



# Perinatal Mental Health Conference for Health Care Professionals

12 May 2022 | Online

## Conference Booklet

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## **General Information**

### **Accreditation**

This conference is eligible for 1 point per hour of educational activity, subject to peer group approval.

### **Certificates**

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

### **Conference Resources**

A range of resources can be [viewed here](#).

### **Feedback**

Please complete a [short feedback survey](#) to let us know what you thought of the event.

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

### **Posters**

Posters can be viewed at the [online viewing gallery](#).

### **Presentations**

Copies of the PowerPoint presentations will be made available to view on the Conference Resources webpage after the conference, by kind permission of the presenters.

### **Social Media**

If you wish to tweet about the conference please use **@rcpsychPeri #peritrainees2022**

### **Watch On Demand**

Once the conference has taken place live, you will receive an email letting you know the conference sessions are ready to watch on demand – the recordings will be available until Tuesday 12 July 2022.

## Programme

09:00-09:15	<p><b>Welcome and introductions</b></p> <p>Dr Will Davis</p>
09:15-10:00	<p><b>WHO is in the nursery: Sharpening our focus on parents and babies</b></p> <p>Dr Pauline Lee, Consultant Clinical Psychologist, Greater Manchester Clinical Lead in PIMH</p> <p>Chaired by Dr Afraa Delvi</p>
10:00-10:30	<p><b>Morning break</b></p> <p><a href="#">poster viewing</a></p>
10:30-11:20	<p>Chaired by Dr Afraa Delvi</p> <p><b>Eating Disorders in the Perinatal Period</b></p> <p>Dr Catia Acosta, Consultant Perinatal, Eating Disorder and Liaison Psychiatrist, Central and North West London NHS Foundation Trust</p>
11:20-12:05	<p><b>Perinatal mental health services: Recommendations for the provision of services for childbearing women - College Report 232 recommendations and Long Term Plan</b></p> <p>Dr Sarah Taha, Consultant Perinatal Psychiatrist, Clinical Lead Perinatal Services West London, and Dr Cressida Manning, Consultant Psychiatrist, co-authors of CR232 (College Report)</p>
12:05-1:00	<p><b>Lunch break</b></p> <p><a href="#">poster viewing</a></p>
1:00-1:45	<p><b>Welcome</b> - Dr Will Davis</p> <p><b>Involving Partners in Perinatal Mental Health Care</b></p> <p>Mark Williams, Author and International Campaigner, Founder of International Fathers Mental Health Day</p> <p>Chaired by Dr Gabriella Lewis</p>
1:45-2:30	<p>Oral poster presentations chaired by Dr Will Davis</p> <p><b>Intimate partner abuse and perinatal mental health disorders</b></p> <p>Dr Edith Agius</p> <p><b>Experiences of birthing people with Autistic Spectrum Disorder accessing Perinatal Mental Health Services in Brighton</b></p> <p>Oliver Pentz</p>

	<p><b>Treatment Of Attention Deficit Hyperactivity Disorder In Pregnant Women: A Systematic Review Of Cohort Studies'</b></p> <p>Dr Indu Surendran</p>
<b>2:30-2:50</b>	<p><b>Afternoon break</b></p> <p><a href="#">poster viewing</a></p>
<b>2:50-3:35</b>	<p>Chaired by Dr Gabriella Lewis</p> <p><b>Understanding intergenerational transmission of violent trauma: What we know about effects on caregiving and about effective intervention during early sensitive developmental periods</b></p> <p>Professor Daniel Schechter, CAMHS and Perinatal Consultant, SUPEA, Lausanne University Hospital and Faculty of Biology &amp; Medicine, Lausanne, Switzerland</p>
<b>3:35-4:20</b>	<p><b>The midwife's role in supporting women with trauma during the perinatal period</b></p> <p>Laura Walton, Specialist Midwife for Perinatal Mental Health, King's College Hospital NHS Foundation Trust</p>
<b>4:20-4:35</b>	<p><b>Close of day, awarding of prizes and thanks</b></p> <p>Dr Will Davis, Dr Afraa Delvi, Dr Gabriella Lewis</p>

## Speaker Abstracts and Biographies

### **WHO is in the nursery: Sharpening our focus on parents and babies**

Dr Pauline Lee, Consultant Clinical Psychologist, Greater Manchester Clinical Lead in PIMH

Babies are wired for connection! The way we interact with babies literally shapes their brain development. Babies rely on their parents to make sense of their emotional and bodily states and what is going on around them. When parents are preoccupied with their own difficulties it is harder for them to tune in to their babies' needs. During the perinatal period therapeutic interventions are often highly effective and can reduce the likelihood of problems becoming chronic, and far more difficult and expensive to address. I will discuss parent infant mental health and how it is different and overlaps with perinatal mental health. Find out about parent infant mental health services and how they can work with perinatal mental health services.

**Dr Pauline Lee** is a Consultant Clinical Psychologist and Psychoanalyst. She has worked for over 15 years in perinatal and parent infant mental health in the NHS. She developed the Tameside and Glossop Early Attachment Service based on a psychoanalytic model which is now being replicated in 9 other boroughs across Greater Manchester (GM). She is currently the GM Lead for Parent Infant Mental Health and she also works in private practice as a Psychoanalyst.

### **Eating Disorders in the Perinatal Period**

Dr Catia Acosta, Consultant Perinatal, Eating Disorder and Liaison Psychiatrist, Central and North West London NHS Foundation Trust

Eating disorders are complex, can be severe and enduring and are of all psychiatric illness the ones with highest mortality rate. When in the perinatal period, eating disorders can greatly impact the mother and baby and the pregnancy outcomes. As always in eating disorders it is essential to identify, monitor and treat all Eating disorders as early as possible, specially in the perinatal period, which is even a bigger challenge than at other times. I will give an overview of Eating disorders, presentation, risks and complications in the perinatal period as well as recommendations for screening, monitoring and treatment during this time.

**Dr Catia Acosta** is an adult consultant psychiatrist, accredited in Liaison psychiatry along with specialist higher training in Eating disorders and perinatal which she combines in her clinical practice. She previously trained in Obstetrics and gynaecology. Current she is the consultant psychiatrist in the perinatal team at Chelsea and Westminster hospital and a CQC specialist advisor. She does most of her

Eating disorder currently in her private practice and the eating disorders in perinatal period in her NHS post. She has lectured, provided training and written on the subject. She also has a special interest in Fabricated and Induced Illness (FII) by proxy and is member of the ERG with the college.

### **Perinatal mental health services: Recommendations for the provision of services for childbearing women - College Report 232 recommendations and Long Term Plan**

Dr Sarah Taha, Consultant Perinatal Psychiatrist, Clinical Lead Perinatal Services West London, and Dr Cressida Manning, Consultant Psychiatrist co-authors of CR232 (College Report)

[View the full report](#)

### **Involving Partners in Perinatal Mental Health Care**

Mark Williams, Author and International Campaigner, Founder of International Fathers Mental Health Day

**Mark Williams** is a keynote speaker, author (Daddy Blues) and international campaigner. He founded International Fathers Mental Health Day and the #Howareyoudad campaign.

Mark has spoken on television and radio stations around the world and works with Dr Jane Hanley, publishing co-authored articles on Fathers Mental Health together.

He was awarded Inspirational father of the year and local hero at the Pride of Britain Awards in 2012 and was invited to meet the Royal Family on World Mental Health Day in 2016.

### **Intimate partner abuse and perinatal mental health disorders**

Dr Edith Agius

Dr Edith Agius, is M.D.(Melit.), M.Sc.(Sheff.) Perinatal Mental Health, CCST (Psych), AVIGuk Accredited Video Interaction Guidance Practitioner, Resident Specialist in Psychiatry, Mental Health Services, General Adult and Perinatal Psychiatry, Malta.

**Purpose of study** This study aimed to assess the prevalence of intimate partner abuse amongst pregnant women attending the Perinatal Mental Health Clinic in Malta and 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 non-experimental, survey research design using self-reported questionnaires was used after getting the necessary approvals. The questionnaire used in this dissertation, 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 (2014a) 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 Knowing the prevalence and identifying the socio-demographic variables of intimate partner abuse is only the first step in developing and implementing new interventions to identify and respond early to such abuse (Devries et al., 2010).

## **Experiences of birthing people with Autistic Spectrum Disorder accessing Perinatal Mental Health Services in Brighton**

Oliver Pentz

Oliver Pentz is a Medical Student at Brighton and Sussex Medical School.

**Aims and Hypothesis** To describe the demographics, patient journeys, experiences, and barriers to care for people with Autistic Spectrum Disorder (ASD) under the care of the Brighton and Hove Specialist Perinatal Mental Health Service (BHSPMHS). **Background** There is a paucity of research into the experiences of people with ASD during the perinatal period. As specialist community perinatal mental health services expand in line with the NHS Long Term Plan for Mental Health, it is important to understand the demographics, and experiences of people with ASD accessing BHSPMHS, to ensure the needs of this population are met. **Methods** Electronic records of patients fulfilling the criteria of ASD (or with suspected ASD awaiting full diagnosis) were reviewed. Of these, five patients were interviewed to explore their experiences of the service. **Results** ASD is overrepresented in the population of patients under the care of BHSPMHS, when compared to the general population. People with ASD under the service require more input from other teams and have more frequent crisis team involvement. Participants had a mixed experience of BHSPMHS; consistent, continuous support and appropriate flexibility around appointments were valued. Online group Dialectic Based Therapy (DBT) was particularly challenging, and absence of a formal diagnosis for ASD was viewed as a barrier to accessing care. **Conclusions** The care for people with ASD under BHSPMHS is successful in several areas. Areas of improvement include providing smaller and in-person DBT groups, due to anxiety around large groups. We recommend that those awaiting ASD diagnosis should be treated with the same sensitivity and with appropriate adjustments to service provision as those with ASD diagnosis. Adjustments may include flexibility around appointment times, locations and type (online/in-person). This is particularly important as ASD is over-represented in this service. The results of this study will be used to guide service development to improve care for this patient group.

## **Treatment Of Attention Deficit Hyperactivity Disorder In Pregnant Women: A Systematic Review Of Cohort Studies'**

Dr Indu Surendran

Dr Indu Surendran is a CT2 in psychiatry, at St Helens and Knowsley Teaching Hospital.

**INTRODUCTION:** Despite ADHD coming into the limelight more than a decade ago, the research on the treatment of ADHD in pregnancy is quite lacking. No guidelines exist to guide patients and practitioners how to manage symptoms of ADHD and research on this topic is plagued with multiple issues. Only a handful of systematic reviews exist on this topic. **AIMS:** The aim of this systematic review is to identify and appraise pharmacological options available for management of ADHD in pregnant women, adverse effects on pregnancy and foetus. **METHODS:** Systematic review of prospective or retrospective cohort studies, available on this topic till date after Pubmed and Medline search, carried out by 2 reviewers independently. The preliminary search was conducted in March 2021, though the reviewers carried out timely cross-referencing as required. All cohort studied except those with ambiguous methodology were included. The data was further extracted using Microsoft excel after Quality Assessment was completed. A narrative synthesis was undertaken as meta-analysis was not feasible owing to heterogeneity. **RESULTS:** 18 Cohort studies were included (N=28227 pregnant women with ADHD) of which 16 were deemed good quality. Multiple confounders were identified. The review noted that use of stimulants/non-stimulants reduced symptoms and improved functionality in expectant mothers. Findings from our review indicate low risk of developing malformations with ADHD medications, with only Methylphenidate (notably cardiac) and Modafinil showing slightly increased though statistically significant risk. We also noted slightly increased risk for reduced Apgar scores, abortions on maternal request, pre-eclampsia and preterm births. There was no conclusive association noted between neurodevelopmental delay or future ADHD. **CONCLUSION:** A case-by-case approach needs to be adopted for every patient, looking at how ADHD affects daily functioning and balancing against adverse pregnancy outcomes. Innovative practices like drug holidays, as-required medications, drug-free trials etc. will help practitioners streamline the treatment better.

## **Understanding intergenerational transmission of violent trauma: What we know about effects on caregiving and about effective intervention during early sensitive developmental periods**

Professor Daniel Schechter, CAMHS and Perinatal Consultant, SUPEA, Lausanne University Hospital and Faculty of Biology & Medicine, Lausanne, Switzerland

This presentation will consider the perspective of the very young child during formative development of emotion regulation, social cognition, dealing with the emergence of the capacity for hostile aggression without the language skills yet to communicate what's in mind. What happens when the child's caregiving environment is affected by maternal interpersonal violent experience and related post



traumatic stress? We will discuss original prospective, longitudinal research on the psychobiological mechanisms of intergenerational transmission of violence and related psychopathology, a clinical research example with video observations, and implications for intervention including a newly developed model of brief psychotherapy involving “ Clinician Assisted Videofeedback Exposure.”

**Professor Daniel Schechter** is an American child, adolescent, and adult psychiatrist and psychoanalyst as well as researcher in developmental neuroscience. Trained at Columbia University in New York from undergraduate through postgraduate studies, he is currently Associate Professor of Psychiatry in Child & Adolescent Psychiatry at Lausanne University Hospital and Faculty of Biology and Medicine, Switzerland. He is also Adjunct Associate Professor at the New York University Grossman School of Medicine, USA. Professor Schechter is a Distinguished Fellow of the American Psychiatric Association and American Academy of Child & Adolescent Psychiatry, and recipient of numerous awards internationally both for his scientific as well as clinical publications. His research is currently funded by the Swiss National Science Foundation, the National Center for Competence in Resesrch-SYNAPSY, the International Psychoanalytical Association, and by private foundations.

### **The midwife's role in supporting women with trauma during the perinatal period**

Laura Walton, Specialist Midwife for Perinatal Mental Health, King's College Hospital NHS Foundation Trust, and Team Leader for Links midwifery team.

## Poster Abstracts

### 1. Intimate partner abuse and perinatal mental health disorders

**Dr Edith Agius**, Specialist registrar, Dr Andee Agius, Ms Claire Zerafa, Dr Ethel Felice

**Purpose of study** This study aimed to assess the prevalence of intimate partner abuse amongst pregnant women attending the Perinatal Mental Health Clinic in Malta and 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 non-experimental, survey research design using self-reported questionnaires was used after getting the necessary approvals. The questionnaire used in this dissertation, 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 (2014a) 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** Knowing the prevalence and identifying the socio-demographic variables of intimate partner abuse is only the first step in developing and implementing new interventions to identify and respond early to such abuse (Devries et al., 2010). **Keywords** perinatal, intimate partner abuse, mental health, domestic violence, women's health, psychiatry

### 2. Ethnic disparities in multi-morbidity in women of reproductive age: a data linkage study

**Dr Raquel Catalao**, ST4-6

**Aim and hypothesis** Explore multi-morbidity in women of reproductive age at preconception stage. **Background:** Black women are five times more likely to die during the perinatal period, however, few studies have explored ethnic inequalities in physical and mental health in women at preconception. **Method:** Data from Lambeth DataNet, the anonymized primary care records of this ethnically diverse inner-city London borough, linked to CRIS database, which holds clinical records of the local mental health trust South London and Maudsley NHS Foundation Trust, was used. Women aged 15-40 with an episode in CRIS between January 2008 to December 2018 and no antenatal or postnatal codes

documented in primary care records were included (n=3,633). Data from 4:1 age-matched controls (n=14,532) was extracted on several health indicators and physical health diagnoses. Results: Women in contact with mental health services had a higher prevalence of all risk factors and physical health diagnoses studied and there were significant ethnic disparities. Black women were more likely to have a SMI diagnosis [adjOR 2.67(2.06-3.46)] than White British women, however, women from all minority ethnic groups were less likely to be diagnosed with depression in primary care compared White British women. Black women [adjOR 3.63 (3.14-4.20)] were significantly more likely to be overweight. Black and Asian women were less likely to smoke or use alcohol excessively and more likely to be vitamin D deficient, not use LARC and have a termination of pregnancy. Black women were ten times more likely to be diagnosed with hypertension than White British [OR 10.10(7.16-14.51)] and diabetes was twice more prevalent in Black and Asian women compared to White British women after adjustment for deprivation and other risk factors. Conclusions: The differences in multimorbidity present in ethnic minority groups with and without mental illness highlight a need for culturally centered integrative models of care.

### **3. Adjustment to Motherhood Group: Short structured antenatal intervention for women under the Hertfordshire Community Perinatal Team**

**Dr Katerina Denediou Derrer**, ST4-6, Jacqui Christopher, lead occupational therapist, HPFT Community perinatal team  
Dr Sarah Cohen, Consultant Perinatal psychiatrist, HPFT Community perinatal team

**Aims and hypothesis** The adjustment to motherhood group was designed for women under the Hertfordshire Community perinatal team, as an antenatal intervention to ease the transition to motherhood, to strengthen the mother-infant relationship, and to keep baby safe despite challenges. Our hypothesis was that the group would support women who did not feel mentally or emotionally prepared for the baby's arrival. **Background** Perinatal mental health focuses on prevention of maternal mental illness, indirectly improving parenting and preventing adverse childhood effects. **Methods** Referrals were sought from all clinicians in the team, who also gained verbal consent. The referred women were grouped according to their gestation and estimated due date. The cohort was mostly first-time mums but also mums with a long gap between their previous childbirths and the current pregnancy. The first group was launched on Zoom in November 2021 as a pilot. The group consisted of four weekly antenatal sessions, run over 1-1.5h, followed by a postnatal reunion session, approximately a month later. One session was delivered each by occupational therapist, nursery nurse, clinical psychologist and parent-infant psychotherapist, with a mix of didactic and psychoeducation. To assess the participants' confidence in parenting, a questionnaire was designed and circulated by SurveyMonkey antenatally and also at the postnatal reunion session. Psychology resources and a booklet on Adjusting to motherhood were

circulated. Results Out of 10 referrals, 7 women attended either all or some sessions. Two women completed the survey antenatally, and three women completed it postnatally. 3 women attended the postnatal reunion and gave positive feedback including improvement in parenting confidence. Suggestions were to include fathers, and to send the resources sooner. Conclusions This group fulfilled its aims in providing parenting preparation to women under the Hertfordshire Community perinatal team. It is hoped that the group will run six times a year, roughly every two months.

#### **4. The Factors Found to be Influencing Non-attendance Rates Amongst Patients Referred to a North London Specialist Perinatal Mental Health Service**

**Dr Cemile Kalkan**, ST4-6, Dr Alkiviadis Velivasis

Background Anecdotally, it was observed within a North London Specialist Perinatal Mental Health Service (SPMHS) that increased rates of women who were referred to the service either: 'Did Not Attend' (DNA) initial assessment; attended and did not wish for further follow-up; or were assessed as not meeting the criteria for follow-up. These increased rates, add to workload, affect resources and effective time management, therefore prolonging waiting times. Aims 1. To identify the socioeconomic, cultural and psychiatric characteristics present, which impact on patients who decline or are not accepted for support. 2. To link our findings to existing literature related to accessibility of SPMHS. 3. To make suitable service improvement suggestions to assist in reducing DNA rates. Hypothesis 1. The aforementioned rates have been increasing over time. 2. There are cultural, social and economic patterns within the group of patients who decline or are not accepted for support. 3. The service would benefit from introducing changes to their systems to reduce DNA rates. Methods The inclusion criteria were; all patients within the SPMHS who were accepted for initial assessment following referral but who declined, or those not accepted for support, within a discreet period. Within this group of patients, data on demographics and measurable features were collated. This was analysed to find patterns and correlations. Findings were shared with the SPMHS and changes to the current system to improve patient engagement were discussed. Results DNA rates in the identified group increased within the SPMHS during the reviewed period. Amongst this group, women from particular ethnic minorities and presumed socio-economic backgrounds were more represented. Conclusions Factors were identified which contribute to the likelihood of patient's not attending SPMHS appointments. Adjustments need to be made within the service, to improve patient engagement therefore freeing up resources.

#### **5. Female reproductive health - An audit reviewing pre-conception advice and information given to women about the psychotropic medication they are prescribed while admitted to psychiatric wards,**

## **in line with NICE guideline 192, and reviewing documentation around cervical cancer screening for female inpatients**

**Dr Helen Muskett**, CTI-3, Eleanor Swift

**Aims and hypothesis** To assess practice, against NICE guideline 192, in terms of the information given to women admitted to psychiatric wards regarding the impact of psychotropic medication on family planning. This is a re-audit to review if initial interventions have helped. This audit also evaluated use of the local PHIT (physical health information tool) in recording information about patients' reproductive health needs. **Background** Following the 2020 Cumberlege Report we decided to review the quality of information given to women on psychiatric wards about the medication they were prescribed and its possible reproductive impact. Initial audit results were poor, and interventions were made around informing doctors about what type of information and discussion should be had with women prescribed psychotropic medication. The re-audit was also an opportunity to think about what role psychiatric services could play in supporting women with reproductive health more widely, ie linking with cancer screening services. **Methods** Data from 130 of the most recently discharged female patients (age 18-48) from Central Manchester acute psychiatric wards were reviewed. Information was gathered from records of MDT meetings, discharge summaries, progress notes and the PHIT. **Results** Rates of women prescribed psychotropic medication being on contraception, or having discussions around it, remained low (14%). The overall rate of discussions around fertility, pregnancy and pre-conception planning were also poor, occurring in 5% of patients audited. PHIT document regarding cervical cancer screening was not completed in 81% of patients. 4% of patients eligible for screening were documented as having received it. **Conclusions** Current practice falls below standards set by NICE. Opportunities to inform women are being missed, with possible wide-reaching implications. Initial attempts to improve information being given have not helped. The PHIT is not being utilised regularly and opportunities are being lost to link women with services such as cancer screening.

## **6. Experiences of birthing people with Autistic Spectrum Disorder accessing Perinatal Mental Health Services in Brighton**

**Oliver Pentz**, Medical Student, Dr Jennifer Cooke, Dr Harriet Sharp

**Aims and Hypothesis** To describe the demographics, patient journeys, experiences, and barriers to care for people with Autistic Spectrum Disorder (ASD) under the care of the Brighton and Hove Specialist Perinatal Mental Health Service (BHSPMHS). **Background** There is a paucity of research into the experiences of people with ASD during the perinatal period. As specialist community perinatal mental health services expand in line with the NHS Long Term Plan for Mental Health, it is important to

understand the demographics, and experiences of people with ASD accessing BHSPMHS, to ensure the needs of this population are met. **Methods** Electronic records of patients fulfilling the criteria of ASD (or with suspected ASD awaiting full diagnosis) were reviewed. Of these, five patients were interviewed to explore their experiences of the service. **Results** ASD is overrepresented in the population of patients under the care of BHSPMHS, when compared to the general population. People with ASD under the service require more input from other teams and have more frequent crisis team involvement. Participants had a mixed experience of BHSPMHS; consistent, continuous support and appropriate flexibility around appointments were valued. Online group Dialectic Based Therapy (DBT) was particularly challenging, and absence of a formal diagnosis for ASD was viewed as a barrier to accessing care. **Conclusions** The care for people with ASD under BHSPMHS is successful in several areas. Areas of improvement include providing smaller and in-person DBT groups, due to anxiety around large groups. We recommend that those awaiting ASD diagnosis should be treated with the same sensitivity and with appropriate adjustments to service provision as those with ASD diagnosis. Adjustments may include flexibility around appointment times, locations and type (online/in-person). This is particularly important as ASD is over-represented in this service. The results of this study will be used to guide service development to improve care for this patient group.

## **7. Improving Awareness of Safe Sleeping in a Mother and Baby Psychiatric Unit**

**Dr Imrana Puttaroo**, CT1-3, Dr Jona Lewin, Dr Sucharita Sriranjani, Kathryn Sheppard

**Aims** To improve patient awareness of the condition SIDS and to implement an interactive training session improving awareness of safe sleeping practices for babies. **Background** Sudden Infant Death Syndrome (SIDS) is the sudden and unexplained death of a baby. Safe sleeping practices can reduce a baby's risk of SIDS. At the Coombe Wood Mother & Baby Unit (MBU), it was found that many patients were opting to co-sleep with their babies which contradicts safe sleeping guidelines. **Methodology** An interactive training session for patients was organised by incorporating published materials from The Lullaby Trust™, facilitated by medical and occupational therapy staff on the MBU. The participants filled out a pre-training and post-training questionnaire to test the effectiveness and quality of the training session. **Results** The participants' average level of confidence in knowing and applying safe sleeping practices for their babies doubled following the training session (from 2.3 to 4.8 and 2.6 to 5 respectively, with 5 meaning "Very Confident.") The average level of knowledge of SIDS also increased from 1.6 to 4.4 (with 5 meaning "A Lot" of Knowledge.) All participants "Strongly Agreed" that the session was of high quality, beneficial and that they were likely to make changes to their practice following the training session. All participants agreed that the training session should continue as a regular group on the ward.

The session was given an average usefulness rating of 4.4/5; the interactive games and group discussions were the most useful elements according to the participants. **Conclusions** Prior to the training session, we were surprised at the low level of knowledge and confidence the patients had regarding safe sleeping practices for their babies. This project shows how interactive, ward-based training can be a very effective way to engage and stimulate patients into improving the safety of their baby care.

## **8. Treatment Of Attention Deficit Hyperactivity Disorder In Pregnant Women: A Systematic Review Of Cohort Studies**

**Dr Indu Surendran**, CTI-3, Dr Kalpa Wijesinghe, Dr Joe Johnson

**INTRODUCTION:** Despite ADHD coming into the limelight more than a decade ago, the research on the treatment of ADHD in pregnancy is quite lacking. No guidelines exist to guide patients and practitioners how to manage symptoms of ADHD and research on this topic is plagued with multiple issues. Only a handful of systematic reviews exist on this topic. **AIMS:** The aim of this systematic review is to identify and appraise pharmacological options available for management of ADHD in pregnant women, adverse effects on pregnancy and foetus. **METHODS:** Systematic review of prospective or retrospective cohort studies, available on this topic till date after Pubmed and Medline search, carried out by 2 reviewers independently. The preliminary search was conducted in March 2021, though the reviewers carried out timely cross-referencing as required. All cohort studied except those with ambiguous methodology were included. The data was further extracted using Microsoft excel after Quality Assessment was completed. A narrative synthesis was undertaken as meta-analysis was not feasible owing to heterogeneity. **RESULTS:** 18 Cohort studies were included (N=28227 pregnant women with ADHD) of which 16 were deemed good quality. Multiple confounders were identified. The review noted that use of stimulants/non-stimulants reduced symptoms and improved functionality in expectant mothers. Findings from our review indicate low risk of developing malformations with ADHD medications, with only Methylphenidate (notably cardiac) and Modafinil showing slightly increased though statistically significant risk. We also noted slightly increased risk for reduced Apgar scores, abortions on maternal request, pre-eclampsia and preterm births. There was no conclusive association noted between neurodevelopmental delay or future ADHD. **CONCLUSION:** A case-by-case approach needs to be adopted for every patient, looking at how ADHD affects daily functioning and balancing against adverse pregnancy outcomes. Innovative practices like drug holidays, as-required medications, drug-free trials etc. will help practitioners streamline the treatment better.