

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

Irene Mateos Rodriguez¹ & Michelle Kemp²

¹ Academic Foundation Doctor, University of Cambridge, UK. Email im409@cam.ac.uk.

² Department of Obstetrics, Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust, Cambridge, UK.



Cambridge
University Hospitals
NHS Foundation Trust



Aims

- To improve and standardise service provision of perinatal mental health (PMH) in primary care in the region to reach out to most vulnerable women and families who are at higher risk (1, 2).
- To monitor and address variation in practice to ensure marginalised communities access evidence-based gold-standard care(3).

Methods

- Survey consisted of ten questions assessing knowledge, confidence in managing PMH, and training needs. This was distributed to general practitioners (GPs) by email through the platform that distribute emails to all registered GPs in the region.

Results

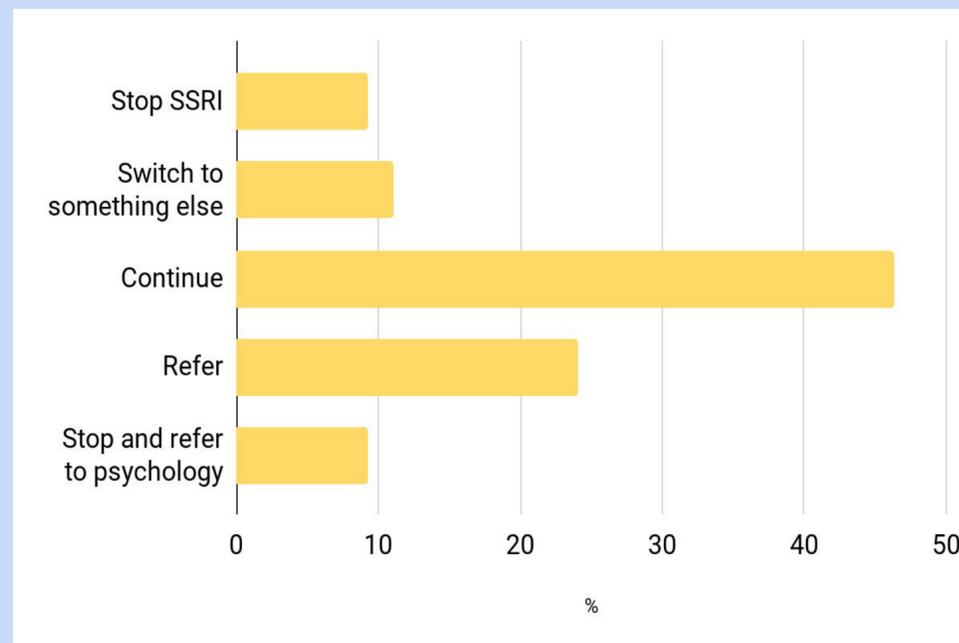
- Fifty-nine responses were obtained over a four-month period (out of 96 general practices in Cambridgeshire)
- Pre-pregnancy advice regarding antidepressants was reported by 75% of respondents

Table 1 shows services referred to by GPs when looking after women with PMH

Service	Times listed
PMH Service	13
Local adult mental health services	25
Consultant obstetrician	5
Midwife or health visitor	5
Online (eg headspace, mood gym)	3
Psychological wellbeing service	2
Cogwheel	1
I am not aware of any services	5

- 58% of GPs had had no or minimal training on PMH.
- 28% had some training in medical school or during a psychiatry post as a GP trainee. 15% had done some self directed online modules or reading.
- In managing PMH 15% were confident and 2% very confident. Whilst 53% rated their confidence as a two or less on the 0-5 scale (0 being not at all confident).

Figure 1 shows the range of actions when faced with a pregnant woman on an SSRI in the first trimester of pregnancy.



- 17% reported feeling confident starting antidepressants during pregnancy when indicated. These were similar for breastfeeding.
- One respondent added feeling uncomfortable prescribing even when indicated in the absence of PMH services to support such decisions; another argued it was an unsuitable decision for a ten-minute consultation and felt it should be a secondary care decision.
- 90% of correspondents requested more training on PMH

Discussion

- **Overall** these preliminary results highlight discrepancies in confidence and practice, differences in training and hence potentially an effect on care and advice received by women across the region, as well as a desire and need for training on the subject.
- **Limitations** interpreting these results exist: small sample size, gender bias, and response rate unknown; hence subject to many biases. For example respondents may have felt more passionately about the subject, or more underconfident, or in need of more training, and thus not necessarily representative of all GPs in the region.
- **Outcomes.** The regional steering group in PMH has since been developing better training packages and services tailored towards supporting GPs to ensure gold-standard care (3). Training days and a regional conference were organised for GPs.

Conclusion

- Through addressing confidence and raising awareness in primary care of PMH referral pathways and service provision we ultimately aim to aid consistency in care, and so reach out to marginalised vulnerable women in the region.

References

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3. National Institute for Health and Care Excellence (2018) *Antenatal and postnatal mental health: clinical management and service guidance* (NICE Guideline CG192).