ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

I carried out my elective with the specialist perinatal team at Mile End Hospital. The team was small, comprising a consultant psychiatrist, specialist nurses and psychotherapists. They offer support to women during pregnancy and for a year post-delivery. The team works closely with the Gateway Midwives at the Royal London Hospital, a team of midwives who work specifically with women suffering with mental illness during pregnancy. I also spent time with Gateway Midwives, both in the hospital and in the community. As such, I have met and spoken with many patients with a wide variety of experiences.

More than 10% of women in the UK develop a mental illness during pregnancy or within the first year after having a baby. The costs of undiagnosed or untreated perinatal mental health problems are great, with suicide as a leading cause of maternal mortality in the UK during the perinatal period. In addition to the effect on pregnant women and mothers, mental illness can damage relationships with the patient's family and can have an adverse impact on the interaction between a mother and her baby. Despite this, the provision of specialist perinatal mental health services in the UK is patchy with several areas not offering these services. In most of Wales and Northern Ireland, for example, there are no specific perinatal mental health services available. Across the UK, less than 15% of areas provide specialist perinatal mental health services at the level recommended by NICE. In severe cases, where women require an in-patient stay, lack of perinatal services can result in mothers being admitted to mother and baby units very far from their homes and the support of family and friends. Where mother and baby units do not have capacity women may be admitted to general psychiatric wards without their babies, which is far from the ideal outcome. Given the differences in perinatal health service provision across the country, I felt very lucky to be able to spend time with a dedicated service.

Whilst on my elective I met women suffering with a diverse range of symptoms. Some had pre-existing mental illness such as schizophrenia and bipolar disorder. These patients might be continuing their medications throughout their pregnancy, whilst others had stopped or modified their treatment. Women with bipolar disorder are at a particular risk of relapse during pregnancy and the postpartum period (bipolar disorder is a major risk factor for postpartum psychosis, a psychiatric emergency). Due to my own lack of knowledge, I was surprised to learn that many patients with pre-existing mental illness are able to parent effectively. My preconceived idea was that this would not be the case. One patient I met found that focussing on her baby was a positive distraction from her thoughts, and she was a very attentive mother to her children. The consultant psychiatrist was involved in monitoring the mental health of these patients and overseeing changes in their medication. I found the decisions that are made about the risks and benefits of medications to be very difficult. In the majority of cases patients wished to decrease (or even stop) their medication due to the risks to the baby; it must be very hard to do this (both as a patient and as a doctor) in the knowledge that mental health may deteriorate.

I was interested to learn that it is not patients who had pre-existing mental illness who most often had their children removed by social services, but those parents who are substance misusers. I did not meet any patients with substance misuse problems whilst on my elective as it is difficult to

engage these patients and several patietns did not attend their appointments with the consultant psychiatrist.

Other patients I met had anxiety or depression prior to their pregnancy that they had managed themselves, but the pregnancy had worsened their symptoms. Some patients were suffering from post-traumatic stress disorder after previous birth trauma. Several patients were experiencing panic attacks during pregnancy. I really came to understand just how common mental illness is in pregnancy, yet I feel it is not talked about (or taught) as much as it should be. I am sure that there is a stigma attached to mental illness: pregnancy and the postnatal period are 'supposed' to be times when women feel happy, so it must be very difficult to admit to symptoms. I think that some women feel guilty or embarrassed about their feelings, or feel that they will be judged. I think there is also a fear that healthcare professionals might deem the women to be unfit to parent and involve social services. The team that I was working with were very open with patients about how common their feelings were and that the healthcare team was there to support them and not to judge them. It is going to be really important going forward to open up the discussion about perinatal mental health and break down the stigma around it so that women seek the support they need.

One of the things I found difficult about the elective was learning about how the team have to select their patients. Their resources are limited (one consultant psychiatrist, two specialist nurses and one psychologist serve all of Tower Hamlets, which has a high birth rate that is predicted to increase greatly in the near future). All the patients need to be triaged first to see whether input from perinatal services is appropriate. The waiting list to see the perinatal psychologist can be around six weeks (this is much much less than for patients who are not pregnant/postnatal who can wait many months for an appointment). In serious situations, crisis intervention services (CIS) may be asked to see patients more urgently. However, CIS have their own triage system and may not be able to take all referrals from the perinatal team. It is really hard to feel that patients who are really in need cannot get the best possible treatment due to resources. Of course, Tower Hamlets is extremely fortunate to have a specialist service at all given that some areas of the country do not.

I very much enjoyed this part of my elective. The team were very welcoming and involved me in all their areas of work. The consultant allowed me to clerk new patients on my own, which was a great experience and really built my confidence. I spent some time with the Gateway Midwives from the Royal London, even attending an unannounced home visit to a patient who would not engage with services. Overall I have come away feeling strongly about the importance of perinatal mental health service provision. I hope I will carry this forward (hopefully in a career in psychiatry) and play my part in breaking down stigma in any way I can.