

# Perinatal- Forensic Liaison

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# Why?

- Homicide perpetrated by women tends to be in context of family and intimate relationships
- Rates of mental illness in perinatal period

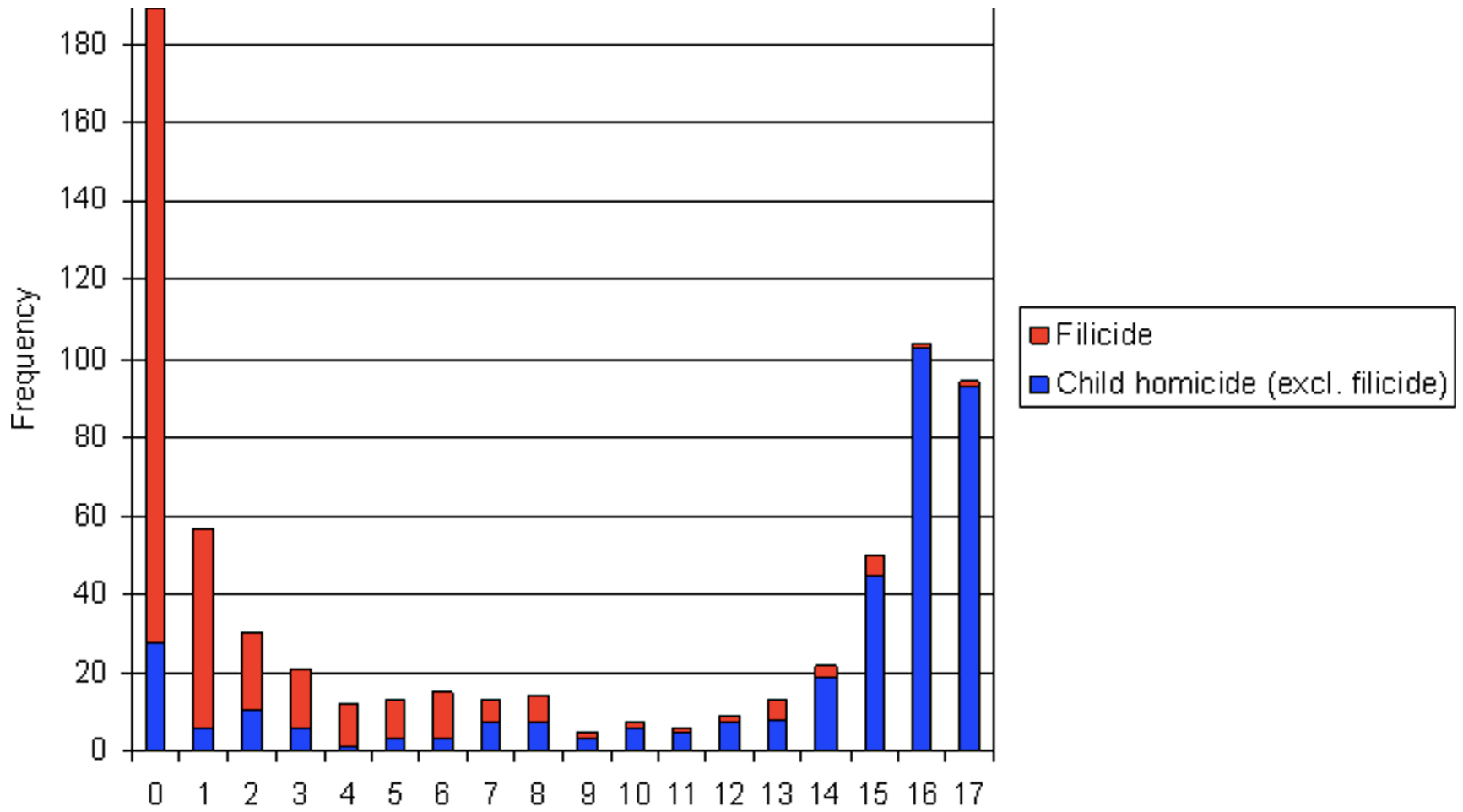
# National Confidential Inquiry into Suicide and Safety in Mental Health-2018

- 2006-2016: 11% of homicides in UK committed by people with mental illness (73/yr).
- Rates of stranger homicide fallen generally
- 14% of those in England (55/yr) committed by women
- 1% were classified as infanticide

# Homicide Index 2017 (ONS)

- Year ending 2015- 9 offences per 1 million
- Highest rates of being a victim of homicide-  
under 1yr old (36 per million)
- Year ending March 2015- 42 % of homicide  
victims under 16 killed by parent or step-  
parent

# Flynn, Shaw, Abel -2013



# Neonaticide

- Killing of a child in first 24hrs
- Historically- female gender (baby), economic, congenital malformation
- Tend to be young mothers, first pregnancy, unwanted pregnancy, hidden
- Active/Passive

# Infanticide Act 1938

- By any wilful act or omission
- Causes the death of her child < 12 months
- At the time of the act, the balance of her mind was disturbed by reason of her not fully having recovered from the effects of giving birth
- Or by reason of the effect of lactation caused by giving birth, then
- The offence would have amounted to murder
- She shall be guilty of an offence of infanticide
- Punishable as Manslaughter

- 1922-to allow for merciful treatment of women who killed their newborn in a state of distress
- Flexibly
- Insufficient grounds for diminished responsibility



# Infanticide categories

- Associated with mental illness
- Neglect
- In conjunction with a partner
- Discipline gone awry
- Meyer and Oberman 2001

# Assessment

- Social- DV, support structures
- Children- where are they? LA?
- Depression- hopeless, altruistic, threat, extended suicide
- Psychosis- First episode, delusions of misidentification, anger, command hallucinations

# Personality disorder

- Dependent- volatile, aggressive relationships; risk of exposure and also direct harm (physical and sexual)
- EUPD-Projection of unbearable feelings with hostile, denigrating behaviour. Poor attunement.

# Non-accidental injury

- Perpetrator- EUPD
- Failure to protect
- Pool of perpetrators

# OL

- Admitted to RLH four months after birth of second child
- Jumped off second floor balcony with daughters
- Hx- Praying more due to stresses, felt guilty about not being a good mother
- Week prior, praying excessively and fasting

- End of the world “The Rapture”
- TV referring to her
- Jewish horn- “blowing the wind of destruction”
- Sense of fear- black cloud in the sky
- Voice of Jesus
- “only way to glory was death”

- RLH- heard devil's voice for 4 days
- One month later- no symptoms, not on medication
- Supervision order- joint working

# Managing risk

- How will you manage women in your service who pose risk to others and/or their baby?
- How will you manage women in your service who have a past forensic history?
- How will you work with colleagues in the wider MDT and other agencies to formulate a safe management plan?
- Who will you consult to provide advice/consultation around high risk women?



# Forensic Liaison/Consultation model

- Evolved over the last 10 years – consultation/supervision model
- Quarterly meetings between Forensic Psychiatrist for Women's Services and Perinatal Consultant Psychiatrist
- Opened to other services across East London
- Other MDT members can attend and contribute including social worker/safeguarding team
- Opportunity for trainees to attend
- Recognised in Consultant Job plan and Appraisal

# Forensic liaison consultation model

- High risk cases discussed
- Anonymised Record keeping notes are distributed and can be uploaded to appraisal
- Entry made in medical notes with outcome of discussion and suggested management plan
- May lead to referral for formal Forensic Assessment
- Option for discussion and advice between consultation sessions in urgent cases
- Lower threshold to seek forensic opinion

# What is a high risk case?

- Mother on MBU had attempted hanging also expressing active infanticidal ideation
- Mother with past forensic of violence history referred for prophylactic admission
- Mother who is posing risks to other mothers and babies on the ward where psychosis is complicated by polysubstance misuse
- Mother who has been violent to self and others in the context of personality disorder or complex trauma presentations

Any questions?

