

Description

It’s okay not to feel okay

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As the whole country went into lockdown, I was faced with one of the most difficult conversations I have ever had in my role as a Head of Midwifery. Observing social distancing; I gathered together midwifery colleagues to break the saddest news, the death of one of our incredible young midwives. Our esteemed colleague was on maternity leave, unknown to us, she had been suffering with postnatal depression and had taken her own life. This personal heartfelt loss, coupled with the continuing pandemic has prompted me to write this short piece during Mental Health Awareness Week. The purpose of this article is to highlight the often-invisible suffering that we know one in four women develop during pregnancy or within one year of giving birth.



This beautiful image is made up of a wave of light started during our service for our dear colleague

The numbers of maternal deaths by suicide have remained unchanged since 2003 and are the leading cause of direct maternal deaths within a year of birth. Over the last four years, since the publication of The Better Birth Report (2016) there has been an unprecedented amount of investment into perinatal mental health services. However, huge inconsistencies still remain across the country. The variations across the UK are at risk of intensifying as the focus of the NHS is diverted to combat COVID-19. Personal accounts suggest that access to perinatal mental health services are ever more challenging, with high rates of staff sickness, recommended remote working and families affected not

wishing to bother a media portrayed overburden NHS. The cumulative effect is concerning; with the possibility that postnatal mental illness becomes even more invisible and unchecked behind our locked doors.

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Pregnant women were amongst the first vulnerable groups the Government asked to self-isolate on 16 March 2020. Most pregnant women have understood and adhered to the shielding message to reduce transmission of the Coronavirus. However, what are the ramifications of such a necessary but draconian measure? The precise impact we will probably not know until sometime after this crisis has abated. Maternity care per se remains largely unchanged, but it is the social aspects of birth which has been most affected. Planned baby showers cancelled, the physical introduction of a new baby to grandparents, a coffee and celebration with other new mums on hold. Many families are separated by both distance and travel restrictions. Virtual interactions whilst amazing are no substitute for a hug or some practical help like someone encouraging you to go out for a walk when you are feeling low. In the meantime, lateral thinking about what we can do to support perinatal women as health care professionals and as a society, is needed to ensure those who need help, access it in a timely manner.

Making a difference

The first proactive step we can take, is starting the conversation, "*it's okay not to feel okay*". This will help remove the stigma people often feel. As midwives let's share examples of good practice and ideas throughout this week and beyond as to how we are supporting women's mental health during this pandemic. The midwives at South Warwickshire NHS Foundation Trust know the women in their continuity of carer teams and ask probing questions, when they sense a change. Additional texts and phone calls have been initiated between appointments to "check in". Proactive outward communications through social media and the Trust website about changes to services have been shared. Positive birth stories conveyed by families through our celebration of birth campaign, supportive and reassuring messages from all the multi-disciplinary maternity team posted in short video clips. Signposting to information and other services are shared in advance of needing it, in addition to when it is needed.

One of the exciting projects that we have been involved prior to the pandemic is Facemums, a project run and evaluated by the University of Salford. Facemums is an online closed group of a cohort of 20 women moderated by two midwives from the beginning of their pregnancy through to six weeks postnatal. The topics are a mix of material either requested by the group or suggested by the midwives. So, this week we will be posting a lot around mental health and trying to initiate conversations. The peer support is immensely powerful and anecdotally women often disclose sensitive information within the group, which they may not do in a consultation. One reason for this maybe because other members of the group phrase questions in a different way to how we would as professionals, and this often elicits a deeper response. This very innovative approach to practice is one I am keen to see rolled out more widely in my Trust and more widely.

One area that I think we need to improve is involving partners and perhaps the wider family when we are doing a risk assessment around mental health. It is easy for an educated, articulate, and well-presented person to unwittingly mislead health care professionals because they don't want to be troublesome, people closest to a person are more likely to notice the smallest of changes and we need to hear their voices too.

Remember it's okay not to feel ok ?

Dedicated to MR and RK

These groups include:

- Association for Post Natal Illness (APNI) – helpline on 020 7386 0868 (10am to 2pm, Monday to Friday) or email in**@**ni.org
- Pre and Postnatal Depression Advice and Support (PANDAS) – helpline on 0843 28 98 401 (9am to 8pm, Monday to Sunday)
- National Childbirth Trust – helpline on 0300 330 0700 (8am to midnight, Monday to Sunday)
- Mind, the mental health charity – info line on 0300 123 3393 (9am to 6pm, Monday to Friday) or email in**@******rg.uk

- Make Birth Better

Category

1. News & Views

Tags

1. mental health awareness week
2. perinatal mental health
3. postnatal depression

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