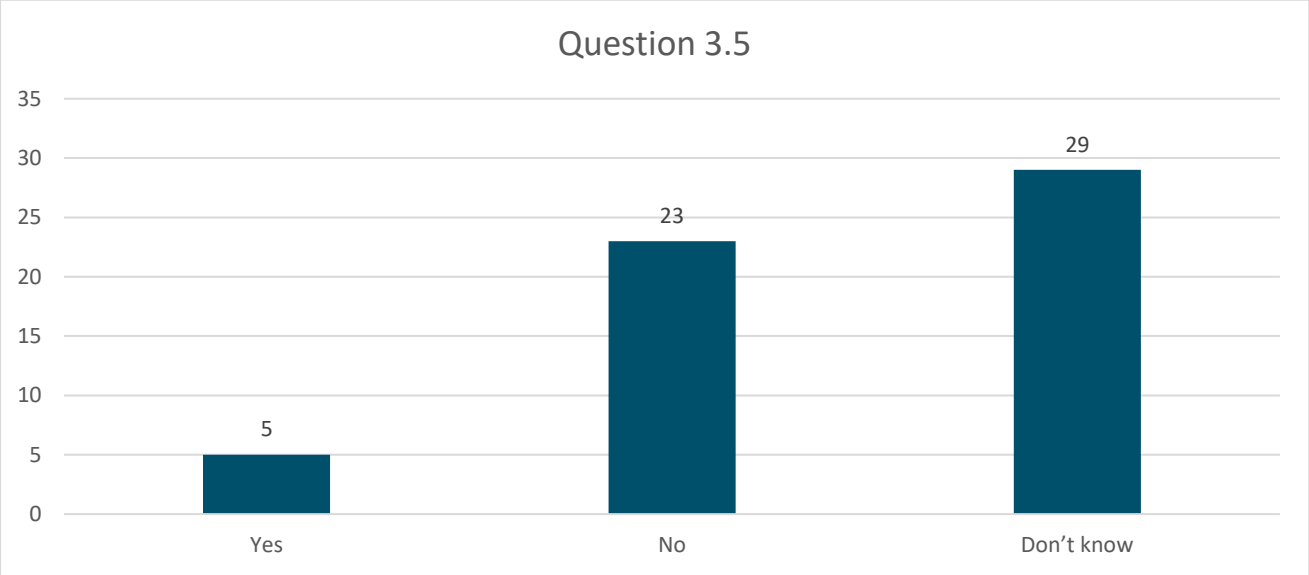


3.3 b) How long did it take between asking for mental health support and receiving it?

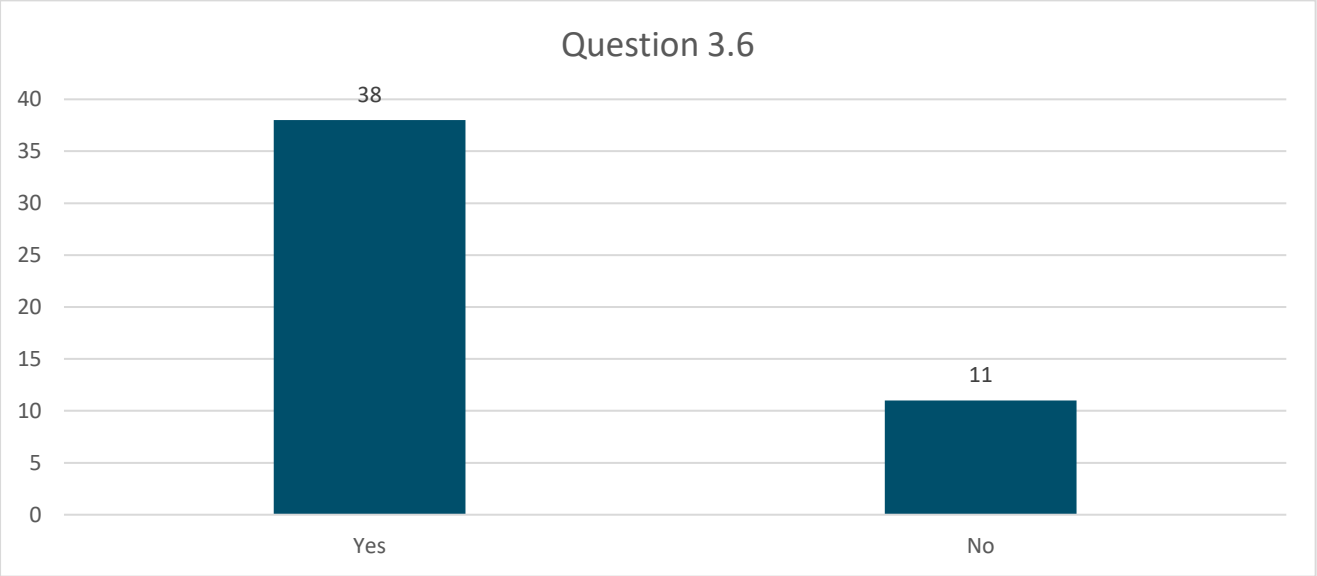


3.4 How would you rate the quality of mental health & well-being support given by health professionals such as your GP, midwife or health visitor?

3.5 Is / was there a care plan in place that considered both maternity and mental health/wellbeing needs?



3.6 Do / did you feel involved in decisions about care?



3.7 Considering how your mental health & well-being has been supported during maternity, are there any gaps between what you ideally needed and what is currently provided?

51 respondents provided comments (20 left the answer blank, 3 declared it not applicable).

Group that had not experienced any mental health concerns

- During my first labour it was very difficult and there was a lack of communication with the midwife. I was not clearly told how to push and was expected to know when I didn't. My birth was traumatic and although I coped well I can see how this can effect someone's mental health
- More support after birth
- More ongoing support. In early days after birth, health visitor comes to visit but this drops off after 3 months. Very little support past 6 months.
- Although I have not experienced any mental health issues, the opportunity to discuss them is limited - you are very casually asked if you are ok or feeling depressed. I imagine people who are feeling down would not necessarily just admit it, and there is no further questions.
- Loss of RJAH post-natal unit - This was providing mental health and wellbeing support, just without a fancy label.
- I thankfully did not have any issues with either of my 2 children. I can't remember being asked in depth about my mental health.
- More support for dads - I don't recall anyone asking my partner if he was ok
- No
- I struggled a little bit with mental health / stress when my child went through a phase of not sleeping without being breastfed. Sleep training was

only loosely mentioned by health visitor but this had a positive effect - more information could be available about the link between these 2 things.

- More aftercare
- No
- I do not need any support, however it does worry me that the next available appointments with the health visitors are over a month away. If I did need support then there would be a long wait when things could get much worse.
- There is a gap in care for parents with babies of difficult temperament or babies that don't sleep. I don't require mental health support but I'm struggling with lack of sleep as babies wake up every hour or more. Also lack of support for so called colicky babies which again leads to lack of sleep. It's so common.
- There was no discussion around birthing plans. The second visit from midwife was offered at home but a phone call in the morning wanted to rearrange so that mother and baby came into the hospital regardless if we were up to travelling in. Health visitor limited contact post 6 weeks, only if you contact the health visitor yourself.
- Both myself and my husband felt that we needed support following the birth of our child and spoke to our health visitor about this who advised we made GP appt. 3 months following this we are still trying to get an appt. - even when I mentioned this to my GP at my 6 weeks appt. No support!!!
- Reminders throughout pregnancy and after birth of how to access support, if not had difficulties in the past.
- There needs to be more support / information given for partners during pregnancy and after the birth on mental health issues, connected to having a baby - suggests this come via midwife / health visitors.
- The only time I felt I may have needed any support was just after the birth / first night as a new mum. I asked to be discharged home rather than stay on my own with a new baby in the hospital.
- Care, checks + advice really good for the mother. Support groups or signposting for fathers may have been helpful.
- Wasn’t offered any support or given any information but maybe because it was assumed I didn’t need it?
- Whilst I wasn’t 'diagnosed' with a mental health problem post-natally, and fell just within the acceptable range on the mental health questionnaire, I was at my most mentally unstable point in my life so far. One specific thing that influenced this was the difficulty I had with breast feeding and my determination to continue with it. What would've helped me is something that I feel is essential- much better support with breast feeding!!
- More information on mental health when becoming a first time parent
- No

- Maybe discussions soon after the birth of how you may feel emotionally and info on how to access help/whats normal etc. GP/health visitor just asked 'how do you feel'
- Although informed of services to discuss any trauma from birth experience, it is down to mother to reach out and find it. Would a visit while in hospital or specific visit at home help?

Group that had experienced mental health challenges

- As much as I shared about life and the support I asked for, I received. Ideally If I had reached out about another person suffering with behavioural issues, I would have liked to have been given advice on how to cope and manage my own behaviour to prevent unpleasant confrontation when i wasn't and am not able to tolerate and be patient enough to respond appropriately.
- I suffered after my first baby and I needed the support from 3 months when I had started to acknowledge I was struggling but was too embarrassed / reluctant to proactively seek help. Maybe further routine follow up appointments for the mother would be helpful.
- I saw a mental health nurse and he was male. I would have felt more comfortable talking to a woman
- none
- When baby was born, we were transferred to Stoke intensive care for 4 weeks. As not able to see local GP and health visitor, no support was given. When home, 4 weeks later, only support given was a leaflet and still waiting for counselling for PTSD and birth trauma.
- no
- No I did not need anything
- I was given contradictory advices about breastfeeding by midwives and health visitor because my daughter lost more than 10% of her birth weight. I think this can be quite normal and I needed more support to persevere with breastfeeding, which I found at La Leche - a mentor
- More support? Counselling after miscarrying my first baby, I got pregnant with my son very soon after but don't think I properly dealt with the loss of my first baby - no one really asked how I was after that and I was worried things would go wrong again, so I did not let myself get too excited - I think counselling may have helped me to worry less.
- From my experience there is a big gap, my mental health wellbeing was never really considered. Birth is overwhelming and for me, my MH was most fragile long after midwives and doctors were involved. I think there could be more discussion about how to take care of your mental health through and after pregnancy and practical advices given or mindfulness sessions or something.

- Shorter waiting times for accessing services such as counselling. A more rounded, even approach to tasks such as breastfeeding advice (ie: it's ok to bottlefeed - otherwise can lead to issues around guilt)
- I had Post Natal Depression with my first born. I stopped taking antidepressants before becoming pregnant with my second child. I was not monitored regarding my mental health in second pregnancy or after birth.
- Nothing available in area - hardly any health visitors (and personal experience not supportive). No charities have groups in Oswestry. No unit for post natal care. GPs are not interested. No children centres / Homestart. Post natal doulas need to be provided / offered if none of these services are available.
- Health visitor did not ask about Mental Health needs at follow up which was disappointing. . Midwives always checking in with me, felt it would have been useful to include more on awareness and normalising Mental Health in ante natal classes, learning mindfulness ...
- Health visitors appointments beyond the early weeks of the birth.
- no - no mental health support was needed during my maternity.
- I asked for help shortly after the birth of my child. I was referred to the MH services but was never contacted. I followed this up and was told (in not so many words) that as I wasn't suicidal I was to go away and deal with it
- Being treated like I will have a breakdown again, despite being of sound mental health for nearly 5 years
- Got the initial help particularly in NICU wards, this involved Telford, Stoke & Manchester. Didn't need follow up afterwards

Group that had an existing mental health condition

- Not supported - during 6 weeks, check up at Whitehall Medical Practice, was not asked any questions about mental health
- no
- The counselling I received was ineffective. I felt rushed to come to a conclusion that the post did not effect my current. I did not feel sympathised at all. I was unaware of any pregnancy groups in Shrewsbury other than NCT. I'm not sure if I would have felt I could go along since it's my 3rd child, but could have used the company during my pregnancy.
- I think continuity of care within the midwife service would help. I never saw the same midwife twice so there was no great communication about the struggles I was having.
- everything
- I was advised where I could access help, however I declined
- Nothing been provided just told to go talk to someone at Strickland House

3.8 If you have more than one child, have you noticed a difference in how your mental health was supported throughout pregnancy and in the first year after the birth with each child?

28 respondents provided comments (29 left the answer blank, 17 declared it not applicable);

Group that had not experienced any mental health concerns

- Second labour was completely different and my midwife was very supportive and talked me through everything. This midwife seemed more experienced. I think everyone works differently.
- no
- Yes, 1st child, born in 2015, felt it was much more detailed in terms of questions asked and health visitor was more supportive.
- Yes, with my third child, I was unable to attend RJAH post natally so could not breast feed as no support was available, this is turn impacted on my mental health. The support I received with my first two children was incomparable.
- No noticeable difference
- no
- No
- I have a 2 and a half years old and a 3 months old and support from midwives was the same from what I remember

Group that had experienced mental health challenges

- For my second baby, I had to cancel my 8 week appointment for the baby as I had to go into hospital and the earliest this could be rearranged is early feb when he will be 14 weeks. Thankfully I am coping so much better this time but don't feel like the same support is there.
- First child, my midwife recognised my anxiety but there was no follow up and I did at times feel depressed but did not seek help. I self referred myself with second baby as my anxiety had increased and I wasn't myself.
- no
- Yes, I had no problems with mental health in my first pregnancy, just after, but they were really on top of it during my second pregnancy. Excellent MH care.
- Did not need any support with either but: 1) the health visitor stopped coming much sooner with my second child (due to funding cuts) 2) Sure start groups have been massively cut, I attended these a lot with my first and I'm sure they had a positive impact on my mental health. 3) Breastfeeding support has stopped (per my friends) and I relied on this to keep me sane with my first child, luckily did not need it with my second.

- No I was not supported with either particularly
- My daughter was only 17 months old at the time of giving birth to my son. Felt expectations / advices geared towards "knowing what you are doing" and "having to get on with it"
- As previously said, I had my first child in Birmingham and was poorly supported by midwives during labour and after birth. I have not had PND with my second child but was not monitored either.
- Different leaflets but not asked about my feelings etc. I was told at my 6 weeks check with recent baby, the appointment was for the baby not for the mother so I felt I could not speak.
- No, I advised the health visitor with my second child regarding my previous mental health. No additional support was offered.
- No change- both were poor
- No support given post birth
- First child born in France in 2015, second child born in Shropshire in 2017. Very similar treatment throughout pregnancy & post-partum. Asked on several occasions how I was feeling. No issues, so told I could seek help if needed to. When my husband struggled after our 2nd child was born I sought help from HV. She was very understanding. There was never any follow up. It was a stressful period but we got through it.

Group that had an existing mental health condition

- yes, no support since birth
- yes
- I think if you ask a new mother if she is ok to her face, she will say yes for fear of baby being taken away or seeming like a failure. If you gave her a scale chart to answer how she feels on paper, you would get a very different, more honest response. I think I have perfectly pretended that I was fine after each of my 3 children. I fear a health visitor's help more than I want it.
- yes. My second was in Shropshire and I found they were quick to refer me but the quality of midwifery care was very low (compared to my first pregnancy which was not in Shropshire).
- wasn’t given any support
- Better support being pregnant 2nd time
- As social services were involved with my first mental health support was on the ball. Now social know I’m not going to hurt my boy they left and mental health support stopped as was being chased despite my concerns/fears regarding the arrival of this baby

3.9 Any further comments:

Group that had not experienced any mental health concerns

- My experience with the health visitors were very supportive and I felt they were very thorough. My aftercare support was fantastic. I think clear communication during labour is so important and not to expect someone knows how to push.
- Midwife care is very good, more would be needed for dads - separate questionnaire maybe? - GP and health visitor are lacking.
- Perhaps mindfulness classes would be good? Give parents tools to deal with any stress and anxiety. Better than medication!
- Needs to be normalised. A lot of women who experience these issues still feel embarrassed and only talk about it after it has passed.
- Provide women with the practical support needed when a new baby arrives: breastfeeding, bathing, etc. These things create anxiety, it's not rocket science so I have no idea why it's being made complicated - another waste of tax payers money - Just reopen the unit in Gobowen!!
- My husband did not receive any mental health questioning.
- One of the best resources for new mum / dad / carers was the Sure Start initiative, these groups were invaluable to me in those early weeks. Whilst not suffering from any mental health condition, one can feel low or overwhelmed with a new-born. I know many mums who felt the same and who benefited a great deal from Sure Start.
- I don't feel that if I had any postnatal issues, they would have been picked up. I did have a little gender disappointment and so did not feel I bonded with my baby for 3 months. This was not serious but equally was not picked up by the health visitor's simple question: "do you feel ok?" Anyone can answer yes!
- The GP at my 6 weeks check was brilliant and offered lots of advices regarding mental health. The midwives all seemed very rushed and did not discuss mental health with the exception of 1 midwife who did briefly discuss it. My husband would not have a clue where to go for support as it has never been discussed with him.
- Would love to have answered more questions overleaf but as we are still waiting for some MH support, I can't.
- Even though I haven't experienced any mental health problems, I feel that this is an area that needs much more input and mums need more Mental health support. Health Visitors barely see you or your child.
- I have not needed to access any mental health services whilst pregnant / post-partum, but I do believe that if there was a greater range of support groups / mother and baby groups / children centre activities available, this would definitely help me to get out and about and meet other mums on

days when I feel a little low or lonely if my husband is working. This would almost certainly help a lot of new mums in the area and improve their mental well - being.

- I feel very lucky as I have a lot of family support but I can imagine becoming a mother without this support must be very tough. I also get a lot of support from my partner and attend a baby group once a week (baby sensory)
- I made it clear that I needed readily available consistent advice about breastfeeding from a well-qualified individual, which was not forthcoming. Whilst I welcome the concept of Healthwatch, I also note that the free council groups for new parents & babies have been cut in Ludlow, which is a retrograde step.
- "Baby due 4 days' time, feeling unwell, large baby. 3.3 a) Easy, Supported by Strickland House staff"

Group that had experienced mental health challenges

- The support I received in Gobowen after my first baby during my stay post labour was excellent and mentally I think a lot of new mums will be much worse off without the time to get used to their baby and its needs with midwife support on hand. It must be incredibly daunting now this service has been suspended.
- I feel women need more support from health visitors (i.e.: a home visit at 6 months, even up to a year)
- I was lucky in that I generally have very good mental health and I had a good support network so this continued after the birth of my children. With all the cuts, if someone does not live near family or only has a few friends with children, then I think I would struggle. The health visitor does ask though so as long as you are trusting and open, then there is someone to talk to. My health visitor asked me how I felt and I was always very upbeat and happy and it was quite clear that I had no mental health concerns. No one asked about my husband but I would have been confident enough to ask if I'd had a concern. My partner's mental health condition was nothing to do with children though we didn't think - just job related stress & anxiety at quite a low level. The quality of the support by the health visitor. No-one else has showed any interest.
- Did not feel able to ask for help. It was normal to feel stressed when very sleep deprived with a new-born.
- Maternity MH is a really important issue, I am glad you are taking it seriously. New mothers are incredibly vulnerable and mothering is the hardest thing I've ever done, far harder than work. We need to embrace wellness and offer more practical schemes to people. Modern life is too stressful and thank you for asking. **2.1 I have "occasionally" experienced mental health challenges **2.3 "Briefly" I had intrusive thoughts after both

births about harming my child. With my first pregnancy I also slapped my partner twice - something I would never do, nor have since. I came off the pill as it made me feel semi-suicidal & took the coil which has been much better. A year after my second coil which has been much better. A year after my second child I felt very low and had a 6 week private counselling session. A year after that my husband felt low & stressed & saw a private counsellor for a few sessions. ** 2.7 My maternity care at Chester was very positive, the maternity care at Shrewsbury wasn't great & I am part of the study into baby deaths there - my baby didn't die but was very ill due to poor procedures. **3.1 My births were 2012 RSH and 2016 CoC **3.3.Easy - "we paid for counselling. It's not easy to get support on the NHS. My brother has a mental health disorder and has been left to get on with it for the last 15 years with no effective treatment. It is badly underfunded & staff are overstretched

- Precision to question 3.3b: timing was only due to accessing private counselling and self-funding. NHS referral wait was much longer.
- The Health visitor on discovering my previous history of PND was compassionate and offered support via phone or additional visits. I did not feel the need for it so I declined but was thankful that it was there if I needed it.
- There is no support in Oswestry and mothers want a group, I have contacted all charities. I have post-natal depression and anxiety and have no help from professionals. We need more support on post-natal care up to 1 year at least.
- It feels like there are not enough health visitors. It is extremely difficult to get a timely appointment, on the 2 occasions I have tried, it has been 3 weeks +. I feel this is too long when having a young baby places such demands on mental health.
- I would have liked to have heard more about support and services. Ante natal classes mentioned IAPT briefly, once! Would have liked to learn about signs of low mood and techniques to help (e.g.: mindfulness). A lot of normalising of mood would have helped and encouraging to share challenges in pregnancy.
- Thank you for making yourselves more aware in the community. More awareness needs to take place when dealing with mental health.
- I am a psychotherapist and well aware on how to access mental health support. If I was not I think I might find it hard to know how and where to look for mental health support and to know what's normal and when I would need to seek support. The most supportive team / professionals were my midwives at Ludlow. They were great and had lots of time to talk to me and answer any questions.
- The support it woefully inadequate (not taking away from how dedicated and professional the staff may be). It is impossible to access services unless

you are at breaking point. There is also very little publicising about where to get help- I have never seen a flyer/poster or e-ad and I've had 2 babies recently. There is generally an impression from the midwives and nurses that it's just part of having children and you should suck it up. 3.3 b) Me: I was referred but I never received it. 3.6 Yes: Only because there was no support

- 3.3 a) Difficult - Supportive GPs, long waiting list for mental health worker. 3.3 b) Me Within three weeks - phone call assessment due to premature sick baby. 3.3 b) Partner Within one week - for GP and initial assessment. Over 6 months for Councillor
- My husband saw a counsellor privately. He was diagnosed with PND and had a series of sessions which helped him talk through what he was feeling. After a few months his mood had improved and he was discharged. And in hindsight I could probably have done with some extra support +/or counselling but I didn't ask for this. The health visitor I saw was very understanding and helpful and gave lots of useful information. 3.2 Partner - Other: counsellor private funded through work medical scheme. 3.3 b) Me - The same Day: information provided by HV, leaflets etc. 3.3 b) Partner - Within two weeks: appt. with private counselling service

Group that had an existing mental health condition

- answer to question 3-2: other is support worker
- to question 3-1: "although a rubbish A4 printout does not inspire reading."
- 2.3 Me - Not first child but crisis team are engaging just for moral support
- "Mental health needs an overhaul. 3.3 a) Me - Very Difficult, Even when begging for help was told I was hormonal and discharged. 3.4 Fair - They try but arent trained and when your honest they tend to panic so cant be honest. Stick to I'm ok"

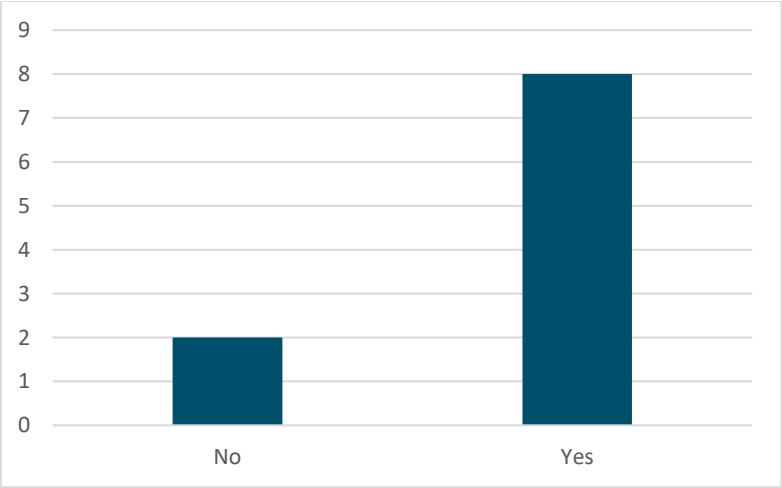
Appendix 2: Responses to the Staff questionnaire

We received 10 completed questionnaires.

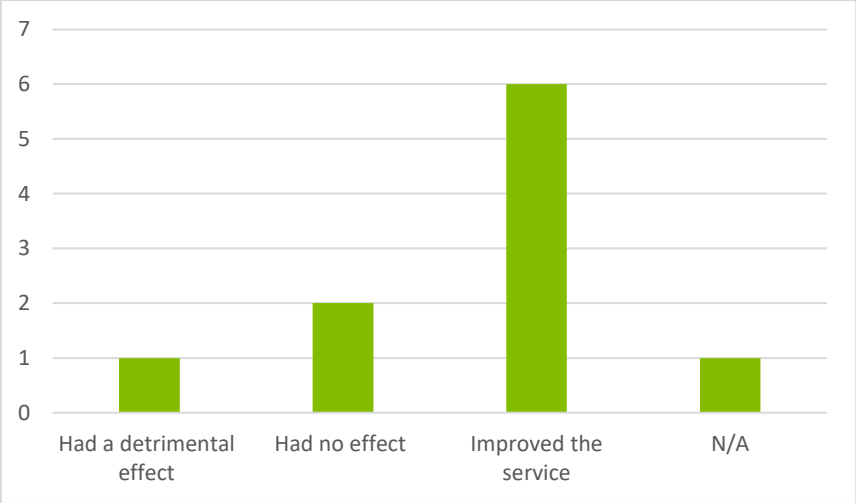
Who responded

1. Please describe your role	2. Which Organisation and department do you work in?
I manage maternity out patients services at PRH and RSH. This includes Consultant antenatal clinics, Maternity ultrasound and maternity day assessment.	SaTH, Maternity outpatients
Midwife in outpatients department	SaTH, Maternity outpatients (PRH)
Consultant Nurse Perinatal. I am responsible for the clinical standards in the inpatient & community services in Stafford and Shropshire	MPFT, Perinatal Service
Midwife	SaTH, Wrekin MLU
Providing midwifery care to mums and families of Telford in the antenatal, postnatal intrapartum bookings	SaTH, Wrekin Community midwives
Community midwife - working with vulnerable women & safeguarding concerns.	SaTH, Wrekin Community midwives
Community midwife	SaTH, Wrekin Community midwives
Community midwife - working with vulnerable women & safeguarding concerns.	SaTH, Wrekin maternity unit
Midwife	SaTH, Women & Childrens, Wrekin Community midwifery
Midwife	SaTH, PRH, Antenatal clinic risk assessment

3. Have the services and support for parents with mental health issues changed over the last 2 years?



4. If you have noticed changes, how would you describe the effect that the changes have had on the service being offered?



4.a Tell us more

Had a detrimental affect:

- Cancelled appointments due to long term sickness is affecting the service now

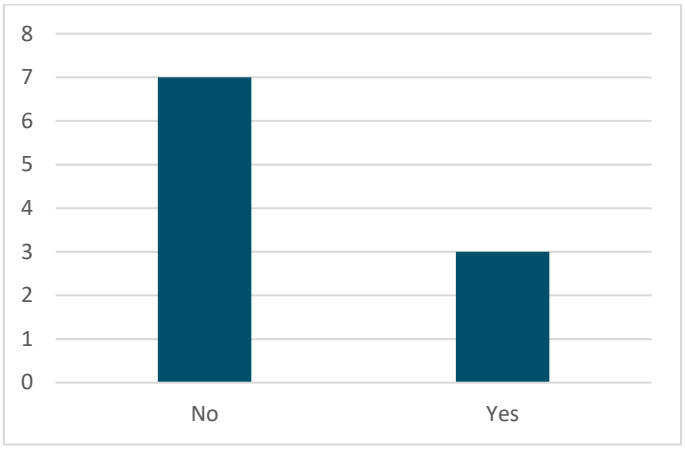
Had no effect:

- Availability of services very limited for patients with mental health issues

Improved the service:

- Self-referral and referral to IAPT. Mental health liaison clinic. Mental Health Nurse referrals
- Increase in funding to develop the community team in Stafford. New perinatal community money for Shropshire. Improved facilities & inpatient M.B.U. in Stafford
- IAPT services -for pregnant / postnatal women for mental health / anxiety issues.
- Women are pleased with IAPT service
- Patients have the ability to self-refer and community services have improved
- Self-referrals to IAPTS. ANC appointments with mental health clinic. Improving women's health midwife.

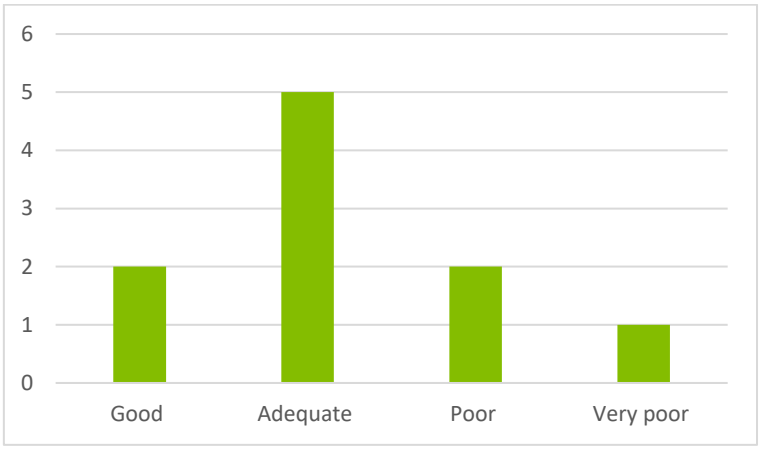
5. Have you been involved in delivering the changes?



5.a. If yes, please describe how and what support you received

- Training of Staff. Recruitment of Staff. Liaison Service.
- No support
- Signposting to appropriate teams

6. How would you describe the current maternity mental health support being offered?



6.a Tell us more

Good:

- I do feel that there could be improvement in accessing mental health support in pregnancy clinics

Adequate:

- Difficulty with GPs, often as soon as a woman is pregnant it isn't their problem
- This has been historically limited but will improve significantly

- Sometimes a long wait for women accessing IAPT
- Due to volume of women needing services

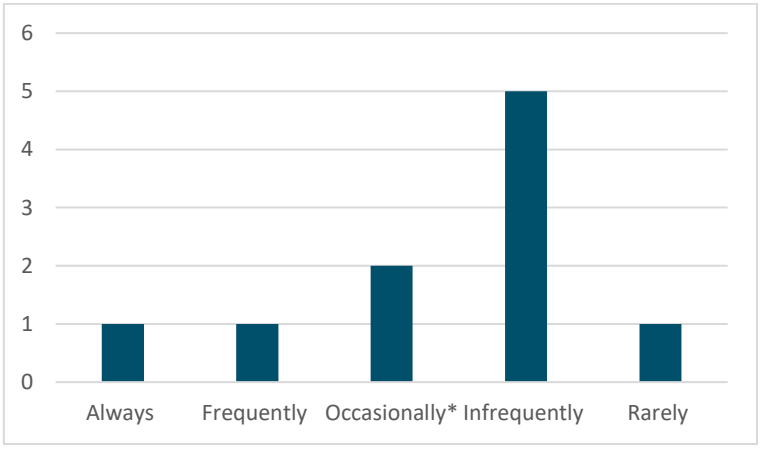
Poor:

- We have a vast number who need low-risk level supported and limited provision with limited formalised clinics/assessment by mental health professionals.
- There are not enough mental health nurses. Women don't always fit the criteria but are abandoned by community mental health services once they are pregnant.

7. Can you say how many parents you have seen over the last 6 months would have benefited from mental health support?

- Numerous
- All have as I am a mental health practitioner
- High Level
- An exceedingly high number
- Work case load 85, all of these women have anxiety or mental health issues
- There are high levels of women with ongoing mental health issues. Long term depression and anxiety
- 85 - current case load
- At least 25% of my case load if not more
- Too many, don't know exact numbers

8. In your experience how often is the current demand for mental health support being met?



*The responses available on the questionnaire did not include 'Occasionally'. However, several responses indicated that the answer to the question lay between 'Frequently' and 'Infrequently'. 'Occasionally' has been used to reflect these answers.

9. What do you think would make an effective perinatal mental health service?

- Easier referral pathway for community and input midwives
- A specific allocated mental health practitioner who works full time for this trust. Not a visiting worker once every two weeks - or less due to sickness + Annual leave
- Responsive. Based at maternity unit. Psychological therapies/medication. Group education / support groups
- More capacity to see women antenatally in ANMHCs. Self-referral processes. IAPTS can only see women way after initial referral calls.
- Frequent clinics / increased clinics for women that include more liaison with their pre-existing services. More formal plans for postnatal care & support.
- easy access to services & plan care for identified mental health history
- We need more capacity in mental health liaison clinic & specialist CPNs for the more complex women. Also more mother & baby places
- Improved support for women with depression who don't meet requirements to extra support currently.
- More appointments meaning shorter waits. Joined up approach with Community Mental Health teams for continuing care.
- More specialist staff. A joint obstetric/mental health clinic

10. What mechanisms are there in place for you to feedback on the current or planned service?

- Department safety huddles. Manager huddles
- Nil
- NHS England - meetings. Feedback to Community Teams
- Email IWH midwife
- I Could feedback to manager however if long term sickness effects clinic provision there is nothing to be done. I would ask if Mental Health support for staff is being investigated in the same way. Has this contributed to our sickness rates & the change to our mental health provision
- Unsure
- Unknown
- Managers. Datix
- Not sure there are any

Appendix 3

Focus Group Based in Shrewsbury

Focus Group Members

Eight participants initially agreed however during the two days prior to the event participants pulled out due to ill health and work commitments, one person said "I just can't face it", another did not give a reason but failed to show on the day.

Two participants took part on the day.

Introduction to the focus group:

a) housekeeping
b) explanation of Healthwatch Shropshire,
c) explanation of the background to the current Perinatal Mental Health Survey,
d) data usage
e) consent for information from discussions to be used completed
f) well-being of participants
g) plan for morning 2 hour session

Participants briefly introduced themselves and why they were interested in perinatal mental health. Both participants had a back ground in Psychology, both had given birth within the last 8 months, both intended to return to work shortly, one had a post-natal depression following her first birth and mental health concerns during the second pregnancy, the other had not experienced any mental health concerns, both had other young children, both in 30's, one White British born in Shropshire & one White American.

Summary of experiences & themes from discussion

The value of knowing/recognising the person you are being seen by

Experience – "after my first child being born I suffered an undiagnosed miscarriage which lead to me being pregnant but not being pregnant for 6 to 8 months. I had treatment at Shrewsbury Hospital in the early pregnancy area I can't remember what it is called now. At the time I thought I was fine but the nurses there offered unofficial counselling and were brilliant. They got to know me really well and helped me a lot".

- "I never saw the same midwife twice. Never seeing the same midwife twice I could handle because it wasn't my first. It's more important first time round."

Having miscarried between the first and second "I was very anxious, between pregnancies I had come off the antidepressants. At booking in I felt like shit but

didn't say because I didn't trust anyone. The Midwife just gave out a flier about mental health".

A service under pressure obvious in protocols and with the individual staff

- "It's obvious the services are strained and the staff stretched. When you are full up with your own stress you can become less empathetic towards others. For me with the exception of one midwife awkward conversation I was impressed with everyone" *Contrasted with the immediate response of* " I was not. It does seem like a pot luck nature to the help. I felt they were anxious as in we don't want to take a risk as there is extra scrutiny and what will be the impact of this?"
- "Because L (*baby name)* was a big baby I chose to be induced. On the day before I went to Shrewsbury hospital for sweeps. But the Shrewsbury Midwives are not allowed to do sweeps unless there is a consultant present. The Midwives in Telford are allowed to do this on the CLU. Both midwives have the same experience, they are having to work through these restrictions. So a Consultant Dr Banks came to do the sweeps and the midwife stroked my hair during the procedure then brought me a cup of coffee. The management of the service is protecting itself". "As L was big they didn't want me to move around. They were vigilant but they were extra nervous"
- "The elephant in the room is extra pressure and this gives some awkwardness"
- "One out-patients appointment I had to wait for 4 hours, they had an emergency and those of us in the waiting room all understand. They split us off into a more comfortable waiting area. I said, I think you are amazing, it must be difficult with all that has been in the press. They replied – we never wanted to put anyone in danger".
- "I chose not to read all that was in the press but my husband did and he had contingency plans in his head if anything went wrong".
- "I wonder if you are less vocal and less informed how you would manage, I had to demand to have antidepressants. I knew because of my previous pregnancy what I needed" "I could stand up for myself and am educated, you have to push you can't just trust"
- "I think a lot of people have thoughts about suicide but never have the confidence to express their thoughts." "Women can avoid this discussion because of the myth about how easily a baby can be taken away"." We can pretend we don't have these thought, it's difficult to speak these thoughts out"
- "Staff can be worried about working with a mother who wants to commit suicide but more worried about working with a mum who wants to kill her

baby". "Mental Health professionals find suicide risk stressful but infanticide even worst".

- "Professionals need the training and awareness to stop them flapping when difficult issues come up."

Caution about medication "the culture is that you have to make your own decisions with them giving you the pros and cons but I don't know I'm not the professional" "Consultant Gynaecologist and Obstetrician didn't have a problem with me being on the antidepressants"

Difficulties with telephone calls increasing anxiety

- "At 12 weeks I had chromosome testing and a week later got a missed call from the hospital. I jumped to thinking the worst case scenario. No message was left. I called them back at 9am I said I knew someone tried to contact me but left no message please could they tell me what it was about. The receptionist could not answer with much detail but said I thought they were calling because they were concerned about your mental health. I think the mental health team are trying to contact you. I didn't even know they were concerned. The irony of the situation is that they made me very anxious! If possible could they leave a message" "I had an appointment with Consultant Gynaecologist and Obstetrician I didn't know I had been referred." "It would be helpful to be warned that you will receive a phone call because you have been referred."

The power of the conversation with midwives and Health Visitors

- "Midwives need to understand the powerful voice they have in a woman's life especially during labour and birth. You never forget the one who was dismissive and the praise of well done. With a negative or rushed experience it is a lost opportunity. If midwives understand the professional influence they have perhaps this could help their job satisfaction. Antenatal and birth should be a launching pad for the mum.

  With my first birth I had an argument with a midwife during labour. I wanted to be on all 4's but she wanted me on my back. She said I'm not catching your baby until you are on your back. Two midwives pulled me over onto my back, I felt powerless. This trauma memory of being a problem patient and an anxious little girl played on my mind for weeks instead of getting on with my new baby"

Health Visitor roles

- "The Health Visitor in London was awful just wanted to check the house was safe and no domestic violence, by comparison the Shropshire visits were much better".
- "I found the younger ones more aware & emotionally in tune"
- "Health Visitors very probably read from a script and have a tick box exercise. The information is not accurate and based on the latest research. I am able to do my own research. What happens with those people that can't, Health Visitors need the latest training." "Health Visitors can do more harm than good". "You can get different advice from different ones".
- "I just couldn't face the argument about co-sleeping again, I tried to avoid the conversation but when it came up I just lied about it". *During a previous pregnancy* "I had no sleep for 3 days, with a crying baby and difficulty in breast feeding, we co-slept and suddenly I liked being a mum again"" I didn't need another negative voice in my head".
- "Co-sleeping really helped me too".
- "I checked with one midwife about co-sleeping she said I'm not allowed to say it is safe to co-sleep with breastfeeding but we could talk about it and think about how it worked with breast feeding. The Health Visitor just answered what was in the script and couldn't handle the comments, she just came back to well you know the risks."
- "Health Visitors should put the patient first otherwise they can make you feel like you are failing".
- "Breast feeding and sleep really influence your mental health and well-being".
- "Small comments from them can affect your mental health like if your baby is not sleeping how they speak about the baby (*being self- soothing*) can make you feel like everyone else's baby does sleep".
- "A lot of information appeared to be out of date" "it's obvious how busy they are" "Given lots of information on weaning on the first visit and nothing on mental health & well-being. Could mental health come in early on in the conversation?" "There appears to be a script which doesn't appear to leave much room for reflex ability in discussion" "could they think more for the person they are with?"
- "I felt like I had to apply for a job I already have" "Also you fear that needing more input from them means you are a bad mum".

Support from belonging to parent's groups

- "Women are resourceful creatures if given space and changes for communication. Groups are great places as long as there is no competition."
  "I went to an antenatal group with a midwife, with my first child this was down in London. When I had problems with breast feeding I went to her. I don't know how I would have coped without this group."

Appendix 4

Maternity Mental Health Case History E

Section 1 Tell us about you

Area – Bridgnorth & Ludlow

Female, birth mother, new baby 12 weeks old. Two other boys - own son previous partner 8 years old (H) & step son 7 years old with fiancé. Current age 25 to 34 years old, White British, no disability, heterosexual, Christian.

Section 2 Mental Health

2.1 Self – existing mental health problem.

2.2 Diagnosis generalized anxiety leading to depression - experienced before, throughout pregnancy & to date.

2.3 Taking antidepressant before pregnancy Citalopram "finds this keeps me level headed" took 20mg throughout pregnancy and continued to date. Partner has undiagnosed mental health challenges.

Taking medication on/off since 16 years old. Prior to pregnancy on waiting list to receive Cognitive Behavioral Therapy (CBT). "Every week someone would ring me to see how I was doing and offer support. As soon as I told them I was pregnant they prioritized me" and "I saw them during pregnancy". "previously I had seen a Psychiatrist, two counsellors and had CBT. It's taken 12 years to find someone who works. You have to find someone to click with and who works for you"

2.4 Before pregnancy "I thought that I didn't want to be on antidepressants as I'd been told the baby has to be whined off when they are born" This information had come from google & a friend. "I planned to drop the antidepressants and at the 8 week checkup I discussed this with the midwife, because I thought it would not matter as it was so early on but apparently the most significant effects on the baby can happen up to 12 weeks. The midwife said that your mental health is very important in order to take care of this baby & the family. She said that there are 3 antidepressants that are safe in pregnancy. That at 40mg it is safe but the baby may just be a bit grumpy for a while after they are born. So I dropped to 20mg throughout the pregnancy until the birth. It was nice to be put first as I was putting the baby (Z) first."

"It has been hard with fluctuating mood swings but they have not been so bad that I needed extra help. Because I have been on them (*antidepressants)* so long I kind of know when I need extra. The GP trusts me enough to know when I need extra

I'll speak to them." "I have been monitored throughout by the GP & midwives, they were fabulous."

"everything was written into the pregnancy notes so this was always referred to by each person. Even the new ones were saying 'I see you are on antidepressants, how are you feeling?' "If an extra boost was needed "I knew to see my GP" "Probably saw 5 to 6 midwives".

2.5 I am not aware of having a formal review. Unsure why possibly was not in the system long enough? Currently discharged from the service.

2.7 Possibly affected for self, partner not affected.

Section 3 Mental Health & Well-being

3.1 Information on all items received. Self- was really encouraged to talk with someone particularly GP. Also encouraged to utilize the social support network for example asking other people to help and taking turns with partner sleeping.

Explained that her well- being was just as important Z. E sort help when needed.

3.2 Self - Health visitor, GP, Midwife,

CBT therapist – Whilst on the waiting list to be seen someone phoned every 2 to 4 weeks to ask how I was doing. Waited 8 to 9 months to be seen, as soon as pregnant seen straight away. Otherwise it would probably have taken another 6 months before being seen. Finished seeing him just before due date at his suggestion "to keep the pressure off. He said I could self-refer at any point and go back". "Senco teacher at school (for stepson) was really encouraging".

Early Help Social Services – supporting families. "She supported us both and encouraged partner to seek help". They were involved before the pregnancy due to the abusive relationship experienced by the partner with his previous relationship. This support has now stopped.

Was your partner included? "He was only asked specifically at the beginning when asked about the parental medical history". Health visitor spoke to partner as well. After birth the midwife in Ludlow asked "How are you doing dad? How are you feeling in yourself?" "I can't praise them enough".

"When I wasn't able to continue breast feeding and very upset about this, he was asked how are you doing with supporting her, the 2 boys and doing your job? But typical man he said no I'm coping. He really needed to say I need support here. He really felt that pressure". "His mental health was struggling I was hoping he would go to the GP. It feels as though the birth exacerbated his problems. All the stereotypes about a strong male figure still applies." "I was worried about him, I

knew he would feel the pressure." "it was the wrong environment for him too female orientated".

What environment would be right for him? "A male focused environment perhaps like a dad and baby like baby sensory group but where other men go and they can share. I feel like the Sweden approach is better where men have 6 to 12 months maternity leave." "They are encouraged to take a minimum of 3 months off. Women have 18 months and free child care. If they had this length of time they could bond with the children and make friends. In the 2 weeks off here there is not enough time to go to any baby groups and therefore there is no male support network"." Relating to men with older children is OK but no good for saying I had a rubbish night's sleep again". "There should be more emphasis on male mental health, lots for female, always female." "No poster about male mental health, it's not put out there enough that you don't need to struggle." "When I spoke to him about his X and said why not go for counselling, he just says I don't want to talk about it I just want to forget about it." "But this re- surfaces when he is under pressure"." I said to him you are going to the GP. Unless I had made the appointment he wouldn't go, but I can't take him erupting when life gets tough." "I said you don't have to go on antidepressants if you don't want to but you do need to speak to someone". "He had anxiety after the birth over is she sleeping or does she have a problem. I got a monitor for underneath the mattress to give him peace of mind, so that if the heart stopped we'd know straight away".

"I do worry about him a lot which I don't need. If he has dealt with his pressure then the pressure is not on me. Actually that is why I did CBT to take the pressure off him to be my counsellor. "

3.3 Very easy to get help. "You just have to put yourself forward".

Required help at different stages:

Prior to concept there was a miscarriage and forced abortion at Worcester Hospital due to living in Cleobury Mortimer. "they were brilliant, they kept saying we are so sorry this has happened, what can we do to help? They gave us a card to call someone. They were fabulous."

The new baby was born in Telford & with midwife appointments at Ludlow as moved to Ludlow.

" This time we got to 17 weeks I was just a mess and we asked the midwife to check for a heartbeat. My partner had to speak for me. She explained that it may not be possible to pick one up but that didn't mean that something was wrong. The treatment was wonderful and we found the heartbeat. I knew I could call over anything even if I felt it was stupid. The focus was on me because I was a mess. But I see it like this, an ambulance crew go to whoever is quietest not the loudest

because they are ok. My partner was the quiet one maybe this was a missed opportunity for him to receive help".

3.4 Quality of care – very good for self.

3.5 Not aware

3.6 "Yes absolutely. It was about what I wanted. I was given the options and then allowed to choose what suits best".

3.7 "I was dreading the birth as with H I had had no support. I was 20 years old, single and naïve. " " I was left in my own blood with his poo on me for 24 hours, the nurses just forced me to breast feed. One nurse when I asked for help just pushed my breast into his mouth and walked off. I should have made a complaint."

This time at Telford the baby was delivered by a planned C Section.

"I was so scared I forced my partner to stay. We'd been told by friends that you were back home after 3 to 4 hours. But this turned out not to be true. We were not told much detail about the C Section, what was involved, the length of stay in hospital or the time it takes to heal. Only afterwards they talked me through it. We had 2 C Section reviews at Shrewsbury hospital with 2 consultants. The first Laura was brilliant and down to earth, she explained that perhaps with my history and lifestyle and for my well -being it may be best. The second a foreign gentleman was so pragmatic. It was all about the negative, this can happen, that can happen, are you OK with this?"

"I think there should be a growth scan with the C Section review as if I had seen how small she was I would have probably gone for a natural birth. H was 8 6 but Z was only 6. He was born with his hand on his check which is why the birth was so traumatic".

Are there any gaps between what you ideally needed and what is currently provided?

Thinking about what happened on the day and aftercare.

"We didn't know how long a midwife would be with us".

"We don't know how long the Health visitors will continue with us, if we did we could probably ask the Health Visitor rather than the GP".

When giving birth missing in-depth details for example; "I didn't know there would be a room of 10 people, it was intimidating." "with H it was a natural birth with 2 people but 10 people I didn't know whether there was something wrong with her. Would have been good to know especially for a person with mental health problems."

“Don’t just assume that because you have been through it before you know what is going on”.

“I think everything has improved massively the overall experience was very positive. Maddy the ward midwife was lovely, funny, reassuring, caring and spoke to me like a normal person. She looked after me.” ”Ros was another fabulous midwife on the day”.

“I was uneasy that I didn’t know the surgeon would be male. I just would have liked warning to prepare myself. I had a past difficulty with an X. You have to accept male staff but just a word of warning especially at such a vulnerable time, your most vulnerable.”

“Gemma a midwife at Ludlow remembered me from my initial assessment until after the birth. She remembered I had mental health issues. She deserves recognition. It’s lovely when they are excited for you, when they see it every day. It makes the experience for you much nicer”.

“More for the man needs to happen. Possibly male appointment with the GP for wellbeing like the lady has a 6 week check-up”.

“We are still struggling with her sleeping routine & feeding pattern, in a sense I still don’t know what I am doing with her. If it wasn’t for the support of other mums I’d feel a failure” “it would be helpful for the health visitor to have a regular visits for up to a year rather than an as and when approach.” Last saw the Health Visitor at Christmas 2 appointments to see her since then have been cancelled by her.” “we have seen her 3 times so far to make sure Z is putting on weight because of breastfeeding issues”

What happens when the health visitor’s visits finish?

“Scary putting yourself out there. I ran little stars and went there while I was pregnant, we’re signed up for baby sensory group for me and for her development. Before with H I had postnatal depression I didn’t go out at all. I felt a failure as a mum, no friends with babies completely alone. No one checked up on me. It’s come along way in 5/6 years but still a long way to go especially for men”. ”I’ve never had this bonding with a baby before and it’s lovely”

3.9 Further comments

Child and Adolescent Mental Health Service (CAMHS)

“H has been on the waiting list for 16 months. They have just swopped offices and files are everywhere, some mislaid. Whilst waiting H has still had to be dealing with his issues at school”.

"I think H has Asperger's & ADHT. I went to the GP and asked for sleeping tablets but because H is waiting for an assessment the GP said no. CAMS have tightened up on statementing, they were giving out too many. The SENCO and us have not been told how long it will be or where he is on the list. We thought about going private but it costs £2000 for the assessment and we have been told the council may not listen. Even with a diagnosis he may not get the support as the diagnosis was not through CAMS".

"The support at the primary school is very good but I want him to have an assessment and diagnosis so that he can get help when he goes to secondary school especially during exams, with the extra time and leniency for marking. I don't want what happened to my brother to happen to H. CAMS let my brother down, he had poor grades at school, poor confidence it ruined his life. I just want to make sure he gets through high school because it sets you up for life". "I don't want my experience repeated". "I do worry about high school & him".

Appendix 5

Maternity Mental Health Case History A

Section 1 Tell us about you

Area- Oswestry

Female, first time birth mother, current 25 to 34 years old, British White, no disability, heterosexual, beliefs N/A, baby (L) born April 2018

Section 2 Mental Health

Summary of responses to the questionnaire:

I have experienced mental health challenges before being pregnant and after birth neither my partner nor I were receiving mental health support. “I stopped taking antidepressants when I found out I was pregnant (previously had been on them for 6 weeks and was advised I was Ok to come off them straight away by my Doctor) This was my own choice”. I have not had a formal review.

Section 3 Mental Health & Well- being Support

L was born in April in Telford Hospital maternity unit, “from the day I gave birth the anxiety took over I didn’t want to eat, drink or sleep. On day 3 I had a blood transfusion. The midwife whilst being lovely treated me as though I had done this before but I hadn’t. It was a major life changing event and it knocked me off my feet”. “I cried for the whole of one day but it was taken as a normal event”.

“On discharge I told the midwife how low I was feeling, I felt so low, not able to see the light. I was just told this is normal baby blues”. Each time the discussion of mood and feelings happened it was stated that this is normal. The Health Visitor (HV) “knew me and mum” “she is really lovely and I feel bad complaining about her but I think she assumed that I had the strength and family support so I wasn’t a priority”. The HV focused the visit between A and L. “We talked about how it was normal to feel this way”. She asked which GP practice was attended and suggested seeing a particular GP to talk about Post Natal Depression. After 4 visits from the Health Visitor A was discharged on 5th July 2018. “I did speak to her a couple of time after this and wanted to ask if she could come and see me again but didn’t”.

“I contacted the GP” “the first time I saw a junior male Doctor a nice person but patronising. He kept saying I know how you feel but he didn’t know how I felt. I felt like screaming you don’t know”. “I asked if I could go on antidepressants even though I was breast feeding.” “By the time I saw this one I wanted to die, I said I’m not going to kill myself but it was the only way I could see a way out”. “He said that if I was to go on antidepressants then I would have to stop breast

feeding, this added massive extra stress. I had done research so I know you can. He went to speak with Dr Bell" He returned and reluctantly offered sertraline. "Because I was at a low place I felt that if I took it I was a bad mum. I felt like it might harm L if I took it so I didn't take them. He gave me a leaflet for the Mental Health Team. One day mum made me ring it. It had to be a self-referral which I found hard to do".

"When I contacted the number I had to hold for ages, I felt really anxious and explained everything in tears. She told me I had phoned the wrong number. She spoke to me as if I should have known who they are and what each department does." For the Psychological Therapies there is self-referral but this was the community Mental Health Team and they don't do self-referrals, so the GP gave me the wrong number" "He gave me the number for Mental Health Services".

"I broke down and didn't phone the next number until the next day. I was crying every hour of the day. I was on my own for most of the day with a new born so it was really difficult". "I had to hold for ages to speak to a lady on the phone. She asked are you going to kill yourself. I answered no, so she said someone will contact you between these times for an assessment." "I waited for that time but they called the following hour therefore my anxiety was really high. I spoke with a male Mental Health Nurse that ran through the questions with me. I felt all he wanted to know was are you going to kill yourself." "I was told I would be put on the waiting list but placed higher as I was a new mom. I was told that a Psychologist or Psychiatrist would phone, not sure which he said". "Two weeks after speaking to the nurse a trainee psychologist or psychiatrist phoned. They were nice and asked about how I was feeling and about the symptoms. At the time, I was having weird experiences at night where I slept walked which shows you how bad the anxiety was. I had no enjoyment in life but she clung onto the sleep problems. Again I was misunderstood by her. She said she had to speak to her manager and would phone back in two weeks' time about what treatment was needed. I think she was leaning towards CBT which I had had before. By the time two weeks came I couldn't make the telephone appointment for some reason and had to re-arrange but didn't. I had lost faith that they could help me after such a long time."

"In the middle of that two week wait I had L's 16 week immunisation appointment. The nurse who did the vaccination was really nice and I could speak to her. Out of all the people I had spoken to she got me". "A really good nurse called Tracy". "She booked me an appointment with a Doctor she knew would be really good with PND Dr Harley" "When I saw her I could tell she had done her research probably Tracy had spoken to her and said that I was coming and that she was worried about me. She knew about Paroxetine" 10mg of Paroxetine was prescribed and is being taken to date.

"It was July/ August and finally someone listened. It had been like torture. If I didn't have mum, my partner and friends, and if I wasn't an open person, if I was a closed person with no support I don't think I would be here now." "I had had depression and anxiety in the past and kept telling myself it won't be like this forever.

Comments written on questionnaires under 3.7 & 3.9

I found it incredibly difficult to get anywhere when looking for support after having my baby. Although the GPs I spoke to were always pleasant I felt as though they were reading off a script rather than speaking to me like an actual person. I was told a lot that I had 'baby blues' when in reality it was a lot more serious. I was given a number to refer myself to MH services which I found difficult to call when I was feeling at my lowest. When I did finally call I was told I had got through to the wrong department and given another number. This made me cry and not call the next number I was given as I felt the world was against me. A few days later I called the number and was on hold for a long time which really added to my anxiety. I spoke to a MH nurse on the phone later that day and it was decided as I wasn't suicidal yet I didn't need urgent care. I told the nurse that I wanted to die but would never go through with killing myself so I wasn't seen as a crisis. A few weeks later I had a phone appointment with a MH Psychologist trainee although she was very nice to me I felt like I was being spoken to like a child and had mentioned I was suffering with sleep and night mares which she really focused on even though I told her this wasn't my main issues and that it was more my low mood. After this assessment I was booked in for another phone appointment two weeks later to discuss what they could help me with after this I lost all hope in them helping me and sort support from friends, family and antidepressants.

Previous Mental Health History Summary:

Panic attacks at 16 related to GCSE exams. Following this the number of situations they happened in increased and A became worried about the attacks so started avoiding situations. At 18 just prior to University she received CBT therapy and took Beta Blockers which did not appear to be affective. Once at University A learned to cope and deal with it on her own. Then just before conception "just out of the blue I felt like I was going to have a panic attack. I was anxious about work so went to see the GP who prescribed sertraline" This was taken for 6 weeks then stopped when A realised she was pregnant. A remained mentally well through pregnancy.

"They prepare you for the birth, waters breaking etc. but they don't prepare you for after when you have this baby". "You have done it so off you go"

A is currently taking medication, without MH support and planning to return to work. Currently there has been no discussion about returning to work with the GP or a review of the medication being taken.

There has been no further communication with the MH team only a letter saying that if they did not hear from A over the next few weeks then they would assume that their support was no longer needed. “I think they did try to call me at that point” The letter arrived after the 16 week immunisations and the beginning of the antidepressants “so I felt I had sorted myself out and was so pissed off with them” “I felt like I was a box they had to tick off rather than a person” Rather than feeling like they were genuine “ it was as though they just needed to sign you off as quickly as possible”

A was not aware of a maternity plan. At 10 weeks booking in she shared that she had previous anxiety challenges but that she was currently feeling fine.

Thinking outside of what is currently provided what would have helped you?

“Having regular weekly meetings or every 2 weeks so you know the day when someone is coming” “A professional person so you are not anxious about your baby. I thought I was the only person who could care for L. Someone to spend time with you to show you what to do and take you out perhaps for half a day” “ home start would really have helped”. “Regular meetings without knowing how overwhelmed she (HV) is with her work load”

Partner – “he received no support at all. He wasn’t around for much of it with the HV may be around for a couple of the early times. He struggled because I was struggling. No one asked him even how he was when he was around. It would have helped to be asked 1 to 1 on his own otherwise in front to me he would have said OK so not to worry me.”

Appendix 6

Mini Case Histories

All participants from rural community South Shropshire interviewed separately during a Playgroup session. Verbal permission for use of comments received.

Case history 1

Information relating to Section 1 tell us about you

35 -44, White British, birth mother, 2 children youngest child under 3 years old, both children born in Shropshire, heterosexual, no disability, N/A

Information relating to 3.8 previous pregnancy- "prior to the first pregnancy I was 29 and was diagnosed with Mental Health problems. I came off the tablets before the pregnancy. I was worried sick that the problems would come back". "After the birth at 3 months I felt like I was failing into a black hole, overwhelmed and didn't know how to deal with it, I was a first time mum". "I went to see a GP at Clun Surgery he kept saying go away and enjoy yourself. After 3 months I put in a complaint about this GP who has now left the practice. I saw Dr Davies who diagnosed anxiety and depression using a questionnaire then talked me through treatment. I was seen every 2 to 3 weeks checking on my tablets and life".

This pregnancy information relating to Section 2 Mental Health

Summary from questionnaire

Neither I or my partner have experienced any mental health concerns, we were not receiving mental health support. Maternity care was not affected by my own or my partner's mental health needs.

Information relating to Section 3

"I had been worried about mental health as I experienced problems the first time. I told them at booking in, that I had experienced problems so they were always asking how are you? At the checks at Ludlow they didn't say what to do about mental health or where to go if I had a problem possibly because I said I was OK".

3.7 – "Lots of mums don't say anything as they are scared if it is a problem, they are not sure if it is normal or a mental health problem. I don't think you are made aware of it enough from the GP and Health Visitor. There is still a stigma attached" "You think that you are the only one, GPs could help with this".

Case history 2

Information relating to Section 1 tell us about you

25-34, White British, birth mother, 1 child and now currently pregnant 16 weeks before current pregnancy suffered a miscarriage, both children born in Shropshire, heterosexual, no disability, N/A.

This pregnancy information relating to Section 2 Mental Health

Summary from questionnaire

Neither I or my partner have experienced any mental health concerns, we were not receiving mental health support. Maternity care was not affected by my own or my partner's mental health needs.

Information relating to Section 3

"There is very little information about Mental Health & Well-being. The Health Visitor was best at asking about you personally rather than just about the baby".

3.7 "someone specifically trained to help with mental health in pregnancy and afterwards would be good. I don't think my partner was included at all. He was there in the hospital although not for very long so that would have made it difficult. He didn't come to the GP". "I feel small groups like playgroup important as you are able to talk about things you think you are alone with".

Case history 3

25-34, White British, birth mother

All 4 children were born in Cambridge. "I was due to come into the area before the birth of my 4th child. I was reluctant to come because of all the information in the press. I said to my friend if I move before the birth I'm coming back to deliver at Addenbrooks". "I had googled all the reports which were poor and plus there is lots of travel from my new home in South Shropshire". "Fortunately the house in Shropshire was delayed so I didn't move". "I did see the Health Visitor in this area but as this was my 4th I didn't really need to spend much time with them"

Case history 4

Information relating to Section 1 tell us about you

25-34, White British, birth mother, 1 child born in Shropshire, heterosexual, no disability, N/A.

This pregnancy information relating to Section 2 Mental Health

Summary from questionnaire

Neither I or partner have experienced any mental health concerns, we were not receiving mental health support. Maternity care was not affected by my own or my partner's mental health needs.

Information relating to Section 3

3.1 received information on how to take care of my mental health.

3.2 "The GP was very good. The Health Visitor was absolutely useless, she arrived and said when did I last weigh her? I said you have never been here to weigh. She later went off with stress".

"The GP was very good, we had a stressful time as when she (the baby) was weighed when we got home it looked like she had lost 18% of her body weight. We had to go back to Telford to be monitored for 24 hours. We were convinced this was not the case and we believe she was incorrectly weighted at the hospital. In the end the GP wrote to Telford Hospital saying he believed the weight was incorrect and he could see nothing is wrong. They wrote back not really apologising just saying they were sorry to hear what had happened. During the delivery the first midwife we felt confident in her but the second one was from out of area from Wrexham, she was being shown where everything was so we felt nervous of her". "This being our first baby made it very stressful".

3.4 How would you rate the quality of mental & well-being support given by health professionals – Good

3.7 Gaps between what you ideally needed and what is currently provided? "Sure start has now stopped and so has antenatal aqua aerobic where there was a midwife, people relied on them now they don't have anything. I have this playgroup and another in Clun. It can be so hard to meet people".

Case history 5

Information relating to Section 1 tell us about you

25-34, White British, birth mother, 2 children born in Shropshire, heterosexual, no disability, N/A. Second child born 4 weeks ago. Occupation sheep farmer. Bottle feeding.

Pregnancy information relating to Section 2 Mental Health

2.2 & 2.4 Diagnosed with post-natal depression after first child which has continued into the second pregnancy and birth. Currently taking Fluoxetine 20mg which was taken all through pregnancy as well. After the first child medication was stopped but with hindsight this was too soon "I had a meltdown so had to go back on it and take it though this second pregnancy but I knew this would be OK."

Partner has no mental health concerns

2.5 had formal review with GP, husband did not attend as he has a stressful job. "Husband has felt on the odd day low but has not needed to seek help".

Conception 5 fully informed

Plans for pregnancy didn't discuss this with GP

Relapses 5 fully informed

Benefits of drugs 5 fully informed

2.7 Not affected

Information relating to Section 3 Mental Health & Well-being

3.1 All yes

3.2 All staff particularly -Support offered by GP & Midwife, Consultant Obstetric Mental Health, mental health community team via phone, talking therapies on phone. Previous birth had CBT. This time offered CBT group at Craven Arms but not able to attend due to timings.

"My fears were around the fact that my mum had postnatal psychosis so I worried I would have that start this time".

Receiving support – Consultant Obstetric Mental Health seen twice, "once was near the end of the pregnancy when I had a panic and a wobble so saw the midwife and a second consultant appointment" this happened within 1 week.

"I was able to be honest with the midwife so they were really able to support me"

3.3 If you needed support how easy was it to get support? Very easy

3.4 Rate the mental health & well-being support – Very good

3.5 yes

3.6 yes

3.7 "Mums can be really lonely in this area especially if there is no family around. Last time I had so much pressure to breast feed and found expressing really difficult, the decision to bottle feed was made really difficult. This time the advice was much more about looking after yourself. The first time breast feeding I was just exhausted, whereas this time I wasn't made to worry so much about breast feeding".

3.8 "The pressure to breast feed from the family because that's what the sheep do and is best, and pressure on myself, I had bleeding nipples, I tried nipple shields but they didn't help. I was so unwell last time this time everyone was much more do what is right for you. The last midwife made me feel I had made the right

decision this time. Because of my previous experience I could better deal with it this time."" Breast feeding and bottle issues are really big in everyone's minds and put so much pressure on you, the better help is really important"

Case history 6

Information relating to Section 1 tell us about you

25-34, White British, birth mother, 3 children born in Shropshire, heterosexual, no disability, N/A. third child born 2 ½ years ago.

This pregnancy information relating to Section 2 Mental Health

2.1, 2.2 & 2.3 I have existing mental problem, my partner does not. Following birth of 1st child Post-natal depression developed and continued as anxiety between the births of the first two children. Continued on medication with CBT.

2.4 During the first two pregnancies antidepressants where taken throughout but both children have heart problems. Following own on line research it was discovered that some American research indicated a link between antidepressants and heart problems in infants so for the third child it was decided not to take any antidepressants when pregnant.

2.5 not aware of a formal mental health review

2.7 not affected

Information relating to Section 3 Mental Health & Well-being

3.1 All, "I discussed openly with my GP about medication, counselling and CBT. I used these when I was getting low. The midwife was fantastic, saw same midwife for all the appointments at Ludlow and she helped me to manage the anxiety" The first child I didn't see the same midwife which was very unsettling by comparison" " I had lots of stress in my life with my third child".

3.2 GP, HV, midwife, mental health professional

3.3 If you needed support how easy was it to get? "Easy to get what I needed before, however very difficult afterwards because third baby had to go to Birmingham Children's hospital" "There were so many people for G (baby). The mental health nurse assigned to us was great as there was this a massive team for G but we were lost, she was for us" However this was short term, "she left then it was difficult to get an appointment. You ring and ask but it's always weeks away and you have to go to them" "It was difficult and bizarre and put me off assessing the services" "Even simple things, I wanted to get G weighed and was given a 2.30pm appointment at Craven Arms but that is no good on a school day". "They seem too stretched".

3.7 “I felt suicidal and saw the GP he said to make a self -referral, which I found difficult but did ring. They said they’d ring back in 2 week’s time. When they rang back she told me 3 weeks wait for CBT and counselling. In the end it was 7 to 9 weeks afterwards that I started”. “7 to 9 weeks wait is not good enough. There is a counsellor, I thought, at the GP practice I don’t know why I couldn’t see them”.

“When you have diabetes there is a clinic and you can go regularly, why isn’t it the same for this?” “It’s crazy you have you have to go through this process” We got lost in the system when coming back from Birmingham just a complete lack of communication between professionals. I think I have post-traumatic stress after everything that happened.”

Appendix 7

Staff interview Health Visitor staff from Shropshire

Questions and Answers

1. **Please describe your role**

Health visitor (HV) working with parents with children from 0 to 5 years old. There are 5 main core visits

i) Antenatal – either within a group or as individual using the Solihull Approach which looks at positive relationships. Like all the core contacts this looks at the maternal mental health, baby & child development.

ii) New birth visit – looking at baby and mothers mental health. Mothers mental health assessed by using the Whooley Scale & Edinburgh Post Natal Depression Scales. If there were problems with breast feeding another visit could be arranged, as there is evidence that poor breast feeding experience links to mental health concerns. (See the work of Kathleen Kendall –Tackett).

iii) 6 week visit. This overlaps with the GP 6 to 8 week contact. Again looking for signs of postnatal depression. Assessing the attachment between the baby and mother. At this point it would be possible to pick up a lack of attachment. If there are warning signs then a 4 month visit might be arranged. "However people are not always honest at this point for a variety of reasons for example they feel guilty that they are not happy, society assumes you will feel positive, they may be afraid the baby will be taken away". With limited time to foster this relationship at the antenatal stage this can be difficult for the mother to admit to her feelings.

At this point if the birth was traumatic or not what was planned, or something simple like the mother did not get on with the midwife she can be referred to the 'talk about it' with a specially trained Health Visitor to give feedback on the experience. This is not a complaints route but for the mum to process the experience. "I'm not sure this is the correct time for this, possibly it would be more useful earlier". If the postnatal scale identifies a need then they would be referred to IAPT very quickly. Prior to service changes listening visits would have been conducted but now due to reduced capacity this is only occasionally done. The Cognitive Behavioural Therapy (CBT) training which Health Visitors received is not being used as capacity has reduced, which in turn has led to a loss or lack of confidence in those skills. Where an individual is identified as depressed or anxious which could be as a result of experiencing something such as domestic abuse they

are signposted to listening therapies and have a telephone assessment with a professional within 1-2 weeks. But others who are not falling within a particular risk factor can be missed.

The original HV trained in CBT set up groups called 'transition in motherhood' which had very good feedback but the commissioners said that there was no evidence for the success of these groups and they were stopped. 'Motherhood is pathologised where problems are to be dealt with quickly rather than seeing that there is huge event with on-going effects, depressed because motherhood is happening'.

Groups which were available at this point previously now no longer exist like 'journey into motherhood', 'sure start' and 'home start'. The loss of these groups and the volunteers that run them has led to a decrease in protective factors. Other charities have not yet picked up these groups as there are no community structures in place. Church groups may be able to offer some support but this is not suitable for all women e.g. where someone is a pagan. Where groups exist you have to pay and travel which disadvantages vulnerable families. PANDAS (http://www.pandasfoundation.org.uk) is also not active in Shropshire.

The therapeutic relationship with the HV is diminished with the reduction in visits especially the antenatal period. Children centres are reduced into 6 hubs with a 7th virtual hub. Now HV are mostly referring onto IAPT.

No one is picking up at the 4 month period unless someone is identified at the 6 week visit as needing it. If everything at 6 weeks appears OK then the mother is discharged but given open access. This means that she can contact the HV but into a single point of access and it may not be the one she saw previously.

About 10 years ago there was a move away from a HV having their own caseload and following this mum and child through for 5 years to the now corporate caseload. A team now looks after a caseload, this worked well for a while but reduced capacity and health visiting hours whilst the workload has stayed the same or increased but each HV has a higher workload than previously. Working as GP attached (as previously 15years or so ago) would have been impossible with current caseloads. It's not necessarily the structure of health which is causing problems but the reduced resource. If a mother re contacts the team if capacity allows they will be able to have the previous HV again but often not possible.

HV's work as lead professional in early years help. This is a coordinating role and represents a considerable administrative load with notes taken having to be kept in 3 formats in order to fulfil the requirements of local authority, health and housing. For example the council digital platform is cumbersome and cannot be viewed by

health professionals like Occupational Therapists and Physiotherapists or the Housing Officers. GP's feed into these plans but are not present – they also have their own separate electronic health recording system. The SCHT RiO electronic health system is the legal documentation for the involvement accessible by Occupational Therapists and Physiotherapists but not council or housing officers.

Early help: the HV notes have to be recorded on 2 electronic platforms. One for health known as Rio and one for Early help known as ECINS.

Iv & iv) 1 and 2 year health and developmental checks for the child, relationship with the parents, mothers and partners mental health, checking that where appropriate access to 15 hours of nursery provision is taken up.

Starting shortly there will be an opt in, for the developmental assessments. Parents will receive a list of what their child should be doing at the 1 and 2 year milestones and if they are concerned they can contact and arrange a HV visit. This raises issues about parental understanding and again removes another point of contact for assessment of the parent's mental health. This is capacity driven.

2. **Which organisation and department do you work for?**

Shropshire Community Health NHS Trust

3. **Have the services and support for parents with mental health issues changed over the last 2 years?**

Yes

4. **If you have noticed changes how would you describe the effect that the changes have had on the service being offered?**

Had severely detrimental effect

Tell us more: loss of capacity for groups and lack of capacity to do length or listening visits

5. **Have you been involved in delivering the changes?**

Yes shaping service

6. **How would you describe the current maternity mental health support being offered?**

Poor

7. **Can you say how many parents you have seen over the last 6 months would have benefited from mental health support?**

30
55

8. **In your experience how often is the current demand for mental health support being met?**

Rarely in a timely manner

9. **What do you think would make an effective perinatal mental health service?**

Linking with the new perinatal mental health team ideas

Easy referral system

Opportunity to phone and chat about a particular case before referral

Flow chart of the criteria for the referral

Quick pick up for the initial meeting- ensuring that the service makes contact quickly with a person enabling the user to trust the system.

Perinatal support groups with a crèche

Opportunity for joint working

Current Particular difficulties

Antenatal contact – meeting with parents within a group or as an individual. The lists of mothers which come from maternity at 28 weeks are the HV works from may contact those that have had miscarriages. As there is no assurance that the list is completely accurate HV are making initial contacts with little information.

This system needs tightening up.

'Antenatal contacts have dropped which is a real shame as they were so good in establishing a relationship and a smoother support structure'

Antenatal visits are now done mainly to targeted key groups Shropshire Women with additional needs, refuge, via early support for those with child protection and safe guarding issues.

We are not contacting mothers due to the issues we have had in the past of contacting people who may have suffered a pregnancy loss. We are now only contacting those with identified vulnerabilities for a targeted antenatal home visit.

Over emphasis on core contacts and resultant tick box exercise.

RiO has become meaningless in terms of identifying HV impact on PNMH. If this tool is used to identify women with PNMH then they need to be seen at the right timings. By missing the antenatal and the 4 month support this is distorting the data outcomes.

Core contacts are driven nationally. Currently very limited support in Shropshire and HV can only signpost to IAPT and GPs.

Suggestions for improvements – free drop in style provision based on the BEAM model. The BEAM is currently part of BeeU (previously called CAMHS Child & Adolescent Mental Health Service) which the Children Society helped set up as a drop in workshop style group for people with low level anxiety, anger and depression. These are free and at set times. Obviously for this cohort the group design would have to bear in mind that the women will be bring children and babies with them.

10. What mechanisms are there in place for you to feedback on the current or planned service?

- Feedback to Manager individually
- Locality team meetings
- Datix – if incident occurs – involves filling in a form online to do this
- Care quality commission feedback – although this felt very overseen and managed by the Trust about who spoke to them and for how long and where. Also feedback from each session was expected by the Trust from each team.
- Healthwatch England interview.

Appendix 8

Comments from Craven Arms Immunisation clinic

Polish mum 25-34yrs second baby– happy with maternity services in general however the health visitor weighted her son at 7 weeks. She has not seen her since. She was concerned to know her son was putting on weight so phoned and asked when she would be seen again. She was given an appointment for 4 weeks time. The practice nurse seeing the mum's concern offered to weigh the baby which the mum accepted. A discussion followed initiated by the practice nurse about the limited number of Health Visitors "a skeleton staff which they are aware of" "they are having to focus on safe guarding with families in this area, so if a mum looks like she is coping they are given less attention". Mum was asking about advice because the baby is not "pooing" every day and he has a lot of "colic pains". She needed advice & reassurance which she was given but this was within the immunisation clinic.

Father British 35-44 baby born prematurely now just over 1 years old, his partner has long term mental health issues but then suffered post- natal depression. The Child is now on the safe guarding register. Were you asked about how you were? " No I never seen anyone, always at work". Was your partner asked how she was? "Yes her had a problem but got help and it's sorted now" Are there any gaps between what you needed and what is currently in place? "There's no baby and toddler groups in Craven Arms anymore, so there's no way to meet other parents for her easily" "loneliness is a problem". In order to attend groups transport and finances are needed. His partner's mental health deteriorated after the premature birth, "she wasn't ready for the birth I think I realised before she did". She wouldn't answer the phone or open the door to the premature baby nurse from the hospital or health visitor. The premature baby nurse contacted the GP surgery. During the first Immunisation clinic the practice nurse was able to encourage the mum to talk (she had known her for many years) and called the GP into the appointment time. He was able to speak with her and referred her onto the mental health team. They are now discharged from the paediatric nurse but have another appointment in 6 months at Shrewsbury Hospital.

Appendix 9

Bridgnorth Medical Practice – Immunisation clinic

Dad with Mental Health problems.

Recently received diagnosis of personality disorder which he probably has since 13 years old. He did not know this was the problem, just felt depressed.

Very traumatic birth, “she was born with a black head”, it was so bad my partner does not remember it, although she said this morning she had remembered something so it must have come to her”.

They think the depression was made worse after the traumatic birth but I wasn’t offered anything, I had to come here and get it myself with the GP. Now receiving medication 2but I don’t think it’s enough”. “I used to go out and get absolutely smashed to help the depression but now the therapist says I need to learn new ways to go. The getting smashed has stopped me learning”.

Baby is 1 of 5, Different fathers, known to social services, 2 boys have ADH “their behaviour is terrible”.

Lost job 6 months ago because he was not able “to follow protocol”. “I told them everything but no good. I want to work but the therapist said not to at the moment”.

“Partner phone health visitor today and was on the phone for 40 minutes, what’s going on? She had other things to do so gave up in the end? She just wanted the baby weighed”.

He felt dads were pretty well ignored especially during the birth and he was not asked how he was coping.

Plas Ffynnon Medical Practice

(1st time mum and dad – mostly dad spoke)

Wife went to Telford maternity Unit not feeling well, after Gobowen suggested she go. Nurse that greeted her was very rude and said “well I don’t see what you are doing here”. She then saw the consultant who was very lovely and reassured her over the blood pressure. However the incident completely put her off delivering at Shrewsbury or Telford. She was also concerned that if she delivered at RSH and there was a problem, she would have to go to Telford. They chose Wrexham who were brilliant. She did have a difficult birth. Just 5 minutes from the end, the baby heart rate dropped and they “had to get them out quick” but being at Wrexham made things really easy and “everything was dealt with well”.

The baby developed a cough and stopped getting so well. The GP prescribed baby gaviscon but things got much worse and the baby could not cry properly. They contacted Wrexham and returned there. The hospital consultant felt that the health visitor and GP advice was incorrect and took baby off everything that had been suggested. The baby improved and is now fine. They believe the sodium in baby gaviscon burnt its throat.

The GP said “don’t listen to health visitor” and Wrexham said “don’t listen to either of them”. Very unsettling for new parents. They have been asking lots of friends for advices and support as so confused with the professionals. “Just wish they would read off the same sheet”. Health visitor goes by the book, not had children so had little experience, did not even seem to understand how to hold a baby. “I asked her, have you got children, have you held a baby? She said no, so I said have a go, hold him. He started crying so I said, what are you going to do now? She admitted she was just going by the book but all babies were different”. “I’ve got a counsellor but she hasn’t”.

This couple were kept waiting for 25 minutes for the immunisation clinic, baby then had become distressed, they complained to reception about the wait and were going to leave. The reception managed to call the nurse and they went into the clinic.

Baby Sensory

- health visitor finishes after 6 weeks, felt not long enough.
- asked military wives whether they were receiving support: “you must be joking”
- GP 8 weeks check : not even asked how I was
- GP – very supportive but not much from anyone else or sources
- 2 mums had terrible experiences and want to talk with MVP
- Sleep deprivation is a real issue so rang Health Visitor, offered and appointment for March (10 weeks away)
- Alveley GP practice is really good, priorities on children, moved to Shrewsbury, noticeable difference in busy town surgery.
- for Twins, HV visit after 6 weeks as multiple birth and premature.

Appendix 10 - Stakeholder Interviews

Interview 1: Consultant Obstetrician & Gynaecologist

02.04.2019

Questions and Answers

1. What is your job title & your role?

Consultant Obstetrician & Gynaecologist. Role includes:

- Antenatal clinics including the Joint Obstetric Liaison Clinic, Royal Shrewsbury Hospital (RSH) and Princess Royal Hospital (PRH) Telford
- Elective births, acute and emergency Obstetrics and Gynaecology including surgery, plus cover for all SATH maternity wards, colposcopy
- Lecturer at Keele University, supervising post graduate level,
- Training programme director (TPD) for 5 hospitals
- Quality Assurance role covering 15 trusts.
- Special interest in perinatal mental health

2. Please describe the local system and how it is changing?

For the past 17 years there has been a minimal perinatal mental health service with a part time nurse based at Brockington Mother & Baby Unit in South Staffordshire once a fortnight (0.2 of a nurse). A specialist midwife in supporting women with additional needs has been appointed who works in SATH.

There has been no community perinatal mental health service.

Mothers can have access to the Brockington in-patient Mother & Baby plus the secondary care Joint Obstetric Liaison Clinic operating alternate Tuesdays at the Royal Shrewsbury Hospital (RSH) and alternate Mondays Princess Royal Hospital (PRH) Telford.

Mostly the Joint Obstetric Liaison Clinic signposted to IAPT or referred back to the GP.

After the hard work of a small but dedicated team the Shropshire CCG & Telford & Wrekin CCG applied and gained funding for a new Perinatal Mental Health (PNMH) team. This will enable specialist provision where a woman lives.

It is currently unclear how the new PNMH team's role will affect this consultant post and Joint Obstetric Liaison Clinic.

3. What has brought about the changes?

NHS philosophy shift, an understanding of the course of maternal deaths, new availability of funding, Royal Society of Psychiatrist gold standard for PNMH services (which is what the Shropshire and Telford & Wrekin bid was based upon although has not been attached).

4. What impact are you expecting the changes to have?

Expecting a very positive change, expecting to find women and their families that have previously been let down. The overburdening of GP & Midwives will decrease as they are able to go to a specialist team, quality of care will increase. Will need to review this current role 'will they need me or 4 of me, not sure'.

5. In what ways will you measure outcomes and gather feedback?

Several services will be monitoring the new service:

Consultant Obstetrician & Gynaecologist – secondary care patient survey

Maternity service

PNMH team

Interview 2: Healthy Child Programme Co-ordinator Shropshire Council Public Health

16.01.19

Questions and Answers

Discussion relating to question 1, 2 & 4

Please describe the local system and how it is changing?

There are two strands working currently directing and influencing change within the combined service of Shropshire and Telford & Wrekin Maternity Services.

a) 18 months ago NHS England charged each area to look at Better Births. In order to implement the recommendations within Better Births the Local Maternity Systems Transformation Board was established. There are six work streams from the Local Maternity Systems (LMS) including the Perinatal Mental Health stream and Maternity Voices Partnership intended to facilitate co-design & co-production.
b) Maternity Lead Unit review.

Focusing just on the Perinatal Mental Health (PNMH).

Historically in this area there has always been a very limited service and the question was how to develop and improve with no specific funding.

Health Visitors were doing listening views, there was some peer support available and some work was based in the children's centres. Pre and Post Natal Depression Advice and Support (PANDA's) was in operation in the area (although not aware of them currently) and Improving Access to Psychological Therapies (IAPT). IAPT have always prioritised PNMH but waiting lists were long and the service due to demands was under stress. Referral was through the GP or any professional working with the person or self-referral. There was a combined Obstetric & Mental Health Clinic which perhaps could have operated in a more combined way and it tended to be used mainly by those already within the mental health service. Reliable Accurate Prenatal non-Invasive Diagnosis (RAPID) was and still is being used.

More recently following NICE guidelines skilling staff has progressed so that all Health Visitors have now completed training and can offer Cognitive Behavioural Therapy (CBT) to patients with mild to moderate PNMH concerns. As yet not all the midwifery staff have completed this training 'back filling staff remains a difficult area'. However two midwifery leads are currently undertaking post graduate modules on PNMH and will be cascading their learning down to frontline staff.

Continuing the information about the current situation.

For the last couple of years we have used the multi-agency 'Solihull Approach Model Antenatal Programme'. Following feedback from parents this model was adapted for use locally as there were elements we didn't like. It focuses on attachment and encourages parents to see the baby as a person. There is a Solihull Online Programme which can be accessed by both parents/carers/grandparents and was designed specifically to increase accessibility for fathers. It includes things like, if the mum is tearful this can be normal but if it continues then you need to look for help.

We also have PNMH leaflets for all parents on what is normal and what is beyond normal. This gives advice on where to go to get help. 'Resources have been cut so this is all more and more challenging to deliver'.

At the Consultant lead unit there is 'Talk about it Service' run by midwives for mums and partners to talk about any traumatic births. This is not the place for discussing and challenging the care provided or potential mitigation but for help in coping with the experience of the birth.

With changes directed by the Sustainability and Transformation Plan (STP) the focus is now looking to develop outreach into the community. Currently there is a gap

between the low level PNMH provision provided by Health Visitor & GP and the high level provision inpatient care Mother & Bay Unit at Brockington (South Staffordshire and Shropshire Healthcare NHS Foundation Trust's Mother and Baby Service). Into this gap the planned Perinatal Mental Health Team will sit. This will be a hub and spoke module. Shropshire and Telford & Wrekin currently purchase places at Brockington (based at St George's Hospital Stafford) but we don't always have someone there. Some people have to go much further afield to units across the country Travelling distances can be an issue. Nationally there is pressure for the number of mother & baby units to be increased. Once discharged from the unit the new PNMH team will be able to offer support. This team will count as the outreach team in Shropshire and Telford & Wrekin i.e. the spoke.

The plan is for the team to consist of 0.6 Psychiatrist, 0.5 Occupational Therapist, 1 Service Manager, 0.8 Psychologist, 2.47 Nurses and possibly a Nursery Nurse. This team will take professional referrals only, probably after the Edinburgh Postnatal Depression Scale (EPDS) scores indicate there is a need.

Going forward, for mild to moderate PNMH needs we are looking at peer support and self- help groups even though they are not recommended as effective by the NICE guidelines. This is because we have found from people's feedback that they have found support groups useful and want to be able to continue to access them. Self-help tools will continue to be offered, including mindfulness, parent & toddler groups, buddying up if someone is isolated, yoga (links here with Social Prescribing), baby massage and 'No Worries' Groups (which encourage thinking about one's low level mental health such as anxiety and stress).

Under current development and just starting to be used is the 'Baby Buddy app'. This gives parents reminders of scans, what baby can do at each point, patterns of movements and features PNMH and access suggested to services.

When bidding for the service development it was estimated that going forward there would be 5,000 births across both Shropshire and Telford & Wrekin, of these there are likely to be:

- 10 mums with postpartum psychosis,
- 10 with chronic severe mental health,
- 150 severe depressive illnesses,
- 150 post traumatic stress disorder,
- 500-700 mild to moderate depression/anxiety,
- 750- 1,500 adjustment disorders and distress.

The last two groups would be supported by Health Visitors using CBT and IAPT.

What about support for dads/partners?

This is a very difficult area as when visits happen dads/partners tend not to be present. It is very important and you would hope that the professionals would stress and consider the family as a whole. We hope the Health Visitor & midwife would stress that the support and help is available for both Mum and their partner.

The Solihull Approach does have a partners section. It does encourage looking at the support network as a whole so the partner would think about who they could go to as well.

Do partners want to have support available to them?

Yes & No, women give birth in an insular focused bubble, whereas the partner is more aware of everything going on around. The professionals tend to speak to the mother but not so much to the partner so it is possible that there is disparity in terms of knowledge. We probably need to get better at communicating with partners. A few partners come forward reporting Post Traumatic Stress having been in the delivery room either due to being unprepared for what was going to happen or being present during a traumatic birth but it is likely many do not come forward.

Hopefully, the antenatal process includes a themed discussion about who is the best person to be the birth partner. 'It might be that the partner wants to be present but is not happy to be there'. They need to know that they can call on someone else if they can't cope.

This work covers pre, birth and afterwards. What about the conversations happening with people with existing mental health problems whilst planning to be pregnant?

These conversations are 'hit and miss'. Some people may not be happy to have this conversation and many babies are not planned. The Brockington Unit does have a service for pre-planning but there is very little take up. The conversation is more likely to take place where the person is taking medication for a mental health condition. What may not be understood generally amongst professionals is that if someone has had a previous history, even a short bout of anxiety or self- harming as an adolescent, this increases the likelihood of them experiencing PNMH issues. This needs highlighting and being on people's radar. It is not clear how well known this is amongst GPs and sexual health services/staff.

Another larger piece of work being conducted is around Adverse Childhood Experiences (ACE). This is where the impact of, for example, domestic violence,

substance or alcohol abuse by a parent, bereavement, divorce and parental incarceration can impact a person's self-resilience as a child and when they become an adult. If they have not received support to become resilient this can affect their physical and mental health later on. We tend to isolate children to try to protect them, for example, a grand mother dies and on taking the child to school the parent tells the teacher what has happened but asks for it not to be mentioned to the child as they are 'OK'. It would be better for the teacher to speak with the child letting them know they can ask questions if they would like to. This can be enough to stop the adverse reaction. Adverse reactions can happen pre-birth for example where there is a rise in cortisol triggered by mum experiencing domestic violence

When someone comes to a service the chronology of what has happened to them is not automatically done but without this the question about how they are feeling or what they are doing cannot be fully understood.

Therefore there needs to be an increased awareness for everyone about ACE particularly so that accurate signposting to correct services can happen. Further work on this needs to be done around maturity matrices which can then be applied nationally. (Anne-Marie is currently involved with this development and has been providing updates to the Child's Trust, Mental Health Partnership Board and Mental Health Strategy Committee.)

This work would then feedback into our understanding for example of how someone copes in the delivery room.

Discussion relating to Question 5

How will progress and success be measured?

Governance and progress is through the LMS board. Key Performance Indicators (KPI) are attached to the introduction of the PNMH Team.

- **Clinical Outcomes** are through repeating assessments like the Edinburgh Score. Hopefully after intervention improvement should be seen.
- **Functional Outcomes** will focus on the child's attachments and development milestones over the first two years.
- **Service Outcomes** – the number of referrals, attendance, decreased inpatient rates, decreased 'did not attends' (DNRs).

What about the feedback from patients on these changes?

This is being co-designed by parents. There has been three or four 'Who's Shoes' events, held by the Maternity Voices Partnership (MVP), which has provided

feedback from both PNMH user and professional feedback. This included opportunities for 'blue-sky thinking' about what ideally things would look like.

Also a mother attended the PNMH Workstream Group and told her experiences of PNMH.

Are people being routinely asked about their mental health?

Yes, at booking for their scans and at 24/28 week scans using the 'Whooley Questions'. Questions like how are you feeling today? Have you felt down or anxious in the last few days? The women may not realize they are being assessed.

Discussion relating to Question 3

What locally has been the trigger for all these changes?

1. NICE guidance
2. 'Rumblings that support was not as good as it could be from both staff and parents'.
3. CAMHS transformation plan. This placed the PNMH service within the work stream and all be it a small part has enabled antenatal parenting based training around attachment and CBT Training for Health Visitors.
4. Central government placed emphasis on Mental Health but locally there was frustration at wanting to do better but without the resources to achieve this. Therefore we worked within the parameters given but needed an influx of resources. 'It's better now but still not as good as we would like it to be'

How do you think the NHS Ten Year Plan will affect this?

'It's a bit like juggling plates and is about where the focus lies'. 'The focus needs to remain and the money for this work ring fenced'. 'If we reach a position where it is 'OK' we need to keep the high priority level so that it doesn't fall by the wayside'.

What is needed to keep the priority?

'Accountability and resource'. Accountability with regard to striving to improve and not stay the way things are, targeting the people who need it. Funding sometimes has to be spent by the end of March and therefore makes having a robust plan & considered time frame difficult as the money has to be spent or it might be lost. If funding was released in longer time scales then the most appropriate and effective planning and implementation can take place.

We need to hear from the people who need the service not just those that have the loudest voice when engaging with the public.

Current role

PNMH is only as small part of my overall role but because of my background in midwifery this is a special interest of mine. My role includes commissioning Health visiting, school nurses, & Family Nurse Partnership (Public Health Nursing Service), I also line manage Targeted Mental Health Services (TAMS) which includes providing Mental Health First Aid Training and other training for professionals working with young people.

Interview 3: Local Maternity System (LMS) Programme Manager for Shropshire, Telford & Wrekin

26.02.19

Questions and Answers

1. **What is your job title & your role?**

Local Maternity System (LMS) Programme Manager for Shropshire, Telford & Wrekin.

Role - implementing the national requirements of 'Better Births', making local changes & reporting nationally. One aspect of this is to increase the specialist Perinatal Mental Health provision.

2. **Please describe the local system and how it is changing?**

Following the 2016 national review of maternity services – 'Better Births' the LMS was set up. The LMS brought together the Health Commissioners, service providers, service users and other stakeholders related to maternity services. Through the LMS, Perinatal Mental Health has received a significant increase in funding. Previously there was a part time mental health nurse. The new funding has allowed the appointment of a multidisciplinary team including Psychiatrist, Psychologist, Mental Health Nurses and others. The funding was applied for jointly with Staffordshire & was awarded 1 year earlier than other CCGs. Whilst there has been a delay in getting the service up and running, all the new posts have now been appointed to with the exception of the consultant psychiatrist. The funding increase for perinatal mental health services is available nationwide from April 2019. There is a dedicated team for Shropshire & Telford & Wrekin, plus one for Staffordshire.

3. **What has brought about the changes?**

NHS requirements/specifications for PNMH services, access to funding. Specifications are based on population, expected demand, meeting the NHS requirements and what is sustainable.

4. **What impact are you expecting the changes to have?**

More women will get specialist PNHM with access to a broader range of professionals. Universal workers will be better to equipped to support the women with low level needs as the specialist team can provide training and advice.

PNMH will see people up to 24 months after birth, community mental teams and the PNMH team will have to work together closely. There are set pathways through the service.

5. **In what ways will you measure outcomes and gather feedback?**

The contract has performance measure embedded especially looks at the numbers of women that are supported and the outcomes achieved, plus considers number of men.

Interview 4: Nurse Consultant & Clinical lead for the Perinatal Mental Health Work Stream

02.04.19

Questions and Answers

1. **Please describe your role**

Nurse Consultant & Clinical lead for the Perinatal Mental Health Work Stream. Clinical lead for inpatient and outpatient nursing. Looking at the quality of the service, supervision, standards and staff training.

Currently working into the Joint Obstetric Liaison Clinic, Royal Shrewsbury Hospital (RSH) and Princess Royal Hospital (PRH) Telford.

Description of the clinic- Operating in the Royal Shrewsbury Hospital (RSH) & Princess Royal Hospital (PRH) in Telford on alternate weeks. Referral to this clinic is by maternity services only. Mental health assessment is conducted using the standard mental health questions from South Staffordshire. High-risk patients who have a Bipolar Disorder, Schizophrenia or are at risk of suicide have care plans developed. Options for intervention include referral to the Brockington Mother & Baby Unit in South Staffordshire, prescription of medication, signposting to Improving Access to Psychological Therapies (IAPT), return visit to the clinic for up to 6 weeks postnatal and now soon referral to the new Perinatal Mental Health Team

(PNMH). Those currently under the care of a community mental health team may stay with that team if their mental health problems are not specifically pregnancy related. GP's receive a report of the assessment and care plan, they can phone if they wish to discuss a patients treatment.

Advice on medication given to the women comes from BUMPS medicines in pregnancy. This provides the latest details on toxicity of medication and helps informs choice. GP's have access to UK TIS which contains extra information. Some GP's may not prescribe medication due to concerns over litigation. The new PNMH Team will be able to give advice on medication and preconception advice for women on medication.

2. **Which organisation and department do you work for?**

Midlands Partnership Foundation Trust Perinatal Service, the area covered includes South Staffordshire, Shropshire, Telford and Wrekin.

3. **Have the services and support for parents with mental health issues changed over the last 2 years?**

Before the appointment of the new PNMH Team NO

4. **If you have noticed changes how would you describe the effect that the changes have had on the service being offered?**

With the introduction of the new PNMH it is expected a **Great** improvement in the service.

Tell us more: The new team will be in place from June 2019 onwards. The current situation is very limited in that there is only this clinic. In the current situation, it is possible that when a woman is referred to the community teams she is not picked up or there is a long waiting period. This is because the women may not meet the entry requirements for secondary services. For these teams a woman would have to be already very unwell. Whereas the new PNMH will aim to keep someone well where there is a risk of relapse, for example. In the new team women will be seen frequently in the postnatal period allowing subtle changes indicating psychosis development to be detected, rather than misunderstood as anxiety.

5. **Have you been involved in delivering the changes?**

Yes with the induction of the new staff team, training, implementing national standards, systems and processes.

6. **How would you describe the current maternity mental health support being offered?**

For overall in Shropshire POOR. As there are only currently the two clinics in RSH & PRH per month. Women tend to be ringing the community hubs in crisis rather than

being kept well. With reduced Health Visitor visits, loss of peer support in 'Sure Start', 'Home Start' and children centres this has had a big impact on especially vulnerable families living in deprived areas.

7. **Can you say how many parents you have seen over the last 6 months would have benefited from mental health support?**

In general, from each of the clinics there are eight women per month so approximately 16 in total over the course of a month. It is likely this number from Telford will rise. The journey time within the service will vary from a few months, perhaps just receiving information, to longer courses of time for severe illness. The new PNMH team will also be able to give pre-conception advice for medication to women. Currently the GP would contact the Brockington Unit in Staffordshire.

8. **In your experience how often is the current demand for mental health support being met? Always, frequently, infrequently, rarely** - *not asked*

9. **What do you think would make an effective perinatal mental health service?**

An effective service would be one that is responsive, seeing women locally and in a timely manner so not having months to wait. There are national pathways for the timings

i) preconception
ii) routine assessment – seen in 14 working days or up to 4 weeks
iii) urgent and emergency care. Urgent within 2 days, emergency picked up by the local crisis teams then referred onto the PNMH team
iv) Psychological therapies – IAPT or community mental health team
v) inpatient mother & baby unit

The referral to the PNMH team will be from a wide professional base GP, Health Visitor, Social Workers, Midwives and other community mental health team members.

The PNMH team will be based in the maternity hospital to assist with communication within the larger staff base. There is a concern that Shropshire may not have funded the right number of staff e.g. the national team figures say one community nurse per 1,000 births in rural areas. This is not the case for Shropshire; the commissioners are not currently funding this level of provision. 'So when the long term plan comes in we are already on the back foot' it is hoped this smaller team will be expanded.

10. **What mechanisms are there in place for you to feedback on the current or planned service?**

The service will use feedback outcome measures – prenatal experience outcome measure, HONOS & CORE NHS standard measures. Also GAD7 for anxiety & PHQ9 for

depression. It hopefully the new team will become part of the Royal College of Psychiatry Perinatal Network and therefore will have a yearly review including taking feedback from staff and service users. This accreditation is every 3 years.

Appendix 11: Muslim Women's Group Comments & Summary

Mixed age group eight women including four women who delivered in Shropshire within the last three years, one of which reported mental health challenges during pregnancy and particularly after the birth. Some comments given were about situations outside this study so have been recorded separately. Discussions happened as part of the whole group with members of the group interpreting for each other when necessary. Verbal permission for use of comments received.

The women's group identified that the main issues for them around the maternity services were:

a) access to female staff
b) issues of modesty and privacy
c) distance to travel for maternity services
d) communication difficulties
e) seeking help with children's health

Access to female staff unless an emergency situation requires male staff to be involved in the treatment – it was important to all the women and no one had experienced any difficulties with requesting to see female staff in the maternity services in Shropshire. This was contrasted with Leicester:

- "they made me feel very uncomfortable when I asked for a female to do the ultrasound scan as they had an appointment for me to see a man" "I don't think it is too much to ask for, they could have made my appointment at a time when there was female staff available" "I had to go back another day". GP surgery has female doctor.

Issues of modesty and privacy

Everyone felt that their need for modesty was well respected and staff had been thoughtful. They found that Ludlow had been better for them than Shrewsbury or Telford. "I preferred the Ludlow staff". There was no issues around the lack of privacy reported.

Distance to travel for maternity services

Several women expressed concerns about the distance to travel now that Ludlow Maternity Unit had been closed:

- "The second child was born two months ago in Telford 15 minutes after arriving" " she was not aware of a birth plan, they didn't have time" " she would have liked to have stayed in hospital to rest but because of the distance for her husband and family she had to come home straight away. She was given the option to stay in Shrewsbury but had to come home". *Information spoken by an interpreter*.

This was contrasted with her delivery in Ludlow which was much easier for her community to visit and support her. The Imam was able to visit and bless the child at Ludlow.

Communication Difficulties

Whilst none of the women specifically had requested an interpreter or expressed a need for one to be present, they did all feel that communication was to varying amounts an issue. Several indicated they could understand but found expressing themselves limited. The Imam's wife often interpreted for them and they had called on her for help.

One woman had to call an ambulance:

- "the ambulance services immediately put an interpreter on the line which was really helpful". *Information spoken by an interpreter*.

One woman had difficulty communicating with the Health Visitor:

- "after the birth the Health Visitor visited once, but the baby was yellow so she called, but no one responded" *Information spoken by an interpreter*.

Seeking help with children's health

Two women expressed recent difficulties with their children experiencing digestive problems. Both had been to the GP. One's daughter had been given Movicol & an electrolyte mix.

- "I told him it was not constipation but something else he didn't listen to me. I have seen him 3 times. She is going with small amounts 10 times a day. I am constantly thinking about what is happening to her." "It's like mental torture I keep checking her nappy" "I'm stressed all the time" This has been going on for three months and is still on-going.

The second mother, her daughter has possible coeliac disease although at the moment she has no firm diagnosis, but clinical appearance suggests that it is coeliac disease with her daughter very underweight for her age. She has seen a dietitian in Shrewsbury who suggested that she try a gluten free diet and diary free diet. She had also seen a Consultant in Pakistan who suggested her daughter should

have a biopsy, but this had not been offered in the UK. She had not followed the specialist diets for long periods:

- "it's really difficult when she watches her brother eating things and she wants then and when she goes to parties"

Experiencing mental health challenges during and post pregnancy

One woman has delivered two children in Shropshire. The second child was born four months ago.

- "She has diabetes so spent 8 days in Telford Hospital because the GP said they had all the facilities" *Information through an interpreter*.
- The hospital was "comfortable". "1 night stay at home then hospital next day and born 1pm" "given injections every day at home, sometimes went to Ludlow" "problem with left side very painful, I know never sorted so"
- "problem with circle thinking for me, my mind in circles, trying to keep calm, need other mothers" "worried about little things" " GP not given medication for thinking he said new to country and new baby, my situation going more bad"" husband works 4 to finish 5 , so on own. Two children, cleaning, cooking, I do everything". " Learning driving, my mind sleep. 50 or 60 (speed) so worried". "not easy to leave my family, aunty guilty as not caring for her, feel like 0"

Discussion with Imam – he was pleased with the services at Ludlow and unhappy that they had closed. Felt this service had been better for them as a community, he was easily able to go and bless the children.