Maternal mental health: whose business?

Thomson, G

Available at http://clok.uclan.ac.uk/12217/


It is advisable to refer to the publisher’s version if you intend to cite from the work.

For more information about UCLan’s research in this area go to http://www.uclan.ac.uk/researchgroups/ and search for <name of research Group>.

For information about Research generally at UCLan please go to http://www.uclan.ac.uk/research/

All outputs in CLoK are protected by Intellectual Property Rights law, including Copyright law. Copyright, IPR and Moral Rights for the works on this site are retained by the individual authors and/or other copyright owners. Terms and conditions for use of this material are defined in the http://clok.uclan.ac.uk/policies/
The Maternal Mental Health Alliance’s (MMHA) ‘everyone’s business’ campaign is timely and crucial to highlight the ‘shocking gaps’ in UK maternal mental health services (MMHA 2014). Up to 20 per cent of women develop a mental illness in the perinatal period, which means that more than 70,000 families a year in the UK experience the potentially devastating impact of mental illness on maternal, infant and family wellbeing and functioning. Inequalities in care provision are also evidenced through fewer than half of these women being able to access specialist mental health services (MMHA 2014). The MMHA campaign calls for national accountability, specialist community services to be available for all women and their families and training for professionals providing perinatal care.

The midwife’s role
Midwives play a central role in promoting the emotional well being of women, babies and families. However, these services have to have the necessary resources to enable consistent and meaningful woman-centred care to be provided. Caseload teams and one-to-one midwifery models of care provided by midwives suitably educated in mental health issues can provide continuity of care and enable trust-based relationships to be formed, and through which maternal mental health concerns may be observed and/or disclosed. Furthermore, as mental health interventions delivered by supervised non-specialists (such as midwives) can reduce the burden of common perinatal mental disorders (Rahman et al 2013), these findings emphasise the need for well-resourced provision within a perinatal context.

Cost
A costing analysis undertaken as part of the ‘Everyone’s business’ campaign identified that the NHS would need to spend only £337 million a year (compared to the £8+ billion of economic/social costs associated with perinatal mental health) to ensure that recommended national guidance for perinatal mental health is achieved (MMHA 2014). A proactive stance to address this issue therefore makes political, economic and humanitarian ‘sense’. However, while the call for bureaucratic approaches to change, such as through accountability and education are required, care needs to be taken to ensure these do not become ‘sticking plasters’ rather than the co-ordinated, integrated, targeted and well-resourced approach that is required. 

References
MMHA, NSPCC and Royal College of Midwives (2014). Specialist mental health midwives: what they do and why they matter, Waltham Cross: MMHA.

Gill Thomson is senior research fellow in the Maternal and Infant Nutrition and Nurture Unit at the University of Central Lancashire