

Perinatal ADHD Service Evaluation Project

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Paediatrician

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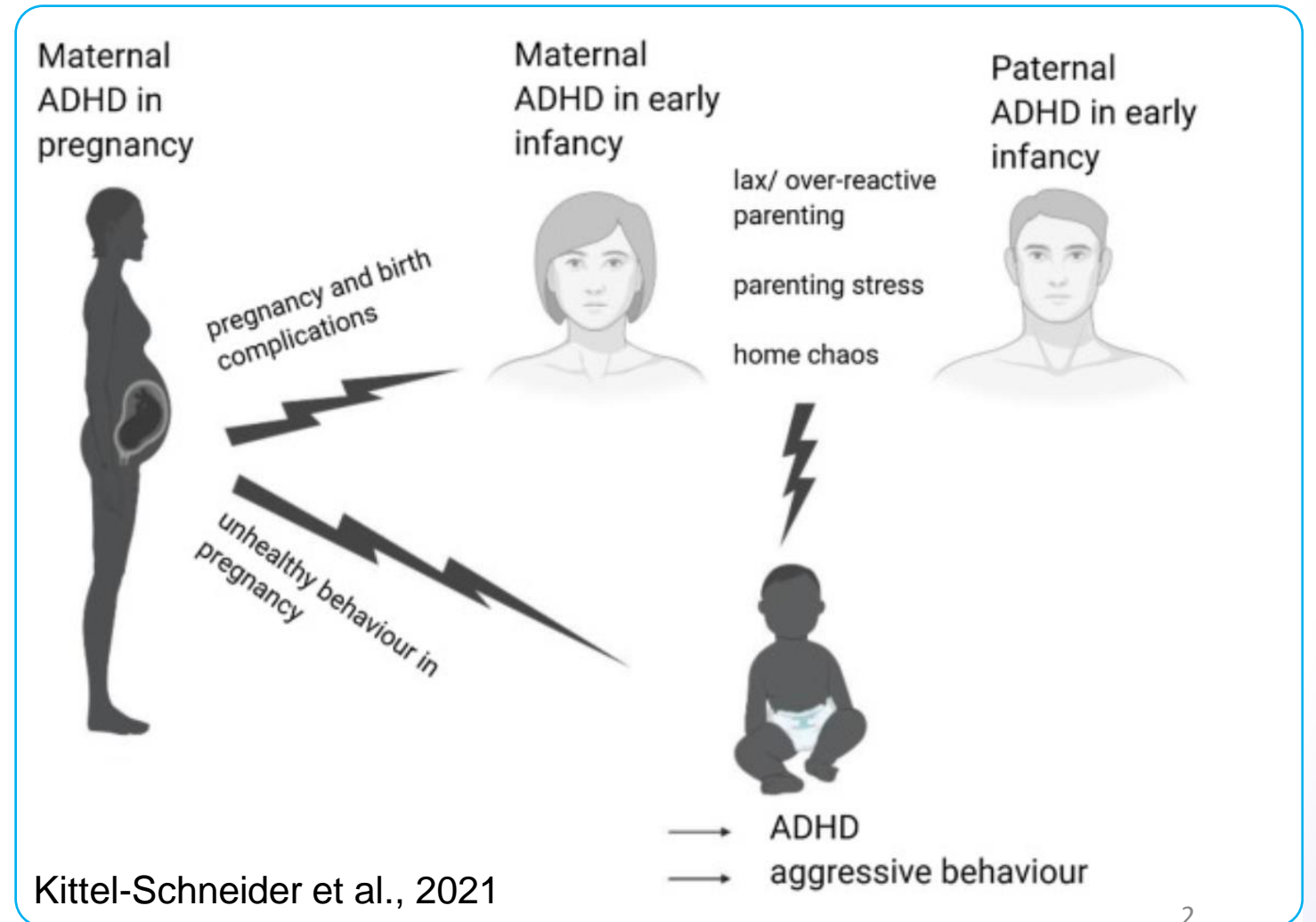
Core Psychiatry Trainee, CPFT

- **Dr Libby Bryant**

5th year medical student, University of Cambridge

Maternal ADHD affects both mother and child

- ▶ Increased parenting stress
- ▶ Increased risk for ADHD in children
- ▶ Lax and overreactive parenting
- ▶ High levels of chaos in the household
- ▶ Increased aggression in children

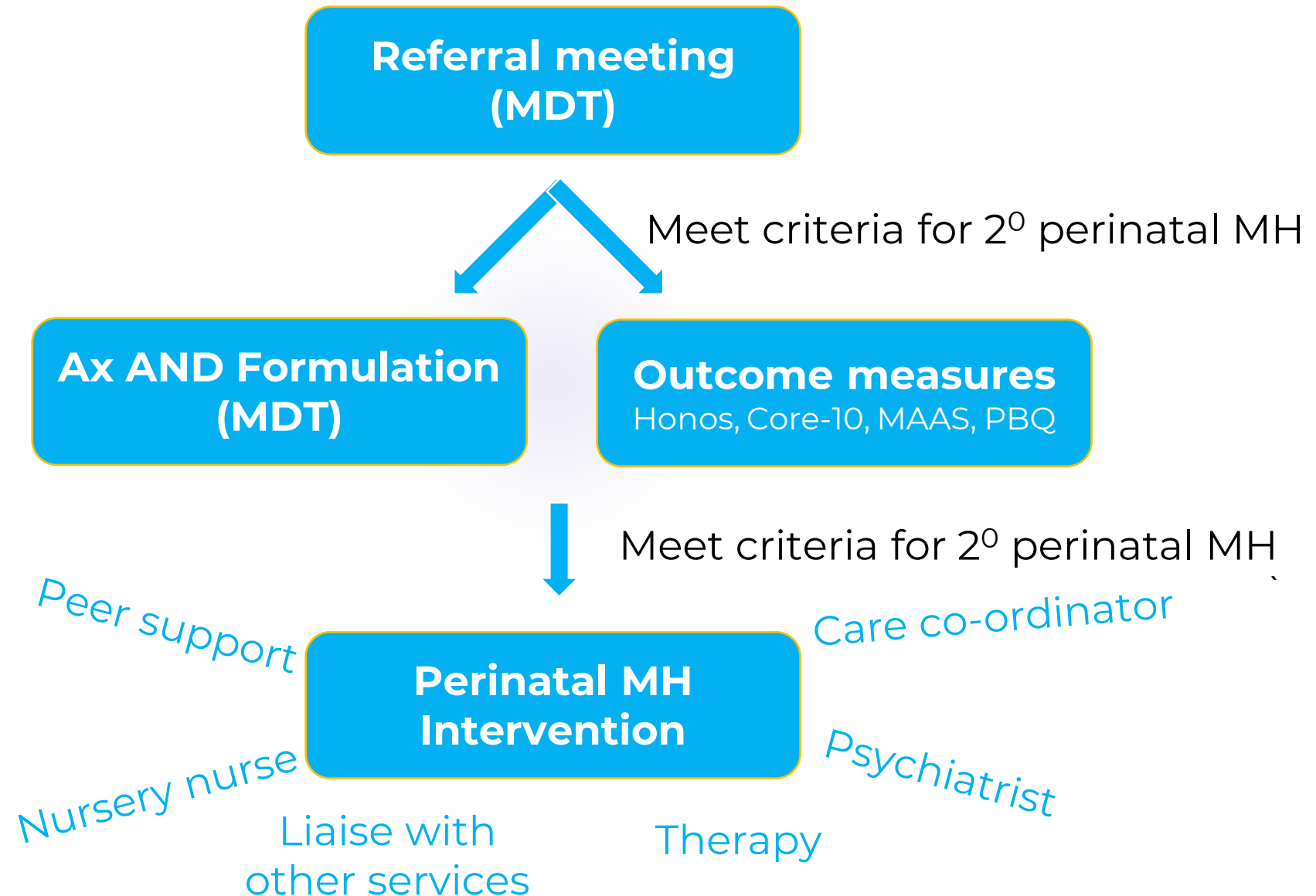


ADHD affects both mother and child

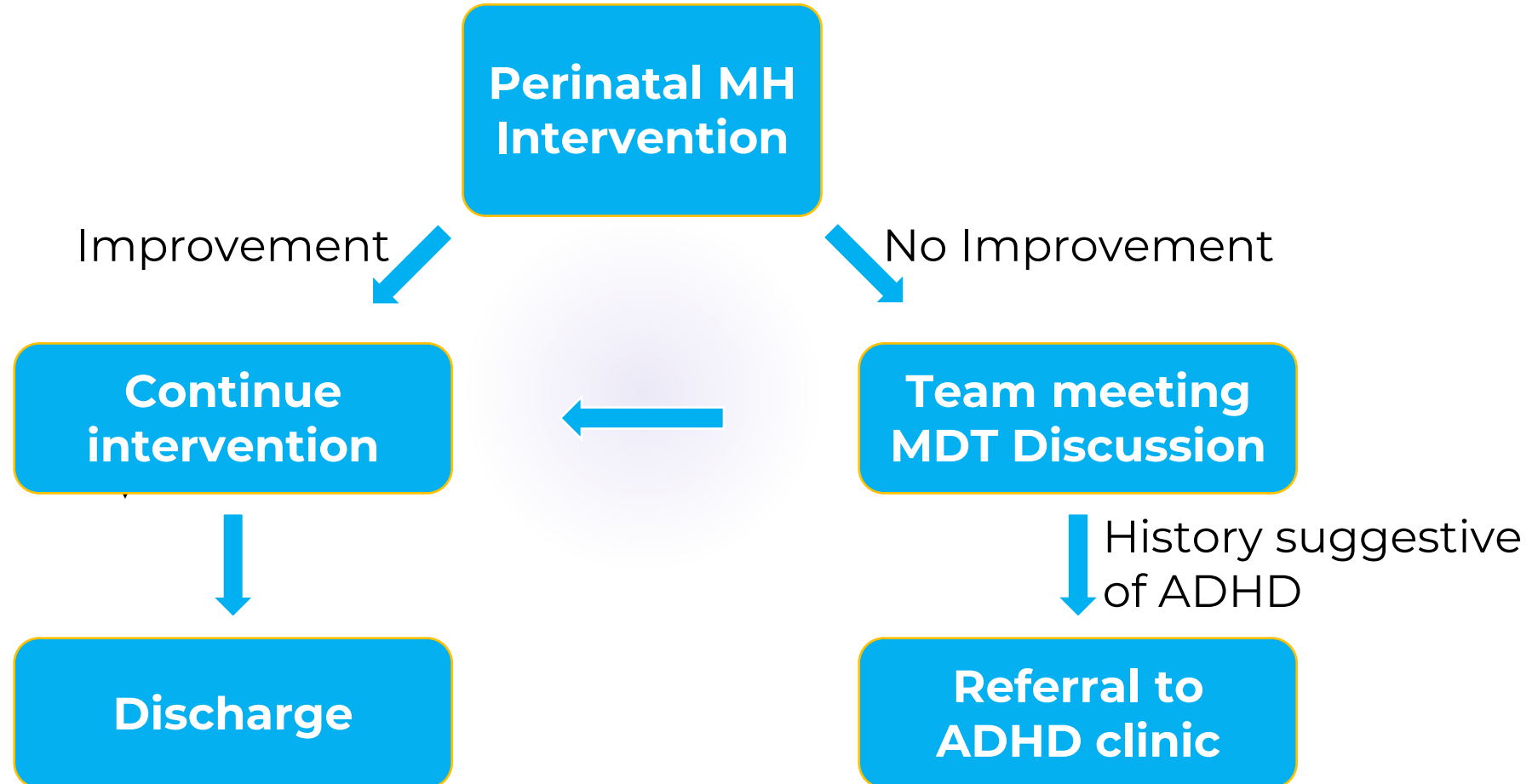
Maternal ADHD associates with:

- ▶ Insensitivity and intrusiveness in play-based interaction (Zisser & Eyberg, 2012)
- ▶ Harsh responses to children's negative emotions (Woods et al., 2019)
- ▶ Child ADHD symptom and lower quality of child life (Perez Algorta, 2014)
- ▶ Development of ADHD and ODD through disruption in parenting (Breux et al., 2017)

Current Assessment & treatment Pathway



Current Assessment & Treatment Pathway



Challenge: Perinatal ADHD wait time >> 5 years

What we are trying to achieve

- S** **MART Goals**
- ▶ Assessment to women with suspected ADHD in perinatal MH service
 - ▶ Intervention by Psychoeducation and optional: Medication (postpartum)
- M** **Outcome**
- ▶ Measured before and after assessment and intervention
- A** **Criteria**
- ▶ NO Improvement to PMH interventions
 - ▶ History suggestive of ADHD
- R**
- ▶ ADHD in at least 5% of adults (>6.9% in psychiatric patients)
 - ▶ Maternal ADHD impacts both mother and child
- T**
- ▶ Assessment & intervention within 1 year postpartum

Challenge: Perinatal ADHD wait time >> 5 years

QI: Perinatal ADHD assessment and treatment



Perinatal ADHD wait time < 1 years



Many thanks to

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