



## Key findings

A prolonged hospital stay on the postnatal ward following birth (more than 3 days) was more likely for women and birthing people with any previous contact with secondary mental health services (26.1%) than for those without (19.3%).

However, rates of being readmitted to an NHS maternity hospital after discharge following birth were similar for those with and without previous contact with secondary mental health services (3.1% and 3.6% respectively). The highest rate of readmission was seen for women and birthing people who had previously been admitted to hospital for their mental health (5.8%).



This section presents the characteristics and key pregnancy and birth outcomes for the 555,494 women and birthing people who gave birth between 1 April 2018 and 31 March 2019, according to whether they had contact with NHS secondary mental health services before their current pregnancy.

**9.0%** 49,907 (1 in 11) women and birthing people had accessed an NHS secondary mental health service before the start of their current pregnancy.

**0.5%** 2,672 (1 in 200) women and birthing people had been admitted to an NHS hospital for their mental health before the start of their current pregnancy.



The rate of preterm birth was higher for women and birthing people who had contact with secondary mental health services in the past (10.6%) than for those who had not (6.6%).

The rates of stillbirth and infant deaths for babies born to women and birthing people who had contact with secondary mental health services in the past were similar to rates for those who had not.

However, rates of neonatal morbidity for babies born to women and birthing people who had previously been admitted to an NHS hospital for their mental health were higher than for those who had not (12.8% and 7.0% respectively).

The rates of pre-existing or gestational comorbidities were similar between the groups.

The rates of the English Maternal Morbidity Outcome Indicator (EMMOI) were similar for women and birthing people with no previous secondary mental health services contact (1.3%) to those with any previous contact (1.4%). However, the rate for women and birthing people with a previous NHS mental health services inpatient admission was higher (3.0%).



### NOTE:

For the purpose of this report, "mental health services" include: inpatient admissions to general mental health hospitals, and other outpatient and community mental health services (crisis resolution team, NHS day care, consultant outpatient, specialist PMH community service and mental health NHS community care).

Women and birthing people from more deprived areas were more likely to have accessed NHS secondary mental health services prior to their current pregnancy compared to those from less deprived areas.

The type of previous mental health services contact differed according to deprivation and ethnicity.



The rates of having a baby born small for gestational age (SGA) were similar for women and birthing people with no previous secondary mental health services contact (6.0%) to those with any previous mental health services contact (6.9%).

The number of mother and baby unit (MBU) admissions is identified from a field that specifies "hospital bed type" for NHS inpatient hospital admissions.

However data in this field, which provides further information on whether an admission was to an MBU or to a general acute NHS psychiatric ward was missing for approximately 60% of all inpatient admissions.

