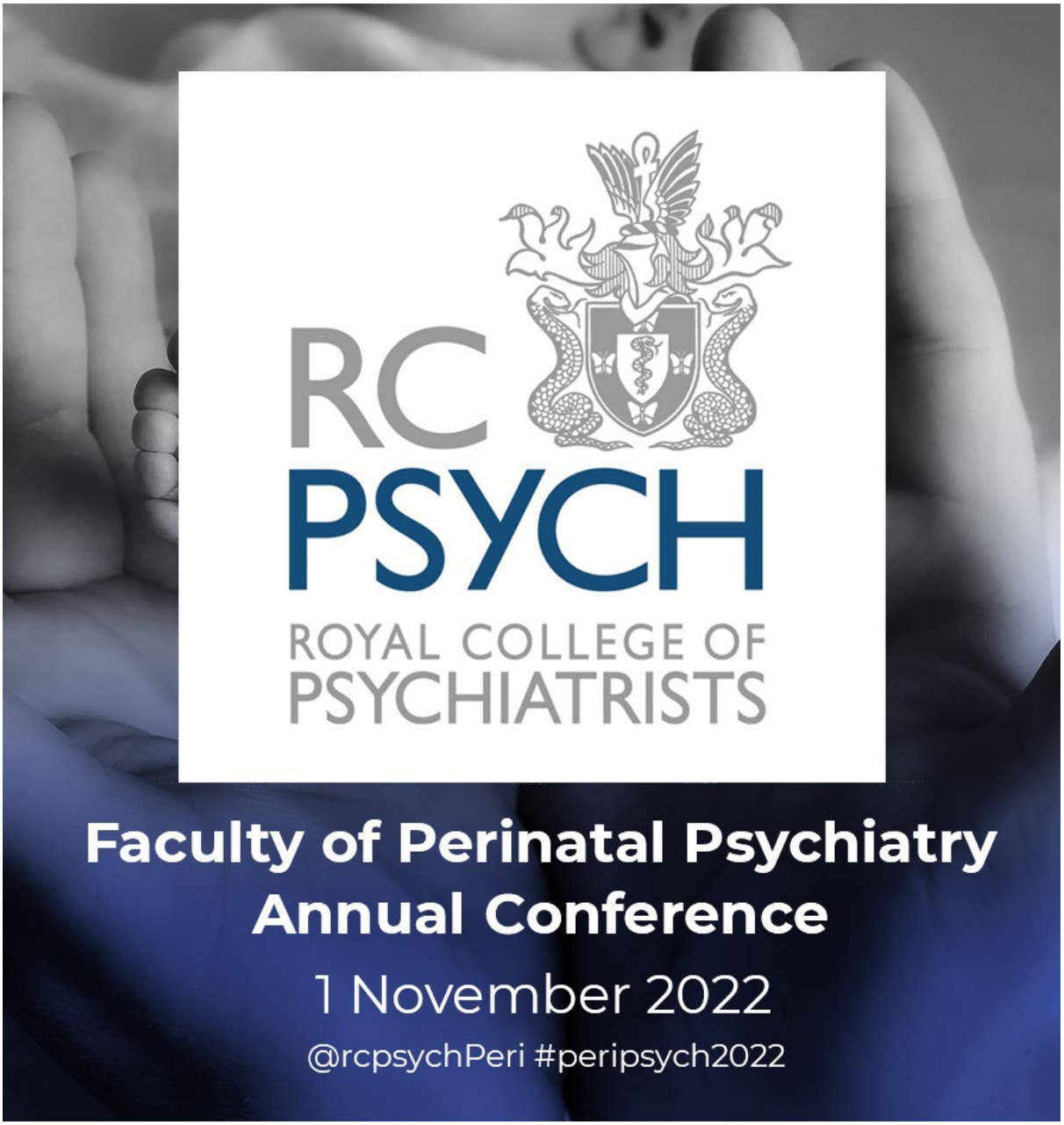

Conference Booklet

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General

Information

Accreditation

This conference is eligible for up to 6 CPD hours, subject to peer group approval.

Certificates

Certificates of attendance will be emailed to delegates after the conference.

Feedback

A detailed online feedback form can be found by visiting:

- Tuesday 1 November 2022

All comments received remain confidential and are viewed in an effort to improve future meetings.

Social Media

If you wish to tweet about the conference use @rcpsychPeri #peripsych2022

Conference Programme

09:00-9:15	**Welcome and Introductions** Dr Jo Black, Chair, Faculty of Perinatal Psychiatry
09:15–10:00	Chaired by Professor Ian Jones **What's behind the trauma?** Professor Helen Minnis, Professor of Child and Adolescent Psychiatry, Academic CAMHS, West Glasgow Ambulatory Care Hospital, Glasgow Q&A session
10:00–10:45	**Update on medication with emphasis on preconception counselling** Dr Angelika Wieck, Honorary Consultant in Perinatal Psychiatry, Greater Manchester Mental Health NHS Foundation Trust and Honorary Senior Lecturer, University of Manchester Q&A session
10:45-11:10	**Morning Break and Poster Viewing**
11:10–11:55	Chaired by Dr Chrishanthy Jayarah **Impact of suicide** Dr Rachel Gibbons, Psychoanalyst, Group analyst, Consultant Psychiatrist and Organisational Consultant Q&A session
11:55-12:40	**Inequalities in maternal mortality and morbidity** - Professor Marian Knight, Professor of Maternal and Child Population Health, National Perinatal Epidemiology Unit
12:40-1:30	**Lunch Break and Poster Viewing**
1:30-2:00	Chaired by Professor Ian Jones **Trainee presentations:** **Promoting reproductive health in the perinatal period: The East London Mother & Baby Unit sexual health outreach programme** Dr Gabriella Bathgate, Specialty Doctor, East London **Stigma, secrecy and masculine norms: A systematic review of how perinatal mental illness in men and their partners is experienced by males** Dr Rebecca Harding, Specialty Doctor, North East Lincolnshire **Exploring UK women's decisions about antidepressant use during pregnancy** Dr Heather James, Core Trainee, Bristol
2:00–2:45	**Guest lecture:**

	Transcranial direct current stimulation in pregnancy Dr Simone Vigod, Professor, Department of Psychiatry, Temerty Faculty of Medicine and Institute for Health Policy, Management and Evaluation, University of Toronto, Canada Q&A session
2:45-3:10	**Afternoon Break and Poster Viewing**
	Chaired by Dr Jelena Jankovic
3:10-3:55	**Matrix study** Dr Rebecca Webb, Research Fellow, City University, London Q&A session
3:55–4:40	**Fivexmore: Committed to Highlighting and Changing Black Maternal Health Outcomes** Clotilde Abe and Atinuke Awe, Founders, Fivexmore Q&A session
4:40–4:55	**Prizes and Closing Comments** Dr Jelena Jankovic, Academic Secretary

Presentation abstracts and biographies

Differentiating between neurodevelopmental and trauma symptoms

Professor Helen Minnis, Professor of Child and Adolescent Psychiatry, Academic CAMHS, West Glasgow Ambulatory Care Hospital, Glasgow

Update on medication with emphasis on preconception counselling

Dr Angelika Wieck, Honorary Consultant in Perinatal Psychiatry, Greater Manchester Mental Health NHS Foundation Trust and Honorary Senior Lecturer, University of Manchester

There have been major recent advances in our understanding of the safety of psychotropic drugs during pregancy and breastfeeding, especially in regard to their teratogenic effects. In this presentation key aspects of progress will be discussed as well as areas where the research evidence is still quite uncertain and what this means for preconception care.

Dr Angelika Wieck is currently Honorary Consultant in Perinatal Psychiatry at the Greater Manchester Mental Health NHS Foundation Trust and Honorary Senior Lecturer at the University of Manchester. She was Consultant in General Adult Psychiatry, a Consultant for the Northwest Specialist Service for Affective Disorders, the Lead Consultant for the North West Perinatal Psychiatry Service, and the Clinical Lead for the Perinatal Mental Health Strategic Clinical Network for Greater Manchester. She was the perinatal psychiatry expert for the Bipolar Valproate Advisory Group at the European Medicines Agency, the chair of the Women, Gender and Mental Health Section at the European Psychiatric Association (2016- 2022), the Academic Secretary of the Perinatal Faculty at the RCPsych for many years, and serves on the Editorial board of European Psychiatry and the Archives of Women's Mental Health. Dr Wieck's research interests and publications are in reproductive psychopharmacology, psychoneuroendocrinology and perinatal psychiatry. She has contributed to the consensus guidelines of the British Association for Psychopharmacology for the management of schizophrenia and perinatal disorders and has been regularly lecturing on the BAP Masterclasses and psychopharmacology courses of the European Psychiatric Association.

Impact of suicide

Dr Rachel Gibbons, Psychoanalyst, Group analyst, Consultant Psychiatrist and Organisational Consultant

The effect that a death of a paitent by suicide has on the clinicians working with them Suicide is something that is at the back of our minds in a lot of our work with patients. Given its importance and the fear that it generates, it is surprising that there is very little known about its nature or aetiology. In this talk the presenter will share her insights into suicide. What leads someone to take their own life? Can it be prevented? Then the profound effect the suicide of a patient has on the clinician working with them will be discussed. Knowledge gained about how to process and work with this trauma will be shared.

Dr Rachel Gibbons has worked in the NHS over the past 20 years in various psychiatric settings as a consultant psychiatrist and consultant medical psychotherapist. She has recently been working as the National Director of Therapies for the Priory Group. She is a psychoanalyst and group analyst and current Co-Chair of the Patient Safety Group, Chair of the Working Group on the Effect of Suicide and Homicide on Psychiatrists and Vice-Chair of the Psychotherapy Faculty, at the Royal College of Psychiatrists.

She has been working on suicide over the last 14 years. She has recently had a paper published in the Psychiatric Bulletin on the effect of suicide on psychiatrists. She is co-editor of the Royal College of Psychiatrists book 'Seminars in the psychotherapies'. (Gibbons, R. and O'Reilly, J. eds., 2021. Seminars in the Psychotherapies. Cambridge University Press.)

Inequalities in maternal mortality and morbidity - Professor Marian Knight, Professor of Maternal and Child Population Health, National Perinatal Epidemiology Unit

Professor Marian Knight is Professor of Maternal and Child Population Health at the National Perinatal Epidemiology Unit. She trained initially in obstetrics and neonatology, completing a DPhil investigating the pathogenesis of pre-eclampsia, before becoming interested in epidemiology and population health. She therefore undertook specialty training in public health, becoming a Fellow of the Faculty of Public Health in 2006. She is an Honorary Consultant in Public Health with Public Health England. Her work focuses on using national observational studies to address clinical questions concerning rare and severe complications of pregnancy and early life. She also leads the MBRRACE-UK national confidential enquiries into maternal morbidity and mortality. In February 2012, Marian was awarded one of the first NIHR Research Professorships to develop further her work relating to maternal morbidity and care of infants requiring early surgery.

Promoting reproductive health in the perinatal period: The East London Mother & Baby Unit sexual health outreach programme

Dr Gabriella Bathgate, Specialty Doctor, East London

Aims & hypothesis A sexual health outreach programme was introduced on the East London Mother & Baby Unit (MBU) in 2018. The programme runs as a collaborative initiative led by sexual health clinicians working closely with the MBU nursing team, psychiatrists and specialist midwives, providing specialist contraceptive and reproductive health screening services. Background Women affected by perinatal mental illness may miss opportunities to access routine ante- and postnatal care. Those requiring MBU admission represent those at the highest risk end of the spectrum of illness severity. Enhanced support to meet their broader maternity and postnatal care needs is key to ensuring holistic care and preventing significant adverse outcomes. Before the programme was introduced, limited provision existed for MBU inpatients to access necessary sexual health input via referral, but no robust framework existed to offer routine postnatal contraception and screening input universally. Methods Findings of a process evaluation of a 9-month pilot of the programme, and an outcomes and impact evaluation following three years of the programme's operation to year end 2021, are presented. Results Ninety-two women were seen October 2018 – December 2021, of a total of 145 women admitted to the Unit (126 postnatally, 19 antenatally). Of these, 88% (n=81) were referred for contraception, and 35% (n=32) received non-contraceptive services. Five women were diagnosed and treated for sexually transmitted infections. Service user feedback obtained during the pilot confirmed the service is valued and highly acceptable to women. Conclusions The programme has established a formalised pathway offering universal access to postnatal contraception and sexual health screening for the intended target group, and supported a cultural shift towards incorporating routine assessment of reproductive health needs on the Unit. Future development will explore scope to extend access to outpatient perinatal mental health service users.

Stigma, secrecy and masculine norms: A systematic review of how perinatal mental illness in men and their partners is experienced by males

Dr Rebecca Harding, Specialty Doctor, North East Lincolnshire

Aims: To conduct a systematic review to establish the knowledge, beliefs, and experiences of males with PMI and whose partners had PMI, and to understand the barriers associated with help-seeking for paternal PMI. Background: In recent years, fathers have become increasingly involved in pregnancy and childcare and the concept of paternal perinatal mental illness (PMI) has gained research interest. Prevalence of paternal PMI is thought to be 10-16%, with higher risk demonstrated when their partner too experiences PMI. The importance of this topic was highlighted in the NHS long term plan, which recognised the disparity in service provision between males and females and the need to address this. Methods: Five databases were searched for qualitative studies investigating the experiences of males affected by PMI personally or through their partner's illness. The research

question and inclusion criteria were determined using the PICOSS (population, intervention, comparison, outcome, setting, study design) method. 11 studies met criteria for inclusion and were appraised for quality using standardised criteria. Evidence was synthesised using thematic analysis. Results: 5 main themes and 17 sub-themes were identified and demonstrated lack of knowledge, distress and isolation experienced by males with PMI. Males were reluctant to seek help, and barriers including stigma and lack of knowledge were identified as barriers. The option to remain anonymous, flexibility of appointments and an emphasis on peer support were particularly key to engagement. Conclusions: Unhelpful and potentially damaging stereotypes regarding masculinity and PMI still exist, prohibit help-seeking for PMI and promote the marginalisation of males in perinatal settings. Support for males with PMI is warranted but lacking and effective communication and education regarding paternal PMI for both professionals and the public is needed to allow successful expansion of services to include males.

Exploring UK women's decisions about antidepressant use during pregnancy

Dr Heather James, Core Trainee, Bristol

"Aims and hypothesis This qualitative study aimed to explore, in depth, how UK women make decisions about antenatal antidepressant use. It is hoped that this new knowledge will enhance professionals' skills and confidence in shared decision-making for antenatal antidepressant use. Background Antenatal depression is common and an increasing number of pregnant women now take antidepressants. Many women are concerned about adverse foetal effects and experience significant decisional conflict when making treatment decisions. Previous qualitative studies have recruited non-UK samples and lack detailed accounts of women's attitudes to antenatal antidepressant use. Methods Women who had experienced antenatal depression within the last three years were eligible. Participants were recruited via posters shared with members of a Bristol-based perinatal depression charity and via relevant social media. Interview topics included women's illness experiences, attitudes to antidepressants, and advice from others. Interview data was coded and analysed thematically. Results In-depth interviews were conducted with 22 women. Following data analysis women were classified according to antidepressant use as "Takers" (n=8), "Non-takers" (n=11), and "Re-starters" (n=3). Most women identified both potential risks and benefits of antidepressants, and most viewed antidepressants as an adjunct to non-pharmacological treatment. Some women reported receiving insufficient information about risks and benefits. Takers and re-starters described higher symptom burden and poor coping at the time of their decisions, whereas Non-takers described better coping and a reduced tolerance for foetal risks. Women's attitudes to antidepressants were often rooted in previous experiences with medication. Conclusions Women

make decisions about antenatal antidepressant use within the context of their previous experiences and current circumstances. Primarily, women seek to balance maternal health with foetal wellbeing. The ultimate decision to take antidepressants is often driven by a perceived lack of coping. Professionals may need to consider providing women with more detailed information to support with decision-making." This study took place within University of Bristol Centre for Academic Mental Health and was funded by a Severn deanery Academic Foundation Programme study budget.

Transcranial direct current stimulation in pregnancy

Dr Simone Vigod, Professor, Department of Psychiatry, Temerty Faculty of Medicine and Institute for Health Policy, Management and Evaluation, University of Toronto, Canada

In this presentation, attendees will learn about the results of pilot RCT of transcranial direct current stimulation (tDCS), a novel, non-invasive neuro-stimulation treatment, as a non-drug treatment option for pregnant women with moderate and severe depression.

Dr. Simone Vigod (MD 2003, FRCPC 2009) is a Professor in the Department of Psychiatry, Temerty Faculty of Medicine at the University of Toronto, and Head of the Department of Psychiatry at Women's College Hospital, one of the University of Toronto's nine fully-affiliated academic health sciences centres. Dr. Vigod is a leading expert in perinatal mood disorders and has conducted some of the largest studies worldwide on maternal mental illness around the time of pregnancy. Mental illness at this life stage poses unique risks to mothers and their children at a critical juncture in both of their lives. Her research is helping raise awareness about gaps in access to specialized perinatal mental healthcare, as well as identifying vulnerable populations where these gaps are most prominent. She also designs and evaluates novel health system interventions to improve access to and uptake of care for affected women. Her background includes an Honours BSc in Psychology from McGill University (1999), followed by an MD (2003), residency in psychiatry (2003-2009) and MSc in Clinical Epidemiology (2011) from the University of Toronto. She leads a clinical research program at Women's College Hospital as a Senior Scientist and the Shirley A. Brown Memorial Chair in Women's Mental Health Research in the Women's College Research Institute, and is a Senior Adjunct Scientist at ICES in Toronto, Ontario where population-level health administrative data for her epidemiological studies are securely held.

Matrix study

Dr Rebecca Webb, Research Fellow, City University, London

Background: Perinatal mental health (PMH) difficulties can occur during pregnancy or after birth and mental illness is a leading cause of maternal death. It is therefore important to identify the barriers and facilitators to implementing and accessing PMH care.

Objectives: The MATRIx project therefore aimed to develop a conceptual framework of barriers and facilitators to PMH care (defined as identification, assessment, care and treatment) to inform PMH services.

Methods: Two systematic reviews were conducted to synthesise the evidence on: Review 1 (R1) barriers and facilitators to implementing PMH care; and Review 2 (R2) barriers to women accessing PMH care. Results were used to develop a conceptual framework which was then refined through consultations with stakeholders.

Results: Barriers and facilitators to PMH care were identified at seven levels and impacted on PMH care at different stages of the care pathway. Results from reviews were synthesised to develop two MATRIx conceptual frameworks of the (1) barriers and (2) facilitators to PMH care. These provide pictorial representations of 39 facilitators and 66 barriers that intersect across the care pathway at different levels. Recommendations were made for health policy and practice based on the conceptual frameworks.

Conclusion: The MATRIx frameworks highlight the complex interplay of individual and system level factors across different stages of the care pathway that influence women accessing PMH care and effective implementation of PMH services. Recommendations for policy and practice include: ensuring care is easy to access and flexible; providing culturally sensitive care; adequate funding of services; and quality training for health professionals with protected time to do it.

Dr Rebecca Webb is a research fellow at City, University of London and her research focuses on the impact of perinatal mental health on women and families, measurement of perinatal mental health, and implementation of perinatal mental health care services. Rebecca was the research fellow on the MATRIx project and led on carrying out the reviews and writing up results for dissemination.

Fivexmore: Committed to Highlighting and Changing Black Maternal Health Outcomes

Clotilde Abe and Atinuke Awe, Founders, Fivexmore

Five X More is a grassroots organisation committed to changing Black women and birthing people's maternal health outcomes in the UK. It was initiated in 2019 when two Black mothers came together with the dream of improving maternal mortality rates and health care outcomes for Black women

Five X More is dedicated to supporting mothers and birthing people with its campaigning work and recommendations. It focuses on empowering Black women and birthing people to make informed choices and advocate for themselves throughout their pregnancies and after childbirth.

Atinuke, mother of two aged 5 and 2, runs a social platform “Mums & Tea” aimed at connecting Black mums together and it was here that she heard a lot of Black Women’s birthing experiences that echoed her own. She co-founded the Five X More campaign with her business partner Clo who runs social enterprise "Prosperitys" with the hopes of highlighting the disparities within maternal health and to make tangible changes. In 2020 Five x More launched the petition “Improve Maternal Mortality Rates and Health Care for Black Women in the U.K.” which gained over 187,000 signatures. Their petition led to Black maternal health being discussed in parliament for the first time in its history and changing the landscape of the discussion in the media and beyond. They recently launched the Black maternity experience report, collecting the experiences of over 1300 Black women making it the biggest survey of its kind to date in the UK. Atinuke and Clo were named ‘Black History Makers’ by Good morning Britain, ‘Force for Change’ by British Vogue, "Trailblazers" by the Evening Standard and Five X More has been featured in CNN, The Independent, The Guardian, Sky News, ITV news and many more media outlets.

Poster Abstracts

1. Admissions to a Mother and Baby Unit (MBU) in East London: A cohort study evaluating patient clinical characteristics, experience of care & readmission rates pre- and post-COVID-19 pandemic

Dr Katherine Adlington, , Dr Tatjana Fawzi Dr Olivia Protti

Dr Tatjana Fawzi, Higher Trainee in General Adult Psychiatry ST5, East London NHS Foundation Trust

Dr Katherine Adlington, Academic Clinical Fellow andHigher Trainee in General Adult Psychiatry ST4,East London NHS Foundation Trust

Dr Olivia Protti, Consultant Perinatal Psychiatrist, City and Hackney Mother and Baby Unit, East London NHS Foundation Trust

Aims and hypothesis**:** This exploratory cohort study examined (i) the clinical characteristics of mothers admitted to an East London MBU, (ii) localreadmission rates, (iii) patient experiences of care and (iii) differences between these variables pre- and post-Covid pandemic.

Background: Access to specialist multidisciplinary inpatient psychiatric MBUs arerecommended by the National Institute for Health and Care Excellence (NICE). Recent evidence suggests that there is no difference in readmission rates whether women with perinatal mental illness are admitted to MBUs vs acute psychiatric units or crisis teams.However, there are other important outcomes to consider, including patient experience.We examined data from our own MBU in East London to understand the local profile of patient admissions, patterns of readmissions and patient satisfaction with the service, including whether there was any difference in the period pre- and post-COVID pandemic.

Methods: Clinical characteristics and readmission data (any East London psychiatric inpatient unit within twelve months of discharge) were recorded from digital records between March 2019 and August 2021.Patient experience was recorded using Dialog+ both on admission and discharge.Data will be compared pre-pandemic and post-pandemic (after March 2020) using appropriate statistical tests if sufficiently powered.

Results**:** A total of 126 mother-baby dyads were admitted during the study period, with a mean age of 32.1 years and with high levels of ethnic diversity (28% White British; 22% Black or Black British; 17% Asian or British Asian). The majority of patients were admitted informally (92/126).The two most common diagnoses were severe mental disorders associated with puerperium (52%) and bipolar disorder (11%).Over the entire period there were only 2 readmissions and both occurred in the pre-COVID period.

Conclusions**:** There is significant ethnic diversity amongst patients admitted to this East London MBU.There appear to be low rates of readmissions amongst this patient cohort – however, there are

limitations with the available data.Further analyses of patient experience data and pre- and post-COVID comparisons are in progress.

2. Intimate Partner Violence and Perinatal Mental Health Disorders

Dr Edith Agius, Resident Specialist, Dr Andee Agius, Ms Claire Zerafa, Dr Ethel Felice, Prof Neville Calleja

Objectives This study aimed to assess the prevalence of intimate partner abuse amongst pregnant women attending the Perinatal Mental Health Clinic in Malta and that were diagnosed with an antenatal or postnatal depression and/or anxiety disorder. Moreover, the socio-demographic variables associated with intimate partner abuse were also investigated. Methodology In this study, a survey research design using self-reported questionnaires was used after getting the necessary approvals. The questionnaire used, was an adapted version of the World Health Organisation (WHO) "Violence Against Women Structured Interview", which was modified and translated into Maltese by Debono in 2015, using the WHO translation protocol. Results In total, 100 mothers were eligible to participate. A total of 40 out of the 85 participating women (47.05%) reported one or more acts of psychological, verbal, physical or sexual abuse by their intimate partner during pregnancy. Out of the 40 abused women, 13 women (22.50%) reported one type of abuse, while 33 women (77.50%) reported more than one type of abuse. Verbal abuse (42.00%) and psychological abuse (39.00%) were the most common types of reported abuse during pregnancy, followed by physical (13.00%) and sexual abuse (12.00%). Using cross tabulations, the Pearson's Chi-square test examined the association between intimate partner abuse and several socio-demographic variables. Conclusion Intimate partner abuse during pregnancy is a worldwide problem. This study confirms that mothers suffering from an antenatal or postpartum depression and/or anxiety disorder are at a higher risk of experiencing intimate partner abuse during pregnancy. Moreover, young women with lower educational levels who are economically dependent on their partner and who are not married are at the highest risk of suffering from verbal, physical, psychological or sexual abuse. More needs to be done to identify pregnant mothers at risk of abuse at an early stage and offer the necessary interventions.

3. Audit of perinatal mental health referrals for pregnant women with previous or current mental health issues

Felicity Allman, Medical Student, Mr Ajith Wijesiriwardana

Aims and hypothesis: The aim of this audit is to identify all pregnant women with current or historical mental health issues at the time of the booking appointment in May 2021, and to assess how many were referred for perinatal mental health support. (Hypothesis: 90% of patients meeting referral criteria referred as per guidance). Background: Mental health issues in the perinatal period are a leading cause of mortality and morbidity antenatally and postnatally. The booking appointment has

been identified as an opportunity to explore past and current mental health concerns and to offer support for those concerns. Methods: The audit criteria are based on guidance developed within the Trust in 2019: Clinical Guideline: Maternal Mental Health. A total of 220 records were found for women who had booking appointments in May 2021. Data for the audit was gleaned from digital records on gestation, mental health concerns (including historical concerns, diagnoses, support, and referrals), medication and management plans. Results: 113 women met the threshold for referral for perinatal mental health support (51.8%). Of these, 70 were rated mild to moderate, of which 2 were treated as per Trust guidance; 17 were rated moderate, of which 6 were treated as per Trust guidance; and 26 were rated moderate to severe, of which 10 were treated as per Trust guidance. Conclusions: A series of 8 recommendations were developed based on these findings to improve documentation and referral pathways to better meet Trust guidance. These recommendations are valuable for other services also. This perinatal mental health service predates the Five Year Forward View for Mental Health (2016) by many years, and can therefore offer lessons to newer, less developed services. This audit would also serve as a useful template for reaudit at this and other services.

4. Autoimmune Screening in first episode psychosis: Is it routinely being done in Mother and Baby Units (MBUs)

Dr Maroulla Anderson, CT1-3, Dr Sarah Jones (Perinatal Consultant - Andersen Ward) - Jordan Ormshaw (Trainee ACP)

Aims and hypothesis To ascertain if mother and baby units in the UK are doing an autoimmune screen in mothers presenting with psychosis (first episode) in the perinatal period. Produce a protocol/information leaflet Background There is evidence to suggest that a proportion of psychosis has an immune basis. Autoimmune encephalitis is thought to account for approximately 1,000 cases/year in the UK. Hard to ascertain what portion of that are those in perinatal settings. The SINAPPS2 is a randomised phase II double-blinded placebo-controlled trial of intravenous immunoglobulin and rituximab in patients with antibody-associated psychosis. It is contraindicated for pregnant and breastfeeding people - are we missing a particular subset of patients? The reason for researching this – there was a patient identified to have an autoimmune encephalitis on our MBU. This has left us wondering if MBUs are doing autoimmune screening and is it an area we should be developing and how should we give information to patients. Methods Used a set of 8 questions regarding autoimmune screening. This was distributed to all MBU's in the UK Results When a patient does present with 1st episode psychosis 78.57% are not doing an autoimmune screen. 35.71% feel it is a suitable test. 64.29% know what tests are done for an autoimmune screen. 85.71% of MBUs would like an information leaflet made available in their trust. 64.29% think there should be a standard protocol established for autoimmune screening on MBUs and not one answered no. Conclusions Overall, there is a general consensus that MBUs would like a standard protocol and patient information leaflet to be established for autoimmune screening.

5. Promoting reproductive health in the perinatal period: The East London Mother & Baby Unit sexual health outreach programme

Dr Gabriella Bathgate, Specialty Doctor, Chelsea Sharp Emma Yates emmayates1@nhs.net Pauline Curnock Olivia Protti Sue Mann

Aims & hypothesis A sexual health outreach programme was introduced on the East London Mother & Baby Unit (MBU) in 2018. The programme runs as a collaborative initiative led by sexual health clinicians working closely with the MBU nursing team, psychiatrists and specialist midwives, providing specialist contraceptive and reproductive health screening services. Background Women affected by perinatal mental illness may miss opportunities to access routine ante- and postnatal care. Those requiring MBU admission represent those at the highest risk end of the spectrum of illness severity. Enhanced support to meet their broader maternity and postnatal care needs is key to ensuring holistic care and preventing significant adverse outcomes. Before the programme was introduced, limited provision existed for MBU inpatients to access necessary sexual health input via referral, but no robust framework existed to offer routine postnatal contraception and screening input universally. Methods Findings of a process evaluation of a 9-month pilot of the programme, and an outcomes and impact evaluation following three years of the programme's operation to year end 2021, are presented. Results Ninety-two women were seen October 2018 – December 2021, of a total of 145 women admitted to the Unit (126 postnatally, 19 antenatally). Of these, 88% (n=81) were referred for contraception, and 35% (n=32) received non-contraceptive services. Five women were diagnosed and treated for sexually transmitted infections. Service user feedback obtained during the pilot confirmed the service is valued and highly acceptable to women. Conclusions The programme has established a formalised pathway offering universal access to postnatal contraception and sexual health screening for the intended target group, and supported a cultural shift towards incorporating routine assessment of reproductive health needs on the Unit. Future development will explore scope to extend access to outpatient perinatal mental health service users.

6. Clinically Led Workforce and Activity Redesign (CLEAR) Review of Essex Perinatal Mental Health Service (EPUT PMHS)

Lisa Berg, CBT Therapist, Rebecca Eleady-Cole, Daniela Hooper, Mhairi Donaldson, Katherine Beck, Tina Hansen, Vijay Gill, Verity Bushell, Henry Collier, Shruti Dholakia, Alexandra Monkhouse , Tom Dalton

Aims and hypothesis Essex Partnership University NHS Foundation Trust Perinatal Mental Health Service (EPUT PMHS) has rapidly expanded since inception (2017). The aim of the Clinically Led Workforce and Activity Redesign (CLEAR) project is to review the service, explore assessment and treatment (A&T) pathways and identify areas that could improve efficiency/building capacity.

Background EPUT PMHS provides care for women who develop or are at risk of developing moderate to severe mental health problems during pregnancy- up to one year postnatally. It covers a large geographical area divided into 5 locality hubs incorporating 3 local authorities, 7 Clinical Commissioning Groups (CCGs) and 5 maternity providers.The service provides preconception counselling and specialist A&T interventions. Methods CLEAR methodology: 1. Clinical engagement – collecting qualitative data from 50+ frontline staff. 2. Data interrogation – analysing quantitative data using local and site specific clinical and workforce datasets over a one year period (September 2020- August 2021), and triangulating the qualitative and quantitative data. 3. Innovation – identifying solutions using a fresh- eyes approach refined with a SWOT analysis. 4. Recommendations – development of 6 "Quick Wins" and 8 full recommendations, which included two new models of care. Results Key findings: The overall Long Term Plan (LTP) access target (increased to 10%) was reached and 4/5 hub teams increased referrals by 40% in one year. These referrals added pressure on A&T capacity, with differences in how this was managed across sites. Identified challenges included unclear boundaries agreed between service thresholds in local primary and secondary care provision and different local Electronic Patient Record (EPR) systems affecting consistent data recordings. Conclusions This project developed new assessment processes across sites to balance increased A&T- increasing capacity in the team and system thresholds. New models of care included a mobile perinatal clinic, and recommendations included securing better system EPRs consistent with national data requirements.

7. "Down In The Bumps": Development of a perinatal mental health podcast in the NHS

Dr Laura Bladon, ST4-6

Aims and hypothesis The podcast shares stories of women and families who have used perinatal mental health services, with the aim to improve junior doctors' knowledge and empathy. An educational podcast about perinatal mental health could help to fill a gap in training, and could improve clinician empathy by listening to the patient's story in their own words. Listening to women sharing their stories could support other women and families going through similar. Background Few trainee psychiatrists have the opportunity to gain experience in perinatal mental health due to the scarcity of clinical placements. Podcasts are becoming increasingly popular for entertainment and education. There are few podcasts available about perinatal mental health. Methods Women were recruited from local perinatal mental health services to appear on the podcast. Conversations were recorded via Zoom and edited in Audacity. The pilot episode was streamed on Spotify and Apple Podcasts. Feedback on the pilot was obtained by a focus group (5 doctors attended) and Microsoft Forms survey (6 responses). Results The survey's Likert scale indicated that doctors felt they had a better understanding of patients' experiences, and felt better able to assess and manage patients with perinatal mental health problems. The participants of the focus group thought the podcast had excellent educational value. All strongly expressed that they would like to hear more patient stories,

and felt their ability to empathise with their patients would grow as they engage more with the patient perspective. Conclusions The pilot episode succeeded in improving clinician knowledge, and the podcast has shown early signs of improving clinician empathy; it has certainly engaged doctors with the patient voice. Feedback has not been gathered from other listeners. Two episodes have been released and have had >500 downloads. Financial sponsorship: Lancashire and South Cumbria NHS Trust have paid for the podcast to be hosted on BuzzSprout, from which it can be streamed to sites such as Spotify and Apple Podcasts. The Trust offered a small monetary token of appreciation to women who appeared on the podcast.

8. Improving nurses' understanding of serious physical health conditions occurring in later pregnancy, for patients admitted to Winchester Mother and Baby Unit (MBU)

Dr Hannah Clark, Foundation Doctor,

Aims and hypothesis: Quality improvement project to improve understanding to aid faster recognition and escalation of unwell patients and minimise delayed presentations to specialist units. Specifically, to improve nurses' understanding of the signs/symptoms and management of the following conditions: high blood pressure in pregnancy (including pre-eclampsia), pulmonary embolism (PE) and antepartum bleeding. Background: Approximately 10% of patients admitted to Winchester MBU (from data collected over the past 2 years) are pregnant at the time of admission (ranging from 29-39 weeks). Nursing staff are mental health trained, with comparatively less training in physical health conditions. Consequently, nursing staff often self-report a relative lack of confidence in triaging physical health concerns. Methods: A teaching session was delivered in-person to available staff members (4 nurses, 2 childcare practitioners, 1 health visitor, 1 psychologist and 1 student nurse). Teaching was also delivered via Microsoft Teams to 2 nurses and was recorded and accessed by a further 2 nurses. For the purposes of the project, the 8 nurses were the target group for the intervention. Staff completed a pre-teaching questionnaire to assess knowledge, and data for the post-teaching questionnaire was collected over a 3-week period thereafter. Results: 7 of 8 nurses reported previously escalating a physical health concern for a pregnant patient on the MBU. Mean pre-teaching confidence (scale 1-10) in recognising the features of pre-eclampsia was 4.25 (range 1-8), mean post-teaching confidence was 8 (range 6-10). Mean pre-teaching confidence in recognising the features of a PE was 2.75 (range 1-6), mean post-teaching confidence was 7.75 (range 6-9). Ability to list features of all conditions also increased post-teaching. Conclusions: This programme was effective at improving nurses' knowledge of key physical health conditions in pregnancy. This invites the possibility of a national standardised teaching programme across MBUs and assessing the impact of this on patient outcomes.

9. Stigma, secrecy and masculine norms: A systematic review of how perinatal mental illness in men and their partners is experienced by males

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Aims: To conduct a systematic review to establish the knowledge, beliefs, and experiences of males with PMI and whose partners had PMI, and to understand the barriers associated with help-seeking for paternal PMI. Background: In recent years, fathers have become increasingly involved in pregnancy and childcare and the concept of paternal perinatal mental illness (PMI) has gained research interest. Prevalence of paternal PMI is thought to be 10-16%, with higher risk demonstrated when their partner too experiences PMI. The importance of this topic was highlighted in the NHS long term plan, which recognised the disparity in service provision between males and females and the need to address this. Methods: Five databases were searched for qualitative studies investigating the experiences of males affected by PMI personally or through their partner's illness. The research question and inclusion criteria were determined using the PICOSS (population, intervention, comparison, outcome, setting, study design) method. 11 studies met criteria for inclusion and were appraised for quality using standardised criteria. Evidence was synthesised using thematic analysis. Results: 5 main themes and 17 sub-themes were identified and demonstrated lack of knowledge, distress and isolation experienced by males with PMI. Males were reluctant to seek help, and barriers including stigma and lack of knowledge were identified as barriers. The option to remain anonymous, flexibility of appointments and an emphasis on peer support were particularly key to engagement. Conclusions: Unhelpful and potentially damaging stereotypes regarding masculinity and PMI still exist, prohibit help-seeking for PMI and promote the marginalisation of males in perinatal settings. Support for males with PMI is warranted but lacking and effective communication and education regarding paternal PMI for both professionals and the public is needed to allow successful expansion of services to include males.

10. Exploring UK women's decisions about antidepressant use during pregnancy

Dr Heather James, CT1-3, Sophie Smith: Dheeraj Rai, Iryna Culpin, Katrina Turner

"Aims and hypothesis This qualitative study aimed to explore, in depth, how UK women make decisions about antenatal antidepressant use. It is hoped that this new knowledge will enhance professionals' skills and confidence in shared decision-making for antenatal antidepressant use. Background Antenatal depression is common and an increasing number of pregnant women now take antidepressants. Many women are concerned about adverse foetal effects and experience significant decisional conflict when making treatment decisions. Previous qualitative studies have recruited non-UK samples and lack detailed accounts of women's attitudes to antenatal antidepressant use. Methods Women who had experienced antenatal depression within the last three years were eligible. Participants were recruited via posters shared with members of a Bristol-based perinatal depression charity and via relevant social media. Interview topics included women's

illness experiences, attitudes to antidepressants, and advice from others. Interview data was coded and analysed thematically. Results In-depth interviews were conducted with 22 women. Following data analysis women were classified according to antidepressant use as “Takers” (n=8), “Non-takers” (n=11), and “Re-starters” (n=3). Most women identified both potential risks and benefits of antidepressants, and most viewed antidepressants as an adjunct to non-pharmacological treatment. Some women reported receiving insufficient information about risks and benefits. Takers and re-starters described higher symptom burden and poor coping at the time of their decisions, whereas Non-takers described better coping and a reduced tolerance for foetal risks. Women’s attitudes to antidepressants were often rooted in previous experiences with medication. Conclusions Women make decisions about antenatal antidepressant use within the context of their previous experiences and current circumstances. Primarily, women seek to balance maternal health with foetal wellbeing. The ultimate decision to take antidepressants is often driven by a perceived lack of coping. Professionals may need to consider providing women with more detailed information to support with decision-making." This study took place within University of Bristol Centre for Academic Mental Health and was funded by a Severn deanery Academic Foundation Programme study budget.

11. An Exploratory Project Into Why Patients Who Are Referred To A Perinatal Mental Health Service Either Decline Input Or Are Not Accepted For Follow-up

Dr Cemile Kalkan, ST4-6, Dr Alkiviadis Velivasis

Background A percentage of patients referred and deemed suitable for further assessment by the Specialist Perinatal Mental Health Service were assessed and not accepted for treatment or chose to decline the service. Aims and hypothesis This is an exploratory project to clarify the data related to these patients, assessing impact on service and exploring possible patterns. Methods Of all referrals accepted for assessment in a North London Specialist Perinatal Mental Health Service between April-November 2021, we investigated those that were accepted for initial assessment but 1. Declined 2. Not accepted for support. Within this group of patients, data on demographics and measurable features were collated and analysed. Results A total of 60 patients,24% of referrals, accepted for assessment (and 13% of all referrals) eventually declined the service or assessed as not meeting the criteria for further support. 28% was a decision coming from the patient and 62% from the service. 10% had changed borough by the time of the assessment. 75 appointments were offered, 70% as video-calls. 47% were antenatal (mainly second trimester) and 53% postnatal (mostly 1-6 months postnatally). 33% were white British (55% White-Caucasian in total) and 40% from Mixed and BAME background. Mean age was 31 years. 58% had psychiatric history and 8% perinatal history. 35% were taking psychiatric medication, mainly antidepressant for anxiety and depression. 62% were married/partnered and 33% single. 37% referred by GP, 32% by Midwife and 8% by HV. 25% were known to Local Authorities.
Conclusions Percentage of patients declining service or not meeting criteria is increased. This may reflect the generally low threshold to accept a referral for initial assessment but has impact on

planning, staff and time allocation. Video calls instead of face-to-face meeting due to covid-related restrictions may have played a role in quality of assessment, interaction and final outcome.

12. Mental Health and Contraception- Are we doing enough? A study exploring the current practice of providing contraceptive advice by mental health professionals

Dr Ashma Mohamed, ST4-6, Dr Emily MacDonagh, Dr Ramya Giridhar

Dr Ashma Mohamed, Higher Specialist Trainee ST5, Surrey and Borders Partnership NHS Foundation Trust (SABP). Dr Ramya Giridhar, Consultant Perinatal Psychiatrist, Surrey and Borders Partnership NHS Foundation Trust, Dr Emily MacDonagh, Specialty Doctor, Surrey and Borders Partnership NHS Foundation Trust

Aims To examine the knowledge, practices and attitudes of mental health professionals in providing contraceptive advice to service users of childbearing potential.

Background: Contraception is of increased importance for women with mental health conditions. These women are more likely to experience unplanned pregnancy and are at a higher risk of sexually transmitted diseases.

NICE (National Institute for Health and Care Excellence) guidelines recommend discussing the use of contraception with women of childbearing potential with mental health problems. Professionals should discuss how pregnancy and childbirth can have an impact on a mental health problem and how a mental health problem and its treatment might affect the women, the foetus or baby. It is therefore important for professionals to feel confident when advising these women.

Methods: An observational quantitative cross-sectional design study was utilised using a 12-item self-report questionnaire. Mental health professionals meeting the inclusion criteria, employed by Surrey and Borders Partnership NHS Foundation, were invited to complete the anonymised survey electronically. Responses were entered into the survey software (Qualtrics) and quantitative data analysis was conducted.

Results: 76 professionals responded, including 24 consultants, 17 trainee doctors, 16 nurses, 8 non-trainee doctors, 7 psychologists, 3 social workers and 1 pharmacist. Of the 76 responses, 31% said they felt extremely/very familiar with the NICE guidelines. 38% of respondents said they were somewhat familiar, and 30% said they were not so/not at all familiar. Regarding confidence in discussing contraception and family planning 8% responded extremely/very, 28% responded somewhat and 64% responded not so/not at all. 68% said they would like to receive further training.

Conclusions: The survey showed a lack of confidence in offering reproductive advice and the need for training to improve knowledge. We aim to develop training in contraception advice to improve care provided for female service users.

13. An audit exploring any ethnic inequality in accessing Perinatal Mental Health Services in Southwark (SWK PMHS)

Dr Wendy Morgan, ST4-6, Dr Joanne Butler, CT3 Psychiatry., Acknowledgments: Dr Hind Khalifeh, Consultant Perinatal Psychiatrist.

Aim: To explore any ethnic inequalities in accessing Perinatal Mental Health Services in Southwark (SWK PMHS). Hypothesis: Our service will meet Royal college of psychiatrists (RCPsych) gold standards in providing equitable access to care. Background: We know that whilst women from black and minority ethnic groups have higher rates of postnatal depression & anxiety and increased involuntary admissions, they also have poorer access to community mental health services. RCPsych state that perinatal mental health services should aim for equality of access and no unwarranted variations in quality of care. Reasons behind barriers to access must be defined and addressed. Methods: Power BI database was used to extract our cohort of women aged 15-44 with a birth episode in contact with SWK PMHS between September & December 21. Individual data was collected using trust clinical notes to establish basic measures (demographics & ethnicity) & detailed information (referral outcome, interventions & treatment, safeguarding alerts, interpreter use etc). Ethnicity data was compared to King's College Hospital birth records for 2021 and local census data via Office of National Statistics. Results: 105 patients were analysed. Overall, there was poor recording of ethnicity. When compared to white British women, black & other ethnic groups females were underrepresented in accessing medical & psychology intervention. Conversely there was overrepresentation of those groups receiving antipsychotics or mood stabiliser medication (nearly 50% black/black British) and safeguarding alerts. Black British women appeared to have more negative outcomes including 50% of admissions recorded. Conclusions: Whilst there was relative parity of access to service in terms of referrals made per ethnicity; concerning variations in interventions accessed and type of care were noted, suggesting we are not meeting college gold standard. Our audit findings reflect literature that there are apparent barriers to women in ethnic minority groups accessing certain specialist services.

14. eMpower- Co-designing interventions to improve access to perinatal mental health support using Human-centered Systems Thinking

Dr Saw Nwe, Foundation Doctor,

Aims To apply Human-centred and Design Thinking approaches to co-create interventions which improve access to perinatal mental health support at Imperial NHS and West London NHS Trusts. Background Perinatal mental health (PMH) problems have negative consequences on the mother, the baby, the wider family and the economy- costing the NHS £1.2 Billion per year. The Long Term Plan has invested in £2.3 Billion to improve access to specialist services. 50% of women with PMH problems are not detected. London School of Economics found the NHS could save half a Billion pounds if access to support was increased for common PMH problems. Methods Grounded Theory was used to derive new theories based on iterative collection and analysis of data. Data was collected through

observations, and interviews and focus groups included participation of 30 PMH professionals and service users. The Double Diamond design model was used to explore user needs, iteratively define the problem and co-design solutions to iteratively prototype and test. Systems thinking was adopted to understand the complex PMH system and find impactful leverage points. Results Systemic, individual and societal factors impact a woman's experience in getting metal well-being support during the perinatal period. Mental health is separated from maternity and birthing journey, leading to a lack of knowledge and understanding of PMH. Screening for PMH and resource limitations means women are not given the right support at the right time. Women with common and mild problems are falling through the gaps. Through co-design and iterations, the final theory and design question was reached and an intervention was designed. Conclusions Human-Centred Design Thinking methods ensure holistic view of problems. By designing with users, interventions are patient-entered, leading to positive human and health-economic impact.

15. COVID-19 Vaccination and the Perinatal Mental Health Population: A Descriptive Survey

Dr Sarah Orr, ST4-6, Dr Umesh Gowda: Dr Osahon Ogbeiwi: Donna Bateman:

Aims and hypothesis: To investigate the levels of COVID-19 vaccination uptake and hesitancy in perinatal mental health patients, to explore their views and reasons for hesitancy. Background: Unvaccinated pregnant women have a higher risk of coronavirus disease and maternal complications. Despite guidance on the safety of vaccination, hesitancy remains a challenge in this group. Methods: We conducted a mixed methods descriptive survey of our patients in the Community Perinatal Mental Health Team in our trust. Results: 77 to 117 respondents completed the questionnaire. The data was subjected to statistical analysis and thematic categorisation. 80% were vaccinated. 89% of those had received a second dose and 75% of those would accept a booster (3rd) dose, if offered. Percentage vaccinated postpartum was 2.4x higher than those vaccinated before. Similarly, second vaccinations were 2.1x higher postpartum. Most of the unvaccinated did not want information to help decide about vaccination. Whilst most respondents were pro-vaccine, many others were sceptical. Some thought vaccination harmful due to side effects. Most believed vaccination hazardous in pregnancy and breastfeeding even though many still felt the vaccine was beneficial or safe. The commonest reasons for hesitancy included themes of inadequate research evidence and fear of risk to the mother and baby. Conclusions: Patients were more likely to delay vaccination until postpartum. This may be due to government policy and available information at the time. The vaccination rate was higher and hesitancy rate lower than expected. Explanations may include characteristics of the study population and changes over time since vaccination rollout. Patients' opinions on vaccines were divided, as described above. Therefore it is unclear how welcome information support would be to hesitant patients. However further research into the views of perinatal mental health patients regarding COVID-19 vaccination is needed. Limitations of our work include potential selection bias and survey design.

16. Experiences of women with ASC accessing the Brighton and Hove Specialist Perinatal Mental Health Service

Ollie Pentz, Medical Student, Jennifer Cooke - Harriet Sharp

Introduction There is a paucity of research into the experiences of people with ASC during the perinatal period. It is important to understand the data, and experiences of women with ASC being cared for by perinatal services, to ensure services are inclusive. The results of this study will be used to guide service development with the intention of improving care for this patient group. Methods Five patients with ASC were interviewed to explore their experiences of Brighton and Hove Specialist Perinatal Mental Health Service (BHSPMHS). Results ASC is overrepresented in the population of patients under the care of BHSPMHS. Women with ASC under the service require more input from other teams and have more frequent crisis team involvement. Participants had a mix of positive and negative experience of services. Positives included consistent and continuous support and allowing flexibility around appointments. Dialectical Behavioural Therapy groups running online instead of in person was highlighted as a universal negative. Long waiting times for specialist neurobehavioral assessment and therefore delays to getting a formal diagnosis for ASC were also highlighted. Conclusion The care for women with ASC provided by BHSPMHS is successful in several areas, but could be improved. This is particularly important as ASC is over-represented in this service. We recommend that those thought likely to meet criteria for ASC, but who are waiting more formal ASC diagnosis should be treated with the same sensitivity and with appropriate adjustments to service provision as those who have received a diagnosis. Recommendations for service improvements include provision of smaller, in-person therapy groups. Adjustments to treatments may include flexibility around appointment times, locations and type (online versus in-person). Finally, we recommend appropriate training for specialist perinatal mental health team staff on autistic spectrum conditions to improve their recognition and understanding of the specific needs of this important patient group.

17. Perinatal Mental Health in Prison

Dr Caroline Pontvert, Consultant, Dr Christy Pitfield,

Aims and hypothesis The experience of a multidisciplinary perinatal mental health team in an English female prison with a 12 bed prison Mother and Baby Unit. Background In the UK, women prisoner represent only 5% of the prison population. Among this minority, a very small percentage is pregnant or had a baby within the past year, even less have been admitted to one of the six prison mother and baby units in England. The needs and specificities of this population are unknown and often overlooked. But what has been known for decades is that the perinatal period, which is the pregnancy and up to a year after the birth of the baby, is the most vulnerable period in a woman's life for her

mental health ; and that people detained in prison are at increased risk of suffering a range of mental health problems. Methods Qualitative description the team's caseload and reflection on the adjustments made to the perinatal frame of mind compared to a community team. Results Pregnant women in prison are most of the time on remand which means that they are at high risk of discontinuity of care at one of the most vulnerable time of their life. There is a high number of adverse childhood experience in the history of women in prison in the perinatal period, they have been victims of numerous traumatic events across the lifespan. These emotions are reactivated by the pregnancy. Most of them have a complex perinatal loss history. A trauma informed and forensic perinatal frame of mind is needed to care for these women / dyades. Conclusion Being in custody while pregnant or a new mother is a unique moment in these women's lives. It can become a window of opportunity with the right support.

18. Enhancing Access to Contraception for Women Who Misuse Substances

Dr Imrana Puttaroo, ST4-6,

Background Unplanned pregnancies are a significant risk factor in both perinatal mental health and for women who misuse substances. Unplanned pregnancies lead to adverse mental health impacts for both mother and baby later in life. A survey of staff at an addictions service found that 65% of staff did not routinely ask female patients about their sexual activity and risk of pregnancy. Aims To improve staff confidence in discussion contraception with female patients via a service-wide training session. To improve patient's knowledge of contraception via interactive small-group workshops. Methods Using a survey, staff identified that they needed more knowledge about contraception and local sexual health services and to learn how to communicate with patients about this sensitive topic. An interactive session addressing these needs was delivered. A wide range of multidisciplinary staff attended; 55% being recovery workers whom do not have a clinical background but have the most direct patient contact. Two patient workshops were delivered which incorporated games to debunk common myths about contraception and to compare the differences between different contraceptive methods. Attendees of the staff training session and patient workshop were consulted post-intervention. Results 83.3% of staff reported that they were more likely to incorporate questions about sexual health and contraception into their routine risk assessments following the staff training session. All staff reported that they had learnt something new about contraception and local sexual health services. All attendees of the patient workshops reported that they felt more empowered and better informed to make decisions about their contraception. Conclusions. Women who misuse substances are poor at engaging with health services, therefore there is a unique opportunity to try and improve their knowledge of and access to contraception if they are engaging with addictions services. By educating both staff and patients, long-term outcomes can be improved.

19. Are women taking antipsychotic medication in pregnancy offered an oral glucose tolerance test in Derby?

Dr Siobhan Smith, ST4-6, Dr Abigail Harlock, Dr Rebecca Robinson, Dr Rahul Gandhi

Aims and hypothesis: We aimed to audit whether women open to maternity services in Derby between October 2020 and September 2021 and taking an antipsychotic medication whilst pregnant were screened for gestational diabetes in line with National Institute for health and Care Excellence (NICE) guidance. We hypothesised that there would be low adherence to NICE guidance. Background: NICE recommends that 100% of pregnant women taking antipsychotic medication should be offered an Oral Glucose Tolerance Test (OGTT). Locally this is performed by Obstetric services at the Royal Derby Hospital (University Hospitals of Derby and Burton NHS Foundation Trust) between 24 and 28 weeks gestation. Methods: A list of women taking antipsychotics in pregnancy was kept by the Obstetric team at the Royal Derby Hospital. We had retrospective access to the electronic result system, Lorenzo, which enabled us to determine whether a women underwent an OGTT in pregnancy. Descriptive analysis was applied. Results: A total of 25 woman were recorded as being prescribed antipsychotic medication during pregnancy. 14 were prescribed Quetiapine, 7 Olanzapine, 1 Aripiprazole, 1 Haloperidol, 1 received a dual prescription of Quetiapine and Chlorpromazine and 1 received both Haloperidol and Aripiprazole. 56% (n14) had an OGTT performed in line with NICE guidance and 44% (n11) did not. Conclusions: Just over half (56%) of pregnant women receiving care from the Royal Derby Hospital and taking antipsychotic medication in pregnancy received an OGTT. The limitation of the audit was that we measured the number of women who underwent the OGTT rather than those offered OGTT as stipulated by NICE. The audit may therefore underestimate the percentage of women offered the test. The results will be disseminated to local maternity services via oral presentation at their audit meeting in September 2022. We aim to add antipsychotic prescription as an indication to offer OGTT on the maternity booking proforma and re-audit following this.

20. Women's accounts on the factors impacting their depression and mental state during pregnancy: A qualitative interview study

Sophie Smith, Epidemiological researcher, Heather James, Katrina Turner, Dheeraj Rai

Aims and hypothesis To understand the factors that impact women's mental health during pregnancy in a population of women with self-reported depression. Background Perinatal depression and anxiety affect a significant proportion of pregnant women, with many unable to access support. Little research exists that focuses on women's views about what factors affected their mental health during pregnancy. Methods Interviews were held with 22 women who self-reported depressive symptoms or decided to start or continue antidepressant use during pregnancy. Interviews were conducted in person and over telephone to explore women's views about their mental state during pregnancy, views about treatment options and support systems available. Data

was analysed thematically. Results Women mentioned a range of factors impacting their mental state during pregnancy. These included worries about how their actions might affect the health of their unborn baby; prior traumatic experiences, such as losing loved ones and sexual abuse; and psychological pressure of societal expectations to have a positive pregnancy was said by many women, resulting in them feeling inadequate or undeserving of their pregnancy. Physical effects of pregnancy were mentioned as aggravators of worsening mental health, this included pain, hormonal changes, and work-related stress. Conclusion The factors worsening women's mental health during pregnancy and contribute to experiences of depression relate to concerns about the child, emotions related to past events and people, and the physical aspects of being pregnant. Practitioners consulting women during this period need to be aware of this and provide women with opportunities to discuss their concerns, without feeling judged or inadequate. Additionally, these results can be utilised to further improve primary and secondary care services; using patients' viewpoints to inform practical changes could provide more effective solutions with larger impact to mothers.