



**Faculty of Perinatal Psychiatry
Annual Conference**
3 November 2020 | online

The background of the top section is a black and white photograph of two hands gently holding a newborn baby's feet. The image is overlaid with a dark blue gradient at the bottom, where the conference title and date are written in white text.

Conference Booklet

Conference Programme

09:30	<p>Welcome</p> <p>Dr Jo Black, Chair, Faculty of Perinatal Psychiatry</p>
09:40	<p>How environment and neurobiology interact to increase the risk of postpartum psychosis symptoms</p> <p>Professor Paola Dazzan, Professor of Neurobiology of Psychosis, King's College London</p>
10:20	<p>The impact of depression on the mother-infant dyads: going beyond the perinatal period</p> <p>Professor Carmine Pariante, Professor of Biological Psychiatry, Institute of Psychiatry, Psychology and Neuroscience, King's College London, and Consultant Perinatal Psychiatrist, South London and Maudsley NHS Foundation Trust</p> <p>Chair: Dr Jo Black</p>
11:00	Morning break
11:20	<p>How safe are psychotropics in pregnancy?</p> <p>Dr Angelika Wieck, Consultant Psychiatrists, and Chair of Women, Gender and Mental Health Section, European Psychiatric Association</p> <p>Chair: Professor Ian Jones</p>
12:00	Lunch break
1:00	<p>Prize announcements/Faculty business meeting</p> <p>Chair: Dr Jo Black</p>
1:30	<p>"The Journey": A historical perspective of the development of Perinatal mental health services</p> <p>Dr Margaret Oates, Chair, East Midlands Clinical Perinatal Mental Health Network</p>
2:10	<p>Challenges and opportunities of the COVID-19 pandemic for perinatal mental health care in the UK</p> <p>Dr Claire Wilson, MRC Clinical Research Training Fellow, King's College London</p> <p>Chair: Dr Cressida Manning</p>
2:50	Afternoon break
3:10	<p>Born into care - Stemming the tide of infant entry to care: the mental health imperative</p> <p>Professor Karen Broadhurst, Professor of Social Work, Lancaster University</p>
3:50	<p>LGBT+ parent families and perinatal mental health care</p> <p>Lucy Warwick-Guasp</p> <p>Chair: Dr Livia Martucci</p>
4:40	Close of Conference Sessions

Speaker abstracts and biographies

How environment and neurobiology interact to increase the risk of postpartum psychosis symptoms

Professor Paola Dazzan, Professor of Neurobiology of Psychosis, King's College London

Professor Paola Dazzan

Prof Paola Dazzan is Professor of Neurobiology of Psychosis, in the Department of Psychological Medicine at the Institute of Psychiatry, Psychology and Neuroscience, King's College London, and Honorary Consultant Perinatal Psychiatrist, South London and Maudsley NHS Foundation Trust. She completed her Medical Degree at the University of Cagliari, Italy and obtained a Fellowship in psychiatry that allowed her to pursue her research interests in the UK. She became a Member of the Royal College of Psychiatrists (MRCPsych) in 1998. In 2002, she completed a Master (MSc) in Psychiatry at the Institute of Psychiatry, King's College London. She trained as a psychiatrist at the Maudsley Hospital, and completed her PhD at the Institute of Psychiatry, King's College London, in 2006. In 2013 she was nominated Fellow of the Royal College of Psychiatrists (FRCPSych).

Prof Dazzan's main area of research interest is neuroimaging and its application to the study of early psychosis and postpartum psychoses. She is internationally known for her work on the relationship between magnetic resonance imaging (MRI) data and other biological measures such as neurodevelopmental indices, stress and inflammatory markers, and reproductive hormones. She has studied these phenomena in young individuals, in the early stages of psychosis and her interest has developed to include the progression of brain structural changes over the course of psychoses and the biological substrate of severe perinatal mental health problems. She has a strong interest in exploring how to use imaging and other biomarkers to predict response to treatment and clinical outcome. Her work has been extensively published in high impact papers, with more than 220 publications, and has been recognised by several prestigious International Awards, including the 2014 Academic Researcher of the Year Award from the Royal College of Psychiatrists, and Honorary Membership of the American Psychiatric Association in recognition of her contribution to psychiatry. In 2017 she received the Guy's, King's and St Thomas's Award for "Outstanding Contribution to Student Experience", for her work as Lead of Psychiatry teaching in the Medical School.

She has a strong interest in addressing gender inequality and promoting diversity in the academic environment, which she promotes as a member of the Diversity and Inclusion Team of the Institute of Psychiatry, Psychology and Neuroscience, and as elected Secretary of the Schizophrenia International Research Society. She is a member of the Executive Committee of the Perinatal Faculty of the Royal College of Psychiatrists. Since November 2017 she has been Vice Dean for International Affairs for the Institute of Psychiatry, Psychology and Neuroscience.

The impact of depression on the mother-infant dyads: going beyond the perinatal period

Professor Carmine Pariante, Professor of Biological Psychiatry, Institute of Psychiatry, Psychology and Neuroscience, King's College London, and Consultant Perinatal Psychiatrist, South London and Maudsley NHS Foundation Trust

Professor Carmine Pariante

Carmine M. Pariante is Professor of Biological Psychiatry at the Institute of Psychiatry, Psychology and Neuroscience, King's College London, and Consultant Perinatal Psychiatrist at the South London and Maudsley NHS Foundation Trust.

He investigates the role of stress and inflammation in the pathogenesis of mental disorders and in the response to psychotropic drugs, both in clinical samples and experimental settings.

His work focuses on depression and fatigue, with a particular interest in the perinatal period and in subjects with medical disorders. Moreover, he also uses experimental and cellular models.

He has published more than 330 papers, and his current H-Index is 72. He is also the appointed Editor in Chief on the journal *Brain Behaviour and Immunity*, and a 2018 Clarivate Analytics Highly Cited Researcher.

He has received numerous awards for his research, most recently the 2012 "Academic Psychiatrist of the Year" Award from the Royal College of Psychiatrists, the 2015 Anna-Monika Prize for Research on Depression, the 2016 PNIRS Normal Cousins Award for Research in Psychoneuroimmunology, the 2017 Andrea Leadsom Award for Outstanding Contribution to the Field of Infant Mental Health, and the 2017 NARSAD Distinguished Investigator Award. This last award is one of the most prestigious international research awards in psychiatry.

How safe are psychotropics in pregnancy?

Dr Angelika Wieck, Consultant Psychiatrist, and Chair of Women, Gender and Mental Health Section, European Psychiatric Association

Prescribing psychotropic medication in pregnancy and the postnatal period is a complex and clinically challenging issue. The presentation will discuss why research of the reproductive safety of psychotropic drugs is difficult to do and to interpret. A synthesis of the best available evidence is given and implications for clinical practice are discussed.

Dr Angelika Wieck

I was previously lecturer at the IoPPN, then Consultant and Honorary Senior Lecturer in General Adult, Perinatal Psychiatry and Affective Disorders at University of Manchester and Greater Manchester Mental Health NHS Foundation Trust and University of Manchester, Lead for Northwest Perinatal

Psychiatry Service and Perinatal Clinical Lead for Strategic Clinical Network Greater Manchester. Currently I am the Chair of Women, Gender and Mental Health Section of the European Psychiatric Association. My research interests and publications are in reproductive psychoneuroendocrinology, psychopharmacology and other areas.

Prize Announcements and Faculty Business Meeting

- Chair's report: Dr Jo Black
- Finance Officer's report; Dr Jona Lewin
- Academic Secretary report Dr Livia Martucci
- Prize winners: Dr Jo Black
- Questions
- Any other business

"The Journey": A historical perspective of the development of Perinatal mental health services

Dr Margaret Oates, Chair, East Midlands Clinical Perinatal Mental Health Network

Dr Margaret Oates

Margaret Oates OBE, is a retired Consultant Perinatal Psychiatrist and clinical lead East Midlands Perinatal Clinical Network. She has 40 years involvement in development of Perinatal speciality ,Perinatal services ,Clinical and quality networks. Margaret is Past president of the International Marce society, Faculty chair, chair of CRG and national Psychiatric Assessor Maternal deaths Enquiries. She is currently chair of combined accreditation committees CCQI and chair Perinatal Quality Network.

Challenges and opportunities of the COVID-19 pandemic for perinatal mental health care in the UK

Dr Claire Wilson, MRC Clinical Research Training Fellow, King's College London

Aims: to explore the impact of the COVID-19 pandemic on perinatal mental health care and the mental health of service users in the perinatal period. Methods: I will draw on the results of an online mixed-methods survey completed by 363 staff working with women in the perinatal period in mental health services in the UK. I will present both quantitative and qualitative data from this study. I will also draw on other literature from the UK and globally. Results: in our study the mental health of women in the perinatal period was perceived by staff to be particularly vulnerable to the impact of stressors associated with the pandemic such as social isolation and domestic violence and abuse. As a result of changes to mental health and other health and social care services during the pandemic, staff

reported feeling less able to support women with their mental health and relationship with their baby and to take appropriate action on safeguarding concerns. Conclusions: greater understanding of the mental health impact of the current pandemic on women in the perinatal period could enable perinatal mental health staff to adapt their care to better meet the demands of supporting this vulnerable population.

Dr Claire Wilson

Claire Wilson MRCPsych PhD is an MRC Clinical Research Training Fellow in the Section of Women's Mental Health at King's College London in the UK. She is also an Honorary Specialist Registrar in Psychiatry at South London and Maudsley NHS Foundation Trust. Her expertise is in psychiatric epidemiology, having worked on a number of large UK and international birth cohorts to investigate the intergenerational transmission of risk for mental health and disease. She is particularly interested in how multimorbid physical and mental ill health and substance misuse come together in the preconception and perinatal periods to shape offspring outcomes across generations. She is also a keen educator and the academic secretary for the Women and Mental Health Special Interest Group of the UK's Royal College of Psychiatrists.

Born into care

Professor Karen Broadhurst, Professor of Social Work, Lancaster University

The presentation will cover the latest research on babies, subject to care interest. The presentation then covers the main findings from the latest research, to include the rising incidence of care proceedings at birth, marked regional disparities, decision-making and legal outcomes for babies, as well as the very latest evidence on maternal mental health need specific to this vulnerable population of birth mothers. Policy and practice challenges are summarised.

Professor Karen Broadhurst

Karen Broadhurst is Professor of Social Work in the Department of Sociology and Co-Director of the Centre for Child and Family Justice Research at Lancaster University. Karen's interests are in child and family justice, and she is recognised nationally and internationally for high quality, high impact research that has catalysed measurable change in policy and practice. Karen's team produced the first estimate of women's repeat appearances in the family courts, drawing attention to the impact of "repeat removals" of children on birth mothers, their partners and wider family networks. This work has had a major transformative impact on the landscape of services for parents, beyond child removal. More recently Karen and colleagues initiated the Born into Care series, funded by the Nuffield Family Justice Observatory, which has provided the first ever analyses of the scale of family court proceedings

concerning new-born babies in England and Wales. Karen is currently serving as Principal Investigator for a new project which will deliver new best practice guidelines to inform child protection and family court practice at birth. With colleagues at the universities of Lancaster and Oxford, the team are working with 8 local authority and health trusts to establish and pilot the new guidelines in England and Wales. Parallel work is also underway in Australia. In addition, Karen is collaborating with colleagues at Peking University with support of the British Academy, to examine the transferability of child protection policies and the law. Karen is a Fellow of the Academy of Social Sciences, is a regular, invited national and international speaker, and has published extensively in academic and policy journals

LGBT+ parent families and perinatal mental health care

Lucy Warwick-Guasp

Sharing with you her lived experience of postnatal depression, Lucy Warwick-Guasp will discuss the importance of offering a service inclusive of all families. The presentation will discuss the latest research looking at the mental health and well-being of LGBT+ people and the specific experiences of LGBT+ people when accessing healthcare services. Lucy will then let you know about the collaborative work she is undertaking with mental health providers enabling them to become more inclusive of LGBT+ parent families.

Lucy Warwick-Guasp

Lucy Warwick-Guasp delivers training sessions for practitioners working with families experiencing pre and postnatal mental illness. The training allows participants to explore specific experiences of LGBT+ people and how to ensure that services are inclusive of LGBT+ parent families. Lucy is able to combine her extensive experience of delivering LGBT+ equalities training gained whilst working at Stonewall; with being a same sex parent; and with her lived experience of postnatal depression and being treated at Bethlem Mother and Baby Unit, South London.

Poster Abstracts



[View the online poster gallery](#)

1. Suicide and self-harm in women with mental disorders during pregnancy and the year after birth.

Karyn Ayre, Affiliation: (1) Section of Women's Mental Health, Institute of Psychiatry, Psychology and Neuroscience, Kings College London, London, UK; (2) South London and Maudsley NHS Foundation Trust, Bethlem Royal Hospital, Monks Orchard Road, Beckenham, Kent, London, UK. Funding statement: Dr Karyn Ayre is funded by a National Institute for Health Research Doctoral Research Fellowship (NIHR-DRF-2016-09-042). This article presents independent research funded by the National Institute for Health Research (NIHR). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care. **SECOND AUTHOR:** Name: Dutta, Rina. Affiliation: (1) Academic Department of Psychological Medicine, Institute of Psychiatry, Psychology and Neuroscience, Kings College London, London, UK; (2) South London and Maudsley NHS Foundation Trust, Bethlem Royal Hospital, Monks Orchard Road, Beckenham, Kent, London, UK. Funding statement: Dr Rina Dutta is funded by a Clinician Scientist Fellowship from the Health Foundation in partnership with the Academy of Medical Sciences. **THIRD AUTHOR:** Name: Bittar, André Affiliation: Academic Department of Psychological Medicine, Institute of Psychiatry, Psychology and Neuroscience, Kings College London, London, UK **FOURTH AUTHOR** Name: Kam, Joyce Affiliation: King's College London GKT School of Medical Education **FIFTH AUTHOR** Name: Verma, Somain Affiliation: King's College London GKT School of Medical Education **SENIOR AUTHOR:** Name: Howard, Louise Michelle. Affiliation: (1) Section of Women's Mental Health, Institute of Psychiatry, Psychology and Neuroscience, Kings College London, London, UK; (2) South London and Maudsley NHS Foundation Trust UK, Bethlem Royal Hospital, Monks Orchard Road, Beckenham, Kent, London, UK. Funding statement: Professor Louise M Howard is funded by a National Institute for Health Research Professorship (NIHR-RP-R3-12-011). The views expressed in this publication are those of the authors and not necessarily those of the NHS, the National Institute for Health Research or the Department of Health and Social Care.

Aims & Hypotheses:

(1) To examine later suicide in a cohort of women who were in contact with a mental healthcare provider during the perinatal period; (2) describe the sociodemographic and clinical characteristics of the women who die by suicide; (3) understand when, in relation to delivery, most suicides tend to occur.

Background: Due to the sparsity of prospective data, little is known about risk factors for later suicide in women who experience perinatal mental disorders.

Methods: Using data-linkage, de-identified service-user electronic healthcare records, national hospital episode statistics and mortality data were used to generate a clinical cohort of women who gave birth in hospital and were in contact with a mental healthcare provider

in London, UK, during their perinatal period. Using a combination of Natural Language Processing and structured field extraction, we identified clinical and socio-demographic characteristics and later suicide.

Results: Among

5204 women, clinical and demographic characteristics of women who did and did not die by suicide were similar apart from indicators of illness severity, which were more common in women who died by suicide. Suicide deaths occurred most frequently in the second year after delivery. Suicide deaths within two years were mostly by violent means, whereas those beyond two years were mostly due to overdose.

Conclusions: This

study provides support for the extension of perinatal mental healthcare to two years post-delivery, particularly for women with the most severe mental disorders.

2. n/a

Aims and Hypothesis To develop a teaching package aimed at mental health practitioners who review women in crisis during the perinatal period. The aim is to improve understanding of risk in the perinatal period and care provided. We hypothesize this e-learning package will achieve this.

Background The UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2015-17 identified that suicide is the leading cause of maternal death occurring within a year of the end of pregnancy. The enquiry also identified that in 48% of cases improvements to care could have made a difference to the outcome and concluded that crisis teams require specialist training. Locally these women will be seen by crisis teams, liaison and also possibly street triage a service working with the police.

Methods An e-learning package focussing on perinatal mental health, specific risk factors and key differences from general adult mental health has been developed. This will aim to capture the impact on the confidence of non-specialist staff who are involved in delivering care to women in the perinatal period. Development of the package has included liaison with teams that it is aimed for and also consultation with a local involvement group for women with lived experience. Funding is needed to develop such packages and we needed to submit a bid for this with evidence for its necessity to the learning and development team. The trust also required a specified style and format to the presentation.

Results A likarts scale will be used to collect confidence scores before and after the e-learning package.

Conclusions It is vital that health care practitioners assessing women in the perinatal period are aware of the evidence around managing risk for these women and their families and the subtle presentations that high risk conditions such as post partum psychosis can have. This e-learning package aims to deliver this knowledge to this professional group.

3. The story of immersing co-production in a perinatal mental health service: Looking at excellence together

Dr Julia Barber, Dr Amy Au Yong, Dr Christina Kelly

Aims and hypothesis To establish a perinatal mental health service user involvement group with face-to-face meetings and a 'virtual group' to allow participation if unable to attend. With the virtual group

we hope to allow for as inclusive and diverse a group as possible. **Background** During our ST5 Placements in Perinatal mental health we were fortunate to attend training events, many of which involved service user stories. These demonstrated how passionate women and their families were in sharing their experiences and their motivation to help develop services. We noticed a lack of service user involvement in planning services locally. Due to the ongoing perinatal service expansion in both the 5 year forward project and the NHS long term plan, services are having to rapidly adapt. This is an exciting time for working with service users who could give opinion, ideas and feedback on service change and project proposals. **Methods** The trust involvement team helped direct initial development and we consulted on options for a 'Virtual group' platform particularly on utility and confidentiality. The advert was presented to the perinatal team and trust's communications team and advertised on social media. Local Charities Open House and Action on Postpartum Psychosis also supported advertising the group. **Results** 10 women are engaging with the group and 7 of these have attended meetings over a period of a year. Service users have been able to attend trust NHS long term plan development meetings and have been able to link in with quality improvement projects and training. **Conclusions** The NHS Long term plan puts emphasis on perinatal service expansion and there are lots of potential changes where co-design will be invaluable. This is the beginnings of women having a voice in developing the services locally. The group engagement has already led to a change in practice.

4. A Quality Improvement (QI) project to assess the sexual and reproductive health (SRH) needs of women admitted to Eileen Skellern Ward (ES1) Psychiatric Intensive Care Unit (PICU) and to test the feasibility of providing a SRH in-reach clinic

Lucy Blake, Elana Covshoff, Adenike Bolade, Aleishia Wilson, Dr Elizabeth Rose, Robert Rathouse, Dr Rudiger Pittrof, Dr Faisal Sethi

Aims To assess the SRH needs of women admitted to PICU, the feasibility of providing a SRH in-reach clinic, and the acceptability of delivering a nurse lead referral programme. **Hypothesis** PICU inpatients are likely to be at increased risk of having unmet SRH needs due to barriers to accessing services. **Background** ES1 PICU provides intensive psychiatric care to women in the acute phase of severe mental disorder with complex biopsychosocial needs. Those with serious mental illness are known to have limited access to SRH services and care. In PICU it can be challenging to ensure physical health needs are met. Since May 2018, an in-reach SRH assessment has been available to all psychiatric inpatients, if referred. Analysis of ES1 referrals over 15 months identified only 24 during this time. **Methods** A bi-monthly SHR in-reach clinic and a nurse led SRH referral pathway were implemented on ES1 over a seven-month period. A staff training needs assessment was performed followed by training, a protocol was developed, staff attitudes were explored, and patient engagement was sought. **Results** A total of 41% (32/77) of patients were referred, which was a 29% increase. 53.1% (17/32) of the total referrals had a true SRH need, equating to a 10% increase and 22% (17/77) of all PICU admissions. 90% of referrals were made by nursing staff. A staff focus group (N15) highlighted the acceptability and perceived importance of offering SHR care in PICU, if interventions were appropriately timed and the patient's individual risk profile was considered. **Conclusions.** Results identify that SRH needs for PICU admissions are greater than previously realised. Providing a nurse lead referral pathway for an SRH in-reach clinic is acceptable, feasible and beneficial for PICU patients.

This project has resulted in service improvements including offering asymptomatic STI testing to all PICU admissions.

5. Mental Capacity Assessment for Admission and Treatment on a Mother and Baby Unit

Dr Georgina Corbet Burcher & Dr Jona Lewin

6. Perinatal mental health education in UK medical schools: a survey of newly qualified doctors

Dr Grace Crowley, 1. North Bristol NHS Trust 2. Dr Jacob King: University College London Hospitals NHS Foundation Trust 3. Dr Manal El-Maraghy: Essex Partnership University NHS Foundation Trust

Aims and hypothesis: To understand the experiences of undergraduate perinatal mental health (PMH) education among recently graduated UK-based doctors. Background: Increased recognition of the prevalence and consequences of PMH disorders ought to be reflected in medical education to ensure doctors are prepared for their future careers. To our knowledge, this is the first survey of recently graduated doctors to explore their experiences of PMH education at medical school. Methods: An online questionnaire featuring closed and free-text questions was distributed to UK F1 doctors through their Foundation Programme administrators. Two-tailed Mann-Whitney U tests were used to assess whether recalling PMH teaching and exposure to cases at medical school were associated with increased confidence in understanding the biopsychosocial determinants of, and in managing, PMH disorders. Free-text responses were analysed by allocating codes to meaningful sentiments and identifying key themes. Results: There were 101 respondents, representing 29 UK medical schools. In all, 16.3% reported not receiving PMH teaching and 44.9% did not recall encountering women with PMH disorders at medical school. Both PMH teaching ($p < 0.01$) and encountering women with PMH disorders ($p = 0.033$) were associated with increased confidence in understanding the biopsychosocial determinants of PMH disorders. PMH teaching was not associated with increased confidence in managing PMH disorders ($p = 0.37$) but there was some evidence that encountering women with PMH disorders at medical school was ($p = 0.057$). Additionally, 58.2% said that more PMH education at medical school would have been very or extremely useful for their clinical practice. Free-text responses broadly expressed preference for more undergraduate PMH education, targeted at the level of knowledge and skills required of Foundation doctors. Conclusions: Almost half of doctors in our sample left medical school without encountering a woman with a PMH disorder. Facilitating medical student exposure to cases may improve Foundation doctors' confidence in supporting women with PMH disorders.

7. Prevalence and determinants of perinatal depression among labour migrant and refugee women on the Thai-Myanmar border: a cohort study

Gracia Fellmeth, Emma Plugge, Mina Fazel, May May Oo, Mupawjay Pimanpanarak, Yuwapha Phichitpadungtham, Kerry Wai, Prakaykaew Charunwatthana, Julie A. Simpson, François Nosten, Raymond Fitzpatrick, Rose McGready

Aims and Hypotheses: This study aimed to quantify prevalence and risk factors of perinatal depression among migrant women on the Thai-Myanmar border. We hypothesised a high burden of perinatal

depression associated with socio-economic disadvantage. **Background:** Perinatal depression is a significant contributor to maternal morbidity and mortality globally. Migrant women represent a particularly vulnerable group due to stressors experienced before, during and after migration. Existing evidence focuses predominantly on migrants living in high-income destinations. This study addresses the significant evidence gap by assessing the prevalence and determinants of perinatal depression among migrant women on the Thai-Myanmar border. **Methods:** A cohort of labour migrant and refugee women was followed-up from the first trimester to one month post-partum. Depression status was assessed in the first, second and third trimesters of pregnancy and at one month post-partum using the Structured Clinical Interview for the Diagnosis of DSM-IV Disorders. Prevalence and incidence of any depressive disorder and moderate-severe depressive disorder was calculated. Univariable and multivariable logistic regression was used to estimate odds ratios (OR) of association between exposure variables and depression status. **Results:** 568 women participated. Period prevalence of moderate-severe perinatal depression was 18.5% (95%CI 15.4–21.9%). Overall, 15.4% (95%CI 11.8–19.6%) of women developed new-onset moderate-severe depression during the study period. Risk factors were interpersonal violence (OR 4.5; 95%CI 1.9–11.1); history of trauma (OR 2.4; 95%CI 1.4–4.3); self-reported history of depression (OR 2.3; 95%CI 1.2–4.2); labour migrant status (OR 2.1; 95%CI 1.1–4.0); low social support (OR 2.1; 95%CI 1.1–3.7); and maternal age (OR 1.1 per year; 95%CI 1.0–1.1). **Conclusions:** Perinatal depression represents a significant burden among migrant women on the Thai-Myanmar border. Programmes to address the determinants along with early case identification and effective treatment and referral systems are key to addressing perinatal depression in this low-resource setting.

8. Validated screening tools to identify common mental disorders in perinatal women in India: a systematic review and meta-analysis

Gracia Fellmeth, Siân Harrison, Charles Opondo, Manisha Nair, Jennifer J Kurinczuk, Fiona Alderdice

Aims and hypotheses: We conducted a systematic review and meta-analysis to synthesise the current evidence on locally-validated screening tools for perinatal common mental disorders (CMD) in India. We hypothesised that psychometrically validated tools would predominantly focus on depression. **Background:** Perinatal CMD are associated with significant adverse outcomes for women and their families, particularly in low- and middle-income settings. Early detection and treatment of CMD through screening with locally-validated tools can minimise adverse effects and improve outcomes. In India, women living in socio-economic deprivation, those experiencing intimate partner violence and those with low societal status are at particularly high risk of perinatal mental disorders. **Methods:** We searched MEDLINE, Embase, PsycINFO, Global Health, Cochrane Library, Web of Science and Google Scholar for articles on the validation of screening tools for CMD in perinatal women in India, with no language or date restrictions. Quality was assessed using the QUADAS-2 tool. We used bivariate and hierarchical summary receiver operating characteristic models to calculate pooled summary estimates of sensitivity and specificity. Heterogeneity was assessed by visualising the distance of individual studies from the summary curve. **Results:** Seven studies involving 1003 women were analysed. All studies assessed the validity of the Edinburgh Postnatal Depression Scale (EPDS) in identifying perinatal depression. No studies assessed screening tools for any other perinatal CMD. Using optimal thresholds, the EPDS had a pooled sensitivity and specificity of 94.4% (95%CI 81.7–98.4) and 90.8 (95%CI 83.7–95.0), respectively. Using a threshold of ≥ 13 , the EPDS had a pooled sensitivity

and specificity of 88.9% (95%CI 77.4–94.9) and 93.4 (95%CI 81.5-97.8), respectively. Conclusions: The EPDS is psychometrically valid in diverse Indian settings and its use in routine maternity care could improve detection of perinatal depression. Further research is required to validate screening tools for other perinatal CMD in India.

9. An Exploration of Complex Post Traumatic Stress Disorder and the Perinatal Period: an Audit and Discussion

Naomi Hampton, Joanne Spoors

Aims and hypothesis We aimed to explore the impact of Complex Post Traumatic Stress Disorder (cPTSD) and complex and/or childhood trauma more generally in our Perinatal caseload, including prevalence and resource-allocation. We sought to explore the multi-disciplinary team's views on the usefulness and validity of the cPTSD diagnosis on their work with women. **Background** There is growing evidence from patient groups that cPTSD, as defined in the International Classification of Diseases 11, is a meaningful and validating diagnosis for survivors of complex trauma. The Hampshire Perinatal Mental Health Community Team has taken a pro-active stance towards exploring this relatively new diagnosis where it is clinically relevant; including improving our assessment of patients and educating staff and other stakeholders. **Methods** 30 patients were selected from those discharged in March and April 2020. We explored the prevalence of complex trauma in this sample. We assessed the quality of assessment of trauma history, and the allocation of resources. Feedback was sought from staff members. **Results** Within this sample, there was a very high prevalence of childhood adversity, with 93% having experienced at least one Adverse Childhood Event (ACE), and an average ACE score of 2.3. 60% of this sample had a diagnosis related to trauma, including cPTSD and personality disorder. This group required a longer length of service and input from a wider range of clinicians. In all cases, the practitioner had explored the patient's current experiences in the context of past trauma. Staff reported that cPTSD was perceived by their patients as clarifying, validating and relevant. **Conclusions** This project confirmed the high prevalence of complex childhood trauma in our caseload and the value of sensitive exploration of this in the Perinatal period. Our findings suggest that cPTSD is a relevant, validating diagnosis which can help women frame their experiences of mental illness.

10. A Quality Improvement Project on Improving Risk Assessment of Domestic Violence and Abuse at Southwark Perinatal Service

Dr Christina Huggins, CT3, South London and Maudsley NHS Foundation Trust

Aims The aim was to improve the risk assessment of domestic violence and abuse (DVA) in patients under Southwark Perinatal Service (SPS). **Background** SPS treats a caseload of 75 women who are pregnant or up to one year post-partum and experiencing moderate to severe mental illness. One in four patients in contact with mental health services are likely to be current or recent victims of DVA and perinatal patients are especially vulnerable. During the COVID-19 epidemic, there has been a reported increase in DVA and there was a serious incident of DVA within SPS. NICE guidance states that assessment of mental health in pregnancy and postnatally should include risk assessment of

DVA, but this is not always documented. **Methods** Risk assessment tools for 29 initial assessments by SPS over two six week intervals between 23/03/20 and 24/07/20 were screened for evidence of documentation of the absence or presence of DVA and, if present, a specific plan. The main intervention was a training session on DVA, prior to the second round of data collection. Surveys pre and post-intervention assessed for improvement in clinicians' confidence in assessing DVA. **Results** Post-intervention, clinicians' confidence in risk assessing DVA improved from 3 to 3.25 out of 5, where a score of 1 indicates "not at all confident" and 5 "extremely confident". Of the 14 assessments completed pre-intervention, four (28.6%) had no documentation regarding DVA, and only two of the four identified DVA cases had specific plans documented. Post-intervention, this worsened to 6/15 (40%) lacking documentation of DVA. Neither of the two identified DVA cases had specific plans documented. **Conclusions** Whilst clinicians reported improved confidence in risk assessing DVA post-intervention, this was not reflected on review of documentation. One reason for this could be staff turnover. Further training on DVA will be delivered and outcomes reassessed.

11. Partner involvement in perinatal mental health services in secondary care in Birmingham

Elizabeth Lee, Dr Sabah Ahmed

Aims and Hypothesis An audit of the level of partner involvement in service user care in Birmingham and Solihull mental health foundation trust (BSMHFT) against the perinatal quality network (PQN): "4.13 Partners and designated family members are involved in decisions about care, where the patient consents. 4.16 Partners/significant others are offered individual time with staff members to discuss concerns, family history and their own needs." **Levels of partner involvement at BSMHFT are unknown.** **Background** Partner involvement is important in service user (SU) outcomes. 90% of healthcare professionals believe that partners are more likely to identify a mental health condition before the SU. The long term plan for perinatal health aims to increase awareness of partner mental health problems. **Methods** On 11th September 2019, electronic notes for the current case log of patients with a care program approach (n=73) for the Perinatal Team East of the BSMHFT were collected. The data extracted was: Does the SU have a partner? Partner attendance at appointments? If no, reason? Partner offered a one-on-one appointment with the team? If yes, was the opportunity taken? Partner involved in the care plan? Alternate support network? The audit was approved by information governance at BSMHFT. **Results** 63 SUs had a partner. 32 SUs attended with a partner. For 5 of the non attendees, there was no reason given for the absence. 2 partners were offered an individual session. 12 of the partners had a one-on-one with the team due to various reasons. 39 partners were aware of the care plan. 12 SUs had significant support networks other than their partner. **Conclusions** There is currently some partner support, a change in services to accommodate more would bring the BSMHFT in line with the PQN guidelines. If done, a second audit would be appropriate.

12. Perinatal mental health (PMH) in primary care – identifying training needs.

Irene Mateos Rodriguez, Michelle Kemp

Aim: we hypothesis that there is poor awareness of perinatal mental health (PMH) recognition and management in primary care. The aim of this quality improvement project is to improve awareness of perinatal mental health in primary care. Methods: survey distributed regionally assessing knowledge, confidence in managing, and training needs Results: 59 responses (out of 96 GP practices in the region) Pre-pregnancy advice regarding antidepressants is given by 75% of GPs but 51% had had no or minimal training on PMH. 17% are confident in managing PMH, and 46% are not confident using antidepressants at any stage in pregnancy or breastfeeding. SSRIs would only be continued by 40% of GPs in the first trimester. The local mental health team is the prime service referred to but several GPs felt there was nowhere to refer patients. Over 90% of respondents requested further training. Discussion: these results highlight the discrepancies in confidence and practice between respondents, potentially effecting care and advice received by women across the region. Conclusion: this has led to the organisation of regional training days and a regional conference for GPs to promote PMH and to ensure marginalised communities get access to support. We are raising awareness in primary care of PMH referral pathways and service provision to aid consistency in care. Financial sponsorship - none

13. Can Specialised Antenatal Care Improve Maternal and Neonatal Outcomes? A Retrospective Cohort Study of an NHS Joint Obstetric-Psychiatric Clinic

Leah Millard, Clara Salice 1,3,4, Amina Maimagani 4; Helen Smith 4; Neha Rawat 1,4; Farida Bano 4, Montserrat Fusté 1,2,4 1- Psychiatry Parent Infant Mental Health Service, North East London Foundation Trust, Ilford, UK. 2- Department of Psychosis Studies, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK 3- BHRUT Barking, Havering and Redbridge University Hospitals NHS Trust. 4- BARTS Health NHS Trust, The Royal London Hospital, Whitechapel Road, London E1 1BB

Background. Pregnant women with pre-existing Severe Mental Illness (SMI) are known to be at an increased risk of adverse maternal, obstetric, and neonatal outcomes. However, poorer antenatal care attendance has been associated with SMI. To our knowledge, research has not yet examined whether a Joint Obstetric Psychiatric (JOP) clinic will optimise maternal and neonatal outcomes. Aims: To compare postpartum outcomes (well vs unwell) in women with Moderate Mental Illness (MMI) vs SMI who attended the PPIMHS JOP clinic at NELFT during pregnancy. To investigate the effects of attendance to the JOP clinic, maternal psychotropic drug use and mode of delivery on the outcomes of both the mother and baby at 6-8-weeks and 3-months postnatally. Methodology. We collected data from electronic health records of fifty-nine patients that attended JOP clinics from January 2019 to March 2020. We examined whether attendance at JOP, MMI vs SMI, psychotropic medication and mode of delivery was associated with maternal outcomes at 6-8 weeks and 3-months and with neonatal outcomes. Chi-squared and logistic regression tests were used. Results. JOP attendance, MMI vs SMI, and medication revealed no statistically significant difference to maternal outcomes at 6-8-week and 3-months. Attendance to 2 or more visits of JOP was significantly associated with SMI compared to MMI ($p=.026$). Increased rates of caesarean section ($OR=3.27$, $p=.047$) and psychotropic medication use ($OR=3.35$, $p=.049$) were significantly associated with adverse maternal outcomes at 6-8-weeks. A trend was revealed between 0-2 visits of JOP and preterm birth ($p=.061$) and neonatal admission ($p=.053$). Conclusion. This preliminary study was the first to our knowledge to examine

JOP clinic outcomes. We found that maternal exposure to psychotropic was associated with postpartum relapse, contradicting previous literature; and a trend suggesting that lower JOP attendance was associated with adverse neonatal outcomes. Further research is warranted to establish JOP clinic effectiveness.

14. Prevalence and risk factors of perinatal mental health disorders among migrant women: A scoping review of systematic reviews

Merfet Mohammed,

Background: Pregnancy and migration are risk factors for mental health illness. The global climate continues to drive migration and childbirth continues. Given that these factors may impact on mental health it is important to identify the prevalence and risk factors of perinatal mental health disorders among migrant women. This will allow appropriate and timely prevention or intervention. Objective: A scoping review of systematic reviews was designed to provide an overview of the documented evidence of the prevalence and risk factors of perinatal mental health disorders among migrant women. Methods: A detailed search, sensitive for systematic reviews was applied for Embase, MEDLINE, Global Health, PsycINFO, Pubmed and the Cochrane library databases. All outcomes that assessed prevalence and associated risks were included. Systematic reviews of qualitative data that did not provide estimates of prevalence or associated factors and did not include the population of interest or assessment during the perinatal or postnatal period were excluded. Quality was assessed using the Assessment of Multiple Systematic Reviews (AMSTAR 2) tool. Results: Five systematic reviews met the inclusion criteria. Together, they reviewed 135 primary studies. One study used both qualitative studies as well as quantitative studies. The remaining reviews only used quantitative studies. Two of the studies looked at any perinatal mental health disorder whilst two studies only looked at postpartum depression and one specified postpartum mental health problems as non-psychotic depressed mood or anxiety following childbirth. Apart from depression, the other two disorders mentioned were anxiety and PTSD. None of the studies included any psychotic disorders. All the reviews assessed prevalence and risk factors. Prevalence of depression ranged between 5%-31.4% but was most commonly around 20%. Migrant women appeared to have an increased risk of developing postnatal depression than non-migrant women. Risk factors that were consistently reported include; low social support, poor partner support, socioeconomic difficulties and stressful life events experienced or witnessed. Conclusions: This scoping review summarises the secondary evidence for prevalence and risk factors of perinatal mental health disorders among migrant women. It provides a snapshot of the burden of illness and associated risk factors. Evidence suggests that this particular population is at increased risk of developing mental health illness and continues to be vulnerable. These findings will help address their needs and ensure that timely and appropriate support is available. More research is needed in this field of study to meet the increasingly complex demands.

15. COVID-19's Impact on Staff in the Worcestershire Community Perinatal Mental Health Team

Amy Moltu, Dr E Brotchie, Dr H Kapadia

Aims and Hypothesis: We sought to establish how the COVID-19 pandemic has impacted the perinatal team to help best guide changing practices moving forward beyond COVID-19. We hypothesised that there would be a mixture of benefits and challenges identified by the team. **Background:** The COVID-19 pandemic has seen significant changes to the ways of working of most specialities. The Worcestershire community perinatal mental health team has been no exception, with a shift from a combination of medical outpatient appointments and domiciliary visits, to a majority of remote consultations. **Methods:** We devised a survey which was distributed to the members of the perinatal mental health team to establish their views of the current ways of working. **Results:** The survey received responses from a range of professions within the multidisciplinary team. The most common benefits identified were in facilitating team meetings, the opportunities for virtual training, and in reduced travel time. The majority of staff had noticed an improvement in the attendance of their patients (83.3%). Staff supervision was either rated as unchanged (50%) or improved (33%). The most common challenges were technological ones such as phone signal and internet connections, and feeling disconnected from the team as a result of reduced informal conversations and support. Staff had attempted to address the feeling of disconnectedness by arranging a fortnightly virtual "coffee and catch-up" for peer support. **Conclusions:** Whilst a majority of staff were keen to continue to incorporate some aspects of remote working (triggered by COVID-19) within a future job plan, the majority of staff miss the face-to-face interaction both with patients and their colleagues. We are currently in the process of sending a survey to our perinatal patients in order to allow us to evaluate their experiences of altered ways of working, and to incorporate their views into ongoing service development.

16. A qualitative study exploring GPs' and psychiatrists' perceptions of post-traumatic stress disorder in postnatal women using a fictional case vignette

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Aims and hypothesis We investigated whether GPs and psychiatrists perceive post-traumatic stress disorder (PTSD) symptoms after childbirth to indicate pathology and what diagnosis and management they would offer to a woman in a fictional case vignette who was experiencing PTSD symptoms following a traumatic birth. **Background** PTSD affects 3%-4% of women who give birth. It is underdiagnosed and undertreated. Thus far, no studies have investigated doctors' perceptions of PTSD in postnatal women. **Methods** Semi-structured interviews were conducted with six GPs and seven psychiatrists using a fictional case vignette featuring a woman experiencing PTSD following a traumatic birth. A framework analysis approach was used to analyse the resultant data. **Results**

Despite half the GPs recognizing trauma-related features in the vignette the most common diagnosis offered was postnatal depression whereas six of the seven psychiatrists identified the case as PTSD. Management plans reflected this. Both GPs and psychiatrists lacked trust in timeliness of referrals to psychological services. Both suggested referral to specialist perinatal mental health teams.

Conclusions Results suggest women are unlikely to access a PTSD diagnosis during initial GP consultations, however the woman-centred care proposed by GPs means that a trauma-focused diagnosis later in the care pathway was not ruled out. Results are exploratory; further research is needed to confirm these findings, which suggest that an evidence base around best management for women with postnatal PTSD is sorely needed, especially to inform GP training.

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17. Audit of the outcomes of pregnancy in morbidly obese patients over 1 year

Dr Eileen Moss, ^{1, 2} ¹ Royal Jubilee Maternity Service, Belfast, UK; ² Queen's University, Belfast, UK.

Aims and hypothesis: The link between low mood and emotional eating is well established. Emotional eating can lead to obesity. Morbid obesity in pregnancy (BMI>40) contributes to adverse outcomes for both the mother and the foetus and has major cost implications for the National Health Service. Our aims were to compare current practice to national guidelines for management of obese patients in pregnancy and to review the outcomes of pregnancy for morbidly obese women with regards to mode of delivery and maternal complications.

Background: People who feel low may eat more than they should or more than they want to. Mood, eating habits and the consequent implications on the health of a mother and her baby are all interlinked.

Methods: Anaesthetic referral records, dietician records and information from the hospital electronic database were used to assess the number of morbidly obese pregnant women over 1 year. A random sample of 50 women was selected and their case notes reviewed retrospectively.

Results: 168 women were recorded with BMI>40 over 1 year. A random sample of 50 medical records was studied in detail. There was a lack of co-ordinated and standardised antenatal care for these women. Women with BMI>40 were at higher risk of induction of labour (64%) and at higher risk of having to have a Caesarean section (39%). 53% of these morbidly obese women had significant antenatal complications requiring frequent antenatal attendances and 18% had a significant postnatal complication requiring hospital admission.

Conclusion: A substantial number of morbidly obese pregnant women require specialised antenatal, intrapartum and postnatal care. These women require more outpatient monitoring and hospital admissions. Patients with low mood and who are at high risk of emotional eating should have joint care between Psychiatry and Obstetrics and Gynaecology. Hopefully this will be implemented in the future.

18. n/a

19. Perinatal Mental Health and its Effect on Infant Neurodevelopment

Johanna O'Connor, Raunica Katyal, Iain Tweedlie, Alex Livie, Zeyn Green-Thompson

Aims and hypothesis This research aims to explore the relationship between perinatal mental health and the neurodevelopment of the infant. We propose that the presence of mental health in the mother has a negative impact on neurodevelopment of the infant and whether there are stronger correlations for particular mental illness, for the severity of the mental illness or for both. **Background** Although some maternal perinatal mental health disorders (such as postpartum depression) have been investigated in terms of its effect on infant development there are a limited number of papers in this field and the data is still inconclusive. This research utilises the diagnosis, the Health of the Nations Outcome Scale, the Postpartum Bonding Questionnaire, the Ages and Stages Questionnaire as well as the antenatal Whooley Questionnaire and explores whether these tools can identify mothers in need before they are admitted to a Mother and Baby unit. **Methods** This is retrospective study of perinatal mothers admitted to the Mother and Baby unit of Hellesdon Hospital in the Norfolk and Suffolk NHS Foundation Trust. Data was collected from Lorenzo and SystemOne and incomplete data was excluded from the study. A power calculation for this study using the G Power application requires this study to include a minimum of 46 patients if our expected outcome is a quadruple increase in neurodevelopmental delay. This study is still ongoing but we aim to use a Pearson Correlation Coefficient to identify the strength of the association as well as single and multiple regression analysis. **Results** - TBC **Conclusions** - TBC We expect this data to be complete by the time of the conference.

20. The Neurobiology of Attachment and the influence of psychotherapy: a literature review

Dr Graziella F. Romano, ST5 General Adult Psychiatry, Essex Partnership University NHS Foundation Trust, Dr Priyanka Tharian ST6 General Adult Psychiatry, East London NHS Foundation Trust, Dr Daniela Patrascu Consultant Psychiatrist, Essex Partnership University NHS Foundation Trust, Dr William Burbridge-James Consultant Psychiatrist and Medical Psychotherapist, Essex Partnership University NHS Foundation Trust.

Aims and hypothesis: To review the existing scientific literature on the neurobiology of caregiver-infant attachment and the effects of psychotherapy on these neurobiological mechanisms. **Background:** Understanding attachment is relevant to working with women and families in the perinatal period and has an impact on treatment outcomes. Evolutionary perspectives show that the infant's attachment to the caregiver is important for survival. Psychotherapeutic interventions potentially have a role in modifying the risk of intergenerational transmission of trauma and insecure attachment styles. **Methods:** We performed a Medline search focussing on the past 10 years. Keywords used were attachment, neurobiology and psychotherapy. We included original studies and existing reviews looking at all types of formal psychotherapy used and focussing on human research. Exclusion criteria were non psychotherapeutic interventions and attachment based on couples only. **Results:** There has been an increasing focus in the literature on studying the neurobiology of attachment in caregivers and infants both in healthy cases and in psychopathology over the past decade. Existing studies concentrate on care givers, there is growing evidence on the effects of attachment styles on the infant's brain. Some authors looked at the effects of parental childhood

trauma on later parenting styles and intergenerational transmission of trauma. A few studies highlighted neurobiological changes as a result of psychotherapeutic interventions in various psychiatric disorders. However, the literature on psychotherapy's effects on the neurobiology of attachment is scarce. Conclusions: There is growing evidence on the neurobiology of attachment focussing on specific neurotransmitters and brain pathways. The modulating effect of psychotherapy has also been studied, albeit with more focus on recovery from psychiatric illness rather than on attachment. This review highlights the need for more work in this area with potential scope for clinical interventions based on understanding the underlying neurobiological mechanisms of empathy and attachment between caregivers and infants.

21. IMPACT OF THE COVID-19 PANDEMIC ON MATERNAL MENTAL HEALTH

Elizabeth Rose, Manonmani Manoharan, Jennifer Powell

Aims and hypothesis The ongoing impact on global mental health of Covid-19, and the isolation measures used to combat its spread, is increasingly acknowledged. We were interested in considering the effect the pandemic has had specifically on the mental health of women in the peripartum period. By reflecting on our experience working in this field during the pandemic, we hope to generate ideas to improve future services. **Background** As many countries adopt strict quarantine and lockdown strategies, increasing attention has been given to the impact on mental and emotional wellbeing. The influence of this on perinatal mental health and service provision specifically is important to consider, as women in the perinatal period may be particularly vulnerable to the negative effects we are already seeing in the general and psychiatric populations. **Methods** We considered the effects of the pandemic in this high-risk population during each stage of contact with our services. This included pre-conception, during the antenatal and postnatal periods, the potential longitudinal effects, and the impact on service provision. To support this, recent case examples were identified and described from our busy and diverse South London community perinatal psychiatry service. **Results** In our service we have noted many recent referrals in which it is evident that the current world health crisis has been a key stressor or trigger for the development or deterioration of women's mental health difficulties. This includes women who have been impacted by various factors related to the pandemic, at all stages of the perinatal period. **Conclusions** In these challenging times, it is vital to maintain equality of access to perinatal specialist services and to continue to consider how to deliver the best care circumstances allow. This will involve adapting to the new working environment, and optimising care delivery using remote technologies where appropriate, in a way that is safe, accessible and acceptable to service users.

22. Which Tools are Validated for the Diagnosis of Perinatal Mental Health Conditions?

Preliminary data from a large-scale Systematic Review of Systematic Reviews

Megan Sambrook Smith, Dr Megan Sambrook Smith, Dr Gracia Fellmeth, Professor Jenny Kurinczuk, Lucienne Pullen, Professor Fiona Alderdice, NPEU

Aims and hypothesis: This systematic review aims to summarise available evidence from existing systematic reviews about the psychometric validity of screening tools used internationally for

perinatal common mental disorders. Background: Many screening tools have been developed for identification and stratification of mental disorders, with few specifically designed for perinatal women. Prior to use in clinical practice, validation of screening tools in local contexts is essential to ensure appropriateness within the target population and establish context-specific thresholds for diagnosis. Methods: A systematic review, meta-analysis and narrative synthesis of systematic reviews was conducted. Studies were identified in MEDLINE, PsychINFO, EMBASE, Global Health and Cochrane Database of Systematic Reviews and through hand-searching of reference lists and citation tracking of included studies. Quality of included papers was assessed using AMSTAR-2 tool. Results: Preliminary results show of the 7,888 papers identified, 33 were eligible for inclusion. These studies vary in study design, are not homogenous in outcomes and capture diverse screening tools from a range of countries with variations in cultural/linguistic adaptation, making comparisons of sensitivity and specificity estimates challenging. Preliminary analysis shows that although the Edinburgh Postnatal Depression Scale (EPDS) has been validated for use in the largest number of cultural contexts, newer tools (such as Postpartum Depression Screening Scale) are starting to be used in favour of the EPDS. Ongoing analysis includes comparison of summary receiver operating characteristic curves (SROC) to allow for validity assessments of various threshold settings for this new generation of instruments. Conclusions: Reviews of this scale are important to provide up-to-date knowledge and clear guidance on validated tools for use in clinical settings. This research helps to facilitate ongoing accurate and valid epidemiological research in the field of perinatal mental health.

23. A retrospective evaluation of smoking status and smoking cessation among inpatients on a Mother and Baby Unit in Hampshire

Dr Gemma Smith, Dr Gil-Rios

Aims and hypothesis

The aim of this quality improvement project was to investigate how well, as a service, we promote smoking cessation. The hypothesis was that not all patients are offered smoking cessation advice due to fluctuating mental state, short admissions, and patients not wanting to engage.

Background

Patients investigated were all admitted to the Mother and Baby Unit which admits women who have severe mental illness from 24 weeks of pregnancy until a child is one year old. Smoking in pregnancy is known to increase risk of developmental problems. During childhood, second-hand smoke can increase risk of respiratory problems and risk of sudden and unexpected death in infancy.

Methods

A retrospective study evaluating admissions spanning a 3.5 year period (between March 2017 and September 2020) to gain a sample size of 130 admissions. Digital records (via "Rio") were accessed for these patients, and searched for documentation of evidence of patients' smoking status. Scanned documents were also searched if unclear in written notes. Discharge summaries were used to evaluate diagnoses at time of discharge. Anonymised data was collated and comparisons made between different subgroups of smokers.

Conclusions

73% who reported themselves as current smokers were given smoking cessation advice during admission – of these, only 27% engaged with this advice. There was a significant difference in

proportion of smokers when categorised by diagnosis at discharge. 52% of patients diagnosed with complex PTSD were current smokers, compared to 35% of patients with depression, and 11% with psychosis. With average admissions over a month, there should be time for all patients who report themselves as smokers to be given smoking cessation advice. There was also noted to be 12 patients out of the cohort who had no documented smoking status – this should be done routinely when patient is clerked on admission.

24. Do social media networks improve the mental health of women in the perinatal period?

Abigail Swerdlow, ST5 Child and Adolescent Psychiatry, Tavistock and Portman NHS Foundation trust
Dr Tamar Nisner, salaried GP, Watling medical centre

Do social media networks improve the mental health of women in the perinatal period? Aims and hypothesis: To evaluate whether social media networks, specifically a Whatsapp group set up for pregnant doctors all due at the same time, had an effect on the participants' mental health in the perinatal period. We hypothesised that being part of a group of their professional peers would be seen as a supportive network and would combat loneliness and reduce anxiety and therefore be beneficial to their mental health at this time of vulnerability. Background: Up to 1 in 5 women have mental health problems in pregnancy or after birth. If untreated, this can have an enormous impact on the mother and her family. Evidence has shown that intervening in this perinatal period can improve outcomes. Social media often has been said to be associated with poor mental health, including increased rates of depression, anxiety and poor sleep. However other research suggests that social media could have a positive impact of a supportive nature. Methods: A Whatsapp group was set up for doctors who were due in May 2018, an offshoot of a wider facebook group for physician mothers in the UK. There are 31 doctors who remain part of this Whatsapp group. We sent an online survey to them to fill out. Both quantitative and qualitative feedback was collected and analysed. Results: There was a 68% response rate. All members felt the group was supportive and 95% felt it being a group of doctors made it better suited to their needs due to being connected with like-minded individuals with similar challenges of being both a medic and a mother. 85% felt that being part of the group improved their mood, 80% felt their anxiety was better and 90% felt it helped their ability to manage their concerns. Common themes emerged including; practical and emotional support, reduction of isolation, normalisation of worry, a non-judgemental environment, signposting and sharing resources. 57% of the group experienced some degree of mental health difficulties in this perinatal period and many felt they were more able to seek help as a result of being part of the group. Conclusions: Being part of the Whatsapp group improved the participants' mental health, in particular with regards to mood, anxiety, managing concerns about their children and help seeking behaviour. Social media in this form has had a positive impact on the mental well-being of women in the perinatal period.

25. Perinatal Pharmacist

Shyaam Teli, Dr Sonia Sangha

Aims and Hypothesis: For a perinatal pharmacist to provide high quality, timely information on medication to community prescribers and patients, enabling them to make informed decisions regarding patient care. This will enable safer prescribing and increase medication compliance during the perinatal period. Furthermore, diversifying the MDT with this resource may lead to a myriad of benefits, for example medication teaching to the wider perinatal network. **Background:** The perinatal MDT for Luton and Bedfordshire have identified a need for high quality and timely information regarding medication to be delivered to community prescribers and patients in the area. In particular, local GP and CMHT prescribers commonly stop patients' psychotropic medication unnecessarily during pregnancy, often resulting in a relapse of mental illness. **Methods:** A perinatal pharmacist targeted community prescribers in the area, as well as patients on the perinatal caseload. During the pilot period the pharmacist was available 3 days a week, culminating in 33 days worked over a 3-month period. **Results:** A total of 56 queries were completed during the pilot. Of these 56 queries: 31 were requests for prescribing advice from GPs and CMHTs; 11 were recommendations to GPs to restart psychotropic medication that had been suddenly and inappropriately stopped; and 14 were from patients asking for more information on the safety profile of their medication. **Conclusions:** The large number of queries from both patients and prescribers suggests a demand for high quality and timely information on medication. The provision of this information has resulted in safer prescribing and improved medication compliance in Luton and Bedfordshire. Inclusion of a perinatal pharmacist in the perinatal MDT has brought about other team benefits including medication teaching to the MDT and wider perinatal network, as well as allowing the limited consultant psychiatrist resource to be utilized across a broader range of activities.

26. Assessment of mental health of postnatal women at discharge from the maternity ward at Jersey General Hospital, Channel Islands

Dr Jade Wright, Clinical Fellow Obstetrics and Gynaecology, Jersey General Hospital

Aims and hypothesis, Perinatal mental health is a public health concern, affecting between 10-20% of women. Primary prevention requires early identification of women at risk. Aim is to assess current documentation of women's mental health at discharge from the maternity ward in Jersey General Hospital, Channel Islands. Hypothesis is that discharge is a key time for identifying women at risk and assessment can be improved. **Background,** Jersey is a Channel Island with a population of 110,000, with comparable demographics to the UK. There is a 21 bed maternity unit with 890 live births in 2019. In 2013, 32 women were referred to perinatal psychiatry services. Discharge assessment is done using a computerized pro-forma by either midwives or doctors and includes assessment of psychological state. This is documented in an empty text box under the heading 'psychological state'. **Methods,** 50 patients discharged from the maternity ward in April 2019 were studied. Using computerized medical notes the following information was gathered: completion and content of the psychological state text box, previous known psychiatric history, and psychotropic medication use. **Results,** 49/50 women had psychological state documented. Documentation was varied: 8 'emotionally well', 6 'well', 4 'in good spirits', 3 'appears happy', other documentation included; 'could develop PTSD', 'no elated

mood/low mood/confusion', 'well but tired', 'well but teary', 'mood bright but tearful', 'low mood no suicidal ideation', 'was tearful but says no low mood'. 15 women had previous psychiatric history, 1 requiring medication during pregnancy. Conclusions. Documentation of mental state at discharge from the maternity ward is user dependent with no clear questions. NICE guidelines suggests during the early postnatal period, consider asking prescribed depression identification questions, alongside screening for anxiety using GAD2. Future research could assess the efficacy of these screening questions at discharge, to aid early identification of women at risk.

27. Empowered Women, Empowered Mind

Dr Grace Xia, Core Psychiatry Trainee Year 3, Central and North West London NHS Trust (CNWL), Dr Sucharita Sriranjani - Specialty Doctor, Coombe Wood Mother and Baby Unit, CNWL, Dr Azim Daud, Core Psychiatry Trainee Year 3, CNWL, Camille Steel, Assistant Psychologist, CNWL, Bana Kesete, Ward Manager, CNWL, Dr Jona Lewin - Consultant Psychiatrist, Coombe Wood Mother and Baby Unit, CNWL

Background: Unplanned pregnancies are a significant risk factor in perinatal mental health. They also have the potential to result in adverse health impacts for mother, baby and children later in life. One third of women are unable to access contraception from their preferred source and women who are already disadvantaged are less likely to access contraception. Women are more likely to take on board health advice during pregnancy and the post partum period due to high level of surveillance by health professionals. Methods Quality improvement methodology was applied using process measures, balance measures and outcome measures. Baseline data was collected prospectively via a pre-intervention questionnaire given to patients admitted to Coombe Wood MBU between May to September 2020. The questionnaire assessed areas around pregnancy and knowledge of contraception. Contraception teaching for Coombe Wood staff was provided by a nurse specialist in sexual health. The patients were then invited to attend a monthly sexual health education group facilitated by Coombe Wood staff where they were provided with information, leaflets and advice about contraception. 1:1 sessions were also made available for patients unable to attend the group sessions. Patients wishing to find out more or start on a long acting contraceptive were referred to the sexual health specialist. A post-intervention questionnaire was given to patients which assessed if patients felt able to make an informed decision with regards to contraception. Attendance at each group was monitored. Results: • 53% of patients reported unplanned pregnancies. • Most commonly used contraceptives were oral contraceptive pills (combined or progesterone only), implants and condoms. • 40% of women felt lacking confidence in choosing the right contraceptive for them and requested further advice from professionals. • The most frequent question asked during the sexual health groups was regarding hormonal contraceptives impacting on mental health. • By September 100% of patients felt they were able to make an informed decision about their contraception on discharge. • Patients who declined contraception based on their religious and cultural beliefs nevertheless felt well informed. Conclusions Facilitating women to make informed decisions regarding their contraception empowers them to gain autonomy, reduces the risks of perinatal physical and mental ill health and improves the quality of life for mothers and their babies. The results from this QI project are promising and can be adopted by other perinatal services.

28. A Qualitative Exploration of the Service Users Perception of Perinatal Mental Health.

Amir Zamani, Stephanie Cozzi, Samantha Danesh-Pour

AIMS & HYPOTHESIS: To explore the perception and lived experiences of perinatal mental health service users in Berkshire, UK; to guide clinicians in the development of a holistic and tailored approach to service delivery in the community setting. BACKGROUND: Specialist community perinatal mental health services have been commissioned across the UK to support women with diagnoses of moderate to severe psychiatric illnesses during pregnancy and postpartum. There is a growing body of evidence showing that the needs of service users and their families should be at the heart of the perinatal model of care. However, service users may have different perceptions about specialist perinatal services they have been offered. METHODS: Semi-structured focus groups conducted with a convenience sample of 10 women from East & West Berkshire who received perinatal services and had been discharged from the service within the last 12 months. Data were analysed thematically. RESULTS: Participants felt positive about receiving treatment in their home, however some wanted to be more independent. The nature of a multidisciplinary approach has been well received by the participants as this promotes a sense familiarisation and not feeling judged and stigmatised. Participants felt that the period of perinatal support for adjustment to motherhood needed to be extended and the definition of perinatal mental health received positive acceptance. CONCLUSION: Our findings suggest that perinatal service users have a positive experience of perinatal support, however educating other health care professionals involved in the care of this population was recommended. Extending the period of perinatal support and providing information during their pregnancy, have been identified by participants as areas for improvement. Further research from different localities with a more representative, diverse population is merited..