



PSYCHOLOGICAL CARE OF WOMEN IN PREGNANCY & THE PUERPERIUM:

ROLE OF A SUPPORT MIDWIFE FOR MENTAL HEALTH

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Support Midwife



PERINATAL DEPRESSION



Up to 17% women suffer from depression in pregnancy (Evans 2001)

Post natal depression affects approx 15% mothers (Crotty and Sheehan 2004)

Prevalence of anxiety in pregnancy is unknown but occurs frequently and increases the likelihood of PND (Heron 2004)

A significant number of women with postnatal depression have had depressive symptoms antenatally

WHAT MAKES PERINATAL DEPRESSION DIFFERENT?

- It is experienced at a time when exceptional physical and emotional demands are being made on the mother, which make it difficult for her to care for herself and her infant
- If untreated leads to a chronic/recurrent mood disorder. Good response from early treatment

WHAT MAKES PERINATAL DEPRESSION DIFFERENT?

- Depression may adversely affect the infant's social, emotional, cognitive and intellectual development (Hay2001)
- Depression may adversely affect the woman's relationship with her partner and can lead to relationship break up (lovestone 1993)

40% Women Don't Seek Help

- Fear of being thought mad or bad
- Don't know about Postnatal Depression
- Don't know where to get help
- Too depressed to seek help
- Guilt ~ others cope
- Expectations, myths, media
- Fear of letting the family/doctor down

40%

IDENTIFICATION

- 77% women who develop postnatal depression can be identified prior to discharge from hospital.
- History of depression + positive score on the Edinburgh Postnatal Depression Scale.

ROLE OF SUPPORT MIDWIFE

- Develop a strategy for prevention, early detection and management of perinatal mental health problems and emotional difficulties
- Identify a population at high risk
- Act as an advocate for vulnerable women
- Facilitate extra support and services
- Screening postnatally prior to discharge
- Training of Health Care workers

Support Midwife Service

How the Mental Health component of care is presented will influence a patients willingness to accept it.

Service is flexible, opportunistic and patient focused.

Provides a safe setting to discuss options so women can feel fully involved in their care plan.

Referral to Support Midwife

- All women with Hx depression and anxiety at booking visit are given contact details.
- Self referral
- Midwives
- Obstetricians
- Public Health Nurses
- G.P. and Community Psychiatric Teams
- Medical Social Worker

Support Midwife Service

- Review approx 630 women in clinic
- Review approx 1400 in-patients
- Provides antenatal assessment and care plan
- Delivery plan and review post delivery
- Early follow up post partum
- Referral to other services as appropriate

Routine Screening

- Screening instruments are used to assess the presence of symptoms as opposed to making a diagnosis of depression
- The Edinburgh Postnatal Depression Scale used on day of discharge.
- Discussion on symptoms, prevention and services available for postnatal distress
- Follow up phone call and appointment offered to those with high scores.

What is the EPDS?

Self Report Assessment Scale:

10 statements relating to symptoms of depression

4 point scale~ how closely each statement reflects the mood over the past week

Total score added. Score of 12+ is positive

What is the EPDS?

The EPDS is an acceptable and simple means of identifying postnatal women who are experiencing emotional distress.

G P and PHN are informed of score on discharge

Its routine use in hospital discharge encourages a climate in which negative feelings are seen as a legitimate subject for discussion. Women need explicit permission to talk about negative feelings.

VULNERABILITY FACTORS

- Biological

 - history of depression: self or family

- Obstetric

 - lack of support/information

 - Infertility or previous pregnancy loss

 - loss of control ~ illness in pregnancy

 - labour not as planned, difficult or traumatic delivery

 - Sense of lack of control during delivery

Psychosocial

- Stressful life events, social difficulties
- lack of supportive/confiding relationship
- Financial Difficulties

- Internal
- poor nurture in childhood, past history of abuse
- low self-esteem

Baby~related

- ambivalent about pregnancy/infant
- previous stillbirth or miscarriage
- realistic worries about infant

Support Midwife Clinic



Responding to women's needs, involving them in their care, creating a climate in which women and their partners feel free to discuss the emotional impact and the practical implications of pregnancy and parenthood are important steps towards promoting the psychological wellbeing of women.

Benefits of Support Service

- Raised Awareness for ~ women and family
~ Health Care Team
- Helps women recognise own needs, express and validate them.
- Empowers them to seek help
- Availability of service encourages referral from health professionals

Benefits of Support Service

The background of the slide features a soft-focus photograph of a woman in profile, holding a baby. The image is overlaid with a semi-transparent white box containing the text. The overall color palette is warm, with shades of pink and light blue.

- Early support reduces distress, may prevent PND
- Benefits mothers, their relationships, maternal attachment and children's social, emotional, cognitive and intellectual development.

Final Word



The unexpected distress suffered by more than one in eight women in pregnancy and following the birth of a baby is a matter of deep concern.

Informed staff can do much to prevent emotional distress through sensitive care and by recognising women in need of extra support.