

4MNet Webinar no. 7

An introduction to mental health in
pregnancy and beyond

4M: My Health, My Choice, My Child, My Life

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Session plan

- Introducing ourselves
- Mental health in the perinatal period
- Knowing when and where to seek help
- Looking after ourselves when providing support to others
- Helpful resources



The Perinatal Period

- Conception through to the first birthday of the child (up to third birthday)
- Birth – an extreme and wondrous life event
- Transition to parenthood/ Transition to a larger family

- A time of joy
- A time of worry
- A time of physical change and challenge
- A time of psychological vulnerability and challenge
- A time of increased, social, economical and relationship vulnerability
- A time of stereotypes, expectations, taboos and public interest

HIV and the perinatal period

- Globally and in the UK, women living with HIV are disproportionately affected by mental health issues
- Orza et al. (2015) HIV and mental health issues and the associated stigma affected women's ability to enjoy their right to sexual and reproductive health
- Byrne, Tungana et al. (2016). Women's rights to have relationships and children were contested, both within their families and communities and in mainstream services

“Most of us have been judged, like we’re not supposed to live because you’re HIV positive; you’re not supposed to have a relationship because you’re HIV positive. When we go to mainstream services, the moment you mention you are HIV positive, it’s like ‘So now, why are you having those children? Why are you doing this?’”

(‘Rose’, in Byrne, Tungana et al., 2016)

Let's look a bit closer at the perinatal period



Perinatal Mental Health and Wellbeing

Internal Protective Factors

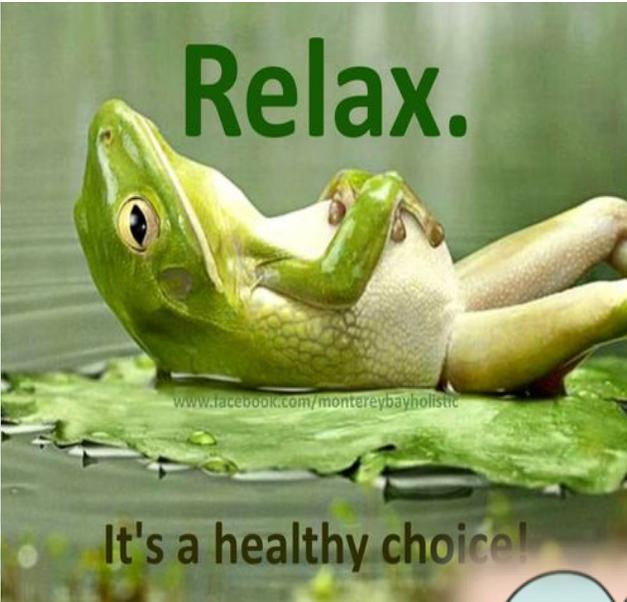
- Resilience
- Coping strategies
- Self-compassion
- Positive self-talk
- Being ok to go with the flow
- Able to ask for and accept help
- Relaxation and grounding skills

External Protective Factors

- Supportive partner
- Supportive family
- Network of friends
- Supportive employer
- Financial security
- Appropriate housing
- Access to specialist healthcare
- Access to Nature



I'm on Maternity Leave



Relax.

It's a healthy choice!



SELF-CARE ISN'T SELFISH



Anxiety and Pregnancy

- Hormonal changes in pregnancy increases the sensitivity of the body's own alarm and protect system (sympathetic nervous system).
- Increases hyper-arousal (constantly on alert), worrying, looking for danger, changes in appetite, irritability, maternal OCD, "nesting" behaviour. This is normal...
- For some already sensitive women this can lead to high anxiety, anxiety and panic attacks, constant, obsessive worrying (what if) and solution finding thinking (going over the same problem again and again, unable to stop) and inability to relax.
- 21% of pregnant women develop clinical anxiety; 64% of these continue to have anxiety postnatally
- Anxiety in pregnancy is one of the strongest risk factors for PND
- Anxiety is worsened by difficult external circumstances.
- Some women chose to disconnect from pregnancy mentally, as they find it too overwhelming. Just get on with life as normal. "I deal with it when it's here."

HIV and mental health in pregnancy

- Impact of being diagnosed in pregnancy
 - Shock and disbelief
 - Anger, sadness, feelings of loss
 - Thoughts of suicide or self-harm
 - Stigma and fears around confidentiality
 - But also, acceptance and growth in resilience and optimism over time
 - (Lingen-Stallard et al. 2016)

HIV and mental health in pregnancy II

- Receiving HIV diagnosis during pregnancy can complicate adjustment
- Many decisions & dilemmas, e.g. disclosure to partners, starting ARVs, engaging with HIV services
- It can feel like things are taken out of your control
- A time of high anxiety
- Following birth, women are faced with further challenges, e.g. around breast-feeding and administration of ARVs to baby

Anxiety and Birth

- Birth is an extreme experience. The process itself and realities of it are still a taboo in most cultures and societies. Therefore, it is not given enough time, resource and support. Its crucial importance in the life cycle is often not acknowledged appropriately, but sidelined.
- Birth does not have to be a traumatic experience, if... Mother leads and is in control. Professionals support mother's pace. Professionals communicate well and give mother control. Hypno-birthing, Dulas, named midwife, birth planning, preparation workshops, birthing partner.
- Being anxious, nervous or concerned is normal (20-78%).
- Birth can bring up old trauma, e.g. sexual abuse. This needs to be addressed before.
- Some women experience extreme birth anxiety (6-10%): Tocophobia. Can be treated with psychological intervention.

Anxiety after Birth

- A time of joy and a time of worry
- 14% of pregnant women develop postnatal anxiety
- The hormonal changes continue to heighten mother's on-alertness
- High expectations of "the love/glow/amazing feeling" ... "is there something wrong with me? Why don't I feel it? Why is it different from what I expected?"
- Traumatic birth experiences – feeling out of control, treated without respect, ignored, neglected, abused, re-traumatized due to old trauma
- If anxiety, stress, distress is high before birth or traumatic birth, anxiety can suppress the oxytocin rush.
- It takes time to get to know your baby and to develop a bond with your baby. This can happen over long stretches and even if the initial rush did not set in.



Baby blues

- Many women (30-80%) experience the Baby Blues in the first two to three weeks after birth: mild and transient low mood
- Exhaustion
- Pains and injuries caused by birth
- Continuous sleep deprivation
- Can I keep this baby alive? Breastfeeding and bottle feeding
- Transition of identity – “who am I to this little creature? What will my life be like? This will never end!” Feeling trapped
- A whole mix of overwhelming emotions, including emotions that are “not allowed by society”, like anger, helplessness, cluelessness, sadness...
- Shut down and heal phase
- Lots of responsive support needed in this phase. Practical support. Ask what help is needed and wanted.

Postnatal Depression

- If Baby Blues does not ease off after 2-3 weeks, professionals class the low mood as Postnatal Depression.
 - Persistent and pervasive low mood of varying severity and duration
 - 10-15% incidence rate
 - 1/3 begins in pregnancy, many women report of recurrent depression before pregnancy
 - 30% remain unwell beyond 1st year of childbirth
 - 40% are likely to experience subsequent relapse
- Antenatal anxiety, traumatic birth, domestic violence, unsupportive social environment, and financial/housing insecurity are predictors and contributors to depression after birth

Domestic violence during pregnancy

- Over a third of DV starts or gets worse when a woman is pregnant
- Women living with HIV are more likely to experience intimate partner violence compared to the general population (Dhairyawar et al., 2013) and this has a strong association with mental health problems
- Very important to get help
- Dr and midwife should ask about this

What to look out for...

Physical and Psychological

- Tired all the time
- Lack of energy
- Crying, sad
- Sleep disruption
- Appetite disruption
- Changes in weight
- Pain
- Loss of Libido
- Personal neglect
- Psychomotor agitation or retardation
- Self blame, self criticism, guilt
- Impaired concentration
- Hopelessness
- Low mood
- Social withdrawal
- Loss of motivation
- Suicidal ideation
- Anhedonia
- Avoidance
- Insomnia

Loss and Trauma

- Some women experience a grieving process of losing their previous life and identity
- Struggle to come to terms with new identity and change that includes dependency and responsibility. Feeling trapped...
- Some women who have experienced early trauma can be reminded of this. They may suddenly doubt that they can be a good parent and also worry about protecting their own child from similar trauma. (Particularly women who have experienced sexual violence and who give birth to a girl)

Bonding and Attachment

- The mother bonds with the baby in the first weeks and months after birth.
- The baby attaches to the mother – this is automatically, and it does not need the mother's or father's bond.
- From the age of 6 months the baby is attached to specific persons and starts to experience stranger and separation fear.
- A positive attachment is supported by a mother's sensitivity, attunement and responsiveness to the baby.
- Physical contact, skin-to-skin, holding, calming with voice.
- Eye contact, responding to sounds, movements and facial expressions. Having little exchanges, as if a conversation.
- Responding to needs and trying to solve, being with and bearing frustration



Anxiety & Depression and Bonding

- Anxiety and depression often come together in the perinatal period
- Bonding can be affected by both anxiety and depression
- High anxiety can suppress all other feelings and therefore also suppress the bonding feelings. Parent needs to learn to down regulate anxiety states. Grounding and Breathing exercises can be helpful.
- Depression leads to a lack of pleasurable and joyful feelings and therefore suppresses bonding. Validation of low feelings and connecting with own sadness can help to reconnect with self and with baby. Listen, Listen, Listen, acknowledge and validate.

Willcocks et al. (2016): A model of mother-infant bonding following antenatal HIV diagnosis

- Qualitative study with women diagnosed during pregnancy in London
- Women faced barriers to bonding, including fears about HIV and transmission, not breastfeeding, feeling disconnected from baby in the first months
- Crucial milestone was the baby's HIV test (18 months), following by relief and hope
- Despite these challenges, mothers and infants went on to develop a strong bond.

Willcocks et al. (2016): A model of mother-infant bonding following antenatal HIV diagnosis II

- Some aspects relating to HIV created a special bond. Efforts to compensate, medication and testing, feeling close to baby, heightened sensitivity to baby's needs, desire to protect (including from stigma).
- Faith was an important factor for many
- Baby brought happiness, hope and sense of new beginning *"I owe her so much, without her I would be dead"*



Anxiety & Depression and Attachment

- Anxiety and Depression can have an impact on the baby's mental well-being.
- Anxious parents can be absent minded or overly sensitive.
- Depressed parents can be less interactive and struggle to bear and be with baby's frustration and cries.
- Parent feels so overwhelmed that they can avoid being with the baby.
- As a result the baby can feel uncontained and stressed.



What helps mental wellbeing?

- Recommendations from women living with HIV
 - Timely information, holistic care, psychological support, peer support
- How mentor mothers can help?
 - Bringing hope and reassurance
 - Role models
 - Reducing isolation
 - Knowing when and how to seek help

Holding the mother, holding the baby

- Listen carefully
- Acknowledge all feelings (good, bad and ugly)
- Acknowledge and do not discount thoughts, feelings, images, wishes, especially when they are difficult and uncomfortable to hear. We have a tendency to down play... “make good”
- Ask difficult questions
- Ask for help
- Refer to professional services – Access specialist services through GP or A&E



Help in a mental health crisis

- Mental health crisis, e.g. feeling suicidal, unable to cope, hallucinations/hearing voices, first episode or sudden deterioration of existing mental health problems
- NHS 111 if you need urgent care but your situation is not life-threatening (or if you're unsure)
- Call 999 or go to A&E if you need immediate help
- Remember, you (or the person you're supporting) can ask for an interpreter if needed

Common fears about seeking help

- *Will they think I can't look after my baby?*
- *Will they take my baby into care?*
- *Will I be admitted to hospital?*

- How to reassure: These problems are common, they don't mean you're a bad mum; there is treatment and support and you can fully recover; admission to hospital is rare and separation from baby is rarer (there are mother and baby units)
- Early help-seeking is best
- You have the right to an independent mental health advocate (IMHA)

Where to seek help? HIV services

- Your HIV team: HIV doctor/consultant, specialist midwife, peer mentor.
- Many clinics have counsellors and psychologists who provide talking therapies
- Your consultant can refer you for a psychiatric assessment, if necessary
- Counselling and peer support is also available in voluntary sector organisations such as, Positively UK, Positive East, THT, Body and Soul, 4MProject - many of these have self-referral

Where to seek help? Generic services

- Talk to your GP, midwife and/or health visitor
- For concerns around birth, talk to your obstetrician
- Many GP practices now have talking therapies available on site
- If necessary, your GP can refer you to specialist mental health services, including specialist perinatal services
- There are also voluntary sector organisations, such as your local MIND, which provide counselling
- Children's centres

Looking after ourselves when providing support to others

- Always important to care for ourselves while doing this work to prevent burnout
- Use of supervision and support structures within the project
- Never be afraid to say you're struggling or have been affected by something you've heard
- Life balance, time for yourself away from the work
- Modelling self-care can help the women you're supporting



Resources

- Best beginnings www.bestbeginnings.org.uk (see their Baby Buddy app)
- Time to Change www.time-to-change.org.uk
- MIND www.mind.org.uk
- Freephone 24 hr National Domestic Violence Helpline 0808 2000 247
- Rethink mental illness www.rethink.org
- Bumps www.medicinesinpregnancy.org
- Royal College of Psychiatry perinatal faculty
www.rcpsych.ac.uk/members/your-faculties/perinatal-psychiatry
- HIV i-Base <http://i-base.info/>
- Positively UK www.positivelyuk.org
- Salamander Trust 4MProject <http://tinyurl.com/4MProject>

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