9 April 2019

Dear Mr. Pengelly,

Establishment of Dedicated Perinatal Services in Northern Ireland

We write to you as a group of concerned professionals to draw your attention to the gross inequality which currently exists in Northern Ireland regarding the provision of services to women with a mental illness associated with childbirth.

Every part of the United Kingdom now has specialist perinatal services, or a strategy in place, for their development. The Republic of Ireland has its own strategy for the development of community specialist teams and the provision of a mother and baby unit.

Despite the widespread acknowledgement of the need for similar services in Northern Ireland, this has not been addressed by any meaningful investment.

The Confidential Enquiry into Maternal Morbidity and Mortality has, over the past 20 years, identified psychiatric illness as a significant contributor to both mortality and morbidity in women. The most recent MBRRACE-UK Perinatal Mortality Surveillance Report (November 2018) identified suicide as the leading cause of maternal death. Notably, this report mentions the current lack of perinatal services in Northern Ireland, whilst identifying also the good practice that exists in other specialist teams; together with drawing attention to the need to provide improved services to women with substance misuse.

A study carried out in 2018 by researchers from Queen’s University, in collaboration with the Health and Social Care Trusts, revealed not only the extent of the problem, but also the poor outcomes associated with this group. That report analysed data from 142,000 maternities between 2010 and 2015. Of those, one-fifth of pregnant women reported a history of mental
disorder, for example schizophrenia, bipolar disorder and depression - these diagnoses were associated with poorer outcomes for mothers and babies.

There is also a significant economic burden associated with these illnesses. A London School of Economics report published in 2014 entitled, 'The costs of perinatal mental health problems', identified a total economic and social cost of £8.1 billion. The cost to the public sector of perinatal mental health problems is estimated to be five times the cost of improving services.

The Maternal Mental Health Alliance’s ‘Everyone’s Business’ campaign calls for all women living in the United Kingdom who experience a perinatal mental illness to receive the care that they and their families require, wherever and whenever needed.

In essence, the inequity that exists in Northern Ireland cannot be allowed to continue. Given the issues raised, in light of the absence of a functioning Assembly, together with the worsening situation in the absence of dedicated perinatal services, we are calling upon the Department of Health to take appropriate steps to identify and release the resources needed to establish specialist community perinatal mental health services in each of the five trusts, along with the provision of a regional mother and baby unit as a matter of urgency.

We would welcome the opportunity to discuss this matter with you at an early stage and look forward to your response.

I should be pleased if you would liaise with Barry Flynn at the Royal College of Psychiatrists at Clifton House – 02890 278793 or barry.flynn@rcpsych.ac.uk - should you acceded to this request, so as a mutually agreeable date can be identified for the meeting.

Yours sincerely,

Dr Julie Anderson
Chair, RCPsych NI
Perinatal Faculty

Professor Nicola Rooney
Chair, BPS NI

Neil Anderson, HoS
NSPCC Northern Ireland

Karen Murray, Director
RCM, NI

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Janice Smith, Director
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Shona Hamilton,
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