



# Conference Brochure

# Programme

<b>Session #1:</b> Chaired by Dr Jo Black	
09:00-9:15	<b>Welcome and Introductions</b>  Dr Jo Black, Faculty Chair
09:15-09:55	<b>New findings from the ESMI perinatal mental health research programme : the impact of trauma and other adversities on outcomes during and beyond the first postpartum year, and implications for interventions</b>  Professor Louise Howard
09:55-10:35	<b>New evidence regarding prescribing psychotropic medication in the perinatal period</b>  Dr Angelika Wieck  <i>Q&amp;A session</i>
10:35-11:00	<b>Morning Break and Poster Viewing</b>
<b>Session #2:</b> Chaired by Professor Ian Jones	
11:00-11:40	<b>The Cardiff University Reproductive Psychiatry Clinical and Research Programme</b> Dr Arianna Di Florio  <i>Q&amp;A session</i>
11:40-12:20	<b>Maternal Mental Health Alliance update: specialist services and comprehensive PMH care campaign plans</b>  Luciana Berger, MMHA chair  Dr Alain Gregoire, MMHA President  Laura-Rose and MMHA champion  Karen Middleton Campaign Manager  <i>Q&amp;A session</i>
12:20-1:20	<b>Lunch Break and Poster Viewing</b>
<b>Session #3:</b> Chaired by Dr Jelena Jankovic	

1:20–2:00	<p><b>But what about us? Partners and families in perinatal mental health care'</b></p> <p>Dr Billie Lever Taylor</p> <p><i>Q&amp;A session</i></p>
2:00-2:45	<p><b>Update from MBRRACE-UK: Mental-health related deaths and complex adversity</b></p> <p>Professor Marian Knight and Dr Roch Cantwell</p> <p><i>Q&amp;A session</i></p>
2:45-3:15	<b>Afternoon Break and Poster Viewing</b>
<b>Session #4: Trainee presentations - Chaired by Professor Ian Jones</b>	
3:15-4:00	<p><b>The Experience of Loneliness Among Women with Perinatal Depression: A Qualitative Meta-Synthesis of the Literature</b></p> <p>Dr Katherine Adlington</p> <p><b>Admissions to a Mother and Baby Unit: an evaluation of ethnicity and interventions</b></p> <p>Dr Joanna Cranshaw</p> <p><b>Is Maternal Antenatal Depression and Anxiety Associated with Poorer Infant Sleep Outcomes: A Systematic Review of the Evidence</b></p> <p>Dr Caroline Deodhar</p> <p><b>Postpartum Psychosis and Covid-19 pandemic: Two-cases admitted to the Rainbow Mother and Baby Unit</b></p> <p>Dr Tugba Kavasoglu</p>
4:00–4:40	<p><b>Prenatal antidepressants exposure and early brain development</b></p> <p>Dr Tim Oberlander</p> <p><i>Q&amp;A session</i></p>
4:40–4:55	<p><b>Prizes</b></p> <p><b>Closing Comments</b></p>

# Speaker Abstracts and Biographies

## **New findings from the ESMI perinatal mental health research programme : the impact of trauma and other adversities on outcomes during and beyond the first postpartum year, and implications for interventions**

Professor Louise Howard

The NIHR ESMI Research programme investigated the Effectiveness of Services for woMen in the perInatal period. Our recent analyses will be presented including differences in service satisfaction, factors associated with readmission after acute postpartum care, and the mental health needs of significant others. Updates on our research on preconception care (funded by Public Health England), and NIHR funded ESMI-II and ESMI-III will also be briefly described.

**Professor Louise Howard** is Professor of Women's Mental Health at King's College London and an NIHR Senior Investigator. Her research includes health services research focused on perinatal mental health services funded by NIHR. She also leads the UKRI funded Mental Health Network on Violence, Abuse and Mental Health ([www.vamhn.co.uk](http://www.vamhn.co.uk)). She is President of the International Marcé Society and Conference co-chair for the London Marcé Conference in September 2022.

## **New evidence regarding prescribing psychotropic medication in the perinatal period**

Dr Angelika Wieck

This presentation will discuss recent developments in the treatment of mental disorders in the perinatal period focussing particularly on progress being made in investigative methodology and how this has impacted on findings. Pregnancy-related pharmacokinetic changes that may have clinical implications will also be discussed.

**Dr Angelika Wieck:** Following psychiatric training, a lecturership and research on biological and psychosocial aetiological mechanisms in bipolar illness triggered by childbirth at SLAM and the IOPPN in London, I became Lead Consultant for the North West Perinatal Psychiatry Service based in Manchester and Clinical Lead for the Perinatal Mental Health Clinical Network in Greater Manchester and Eastern Cheshire. I was a member of the National Clinical Reference Group for Perinatal Mental Health and Expert on the Valproate Bipolar Advisory Group at the European Medicines Agency. I am currently Honorary Perinatal Consultant Psychiatrist at the Greater Manchester Mental Health NHS Foundation Trust, Honorary Senior Lecturer at the University of

Manchester, and the Chair of the Women's Mental Health and Gender Section of the European Psychiatric Association. My research and publications are in reproductive psychopharmacology, psychoneuroendocrinology and perinatal psychiatry.

### **The Cardiff University Reproductive Psychiatry Clinical and Research Programme**

Dr Ariana di Florio

The talk will discuss the rationale, approaches and recent findings from the Cardiff University Reproductive Psychiatry Clinical and Research Programme.

The programme includes a suite of clinical and genetic studies aimed to improve risk prediction, diagnosis and management of women with psychiatric disorders associated with reproductive events, such as the menstrual cycle, childbirth and the perimenopause. The first part of the talk will focus on our paper "Post-partum psychosis and its association with bipolar disorder in the UK: a case-control study using polygenic risk scores", recently published in *Lancet psychiatry*. In the second part, reproductive triggers beyond childbirth will be discussed. The talk will conclude with future directions, including the Postpartum Psychosis Consortium, which brings together scientists and clinicians from Africa, America, Europe and Asia and the European Research Council funded project "GASSP – genetic architecture of sex-steroid related psychiatric disorders" , which seeks to recruit and characterise 3,000 women with psychiatric disorders associated with reproductive triggers across the UK.

**Dr Ariana di Florio:** I am a researcher and clinical psychiatrist. Psychiatric disorders associated with changes in female sex hormones, such as those associated with the menstrual cycle, childbirth and transition to menopause, are a major public health issue and represent a unique opportunity to study the complex interplay between gender, sex and mental states. In my role at Cardiff University, I have set up the Reproductive Neuroscience Clinical and Research Programme to study how genetic and environmental markers can help identify women at risk of psychiatric disorders in relation to changes in sex hormones and improve the current approach to diagnosis, prevention and treatment. The programme includes the European Research Council funded project "Genetic Architecture Of Sex Steroid-related Psychiatric Disorders" (GASSP), the first molecular genetic study of the psychiatric sensitivity to sex hormone changes. At the MRC Centre for Neuropsychiatric Genetics and Genomics at Cardiff University I lead the bipolar disorder genomics research group. Together with the Bipolar Disorder Research Network, the centre has collected the largest cohort of people with bipolar disorder in the world and has made important contributions to the understanding of the genetic susceptibility underpinning the disorder.

## **Maternal Mental Health Alliance update: specialist services and comprehensive PMH care campaign plans**

### **Luciana Berger, chair of the Maternal Metal Health Alliance (MMHA)**

Luciana is also Managing Director of Public Affairs and Advocacy at Edelman UK, specialising in international campaigns, health, and energy policy.

Before joining Edelman, Luciana served as an MP for almost a decade. During her time in the Commons, Luciana held back- and frontbench roles, including as the first-ever Shadow Cabinet Member for Mental Health. She was also a leading member of the Health and Social Care Select Committee, serves on the advisory board of the Money and Mental Health Policy Institute, and is Vice-President of the British Association of Counsellors and Psychotherapists.

An award-winning campaigner, Luciana has long called for increased awareness, parity of esteem, and improvement of mental health services.

### **Dr. Alain Gregoire, Consultant and Honorary Senior Lecturer in Perinatal Psychiatry, honorary president and Co-Founder Maternal Metal Health Alliance (MMHA)**

Alain is a member of the NICE Guideline Development Group for Antenatal and Postnatal Mental Health and has contributed to the development of policy, guidance, and clinical services in the UK and abroad. He is determined to ensure that all women have access to care for their mental health which is at least as good as the care available for their physical health in pregnancy and postnatally. Dr. Alain Gregoire is a retired Consultant Perinatal Psychiatrist and Honorary Senior Lecturer at the University of Southampton. He set up and leads the national award-winning Hampshire Perinatal Mental Health Service, which provides comprehensive integrated community and inpatient services to women with severe mental health problems in pregnancy and postnatally. He has conducted research into perinatal services, the mental health of mothers in prisons, and other aspects of perinatal mental health. He began his postgraduate medical training in obstetrics, but on finding that the illest women, who also received the worst care, were those with mental health problems, he switched to psychiatry and completed his training at the Maudsley Hospital and Institute of Psychiatry.

### **Laura-Rose Thorogood, Maternal Metal Health Alliance (MMHA) Champion**

Laura-Rose Thorogood is a married lesbian mother of fourteen years with three children by IUI & IVF treatment spanning over a decade. She is the Founder of The LGBT Mummies Tribe, a global organization that supports LGBT+ women & people on the path to motherhood or parenthood. She is a LGBT+ Family Activist, fertility advocate, educator, writer, speaker & campaigner for policy change for LGBT+ families, & is working directly with the NHS, Government & other organizations

to improve policies, educate & produce positive visibility of LGBT+ families on the path to parenthood through pregnancy, birth, general healthcare & society.

For further information on Laura-Rose's expertise please see [www.thelgbtmummiestribe.com](http://www.thelgbtmummiestribe.com)

### **Karen Middleton, Campaign Manager Maternal Mental Health Alliance (MMHA)**

Karen had managed the Everyone's Business campaign at the MMHA since 2017. She has over 17 years' experience working in the charity sector on mental health, human rights and social justice.

## **But what about us? Involvement of partners and families in perinatal mental health care**

### **Billie Lever Taylor**

I am a qualified clinical psychologist. I am now based at Kings College London. I completed a PhD in perinatal mental health in 2020. My main research focus is on perinatal mental health and the early years. I have a particular interest in understanding how interpersonal networks and wider social structures influence distress and how mental health services engage with these. I also have an interest in understanding experiences of families with children's social care system involvement in the perinatal period. Alongside my research, I work clinically in the NHS with children and families, and am also a Research Tutor at the Anna Freud National Centre for Children and Families where I teach and supervise clinical trainees.

## **Update from MBRRACE-UK: Mental-health related deaths and complex adversity**

Professor Marian Knight

There was a statistically non-significant decrease in the overall maternal death rate in the UK between 2014-16 and 2017-19 which suggests that continued focus on implementation of the recommendations of these reports is needed to achieve a reduction in maternal deaths. Maternal suicide remains the leading cause of direct deaths occurring within a year after the end of pregnancy. Key messages for perinatal mental health care: 1. Ensure there are clear and explicit pathways into specialist perinatal mental health care, which take into account all other aspects of perinatal mental health provision, including specialist roles within midwifery and obstetric services, in order to avoid any confusion over roles and responsibilities. 2. Ensure perinatal mental health services do not exclude patients on the basis of diagnosis, where they would ordinarily be seen by general adult mental health teams. 3. Ensure specialist services have the capacity to assess and manage all women who require secondary care mental health services, and be able to adjust for the altered (generally lowered) thresholds for assessment in the perinatal period.

**Marian Knight** is Professor of Maternal and Child Population Health at the National Perinatal Epidemiology Unit, Nuffield Department of Population Health, University of Oxford, UK. She is a public health physician and applied health researcher whose research focuses on the care and prevention of severe complications of pregnancy and early life and addressing disparities in outcomes for women and babies from different population groups. She established the UK Obstetric Surveillance System (UKOSS) in 2005 to conduct national studies of severe morbidities in pregnancy and leads the MBRRACE-UK national Confidential Enquiries into Maternal Deaths and Morbidity.

### **The Experience of Loneliness Among Women with Perinatal Depression: A Qualitative Meta-Synthesis of the Literature**

Dr Katherine Adlington

**Aims and hypothesis** To explore the role that loneliness plays in the day-to-day functioning of women with perinatal depression. **Background** Experiences of social isolation and loneliness are common in the perinatal period (particularly among young and more socially deprived women) and could be both the cause and effect of mental health difficulties. There is limited research exploring the link between social isolation, loneliness and perinatal depression and no attempt to synthesise the diverse qualitative studies that exist globally. **Methods** We undertook a qualitative meta-synthesis of the literature. A systematic, pre-defined search protocol was registered on Prospero. A systematic search was undertaken in July 2021 using agreed search terms in 4 electronic databases: OVID Medline; Psycinfo; Web of Science; Embase. Papers meeting inclusion criteria (qualitative research in women with diagnosed or self declared perinatal depression discussing loneliness, isolation, social connectedness or perceived social support) were then analysed and coded using Nvivo 20. Thematic analysis was used to identify relevant themes. Meetings were held with people with lived experience and academic subject experts to check validity and for reflexivity. **Results** 32 papers were identified that met the inclusion criteria. These papers included a range of women of different ages, locations, diagnoses (both antenatal and postpartum depression), ethnicities and qualitative research methods. **Key themes** that were identified include: 'Double hit' of loneliness in depression & perinatal period; Loneliness as a cause & a consequence; Isolation of early motherhood; Loss of confidence and sense of self; Changing nature of relationships in the postpartum period. **Conclusions** Loneliness is an important and common experience in the perinatal period. Understanding the loneliness experiences of women with perinatal depression will not only help navigate clinical interactions but also could offer a starting point to develop interventions to improve perinatal social connectedness and reduce the risk of perinatal depression.

**Dr Katherine Adlington** is Academic Clinical Fellow ST2.

### **Admissions to a Mother and Baby Unit: an evaluation of ethnicity and interventions**

Dr Joanna Cranshaw

**Aims and hypothesis:** This service evaluation compared differences in treatment according to ethnicity on an inpatient mother and baby unit. It was hypothesised that women from ethnic minorities were more likely to experience restrictive practice and less likely to receive psychological therapy. **Background:** Women from ethnic minorities are more likely to develop perinatal mental health problems, yet face increased barriers to accessing mental health services and are more likely to experience restrictive practice. **Methods:** Data were collected for all admissions to the unit from January 2019-October 2020 retrospectively from clinical notes. **Results:** Sample size 110. Ethnicity: White British 43%, Black African/Caribbean/Other 23%, Asian 15%, White other 13%, Other 4%, not recorded 2%. To ensure statistical power, comparisons were made between White (British and Other, N=61) women and women from ethnic minorities (N=44). There was no significant difference in detention rates ( $\chi^2(1)=2.74$ ,  $p=0.098$ ) between White/ethnic minority groups, although individual comparison demonstrated that while the White British detention rate was 29.79%, White other was 57.14%, Asian 58.8%, Black 48%. Psychotic diagnosis was strongly associated with detention rate. There was no significant difference in restraint (White 6/61 restrained, ethnic minority 8/44;  $\chi^2(1)=1.54$ ,  $p=0.215$ ). Women from ethnic minorities were significantly less likely to be offered individual psychology (White 51/61 offered, ethnic minority 28/44;  $\chi^2(1)=5.47$ ,  $p=0.019$ ). Women from ethnic minorities were also significantly less likely to accept an offer of individual psychology (White 47/53 accepted, ethnic minority 21/30;  $\chi^2(1)=4.51$ ,  $p=0.034$ ). Diagnosis and length of stay were not significantly associated with offers/acceptance of psychology and cannot account for differences. **Conclusions:** Women from ethnic minorities were significantly less likely to be offered or to accept individual psychology. This is consistent with existing literature on health inequalities in mental health settings. Further analysis/research is required to understand reasons for this disparity and barriers to accessing treatment.

### **Is Maternal Antenatal Depression and Anxiety Associated with Poorer Infant Sleep Outcomes: A Systematic Review of the Evidence.**

Dr Caroline Deodhar

Caroline graduated from the University of Leeds in 2013 and currently works as a registrar in Obstetrics and Gynaecology in NSW, Australia.

**Aims and hypothesis** This systematic review aims to determine if the children of mothers diagnosed with depression or anxiety during pregnancy exhibit poorer quality sleep when compared to a control group. **Background** Maternal antenatal depression and anxiety have been demonstrated to have unique effects on subsequent child development, including poorer social, cognitive and neurodevelopmental outcomes. This is likely mediated by fetal hypothalamic-pituitary-axis dysfunction secondary to maternal cortisol secretion. Children with neurodevelopmental disorders often have sleep difficulties, and insufficient sleep may worsen the prognostic outcome. Establishment of the sleep/wake cycle occurs in utero and may be affected by stressors during the antenatal period, hence poorer infant sleep could be a consequence of maternal antenatal depression and anxiety. **Methods** PubMed, Ovid (Medline), Web of Science, PsycINFO and CENTRAL were searched between 1981 and 2021, final search 3rd February 2020. Data was extracted via a purpose designed extraction tool and the Newcastle-Ottawa Scale and Cochrane Risk of Bias tool were applied to assess study quality and risk of bias. Heterogeneity was high and meta-analysis was subsequently not performed. Results were synthesised narratively with use of an overall grading combining sample size, study quality and risk of bias. **Results** 1484 records were identified, of which 34 were duplicates. Exclusion by title and abstract left 21 records for full text review. Seven studies met criteria for inclusion, all were cohort studies of moderate to good quality. Most studies carried moderate risk of bias. Some evidence was demonstrated for an association between antenatal depression, shorter sleep duration and more frequent nocturnal awakening. There was a weak association between antenatal depression and anxiety and higher scores on a sleep problems scale. **Conclusions** Though evidence supports the hypothesis the small number of studies and risk of bias make it difficult to draw definitive conclusions. Further research is needed.

Caroline graduated from the University of Leeds in 2013 and currently works as a registrar in Obstetrics and Gynaecology in NSW, Australia.

### **Postpartum Psychosis and Covid-19 pandemic: Two-cases admitted to the Rainbow Mother and Baby Unit**

Dr Tugba Kavasoglu

Postpartum Psychosis and Covid-19 pandemic: Two-cases admitted to the Rainbow Mother and Baby Unit Dr Tugba Kavasoglu, Dr Nikki Stanley, Dr Adel Elagawany, Dr Rina Gupta North Essex University NHS Foundation Trust **Aims and Hypothesis:** We would like to draw attention to the potential risk between Coronavirus Disease 2019 (Covid-19) and the lack of social support during the pandemic due to isolation measures to combat the spread for developing postpartum psychosis. **Background:** Covid-19 is a pandemic infection that mainly affects the respiratory

system, however neuropsychological effects have been increasingly reported. Inflammatory response, neuropsychiatric side effects of the medications used in treatment might be potential mechanisms. Perinatal period is known to increase vulnerability to psychiatric disorders. Social isolation in Covid-19 pandemic causing psychosis has also been documented. Methods: We explored two patients with no past psychiatric history, who were admitted to the mother and baby unit (MBU) with postpartum psychotic symptoms. Results: The first patient was admitted to the medical ward due to Covid-19 disease and treated with antibiotics in postpartum 11 weeks. In four weeks after discharge, she developed disorganized thoughts, ideas of persecution, homicidal behaviour, auditory hallucinations, reduced sleep, and became increasingly agitated leading to admission to MBU. The second patient had Covid-19 infection in postpartum six months, no treatment required. In the following three months, she developed symptoms of anxiety, panic attacks, reduced sleep and paranoid thoughts. Her mental health increasingly deteriorated, and she presented with an agitated state, delusions of persecution, suicidal and homicidal thoughts, visual and auditory hallucinations. She posed risk to her baby. Both patients were admitted under Section 2 of the Mental Health Act. Conclusions: Diagnostic investigations to rule out any underlying organic reasons were unrevealing. Neuropsychiatric conditions can be due to the neurotoxic effect of the virus or the inflammatory response towards it. Having Covid-19 infection and delivering during the pandemic, implemented strict lockdown measures leading to social isolation can increase the stress on the patients, and with the contribution of sleep deprivation, might precipitate postpartum psychosis.

**Dr Tugba Kavasoglu** is a CT2 in General Adult Psychiatry, North Essex University Partnership NHS Foundation Trust Medical Degree in Turkey Consultant Cardiac Anaesthesiologist, Turkey 2012

### **Prenatal antidepressants exposure and early brain development**

Dr Tim Oberlander

Prenatal exposure to antidepressants appears to alter early brain development, yet such exposure also occurs in the context of maternal mood disturbances and distinguishing the impact of prenatal maternal depressed mood remains a challenge. In this talk the audience will have an opportunity to: 1) learn about behavior in children of depressed mothers treated with an SSRI antidepressant during pregnancy; 2) appreciate that the impact of in utero SSRI antidepressant exposure differs from exposure to mothers' mood during and following pregnancy and 3) recognize that variations in development & behavior reflect that some, but not all, children may be at risk.

**Dr Tim Oberlander** is a Developmental Paediatrician physician-scientist whose work bridges developmental neurosciences and community child health. As a clinician he works with the Complex Pain Service at BC Children's Hospital and has a particular interest in managing pain in children with developmental disabilities. As a researcher, his work focuses on understanding how early life experiences, related to in utero exposure to antidepressants and maternal depressed mood, shapes stress reactivity during childhood and pathways that contribute to the early origins of self-regulation. His work provides strong evidence that both maternal mood and in utero selective serotonin reuptake inhibitor (SSRI) antidepressant exposure influences infant and child behaviour in ways that reflects a remarkable capacity for plasticity and that even in the face of adversity, some children do very well. The goal of his work is to understand how and why this happens and identify modifiable factors that can improve developmental health.

# Poster Abstracts

## 1. Mother and Baby Unit (MBU) contraception documentation

**Dr Temidayo Adeyeye**, Dr Zena Schofield

**Aims and hypothesis:** To determine if the Mother and Baby Unit (MBU), Nottinghamshire Healthcare NHS Trust are documenting discussions about contraception during an inpatient stay and whether contraception advice is stated on the discharge summary. **Background:** The audit was undertaken because women on the mother and baby unit are of child bearing potential and usually are on psychotropic medications. Thus for those who are not pregnant it is very important that discussions occur about contraception and contraception is started when consented to. The audit was conducted to investigate the documentation of discussions about contraception with postpartum inpatients on MBU. **Methods:** A retrospective case note review audit was conducted of 22 case notes of women consecutively admitted to the MBU at Nottinghamshire Healthcare NHS Trust from July 2020. The exclusion for this audit was any pregnant women from 32 weeks' gestation admitted to MBU. A data collection tool was constructed and finalised by the authors of the audit. The 22 case notes were audited against the data collection tool to investigate if there was documentation regarding contraception discussion with each woman during her admission. The data was analysed and presented as percentages, tables and bar charts. **Results:** The audit showed 64% of 22 case notes reviewed had documentation regarding discussions about contraception. The standard is 100% so this is below standard. 36% of 22 discharge summaries had documentation regarding contraception. 13% of medicines reconciliation contained information on contraception. None of the 22 case notes admission clerking's contained any information on contraception. **Conclusions:** The standard set-in section 8.1.12a for inpatient perinatal mental health services by RCPsych, is that 100% of postpartum women should have discussions about contraception whilst an inpatient on an MBU. Therefore the audit shows that the MBU at Nottinghamshire Healthcare NHS Trust did not meet the expected standard.

## 2. The Experience of Loneliness Among Women with Perinatal Depression: A Qualitative Meta-Synthesis of the Literature'

**Dr Katherine Adlington**, Professor Sonia Johnson, University College London Dr Eiluned Pearce, University College London Dr Billie Lever-Taylor, Kings College London Dr Cristina Vasquez Bendezu, University College London Dr Claire Wilson, Kings College London Dr Rebecca Nowland, University of Central Lancashire

**Aims and hypothesis** To explore the role that loneliness plays in the day-to-day functioning of women with perinatal depression. **Background** Experiences of social isolation and loneliness are common in the perinatal period (particularly among young and more socially deprived women) and could be both the cause and effect of mental health difficulties. There is limited research exploring the link between social isolation, loneliness and perinatal depression and no

attempt to synthesise the diverse qualitative studies that exist globally. **Methods** We undertook a qualitative meta-synthesis of the literature. A systematic, pre-defined search protocol was registered on Prospero. A systematic search was undertaken in July 2021 using agreed search terms in 4 electronic databases: OVID Medline; Psycinfo; Web of Science; Embase. Papers meeting inclusion criteria (qualitative research in women with diagnosed or self declared perinatal depression discussing loneliness, isolation, social connectedness or perceived social support) were then analysed and coded using Nvivo 20. Thematic analysis was used to identify relevant themes. Meetings were held with people with lived experience and academic subject experts to check validity and for reflexivity. **Results** 32 papers were identified that met the inclusion criteria. These papers included a range of women of different ages, locations, diagnoses (both antenatal and postpartum depression), ethnicities and qualitative research methods. Key themes that were identified include: 'Double hit' of loneliness in depression & perinatal period; Loneliness as a cause & a consequence; Isolation of early motherhood; Loss of confidence and sense of self; Changing nature of relationships in the postpartum period. **Conclusions** Loneliness is an important and common experience in the perinatal period. Understanding the loneliness experiences of women with perinatal depression will not only help navigate clinical interactions but also could offer a starting point to develop interventions to improve perinatal social connectedness and reduce the risk of perinatal depression.

### **3. Perinatal teams in Wales and COVID -19: How the COVID- 19 Pandemic both affected and influenced members of the Perinatal teams in Wales during 2020 and in the future**

**Dr Delia Annear**, Ibrahim Elbadrmany Divya Sakhuja

**Background:** The experience of the COVID-19 pandemic has impacted us all since 2020. It has had a huge impact on the NHS and has placed staff under extreme pressure. Although healthcare workers have shown outstanding resilience and professional dedication there has been a notable impact on health workers health and wellbeing. **Aims:** The aims of this study was to have an understanding of the impact that the pandemic had on the perinatal services in Wales. It aimed to gather data to understand how it affected individuals whilst looking at the impact on their; role, workload, ways of communication, health and wellbeing. **Methods:** Questionnaire were sent out via email to all those working within the perinatal team within Wales. The data collected were both quantitatively, and qualitative. The Results were then collected and put into charts. **Results:** 31% of individuals who were sent survey by email responded to the questionnaire. 50% of those who responded had to isolate at some point during the pandemic in 2020. 52% of those self-isolated at least twice. 84% of staff's role were impacted at short notice due to staff shortages. 93% of those individuals felt changes in work duties impacted their wellbeing. 65% felt that their workload either increased or significantly increased during 2020. **Conclusion:** The impact, experience and use to modern technology during the pandemic has influenced the practice of perinatal teams in Wales. It remains unclear how much of the changes that have had to be made

such as reduction in face-to-face contact will continue after the pandemic. Irrespective of how many years individuals had been working in perinatal teams it is clear it impacted their wellbeing. In the future we are interested in understanding if and how perinatal team have changed their long-term practice following changes made during the pandemic.

#### **4. Admissions to a Mother and Baby Unit: an evaluation of ethnicity and interventions**

**Dr Joanna Cranshaw**, Dr Gabriella Lewis, Dr Julia Ogunmuyiwa, Rebecca McMillan, Dr Chukwuma Ntephe, Dr Katie Hazelgrove, Dr Rebecca Bind, Dr Gertrude Seneviratne, Dr Ranga Rao

**Aims and hypothesis:** This service evaluation compared differences in treatment according to ethnicity on an inpatient mother and baby unit. It was hypothesised that women from ethnic minorities were more likely to experience restrictive practice and less likely to receive psychological therapy. **Background:** Women from ethnic minorities are more likely to develop perinatal mental health problems, yet face increased barriers to accessing mental health services and are more likely to experience restrictive practice. **Methods:** Data were collected for all admissions to the unit from January 2019-October 2020 retrospectively from clinical notes. **Results:** Sample size 110. Ethnicity: White British 43%, Black African/Caribbean/Other 23%, Asian 15%, White other 13%, Other 4%, not recorded 2%. To ensure statistical power, comparisons were made between White (British and Other, N=61) women and women from ethnic minorities (N=44). There was no significant difference in detention rates ( $\chi^2(1)=2.74$ ,  $p=0.098$ ) between White/ethnic minority groups, although individual comparison demonstrated that while the White British detention rate was 29.79%, White other was 57.14%, Asian 58.8%, Black 48%. Psychotic diagnosis was strongly associated with detention rate. There was no significant difference in restraint (White 6/61 restrained, ethnic minority 8/44;  $\chi^2(1)=1.54$ ,  $p=0.215$ ). Women from ethnic minorities were significantly less likely to be offered individual psychology (White 51/61 offered, ethnic minority 28/44;  $\chi^2(1)=5.47$ ,  $p=0.019$ ). Women from ethnic minorities were also significantly less likely to accept an offer of individual psychology (White 47/53 accepted, ethnic minority 21/30;  $\chi^2(1)=4.51$ ,  $p=0.034$ ). Diagnosis and length of stay were not significantly associated with offers/acceptance of psychology and cannot account for differences. **Conclusions:** Women from ethnic minorities were significantly less likely to be offered or to accept individual psychology. This is consistent with existing literature on health inequalities in mental health settings. Further analysis/research is required to understand reasons for this disparity and barriers to accessing treatment.

#### **5. An Evaluation of Mental Health Professionals' Confidence in Performing Perinatal Assessments & The Need for the Development of an Assessment Tool**

**Dr Afraa Delvi**, Dr Lucy Blake, Dr Amelia Lapraik, Dr Gabriella Lewis, Dr Gertrude Seneviratne

**Aims and Hypothesis:** The aim of this project was to assess mental health professionals' confidence in performing perinatal assessments in outpatient and inpatient settings including the Emergency Department. Additionally, we wanted to assess whether access to a perinatal assessment tool will aid with clinical assessment. We hypothesise that clinicians do not feel confident in performing perinatal assessments and would benefit from access to a perinatal assessment tool. **Background:** Clinicians often do not have the opportunity to perform perinatal assessments unless they work as part of a perinatal team. However, they are expected to assess perinatal patients in-crisis in inpatient and outpatient settings. Informal feedback from clinicians suggests a general lack of confidence in performing perinatal assessments. **Method:** We designed a survey of 10 questions assessing the above. The survey was sent out to psychiatric trainees and mental health nurses at South London & Maudsley NHS Foundation Trust. The participant's confidence in completing perinatal assessments in various settings was assessed using a 5 point Likert scale. **Results:** 52 responses were received. 50% of participants felt not so confident in performing perinatal assessments in the outpatient setting. 40.38%(n=21) of participants felt not so confident in exploring the mother and foetal relationship in a perinatal assessment. 71.15% (n=37) of participants felt that they would benefit from additional teaching on performing perinatal assessments with 48.1% of participants citing that they would benefit from the development of a perinatal assessment tool. **Conclusions:** As predicted, the results of the survey show that clinicians lack confidence in performing perinatal assessments. Therefore, we have commenced work on modifying the existing Stafford Interview. The Stafford Interview is a structured interview that explores the social, obstetric and psychological background and psychiatric complications of pregnancy. The survey is due to be replicated in other project locations to allow transcultural comparison.

## **6. Is Maternal Antenatal Depression and Anxiety Associated with Poorer Infant Sleep Outcomes: A Systematic Review of the Evidence**

**Dr Caroline Deodhar**, Sian Edney

**Aims and hypothesis** This systematic review aims to determine if the children of mothers diagnosed with depression or anxiety during pregnancy exhibit poorer quality sleep when compared to a control group. **Background** Maternal antenatal depression and anxiety have been demonstrated to have unique effects on subsequent child development, including poorer social, cognitive and neurodevelopmental outcomes. This is likely mediated by fetal hypothalamic-pituitary-axis dysfunction secondary to maternal cortisol secretion. Children with neurodevelopmental disorders often have sleep difficulties, and insufficient sleep may worsen the prognostic outcome. Establishment of the sleep/wake cycle occurs in utero and may be affected by stressors during the antenatal period, hence poorer infant sleep could be a consequence of maternal antenatal depression and anxiety. **Methods** PubMed, Ovid (Medline), Web of Science, PsycINFO and CENTRAL were searched between 1981 and 2021, final search 3rd

February 2020. Data was extracted via a purpose designed extraction tool and the Newcastle-Ottawa Scale and Cochrane Risk of Bias tool were applied to assess study quality and risk of bias. Heterogeneity was high and meta-analysis was subsequently not performed. Results were synthesised narratively with use of an overall grading combining sample size, study quality and risk of bias. Results 1484 records were identified, of which 34 were duplicates. Exclusion by title and abstract left 21 records for full text review. Seven studies met criteria for inclusion, all were cohort studies of moderate to good quality. Most studies carried moderate risk of bias. Some evidence was demonstrated for an association between antenatal depression, shorter sleep duration and more frequent nocturnal awakening. There was a weak association between antenatal depression and anxiety and higher scores on a sleep problems scale. Conclusions Though evidence supports the hypothesis the small number of studies and risk of bias make it difficult to draw definitive conclusions. Further research is needed.

## **7. Experiences of establishing a 'Diverse Mums' group in a perinatal mental health service**

**Dr Nazish Hashmi**, Dr Lauren Unsworth, ST5 Higher Trainee in Psychiatry Balvinder Dosanjh, Clinical Access, Engagement and Inclusion Co-ordinator

**Aims** The Leeds perinatal mental health service aimed to provide a platform to women from diverse backgrounds where they could openly share their experiences and express their concerns with other mums. **Background** Ethnicity and culture can affect women in seeking help for mental health problems in the perinatal period. Reasons for this may include language barriers and fear of judgement by healthcare professionals and family members. In addition, the disproportionate impact of Covid-19 on the Black, Asian and Minority Ethnic (BAME) population in the UK has understandably caused concern. Perinatal Mental health services need to provide a culturally sensitive service in order to support women from diverse backgrounds to engage with the support they need. **Method** A diverse mums group was set up and held virtually, on Zoom. The 6 fortnightly group sessions each lasted an hour. Topics included the impact of faith, religion and spirituality on mental health, understanding your baby, health and nutrition, the impact of Covid-19, medication and Covid-19 vaccination. **Results** The groups were attended by mums of various ethnic backgrounds. Feedback was very positive, with group members sharing comments such as: 'I enjoyed listening to others and being able to relate' 'This group has really helped me make friends and open up. I felt understood and not alone.' 'I enjoyed everyone sharing their experiences. This made me feel stronger.' All participants said they would definitely recommend this group to other mums from different ethnic backgrounds. **Conclusions** The diverse mums group has been a successful new development for the Leeds perinatal mental health service. The group will be continued with the hope of enabling more mums from diverse backgrounds to benefit from the support it offers.

## **8. Audit of Contraceptive Practices on an Inpatient Mother and Baby Unit**

**Dr Gabriella Lewis**, Abhilasha Yadav Ella Davidson Dr Elizabeth Rose

**Aims and hypothesis** This audit aimed to assess if the Mother and Baby Unit (MBU) at Bethlem Hospital was meeting RCPsych Perinatal Quality Network Standards to provide patients with advice and information on contraception prior to discharge. The hypothesis was that contraception was not being discussed with patients during their admission, leading to opportunities to initiate contraception being missed.

**Background** Women with mental illnesses are at high risk of unplanned pregnancies and becoming unwell in the postpartum period. Accordingly, inpatient perinatal service best practice guidelines advise that the use of contraceptives and the risk of relapse with pregnancy should be discussed with patients prior to discharge.

**Methods** Electronic records of patients discharged from the MBU between 1st January – 1st May 2021 were retrospectively audited. Data was collected using a proforma, and then extracted onto a spreadsheet for analysis using Microsoft Excel.

**Results** The electronic records of 22 patients were analysed, of whom:

- 36% (n=8) were offered advice and information about contraception during admission.
- 9% (n=2) initiated contraception during admission.
- 14% (n=3) had a contraception plan communicated to their GP or community mental health team.
- 14% (n=3) were offered a referral to the sexual health in-reach service
- 27% (n=6) had documented discussion on the risk of mental illness recurrence with subsequent pregnancies.

**Conclusions** Current practices failed to meet the expected standards and several areas for improvement were identified. The following interventions were agreed by the audit team to address service gaps:

1. Add contraceptive-based questions to MBU admission clerking template.
2. Add contraception status to nurses' admission checklist and ward round checklist.
3. Plan for contraception to be discussed prior to extended leave and during discharge planning meetings
4. Condoms to be made available to patients.
5. Place leaflets/posters on sexual health and contraceptives in high profile areas on the ward to increase awareness.

## **9. How appropriate are our perinatal clinic new patients? A retrospective 3 year review of consultant new patient assessments**

**Dr Amy Moltu**, Dr Louisa Ward (SAS) Dr Hassan Kapadia (Perinatal Psychiatry consultant)

**Aims and Hypothesis** We hypothesised that many of the women booked into perinatal clinics suffer from mild, moderate or even sub-threshold non-psychotic illnesses in the absence of risk factors for the development of serious mental illness. Therefore we sought to ascertain the proportion of women booked into perinatal clinics who met the criteria for the service.

**Background** Appropriate utilisation of resources in the perinatal mental health service is paramount to an optimal service for those in need.

**Methods** We reviewed the patient records for all new patient assessment appointments for the local Consultant Perinatal Psychiatrist as part of the Worcestershire perinatal mental health service from April 2016 to September 2019 inclusive.

**Results** There were 114 new patient appointments in this timeframe. 5.4% had a

family history of BPAD 11.7% were reported to have a diagnosis of BPAD. 6.3% had a personal history of psychosis. 18 patients (16.2%) had a personal history of major depression. Of those with a history of any depression, 24.1% had subthreshold symptoms. 10 appointments were for preconception counselling and 7 appointments were related to tokophobia. Obsessive-compulsive disorder (OCD) was a common diagnosis (18.8%). A diagnosis of normal emotional response/no evidence of mental disorder was made in 8.9% of cases. 42.1% were discharged after the initial assessment and an additional 9.7% were discharged after a single follow up appointment. 41.2% had perinatal medic follow up. **Conclusions** Only a small percentage of patients had family or personal history. We have demonstrated that almost half of new patient consultant appointments were discharged after an initial assessment and almost 10% of patients had no evidence of mental disorder. However, OCD was a common diagnosis, often discharged due to lack of specialist services, which may change in future due to expanding perinatal services in the area to include treatment for OCD.

## **10. Audit on breastfeeding status documentation on drug charts within an inpatient perinatal mental health unit**

**Dr Shona Osborne**, Dr Aman Durrani, Consultant Perinatal Psychiatrist

**Aims and hypothesis:** This audit examined breastfeeding status documentation on inpatient drug charts within the West of Scotland Mother and Baby Unit, Leverndale Hospital, Glasgow. **Criterion:** Drug charts should state whether the patient is breastfeeding or not (100% of cases). **Background:** This audit is based on guidance from the Royal College of Psychiatrists 'Standards for Inpatient Perinatal Mental Health Services' (seventh edition, October 2019). Section 4.4.1 specifies 'Drug charts clearly state whether the patient is breastfeeding or not' with recommendation that this occurs in 100% of cases. **Methods:** The first data collection examined the percentage of drug charts that included breastfeeding status documentation for inpatients admitted from July to November 2020. The first data collection involved twenty drug charts. **Interventions and recommendations** included the suggestion of frequent checking and updating of breastfeeding status documentation on drug charts by all staff, and this activity becoming formally incorporated into the weekly multi-disciplinary team (MDT) meetings. A second data collection examined breastfeeding status documentation on twenty drug charts for inpatients admitted from February to May 2021. An overall percentage regarding breastfeeding status documentation both prior to and after weekly MDT meetings was calculated. **Results:** Nine out of twenty (45%) patients had breastfeeding status documentation on their drug chart in the first data collection. Fourteen out of twenty (70%) had breastfeeding status documentation on their drug chart prior to the weekly MDT meeting in the second data collection. Nineteen out of twenty patients (95%) had breastfeeding status documentation on their drug chart post weekly MDT meeting in the second data collection. **Conclusions:** This audit displays that completion of breastfeeding status documentation on drug charts does not meet the audit criterion (and

Royal College of Psychiatrists standards) however great improvement was noted between the first and second data collections.

## **11. Improving the Bond between Babies on the Mother and Baby Unit (MBU) and their Siblings at home**

**Dr Yasmin Parkin**, Dr Cynthia Gil-Rios, Consultant Perinatal Psychiatrist

**Aims** We identified that there is a gap in how we support siblings to bond with babies on our MBU. We wanted to explore what we could do to address this, by asking mothers, carers, and child care practitioners (CCP). **Background** Admission to an MBU can have an impact on the wider family. COVID has made bonding with wider family, in particular siblings, even more difficult. **Methods** We interviewed mothers on the MBU who have other children at home, and their partners/carers (8 in total). We asked them their views on what they thought siblings needed and what would be useful. We also shared with them a draft MBU activity booklet for siblings, which we adapted from our local paediatrics services. We also asked CCPs what they believed would be beneficial. **Results** Themes related to Siblings: • Jealousy • Separation sadness • Worries about mother and asking when will mother come home • Uncertainty of whether baby would come home, confusion why baby not at home **Other Themes:** • Some felt comfortable explaining to siblings that mother was unwell • Older children had more specific questions • Would like support with answering questions about the MBU • They liked the 'sound' of the sibling activity booklet • Welcomed sibling groups on the ward • Support with how to play as a family **From CCP discussion:** • Siblings to be identified on admission • Keen on piloting use of Sibling activity book • Would like to run support groups exclusively for siblings (COVID allowing). **Conclusions** There is currently no consistent pathway to help promote sibling-baby relationships on MBU. As a first step, we would like to implement the 'sibling identifier' on admission paperwork and start using the draft sibling activity book.

## **12. Evaluation of the Joint Antenatal Clinic (JANC) in the North Derbyshire Perinatal Team**

**Anita Patel**, Dr Madeleine Bonney-Helliwell, Consultant Perinatal Psychiatrist Jemma Cox, Specialist Mental Health Midwife Dr Alina Vais, Consultant Obstetrician & Gynaecologist Cheryl Sticka, Senior Nurse

**Evaluation of the Joint Antenatal Clinic (JANC) in the North Derbyshire Perinatal Team** **Aim and Hypothesis** To evaluate the effectiveness of the JANC to inform ongoing service developments. The JANC pathway is an effective model providing early intervention and streamlined care to improve outcomes for women experiencing mental health difficulties in pregnancy. **Background** Women experiencing perinatal mental disorders have poorer obstetric outcomes. The importance of integrated physical and mental healthcare during pregnancy and the preconception stage for women with a serious mental illness is evident.

**Methods** Antenatal referral data was collated to understand the JANC pathway in the context of wider perinatal service delivery. Quantitative data from November 2019 to September 2020 was collected as part of routine clinical practice to understand women referred, their clinical management and subsequent outcomes. **Results** Between October 2019 and September 2020, 32 referrals (for 29 women) were made that were suitable for the JANC. Referrals were made by midwives and consultant obstetricians. Of those who were assessed, 45.8% (n = 11/24) required treatment and met the threshold for perinatal services. The JANC supported 25.0% of women with the initiation of, or changes to their prescribed medication. Subsequent outcomes of JANC referrals showed: 44.0% received follow-up in the perinatal service; 42.0% were discharged at their first JANC appointment; 25.0% received signposting and 19.0% were followed-up in the JANC. Analysis of all antenatal referrals to the North Derbyshire Perinatal Service showed that the proportion of referrals that were declined increased (41.3% vs. 49.4%), and fewer referrals were accepted or offered an opt-in appointment (50.6% vs. 58.7%) when JANC referrals were excluded from the data. **Conclusion** The JANC pathway supports much-needed early assessment and intervention for women in the antenatal period who are experiencing mental health difficulties, and, streamlines care between maternity and perinatal mental health services.

### **13. Three year Service Evaluation of the Jasmine Lodge Mother and Baby Unit Outreach Service – 2018-2021**

**Dr Rachel Tiley**, Dr Laurie Windsor (consultant psychiatrist)

**Aims and hypothesis** This service evaluation has been completed annually since the MBU Outreach service was created in 2018. Three years of data can now be compared. This year the potential impact of the Covid-19 pandemic is of particular interest. **Background** Jasmine Lodge MBU is an eight-bed unit in Exeter set up to provide services for Cornwall, Devon, and Somerset. The Outreach service was set up to intensively support mothers who have been identified as admission vulnerable before, during and after hospital admission. **Methods** Referrals from February 2020 to January 2021 were collected for evaluation. Data was collected from the referral form and electronic patient record, including demographics and information about their time with the Outreach Team. Service evaluation feedback forms filled in by patients were also analysed. **Results** There were 67 referrals in the 2020-21 data, which is fewer than the previous year (118). In 2020-21 the mean age of mothers was 29.2, with the majority (81%) being married/with a partner. The demographic information remained largely similar across all three years. A high proportion of mothers (78%) had a previous or pre-existing mental health condition (77% in 2019-20 and 84% in 2018-19). There were proportionally more mothers with BPAD and psychosis seen in 2020-21 (20% vs 8%). The mean length of time on the outreach caseload was 81.1 days (71.5 days in 2019-20). 46% of mothers required MBU admission compared to 35% and 36% in the previous two years. There were significantly fewer patient questionnaires received, however feedback remained positive. **Conclusions** - Demographics largely the same -

Apparent reduction in referrals in 2020-21 - Longer time on caseload - Increased percentage required MBU admission - Increase in patients with severe mental illness compared to previous year -Marked reduction in patient feedback received, however patient feedback remains positive

#### **14. Family planning and the impact of pregnancy on mental health**

**Dr Harriet Winder-Rhodes**, Dr Gandhi, Dr Sudhakar

**ABSTRACT** Aims To evaluate whether women of childbearing potential with a new, existing or past mental health diagnosis are routinely asked questions relating to contraception and parenthood according to the Antenatal and Postnatal Mental Health NICE 2014 standards. These include asking about contraception and plans for pregnancy, the impact of pregnancy on mental health and relapse and the impact of treatment on the unborn baby. Background Contraception is an important but often underappreciated topic of discussion in Psychiatry. Psychiatric patients are particularly vulnerable to sexual exploitation and should they become pregnant, this is a well-known trigger for mental health relapse. As all psychotropic medications cross the placenta, the benefits and contraindications of each medication should be considered to reach an individualised treatment for each patient. Method This was a retrospective case note review of 185 randomly selected patients of child-bearing potential (18 to 50 years old) who had existing mental illnesses within both Perinatal and General Adult Psychiatry community services within Derbyshire Healthcare NHS Foundation Trust. Results Overall, a higher percentage of patients were asked the set standards in Perinatal compared to General Adult Psychiatry. Importantly however, none of the specialties achieved 100% so there is room for improvement across all of the specialties. Taking the family planning and contraception standards as an example, 84% of Perinatal patients were asked this within one year in both South and North Derbyshire Perinatal Community Services whereas in Derby City and County Community General Adult services 12%, 14% and 0% of patients were asked this standard respectively. Conclusion An increased awareness is required about family planning, the impact of medications on the fetus and the impact of mental health on pregnancy and parenting. This will enable a standardised approach towards women of child-bearing potential across both Perinatal and General Adult Psychiatry community settings.

#### **15. Ehlers-Danlos syndrome (EDS) and peripartum psychiatric morbidity: a case report and discussion of the literature**

**Claire Worsley**, Dr Nikita Berman and Dr Nikolett Kabacs

Aims and hypothesis: We present a case of a 20 year-old female with an extensive psychiatric history who presented in the peripartum period with a manic episode, and was later diagnosed with bipolar disorder. A diagnosis of joint hypermobility had been made in early childhood, which was incidentally confirmed as hypermobile subtype of Ehlers-Danlos syndrome (hEDS) shortly

after her discharge from the Mother and Baby Unit (MBU). Background: The Ehlers-Danlos syndromes (EDS) are a heterogeneous group of connective tissue disorders most commonly associated with joint hypermobility symptoms. However, they also show a range of psychiatric comorbidity, from mood disorders (anxiety and depression) to neurodevelopmental conditions such as autism spectrum disorder (ASD) and psychotic disorders. Methods: This is a case report and discussion of the literature. Results: She was admitted to a MBU for one month, was successfully treated with quetiapine, and discharged to the perinatal mental health team. Her physical symptoms were also significantly exacerbated by pregnancy and in the peripartum period, with recurrent patellar dislocations and poor mobility. To our knowledge, this is the first case of peripartum psychiatric morbidity reported in a patient with EDS, and also adds to the limited evidence of an association between EDS and psychotic disorders. Conclusions: It can be hoped that improved awareness among medical professionals, such as those in obstetrics and maternity, can improve both physical and psychological experiences of pregnancy for these patients. Additionally, a low threshold for referral to perinatal mental health services should be applied in pregnant EDS patients, particularly those with a psychiatric history. Further research on peripartum psychiatric morbidity in EDS patients is necessary to determine whether an empirical association is present.