

Mental Health maternity data

This data has been pulled from the maternity dashboard using WPAS data entries.

	2018	2019	2020	2021	2022
Booked pregnancies	5530	5216	5213	5125	5085
Mental Health (MH)	1858 (33.6%)	1856 (35.6%)	1952 (37.7%)	2051 (40%)	1953 (38.4%)
Of which take Medication	186 (10%)	177 (9.5%)	184 (9.4%)	232 (11.3%)	224 (11.5%)
Of which take No Medication	1672 (90%)	1679 (90.5%)	1768 (90.6%)	1819 (88.7%)	1729 (88.5%)
Major MH	106 (1.9%)	100 (1.9%)	84 (1.6%)	90 (1.8%)	79 (1.5%)
Minor MH	1698 (31%)	1681 (32.2%)	1826 (35%)	1881 (36.7%)	1817 (35.7%)

Booked pregnancies

- There has been a decline in booked pregnancies over the 5-year period examined.
- Despite the decrease in pregnancies, an increase is noted in those booking for pregnancy with an identified mental health problem.

Medication

- There has been a steady increase in individuals that take medication to support their mental health during pregnancy over the 5-year period.
- Individuals that book with a mental health problem and do not take medication are at a greater risk of developing unstable mental health throughout pregnancy and require increased support. There has been a steady decline of those individuals that do not take medication to support their mental health.

Major Mental Health

- Women with a diagnosed SMI (serious Mental Illness) are represented within the Major MH data set.
- Under the new pathway, introduced in April 2022, these pregnant individuals are referred for obstetric led care and are offered referral to the Perinatal Mental Health Specialist team.
- Some of these individuals will have input from an existing mental health service and may not be opened to the Perinatal mental health service.

- The Perinatal Mental Health service is an opt in service, where referral can be declined.
- Part of the Perinatal Mental Health specialist role is to provide support and guidance for midwives and obstetricians to identify the appropriate route of support and link maternity services to extended mental health teams in Swansea Bay.
- Since the introduction of the new mental health pathway in April 2022, the Perinatal Mental Health midwife has held **160** consultations with maternity staff to date. These consults are approximately **15-minute** case discussions via teams, telephone and in person.
- Individuals with a diagnosed SMI are assessed and a proportion of them will require a Perinatal Mental Health (PNMH) birth plan.
- PNMH Birth plans are created through a multi professional meeting with the individual at 32 weeks' gestation.
- The development of PNMH Birth Plans involves obstetric consultant, Psychiatric consultant, Perinatal mental health midwife, Perinatal mental health visitor.
- PNMH Birth plan meetings are held monthly within the obstetric clinic based at Singleton hospital.
- Appointments are 1 hour in duration followed by time taken to finalise the birth plan and circulate with relevant staff.

Minor mental health

- The greatest increase, despite the falling number of overall pregnancy bookings is those booking with minor mental health problems.
- These individuals have the greatest chance of developing mental illness through pregnancy in the absence of a service to meet their needs.
- Individuals with mental health problems are 3 times more likely to die by suicide during or up to 6 weeks following pregnancy when comparing data from 2020 to 2017-19.
- Therefore, a wellbeing service has been set up in maternity to meet the needs of women with mild to moderate mental health difficulties.
- The wellbeing clinic takes place within the new mental health pathway introduced in Swansea Bay April 2022.
- The pathway aligns to the national mental health pathways launched by the NHS Wales Health Collaborative <https://collaborative.nhs.wales/networks/wales-mental-health-network/perinatal-mental-health/>
- The PNMH Midwife specialist role supports the achievement of the CCQI standards for mental health services. <https://www.rcpsych.ac.uk/improving-care/ccqi/resources/core-standards-project>
- The wellbeing service offers 6 additional listening appointments for those identified by their community midwife, using the recommended mental health screening assessment questions.
- A plan is in place to create an annual report of the wellbeing service as part of PhD study.
- It can be anticipated that any individual falling within the Minor mental health problem category, has the potential to develop a need to access the wellbeing service within maternity.
- This would mean an additional appointment being offered by the community midwife, taking approximately **30 minutes** to complete the screening discussion, followed by a **15-minute** consultation with the perinatal mental health midwife to consider the appropriate support routes.

- This equates to a potential additional **817.6 hours** of community midwifery time to utilise the pathway and select appropriate support for the pregnant person.
- For those brought through the maternity wellbeing service, an additional **6 hours** of contact with the perinatal mental health midwife within the wellbeing clinic.
- This poses a potential of **10,902** additional hours contact for each pregnancy booked with minor mental health problems using the 2022 data set.

PNMH Specialist Midwife Job Description

The development of the pathway and new wellbeing service are an element of the role that the PNMH MW plays linking maternity and mental health services.

The Job Description outlines the leadership and strategic responsibilities, which cannot be measured in numerical data.

The PNMH Midwife Job description is currently being evaluated to outline the roles position within the All Wales Mother and Baby Unit.