







Disclaimer: This leaflet provides information, not advice. You should read our full disclaimer on the back page before using this leaflet.

© October 2019 Health Service Executive (Ireland) & November 2018 Royal College of Psychiatrists).

About this leaflet:

This leaflet is for any woman:

- who has a mental health problem and wants to have a baby
- who has had a mental health problem in the past and wants to have a baby
- planning a first pregnancy, or who already has children and wants to get pregnant again and their partners and relatives who want to find out more about how pregnancy can affect, or be affected by, mental health problems.

The leaflet describes:

- what you can do to have a healthy pregnancy
- how pregnancy can affect your mental health
- support and advice available for women with mental health problems who are planning a pregnancy
- how to get advice about medication in pregnancy and breastfeeding.

Why does it help to plan a pregnancy?

Deciding to have a baby is one of the most important choices any of us can make. If you have mental health problems there are particular things to think about - you need good information, advice and support.

It can be hard to know when it's the best time for you to have a baby. Even if you are just thinking about having a baby in the future, it's worth talking to your GP or psychiatrist. They may be able to give you the information you need to decide what to do. If not, they may be able to refer you to a perinatal psychiatrist. This is a doctor who specialises in caring for women with mental health problems during pregnancy and after birth. Perinatal psychiatrists can also see you if you are planning a pregnancy.

It is best for your baby if you can improve your health before you get pregnant.

Planning a pregnancy will give you time to:

- find out about how pregnancy may affect your mental health
- get information about medication in pregnancy
- decide whether you want to change your treatment before you try to get pregnant
- decide which maternity unit/hospital you want to go to
- find out about mental health services for pregnant women in your area
- consider what support you will need, especially after birth (e.g. you may need help with night feeds)
- make sure you get help for any physical health problems
- get help to stop smoking, drinking or using illegal drugs before you get pregnant
- make sure you are as well as possible before you get pregnant.

Getting these things right should help you to enjoy your pregnancy as much as possible.

Who can I talk to for advice when I am planning a pregnancy?

Your GP is a good person to talk to if you are planning a pregnancy. If you are under the care of a mental health service you should also talk to your psychiatrist.

In Ireland all maternity units/hospitals have access to perinatal mental health services through mental health midwives. Specific perinatal psychiatrists work from the lager hub sites three in Dublin maternity hospitals and also in maternity units/hospitals in Limerick, Cork and Galway. They can be contacted through your community mental health team or GP.

Perinatal mental health services are specialist services for women with a mental health problem. The service is for those who may have a mental health problem and are planning a pregnancy, pregnant women and women with a baby up to one year old who may have an existing or new mental health problem. Ask your GP or psychiatrist if they can refer you to a perinatal mental health service so you can see a perinatal psychiatrist or liaison psychiatrist for advice when you are planning a pregnancy. This is particularly important if you have had Bipolar Disorder, Schizophrenia, Postpartum Psychosis or any other psychotic illness (1.2) . It may also be helpful if you have had other severe mental health problems (e.g. Depression or Obsessive Compulsive Disorder).

You may also find it helpful to talk to other women who have had mental health problems and who now have children. The information listed at the end of this leaflet offer advice and support.

How can I make sure that I have a healthy pregnancy?

You need to think about your physical health as well as your mental health.



You will have a healthier pregnancy if you:

- Stop smoking
- Stop drinking alcohol
- Stop using cannabis and other illegal drugs
- Lose weight if you are overweight healthy eating and exercise may help
- Increase your weight if you are underweight
- Take folic acid (400mcg daily) for 3 months before you get pregnant and for the first 12 weeks of pregnancy – this can reduce the chance of your baby having a birth defect called spina bifida ⁽³⁾
- Take a higher dose of folic acid (5mg daily) if you are on some medications e.g. Carbamazepine (Tegretol)
- Take a Vitamin D supplement (10 micrograms of Vitamin D per day)
- Have a check-up with your dentist if you have gum disease you may be more likely to have a premature birth
- Have a "well-woman" check-up e.g. a smear test and screening for sexually transmitted diseases. The Irish Family Planning Association (IFPA) is Ireland's leading sexual health provider. https://www.ifpa.ie/
- Get advice about any physical health problems e.g. diabetes or epilepsy
- Make sure your vaccinations are up to date e.g.
 Rubella (German Measles) a virus which can be dangerous for your baby in early pregnancy (3)
- Get advice about how to eat healthily and foods you should avoid.

Your GP or psychiatrist can tell you where you can get help and advice in your area - for example, a service to help you stop smoking, https://www2.hse.ie/quit-smoking/. If you have a physical health problem, e.g. diabetes, your GP can refer you for specialist advice.

Should I stop my medication?

Many women worry about taking medication in pregnancy. You need to think carefully about what the risks and benefits of medication are for you and your baby. For many women it may be safer to take medication in pregnancy than to stop. This is more likely if you have had a more severe illness ⁽²⁾. Deciding whether or not to continue or change your medication is not easy.

If you want to get pregnant, discuss your medication with your psychiatrist or GP. They can give you up to date information about medications in pregnancy. They can help you to decide what is best for you and your baby. Don't stop your medication or reduce the dose suddenly. You are more likely to become unwell again if you do this without advice.

A few medications, such as Sodium Valproate (also known as Epilim), are known to cause problems in some babies and so should not be used at all in pregnancy. 12-14 Sodium Valproate is a medication used for the treatment of Bipolar Disorder. Sodium Valproate can harm babies by causing birth defects and can cause developmental difficulties (4-7). The risk of harm to an unborn baby from Sodium Valproate is much higher than for other medications used to treat Bipolar Disorder. It is very important that you seek advice from a psychiatrist (ideally a perinatal psychiatrist) if you are taking Sodium Valproate and want to plan a pregnancy. If you have an unplanned pregnancy when you are taking Sodium Valproate you should tell your GP or psychiatrist as soon as possible. You can decide together what medication would be safest to take for the remainder of your pregnancy. For more information see our leaflet: Valproate in women and girls who could get pregnant.

Always check whether herbal or over the counter medicines are safe to use in pregnancy.

It is best to use contraception until you have seen your doctor to discuss your medication. Unplanned pregnancies are common so many women have to make decisions about medication when they are already pregnant. If you find you are pregnant, try to see your doctor as soon as possible.

To decide about using medication in pregnancy, you will need to think about:

- 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 certain medications in pregnancy.
- What might happen if you are unwell during pregnancy. This includes:
 - you may not take good care of yourself.
 - you might not attend appointments with your midwife. This means you may not get the care you need.
 - people who use drugs and alcohol may use more when unwell. This can be harmful for 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 riskier 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 using medication. Untreated mental illness may 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 (8-9), even when the mother has not taken any medication.

Your doctor should support you whether you decide to continue, stop or change your medication.



Will I be able to breastfeed if I am taking medication?

Breastfeeding is usually good for both mother and baby. You can breastfeed whilst taking many types of psychiatric medication ⁽²⁾, but you need to talk this over with your doctor. If your baby is unwell or premature the advice may be different. The doctor looking after your baby can help you with this.

Partners can support breastfeeding mothers in several ways, this is described in the useful links section. Help and advice for breastfeeding mothers is available from the local Public Health Nurse (PHN), Lactation Consultants and local breastfeeding support groups. Some mothers choose combination feeding (also known as mixed feeding) which is when baby is both breastfed and also bottle fed with formula milk. More information on combination feeding is available at the end of this leaflet.

Sometimes women feel guilty if they can't breastfeed. If you are unable to breastfeed you should not worry. It is more important for your baby that you are well. You will still develop a close bond with your baby if you bottle feed.

How may my mental health be affected by pregnancy?

For some women pregnancy may be difficult. Others enjoy pregnancy. Many factors can affect how you feel in pregnancy. These include physical symptoms (e.g. morning sickness), the support you have, and stressful events in your life.

Pregnancy does not protect you from having mental health problems. Most mental health problems are just as common in pregnancy as at other times ^(1,2).

For some mental illnesses (e.g. Bipolar Affective Disorder or previous Postpartum Psychosis) (10) there is a particularly high risk of becoming unwell after having a baby. This can happen even if you have been well for many years.

If you plan to get pregnant it is important to tell your GP if you have ever had a mental illness. Your GP or psychiatrist can give you advice about your risk of becoming unwell in pregnancy or after birth. They can tell you what support is available and what will help to keep you well.



For more information see our leaflets on: Mental Health in Pregnancy, Postnatal Depression, and Perinatal OCD.

What support and help will be available for me in pregnancy?

All pregnant women have care from a midwife during pregnancy. When you first see your midwife she will ask about your mental and physical health ⁽¹⁾. You should let your midwife know if you have ever had a mental health problem. 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, mental health midwife and public health nurse and any other professionals involved.

After birth all women see a public health nurse to get advice about caring for their baby. Social and community centres may also have postnatal groups where you can get help, advice and support and meet other new mothers in your area.

What if I can't get pregnant?

It usually takes several months to get pregnant. About 80% (80 in every 100) women, under the age of 40, will get pregnant in a year if they do not use contraception and have sex regularly. Half of the rest will get pregnant in the second year ⁽¹¹⁾.

Some antipsychotic medications can make it more difficult to get pregnant. This is because they affect a hormone called prolactin. If your prolactin levels are too high you may not be able to get pregnant. If you are finding it difficult to get pregnant your GP can check your prolactin levels. If you have raised prolactin because of the medication you are taking, you may need to change to another drug. Don't stop medication suddenly without advice. Discuss this with your doctor.

Some physical health problems can make it more difficult to get pregnant. You may find it more difficult to get pregnant if you are overweight - or if your weight is very low. Again, ask your GP about this.

What is it like to become a parent?

Having children is often rewarding and satisfying. Many parents also find it stressful and exhausting at times. New-born babies are dependent for all their care on their parents. You need to make sure you have practical and emotional support to help you to manage. If you have mental health problems you may need extra support to make sure your child has the care she or he needs. For example, if you often have admissions to hospital, you need to plan for their father, grandparents or friends to provide consistent and loving care for your child if you are unwell.

What about Children's Social Care?

Most women with mental health problems look after their children very well. Some families struggle to look after their children. This may mean they put their children at risk, usually without meaning to. Some women are worried about seeking support from mental health services or social workers. Social workers aim to support parents to provide the best care for their children. They work with families to identify any difficulties. They can help make plans with you so all family members are supported and children are safe if there are problems.

If the professionals caring for you during pregnancy think it would be helpful for additional family support, they may link with the Meitheal Programme in Tusla, to work with you and your family and they will discuss the reasons for this with you.

See information on the Prevention, Partnership and Family Support Programme - Meitheal from the Child and Family agency, Tusla for more information. https://www.tusla.ie/uploads/content/4189_TUSLA-Meitheal_DL_PARENTS_LR1.pdf

Further information/ online resources



Where can I get further information?

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

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.

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.

Baby Buddy / Best Beginnings (www.bestbeginnings. org.uk). Free App with information in the form of video clips about many aspects of pregnancy and parenting, including mental health.

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

Tusla community based supports – family resource centres. (www.tusla.ie/services/family-community-support/family-resource-centres/).

Breastfeeding advice and support (https://www2. hse.ie/babies-and-toddlers/breastfeeding/) and https://www2.hse.ie/wellbeing/child-health/combination-feeding-breast-milk-and-formula.html.

Partners supporting breastfeeding: https://www2. hse.ie/wellbeing/child-health/how-to-care-for-your-partner-during-breastfeeding.html.

Relate (www.relate.org). Relationship support including couple and family counselling. Face-to-face, telephone or online counselling.

MABS: https://www.mabs.ie/en/ MABS Helpline 0761 07 2000 Mon - Fri, 9am - 8pm MABS is the State's money advice service, guiding people through dealing with problem debt.

Domestic Abuse support: Women's Aid: https://www.womensaid.ie, Safe Ireland: https://www.safeireland.ie/.

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/alcohol-and-pregnancy/ https://www.askaboutalcohol.ie/helpful-resources/leaflets/pregnancy-and-alcohol.PDF

Domestic Abuse support: Women's Aid: https://www.womensaid.ie, Safe Ireland: https://www.safeireland.ie/.

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

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.

The Samaritans (www.samaritans.org), https://www.samaritans.org/ireland/branches/

Confidential emotional support for those in distress who are experiencing feelings of distress or despair, including suicidal thoughts. 24-hour free helpline 116 123; Email: jo@samaritans.org

References:

- National Institute for Health and Clinical Excellence Antenatal and postnatal mental health: clinical management and service guidance. NICE Clinical Guideline 192: 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.
- 3. National Institute for Health and Care Excellence. Antenatal Care for uncomplicated pregnancies: Nice Clinical Guideline CG62. London, 2008. www.nice. org.uk/guidance/cg62.
- Meador K, Reynolds MW, Crean S, Fahrbach K, Probst C. Pregnancy outcomes in women with epilepsy: A systematic review and meta-analysis of published pregnancy registries and cohorts. Epilepsy Res. 2008; 81:1–13.
- Jentink J, Loane MA, Dolk H, Barisic I, Garne E, Morris JK et al. Valproic acid monotherapy in pregnancy and major congenital malformations. N Engl J Med. 2010; 362: 2185–2193.
- Bromley R, Weston J, Adab N, Greenhalgh J, Sanniti A, McKay AJ et al. (2014) Treatment for epilepsy in pregnancy: Neurodevelopmental outcomes in the child. Cochrane Database Syst Rev Issue 10. Article No.: CD010236
- 7. Velez-Ruiz NJ, Meador KJ. Neurodevelopmental Effects of Fetal Antiepileptic Drug Exposure. Drug safety. 2015;38:271-278.

- 8. 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
- Wesseloo R, Kamperman AM, Munk-Olsen T, Pop VJ, Kushner SA, Bergink V. Risk of Postpartum Relapse in Bipolar Disorder and Postpartum Psychosis: A Systematic Review and Meta-Analysis. Am J Psychiatry. 2016;**173**:117-27
- National Institute for Health and Care Excellence. Fertility problems: assessment and treatment. NICE Clinical Guideline CG156. NICE London 2013.
- 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
- 13. 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.
- 14. Medicines and Healthcare products Regulatory Agency 2018. www.gov.uk/guidance/valproate-useby-women-and-girls.

Credits

Produced by the RCPsych Public Engagement Editorial Board

The 'Building Capacity, Psychiatry Leadership in Perinatal Mental Health Services' project: commissioned by NHS England in partnership with Health Education England and delivered by the Royal College of Psychiatrists.

Ireland

Further Edited for use by HSE: The Specialist Perinatal Editorial Group a subset of the National Oversight Implementation Group, Specialist Perinatal Mental Health Programme, Clinical Design and Innovation, HSE.

Co-ordinator:

Fiona O'Riordan, Programme Manager, Specialist Perinatal Mental Health Services (SPMHS), HSE.

Expert Reviewers:

Dr. Mas Mahady Mohamad, Perinatal Psychiatrist, SPMHS, HSE, University Maternity Hospital Limerick.

Dr. Richard Duffy, Perinatal Psychiatrist, SPMHS, Rotunda Hospital, Parnell Square, Dublin 1.

Maria Gibbons, Mental Health Midwife, SPMHS, HSE, University Maternity Hospital Limerick.

Ursula Nagle, Clinical Midwife Specialist, SPMHS, Rotunda Hospital, Parnell Square, Dublin 1.

Dr. Niamh O'Dwyer, Senior Psychologist, SPMHS, HSE, University Maternity Hospital Limerick.





© October 2018 Royal College of Psychiatrists, all rights reserved. This leaflet may not be reproduced in whole or in part, without the permission of the Royal College of Psychiatrists and Clinical Design & Innovation, Health Service Executive (HSE).

Disclaimer

This leaflet provides information, not advice

The content in this leaflet is provided for general information only. It is not intended to, and does not, amount to advice which you should rely on. It is not in any way an alternative to specific advice.

You must therefore obtain the relevant professional or specialist advice before taking, or refraining from, any action based on the information in this leaflet.

If you have questions about any medical matter, you should consult your doctor or other professional healthcare provider without delay.

If you think you are experiencing any medical condition you should seek immediate medical attention from a doctor or other professional healthcare provider.

No representation, warranties or guarantees

Although we make reasonable efforts to compile accurate information in our leaflets and to update the information in our leaflets, we make no representations, warranties or guarantees, whether express or implied, that the content in this leaflet is accurate, complete or up to date.

The Royal College of Psychiatrists is a charity registered in England and Wales (228636) and in Scotland (SCO38369).



Contact Details

IN CONJUNCTION WITH



