



Evaluating perinatal mental health services

Lay Summary

Based on births between 1 April 2014 and 31 March 2017 in Scotland

What is the National Maternity and Perinatal Audit?

The National Maternity and Perinatal Audit is a large-scale project established to provide data and information to those working in and using maternity services.

We do this to evaluate and improve NHS maternity services, as well as to support women, birthing people and their families to use the data within their decision-making.

For more information about the NMPA, please see www.maternityaudit.org.uk

What is the perinatal mental health sprint audit?

The NMPA helps us understand the maternity journey by bringing together information about maternity care, information about hospital admissions and information recorded when babies are admitted to a neonatal unit. We call these different bits of information “datasets” and to help make sure we’re using only the best data, only records and maternity services that passed detailed data quality checks are included in the audit results.

This sprint audit focussed on how possible it is to join datasets together that hold different information about medical care - for example, data collected about labour and birth, information about mental health care and data about admissions to hospital. Once joined, the whole dataset can be used to look at aspects of maternity care specifically for those who have had a hospital admission for a mental health condition either before or after birth.

The full report of the sprint audit can be found via the NMPA website using the link below:



What is included and how can it be useful?

Firstly, the full report describes how many babies were born and how many mothers were admitted to hospital for a mental health condition.

Secondly, the report looks at how to group similar mental health conditions together (using clinical categories). This is useful because sometimes there are only small numbers of people affected by a particular mental health condition. Such small numbers can make it hard to draw confident conclusions about what the information is showing us.

By joining similar smaller groups together in a way that makes sense, we can make one larger group which is much easier to analyse and lets us draw more confident conclusions about why certain things happened.



This report only uses data from Scotland, because at the time this work was carried out, data from England and Wales were not available to the NMPA. There are however, plans to extend this to use data from other UK nations. It is important to note that because this uses only Scottish data, the results may not be representative of the other nations in the UK and as such should not be used to make generalisations about the services and care provided elsewhere. The full report of the sprint audit can be found via the NMPA website [here](#).

What is covered by this lay summary?

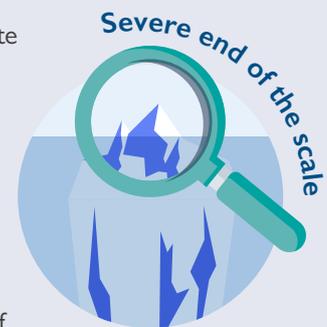
This summary includes:

- 1 A description of the number of births and the number of admissions to hospital
- 2 A summary of the way mental health conditions have been grouped
- 3 A small number of findings relating to the outcomes of maternity care for those with a hospital admission for a mental health condition either before or shortly after birth

Report focus area:

It is important to note that this report focuses only on the severe end of the scale of mental health conditions, looking only at those who have been admitted to hospital as a result of a mental health condition.

This is because the audit did not have access to other data such as GP or community care records.



Key Findings and Recommendations

We use the key findings and recommendations from the [full report](#) throughout this summary and include infographics to aid understanding.



www.maternityaudit.org.uk

The NMPA website has lots of information about maternity care so do visit for more details about this work and the other work of the NMPA.



Insights and Discussions

The findings of this report can help inform maternity services and those who provide care in this area about the benefits of joining different sets of information together to look at perinatal mental health care. It also highlights where some of the gaps in services and data quality are as well as the importance of further work on this topic for all UK nations.



Birthing people terminology

Throughout this document we use the term birthing people as well as women. It is important to acknowledge that it is not only people who identify as women that access maternity and gynaecology services.

Key findings



Description of births and hospital admissions

163,109 births



It is **rare to be hospitalised** because of a mental health condition during pregnancy or in the first year after birth – **590** out of the 163,109 births (0.4%).

There were **163,109 births** in Scotland between 1 April 2014 and 31 March 2017. **3043** (1.9%) of these 163,109 births were in women and birthing people with a pre-pregnancy history of a mental health admission.

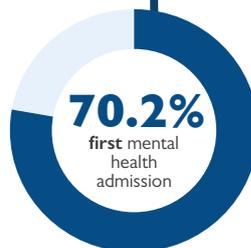


Perinatal hospital admissions:

For women and birthing people with a pre-pregnancy history of an admission to hospital for a mental health condition, **5.8% also had a perinatal admission**. The figure was 0.3% for those without such a history.



590 hospitalised because of a mental health condition



163,109 births

In **70.2%** of the 590 births to women and birthing people with a perinatal mental health admission, this was the **first mental health admission**.

Note:

In this report, the statistics that are presented for individual women and birthing people (both those who have been affected and not affected by a perinatal mental health admission) are counted by the 'births' they have experienced during the timeframe of this report.

This means that those who have a multiple pregnancy, or more than one birth in the period covered by the report, are still counted by the number of births, even though they may have had more than one baby.





Grouping of mental health conditions

Mental health diagnoses were grouped into eight categories with the help of an expert advisory group for this work, including doctors who specialise in psychiatric care around pregnancy. These groups are named using the medical terms, or diagnosis codes, used in the International Classification of Diseases, tenth revision (ICD-10), but we appreciate these are not always the terms preferred by women and birthing people.

Using these groups, “**major depressive disorders, including postpartum depression**” (22.9%) and “**anxiety and post-traumatic stress disorders**” (19.3%) were the two most frequent diagnosis groups among women and birthing people with a perinatal mental health admission to hospital.

*Groups 6 and 8 are combined because of small numbers in each.

| | |
|------------------------------------|---|
| Group 1 (5.3%) | Schizophrenia and other non-affective psychoses |
| Group 7 (9.2%) | Personality disorders |
| Group 2 (12%) | Affective psychoses, including postpartum psychoses |
| Group 4 (12.5%) | Psychoactive substance use |
| Group 6 & 8* (18.8%) | Eating disorders and other disorders |
| Group 5 (19.3%) | Anxiety disorders and post-traumatic stress disorder |
| Group 3 (22.9%) | Major depressive disorders, including postpartum depression |



Outcomes for mothers and babies

The likelihood of babies being born early, having a low birthweight or needing extra medical help at birth is slightly higher if they are born to women and birthing people who have had a hospital admission for a mental health condition before becoming pregnant.

These increases are small and mean between 1 and 5 extra babies out of 100 born have one of these outcomes. It should also be noted that these results do not suggest causation – that is, there is no evidence here to suggest that having a previous hospital admission is what causes a preterm birth, just that there is an association (or correlation) between the two.

Outcomes of births in women and birthing people with and without a history of a pre-pregnancy mental health hospital admission

| | No pre-pregnancy admission | Pre-pregnancy admission | Number of additional babies per 100 babies born: |
|--|----------------------------|-------------------------|--|
| Preterm birth (<37 weeks) | 7% | 12% | 5 |
| Low birthweight (<2500g) | 2% | 4% | 2 |
| Needing extra medical help at birth (low Apgar score*) | 2% | 3% | 1 |

***Apgar score.** A five-component score that is used to summarise the health of a newborn baby, typically at 1, 5 and 10 minutes after birth.



Admission to a general psychiatric hospital ward was more common than admission to a psychiatric mother-and-baby unit.

Admission to a psychiatric mother-and-baby unit was most frequent in women and birthing people who had a mental health admission in the first 12 weeks after giving birth (79.5%) and considerably less likely where the admission was during pregnancy (23.7%) or between 13 and 52 weeks after giving birth (38.1%).

Calls to action



Calls to action: **Data**



- 1 We would like to see information about perinatal admissions to hospital for mental health conditions made available for all nations of the UK.
- 2 Further work is needed to enable the reporting of data for care provided within the community as well as from specialist perinatal mental health teams. This will help us better understand the numbers of women and birthing people affected by mental health problems around the time of birth and the whole pathway of specialist services and support being provided.



Calls to action: **Language**



- 3 We would like to see a shift in the use of language around mental health conditions, and an understanding of trauma informed care when using certain words and phrases for medical diagnosis.



Calls to action: **Outcomes for mothers and babies**



- 4 Further work is needed to better understand the way perinatal mental health care is delivered and the services that are available, particularly in relation to access to and availability of mother-and-baby units. Ensuring women and birthing people are cared for in the most appropriate setting for their needs can have a beneficial impact on their health and outcomes.
- 5 We would like to see more data made available relating to pre-conception advice for women and birthing people who have had a previous hospital admission for a mental health condition. Supporting families to make informed decisions about their care is imperative.

Find out more

The NMPA website has lots of information about maternity care so do visit for more details about this work and the other work of the NMPA.

www.maternityaudit.org.uk

This document was co-created with the following experts by experience:

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