

### **Contact Details**

Include your midwife, mental health midwife, PHN or other clinician details here:





# Mental Health in Pregnancy

IN CONJUNCTION WITH



### Mental Health in Pregnancy

### About this Leaflet

### This information is written for:

- Any woman who has mental health problems during pregnancy.
- Any pregnant woman who has had a mental health problem in the past and for their partner, family and friends.

### It covers:

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- Mental health problems in pregnancy
- How to stay well during pregnancy and after the birth of your baby
- How to decide whether or not to take medication in pregnancy
- What help and support there is if you are pregnant and have a mental health problem.

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# How can pregnancy affect my mental health?

Pregnancy is often a very happy and exciting time. But not every woman feels this way. You may have mixed, or even negative, feelings about being pregnant. You may find it more difficult than others to cope with the changes and uncertainties which pregnancy brings. Many things can affect how you feel in pregnancy. These include physical symptoms (e.g. morning sickness), the support you have (or don't have) and stressful events in your life. Women often worry about how they will cope with pregnancy or having a baby. It's normal to feel stressed or anxious at times. When you are pregnant, it is common to worry about:

- The changes in your role (becoming a mother, stopping work).
- The changes in your relationships.
- Whether you will be a good parent.
- Fear that there will be problems with the pregnancy or the baby.
- Physical health problems and pregnancy complications.
- Fear of childbirth.
- Lack of support and being alone.

As many as 1 in 5 women have mental health problems in pregnancy or after birth.<sup>1-3</sup> It can happen to anyone. Depression and anxiety are the most common mental health problems in pregnancy. These affect about 10 to 15 out of every 100 pregnant women.<sup>4-5</sup> Just like at other times in life, you can have many different types of mental illness and the severity can vary. You may already have had a mental illness when you became pregnant.

Mental health problems you have had in the past can be worrying because they can increase the risk of becoming unwell, particularly after birth. However, with the right help this can often be prevented. You can also develop mental health problems for the first time in pregnancy or after birth. How your mental health is affected during

pregnancy depends on many things. These include:

- The type of mental illness you have had already.
- Stopping medication for a mental health problem you have a high risk of relapse if you do this when you become pregnant. This is more likely if you have had a severe illness <sup>6-7</sup>, several episodes of illness or a recent episode.<sup>8</sup>
- Recent stressful events in your life (such as a death in the family or a relationship ending).
- How you feel about your pregnancy you may or may not be happy about being pregnant.
- Upsetting memories about difficulties in your own childhood.

Symptoms of mental illness in pregnancy are similar to symptoms you have at other times, but some may focus on the pregnancy. For instance, you may have anxious or negative thoughts about your pregnancy or your baby. You may find changes in your weight and shape difficult, particularly if you have or had an eating disorder.

Sometimes symptoms caused by your pregnancy can be confused with symptoms of mental illness. For example, broken sleep and lack of energy are common in both pregnancy and depression.

What if I have had mental health problems in the past, but am well now?

You should be referred to a mental health service if you are pregnant and have ever had:  $^{\rm 9}$ 

- A serious mental illness, like schizophrenia, bipolar disorder, schizoaffective disorder or severe depression.
- Treatment from mental health services.
- Postpartum psychosis or severe postnatal depression.

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• A severe anxiety disorder such as obsessive compulsive disorder.

• An eating disorder, such as anorexia or bulimia.

It is important to get specialist advice even if you are well during this pregnancy. Women who have had these illnesses have a high risk of becoming unwell after birth. Your midwife, mental health midwife or GP can refer you to a perinatal mental health service if there is one in your area, or otherwise to a community mental health service. Mental health professionals can discuss care and treatment choices with you. They will help you make a plan for your care with your midwife, mental health midwife, obstetrician, public health nurse and GP.

If you have had any other mental health problems, talk to your GP. Even if you don't need to see a mental health team it helps to get advice and support, so you can stay as well as possible. Often your GP will be able to advise about care and treatment. This will depend on the illness you have had and how severe it has been. You can also get support from some of the organisations listed at the end of this page.

# What treatment is available for mental health problems during pregnancy?

It is just as important to have treatment for mental health problems as it is for physical health problems in pregnancy. The best treatment for you will depend on your illness and how severe it has been. Both psychological therapies (talking treatments) and medication can help.<sup>9-10</sup>

#### **Psychological therapies**

A talking treatment may be helpful.<sup>9</sup> For some women this can be used instead of medication. Others may need a talking treatment as well as medication.

Psychological services should see you more quickly if you are pregnant.<sup>9</sup> Your doctor can advise you about referral in your area. You may receive this service through the perinatal mental health service or through your GP.

Counselling in Primary Care (CIPC) is a service for people with mild to moderate psychological difficulties. It is a short-term counselling service that provides up to 8 counselling sessions with a professionally qualified and accredited Counsellor/Therapist. It is a service for medical card holders, who are 18 years of age or over, and who want help with psychological problems that are appropriate for time limited counselling in primary care. For more information see: https://www.hse.ie/eng/ services/list/4/mental-health-services/counsellingpc/.

The Psychological Society of Ireland https://www. psychologicalsociety.ie/ also has an online voluntary directory to help you find a psychologist who is recognised by the Psychological Society of Ireland (PSI) as being a Chartered Member of the Society.

# Which professionals and services will I need to see during my pregnancy and how can they help me?

A number of services and professionals offer help and support during pregnancy and early parenthood. They will help you to stay as well as possible and to manage any illness and the recovery process.

#### Your GP

You should talk to your GP if you are worried about mental health problems in pregnancy. Your GP can provide information, advice and treatment. He/she can refer you to a mental health or psychological therapies service if needed.

#### **Maternity services**

Your midwife will ask questions about your physical and mental health.<sup>9</sup> You should tell your midwife if you have or have had mental health problems. She can ensure you get the care and support you need. She can tell you about the support available through the mental health midwife based in maternity units/hospitals, your GP and your public health nurse.

Further support is also available through specialist perinatal mental health services. These are specialist mental health services for pregnant women and women with a baby under one year old. They will work with you, your family, your midwife and public health nurse and any other professionals involved.

It is important that you attend your antenatal appointments during pregnancy. In some areas there are community midwives who can visit you at home. After birth all women see a public health nurse to get advice about caring for their baby. Health centres and or social centres may have postnatal groups where you can get help, advice and support and meet other new mums in your area.

### Community Mental Health Teams (CMHTs) and Specialist Perinatal Mental Health Services

If you are already under the care of a CMHT, you

should tell your psychiatrist or community mental health nurse that you are pregnant. She/he can tell you about treatment and support available for pregnant women, and new mothers, in your area.

**Perinatal Mental Health Services** are specialist mental health services for pregnant and postnatal women. Often these teams work jointly with CMHTs. Your GP, CMHT, midwife or obstetrician can tell you where you can access this service and how to refer you.

If you are not under the care of a CMHT, but have been in the past, you should talk to your GP. Even if you are well, you may need the support of a Perinatal Mental Health Service or CMHT during pregnancy and for a few months after birth. This will depend on the type of illness you have had.

#### **Medication**

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Any woman may need to take medication for many different physical and mental health problems before, during and after pregnancy. Decisions about whether to continue, change or stop medications in pregnancy are not straightforward or easy. Some medications have been used in pregnancy for many years. **A few medications, such as Sodium Valproate (also known as Epilim), are known to cause problems in some babes and so should not be used at all in pregnancy.**<sup>9-11</sup> In many cases, we simply do not have enough information to be absolutely sure that a treatment is safe. It is important to weigh up the risks and benefits of taking medication in your individual case. Your GP or psychiatrist can help you decide what is best for you and your baby.

If possible, you should talk to your doctor before you become pregnant. However, many pregnancies are unplanned. This means it's common to have to make decisions about medication when you are already pregnant. In that case, you should see your doctor as soon as possible. It is very important that you don't stop your medication suddenly, unless your doctor tells you to. Stopping treatment suddenly can make you relapse and can cause unpleasant side-effects.

It may be best for you to continue medication during pregnancy. But - there are many things you need to think

about when making decisions about using medication in pregnancy. These include:

- How unwell you have been in the past
- How quickly you become unwell when you stop medication
- Medications you have taken:
  - which treatments have helped you most?
  - have some medicines caused side-effects?
- Up-to-date information about the safety of specific medications in pregnancy can be discussed with the Specialist Perinatal Mental Health service.
- If you are unwell during pregnancy:
  - You might not take good care of yourself.
  - You might not attend appointments with your midwife so you don't get the care you need.
  - If you use drugs and alcohol, you may use more when unwell. This can harm your unborn baby.
  - You may need a higher dose of medication if you become ill. Sometimes you may need two or more medications to treat a relapse. This might be more risky for your unborn baby than if you take a standard dose of medication throughout pregnancy.
  - You may need in-patient treatment.
  - You may still be unwell when your baby is born. You may then find it more difficult to care for your baby. It may also affect your relationship with your baby.
  - If your illness is not treated, this may be more harmful for your baby than the effect of medication. Untreated mental illness can cause a number of problems. For example, some research studies have found babies are more likely to have low birth weight if their mother has depression in pregnancy. Untreated mental illness can also affect a baby's development later on.
  - Unfortunately, 2-3 in every 100 babies are born with an abnormality<sup>12-13</sup>, even when the mother has not taken any medication.

#### **Children and Family Support Services**

These offer advice, practical and social support. They host mother and baby groups and drop-in sessions. This can help you meet other new parents and develop your confidence as a mum. Ask your public health nurse for services available in your area.

#### **Public Health Nurse**

Public Health Nurses see all women with new babies within the first three days of returning home. They offer advice about your baby's health, feeding, sleep and other issues. Your public health nurse will ask you about your mental health. She can support you and refer you to other services for support and treatment if you need it.

## Will anyone else be able to help or support me during pregnancy?

Some people have more support than others. Your main support may be your partner, family or friends. It is helpful if the people closest to you know about your mental health problems. If you are at risk of becoming unwell, they should know what symptoms to look out for. They also need to know who to contact for help if they are worried about you. Your partner, family and friends can also help in practical ways - with cooking and cleaning, for instance. Many other sources of help and support are available for pregnant women and new mothers. This will vary depending on where you live. Your midwife and public health nurse should be able to tell you what is available in your area. There is a list of helpful organisations at the end of this page.

# Working together and pre-birth planning meetings:

If you have or have had a severe mental illness, it is helpful to have a meeting to plan your care during pregnancy. This is called a Pre-Birth Planning Meeting. It should be organised by the perinatal mental health service or your community mental health team. It usually happens when you are 30-32 weeks pregnant. You can choose who to bring to this meeting – this may be your partner, a family member or a close friend. All the professionals involved in your care will be invited.

The Pre-Birth Planning meeting helps everyone to understand the care and support you and your family need. It helps everyone identify how to recognise that you are becoming unwell in case this happens. You and your family can tell the professionals about any extra support you need so this can be arranged before your baby is born. Everyone at the meeting can agree a plan for your care and treatment during pregnancy, delivery, and for the first few months after birth. This plan will be individual and can include many different things, depending on what you and your family need. It will usually include:

- Your current treatment and any treatment you plan to start after birth, or if you become unwell.
- Who will support you at home?
- Key professional contact details.
- Who to contact if you become unwell.
- How to get help quickly.
- Who will visit you after your baby is born and how often.
- Local mother and baby groups in your area.
- This plan will be written down and you will be given a copy. This planning provides reassurance for you and your family, so you know that you have the care and support you need.

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# What else can I do to maintain my mental wellbeing during pregnancy?

- Eat a healthy, balanced diet.
- You should stop drinking alcohol.
- Stop smoking (ask your midwife or GP about 'stop smoking' services).
- Find some time each week to do something which you enjoy, improves your mood or helps you to relax.
- Meditation or mindfulness either through a class or an App
- Let family and friends help you with housework, shopping etc.
- Exercise (ask your midwife about exercise in pregnancy and local exercise classes).
- Discuss any worries you may have with your family, your midwife or GP.
- Get regular sleep.
- Make a Wellbeing Plan this helps you to start thinking about the support you might need in your pregnancy and after the birth. You can download a Wellbeing Plan template from the Tommy's charity website (www.tommys.org/pregnancyinformation/health-professionals/freepregnancy-resources/pregnancy-and-postbirth-wellbeing-plan).

# Further Information

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**MyChild** (https://www2.hse.ie/my-child/). Your guide to pregnancy, baby and toddler health. Trusted information from experts and Health services and support.

**Cuidiú** (https://www.cuidiu.ie/). Caring Support for Parenthood. A parent to parent voluntary support charity.

**Parenting 24Seven (https://www.tusla.ie/parenting-24-seven/**). An online resource offering evidence based key messages on what works best for children and families at different stages of childhood and in different situations.

Counselling in Primary Care CIPC.ie (https://www. hse.ie/eng/services/list/4/mental-health-services/ counsellingpc/).

**Psychological Society of Ireland (https://www. psychologicalsociety.ie/**). This online voluntary directory is to help you find a psychologist who is recognised by the Psychological Society of Ireland (PSI) as being a Chartered Member of the Society.

Mindfulness and Relaxation Centre at Beaumont Hospital, (http://www.beaumont.ie/marc), learn about how and why to practice relaxation and mindfulness exercises.

Aware: (https://www.aware.ie). Aware provides support & information for people who experience depression or bipolar disorder and their concerned loved ones. Freephone 1800 80 48 48.

HSE's Your Mental Health (https://www2.hse.ie/ mental-health/). Find advice, information and support services for mental health and wellbeing.

**Maternal OCD** (https://maternalocd.org/). A charity set up by mothers recovered from perinatal OCD, who can provide support via email, twitter and skype. Contact: info@maternalocd.org

Action on Postpartum Psychosis (www.appnetwork.org). A charity providing information and support for women and families affected by postpartum psychosis. On-line peer support and one-to-one support. Run by a team of academics, health professionals and women who have recovered from postpartum psychosis. Email: app@app-network.org **Bipolar Disorder, Pregnancy and Childbirth (www. app-network.org/**). Information about pregnancy and childbirth for women with Bipolar Disorder and their families.

MotherToBaby (https://mothertobaby.org/),

medications and more during pregnancy & breastfeeding.

Mind the bump (https://www.mindthebump.org.

**au/**). Information and support about many aspects of pregnancy, including mental health.

Tusla Family Support through the Meitheal Programme. https://www.tusla.ie/uploads/ content/4189\_TUSLA-Meitheal\_DL\_PARENTS\_LR1. pdf

Irish Family Planning Association https://www.ifpa. ie/. For information, advice and support about sexual health, contraception and pregnancy.

Alcohol and Pregnancy. HSE's Ask about Alcohol - https://www.askaboutalcohol.ie/health/alcoholand-pregnancy/ https://www.askaboutalcohol.ie/ helpful-resources/leaflets/pregnancy-and-alcohol.PDF

**Citizen's Information: https://www. citizensinformation.ie/en/search/?q=pregnancy** Your rights and entitlements from the citizen's information

board.

#### **Further reading**

• Curham, S. Antenatal & Postnatal Depression. Practical advice and support for all sufferers. Vermilion, 2017.



### References:

- 1. Howard LM, Molyneaux E, Dennis C-L, Rochat T, Stein A, Milgrom J. Non-psychotic mental disorders in the perinatal period. The Lancet 2014; 384: 1775-88.
- Howard LM, Ryan EG, Trevillion K, Anderson F, Bick D, Bye A et al. Accuracy of the Whooley questions and the Edinburgh Postnatal Depression Scale in identifying depression and other mental disorders in early pregnancy. Br J Psychiatry. 2018; 212: 50-56.
- 3. Jones I, Chandra PS, Dazzan P, Howard LM. Bipolar disorder, affective psychosis, and schizophrenia in pregnancy and the post-partum period. Lancet. 2014; 384: 1789-99.
- Woody CA, Ferrari A, Siskind D, Whiteford H, Harris M. A systematic review and meta-regression of the prevalence and incidence of perinatal depression. J Affect Disord. 2017; 219: 86-92.
- Gavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T. Perinatal depression: a systematic review of prevalence and incidence. Obstet Gynecol. 2005;106:1071-83.
- Cohen LS, Altshuler LL, Harlow BL, Nonacs R, Newport DJ, Viguera AC et al Relapse of major depression during pregnancy in women who maintain or discontinue antidepressant treatment. JAMA. 2006; 295: 499-507.
- 7. 7. Viguera AC, Whitfield T, Baldessarini RJ, Newport DJ, Stowe Z, Reminick A et al.

Risk of recurrence in women with bipolar disorder during pregnancy: prospective study of mood stabilizer discontinuation. Am J Psychiatry. 2007;164:1817-24.

- Yonkers KA, Gotman N, Smith MV, Forray A, Belanger K, Brunetto WL et al. Does antidepressant use attenuate the risk of a major depressive episode in pregnancy? Epidemiology. 2011; 22: 848–854.
- 9. National Institute for Health and Care Excellence (NICE) Antenatal and postnatal mental health: clinical

management and service guidance (CG192). NICE, London.2014. www.nice.org.uk/ guidance/CG192

- McAllister-Williams RH, Baldwin DS, Cantwell R, Easter A, Gilvarry E, Glover V et al. British Association for Psychopharmacology consensus guidance on the use of psychotropic medication preconception, in pregnancy and postpartum. J Psychopharmacol. 2017; 31: 519-552.
- 11. Medicines and Healthcare products Regulatory Agency 2018. www.gov.uk/guidance/valproate-useby-women-and-girls
- Dolk H, Loane M, Garne E. The prevalence of congenital anomalies in Europe. Adv Exp Med Biol. 2010;686:349-64.
- Public Health England National Congenital Anomaly and Rare Disease Registration Services. Congenital anomaly statistics 2015. PHE publications 2017. https://assets.publishing.service.gov. uk/government/uploads/system/uploads/ attachment\_data/file/716574/Congenital\_ anomaly\_statistics\_2015\_v2.pdf

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### Ireland

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