### Improving perinatal mental health care - Why?

- **Perinatal Mental Health Disorders?**
  - Waterford/Wexford locale – circa 4,000 live births p.a.
  - Perinatal psychiatric disorders are seen to be a complication in a substantial number (at least 15%) of maternities both in pregnancy and post partum (Oates, 2003).
  - Women who have had a previous episode of a serious mental illness, are at an increased risk of developing a postpartum onset illness (Wieck et al 1991).
  - Psychiatric illness remains one of the leading causes of maternal deaths. (CMACE 2011).
  - In the UK the average societal cost of one case of perinatal depression is around £74,000 (Bauer et al., 2014).
  - ‘Unique amongst known antecedents for psychiatric illness, childbirth comes with 9-month warning, ample time for the detection of risk and putting into place management plans’ (Oates, 2003).
  - There is evidence that mental health problems in pregnancy and the postnatal period are associated with adverse outcomes for the fetus and the baby as well as the woman herself (NICE Guideline 136 – 2014).

- **Current Perinatal Mental Health Service provisions?**
  - Access to specialist perinatal mental health services is fragmented and contingent upon geographical location. Within Ireland circa 80% of women have no access to specialist perinatal mental health services.

- **Improving perinatal mental health care?**

- **Definition of the perinatal period?**
  - The perinatal period encompasses the period from conception to childbirth through to the end of the first postnatal year (SIGN, 2012).

- **The client target group?**
  - Waterford/Wexford resident women (and their partners/carers) antenatally and up to 12-months postnataally

### Improving perinatal mental health care - How?

Cusack & Kilroy (2012) report that the development and establishment of specialist advanced perinatal mental health nursing posts would improve outcomes nationally for women and their families.

- **Collaborative service developments?**
  - WWMHS seek the development of an available and accessible advanced care psychiatric nurse.
  - The proposed RANP/PMH through consultant psychiatrist oversee, supervision and approved advanced skill sets, will operationally:
    1. Utilise specialist knowledge, abilities and sound clinical judgement in perinatal mental health risk and needs assessment
    2. Provide advanced health and social care interventions to meet client risk and needs.

- **Operationally the RANP-PMH will:**
  1. Respond to and collaboratively work with locality maternity services and primary care teams
  2. Undertake bio-psycho-social (BPS) needs and risk assessment of referred clients (assessments to be undertaken in GP surgeries/Maternity clinics)
  3. Furnish GP/maternity services with comprehensive client psychiatric report, a perinatal mental health care plan and a risk management contingency care arrangement.
  4. Provide client & carer/partner with post assessment monitoring and follow-up.
  5. Care coordinate - maintain communication and collaborative working between all service and the client (carer) to ensure seamless quality perinatal mental health care.

- **Perinatal care partnerships?**
  - ANP/PMH development will be overseen by an interdisciplinary team inclusive of: consultant psychiatry, mental health nursing, the selected CANP, obstetricians, midwifery, GPs/Primary Care, nursing planning and development and service user representation.

---

**Integrated WWMHS/GP/Maternity Services**

---

**Next Care Options (eg):**

- Primary Care Support & Prevention
- Inter-service, ante/post pregnancy care plan
- ANP/PMH Caseload
- Psychiatric Services Care Management
- Community Support/ Counselling Services

---

**The ANP/PMH will undertake regular clinical audit and evaluations of the perinatal mental health service. (Annual report/clinical audits will be published)**