NMPA
National Maternity & Perinatal Audit

Evaluating hospital and crisis care for perinatal mental health

Based on births between 1 April 2018 and 31 March 2019 in England.

2024

Introduction

The National Maternity and Perinatal Audit (NMPA) is a national audit of NHS maternity services across England, Scotland and Wales. The NMPA aims to produce high-quality information that can be used by commissioners and providers of maternity services, as well as by users of these services. Results can be used to benchmark against national standards and recommendations where these exist, and to identify good practice among service providers and specific clinical areas for quality improvement. More information on the outputs from the audit can be found online.

Perinatal mental health

Perinatal mental health conditions are those that occur during pregnancy or in the first year following the birth of a child.* These conditions have been recognised as a major public health concern by the World Health Organization. An estimated one in five women and birthing people experience a mental health illness during pregnancy or in the year following childbirth.

When evaluating perinatal mental health services, several different aspects need to be considered. Firstly, it is important to differentiate between women and birthing people with a pre-existing condition (a continuation of an existing period of mental ill health) or the onset of a new episode in those with a history of mental ill health, and women and birthing people seeking mental health support for the first time during pregnancy or in the postnatal period.

Secondly, a distinction is often made between non-psychotic mental health conditions, including depression, anxiety, eating disorders, and personality (or complex post-traumatic stress) disorders and severe mental health illnesses, which include schizophrenia, affective psychosis and bipolar disorders.

National guidelines in the United Kingdom recommend that specialist multidisciplinary perinatal community services and inpatient psychiatric mother and baby units (MBUs) are available to support women and birthing people with a moderate to severe and complex mental health problem during pregnancy or in the postnatal period. Additional funding of £1.3bn has been made available for perinatal mental health services across the NHS Five Year Forward View and NHS Long Term Plan. Expansion of MBU capacity has been a key element of the transformation programme for perinatal mental health services as part of integrated pathways of care.

In this report, we describe the results of a feasibility study using linked existing electronic national datasets to evaluate NHS secondary perinatal mental health services in England. We present a selection of clinical results, however these should be considered with caution as they are based on births that occurred between 1 April 2018 and 31 March 2019. Descriptions of the data sources and methods used for this report and tables of results can be found online.

** Due to data limitations explained in the methods, the follow-up period for this report is for six months following birth.*

Key findings

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.

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%).

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: in-patient 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).

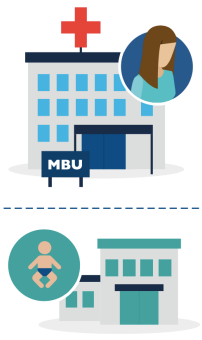
Women and birthing people from more deprived areas were more likely to have accessed NHS secondary mental health services prior to their current pregnancy compared to those from less deprived areas.

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.



Description of births and secondary mental health service use during pregnancy and 6 months following childbirth

This section presents the NHS secondary mental health services contact from the start of the current pregnancy to 6 months following childbirth for 283,015 women and birthing people who gave birth between 1 April 2018 and 30 September 2018.

The perinatal period typically extends to the first year following childbirth. However, due to availability of the datasets, the cohort was restricted to women and birthing people who gave birth in the first half of the report period, allowing for 6 months of mental health data following childbirth.

4% 12,312 (1 in 24) of the 283,015 women and birthing people accessed NHS secondary mental health services during their current pregnancy or in the 6 months following childbirth.

0.2% 469 (1 in 600) women and birthing people were admitted to NHS secondary mental health inpatient care during their current pregnancy or in the 6 months following childbirth.

27% Just over one-quarter of the women and birthing people who had had contact with NHS secondary mental health services before their current pregnancy required secondary mental health services during the current pregnancy or in the 6 months following childbirth.

2% For 5,582 (1 in 49) women and birthing people, the care they received during pregnancy or in the 6 months following childbirth was their first encounter* with NHS secondary mental health services.

NOTE:

In this document, the statistics that are presented for women and birthing people are counted by the 'births' they have experienced during the timeframe of this report.

This means that those who have a multiple pregnancy, or more than one birth in the period covered by the report, are still counted by the number of births, even though they may have had more than one baby.

**That is, no record of a community mental health service contact was identified prior to the perinatal period from records beginning in 2006. Further details of data sources can be found online*

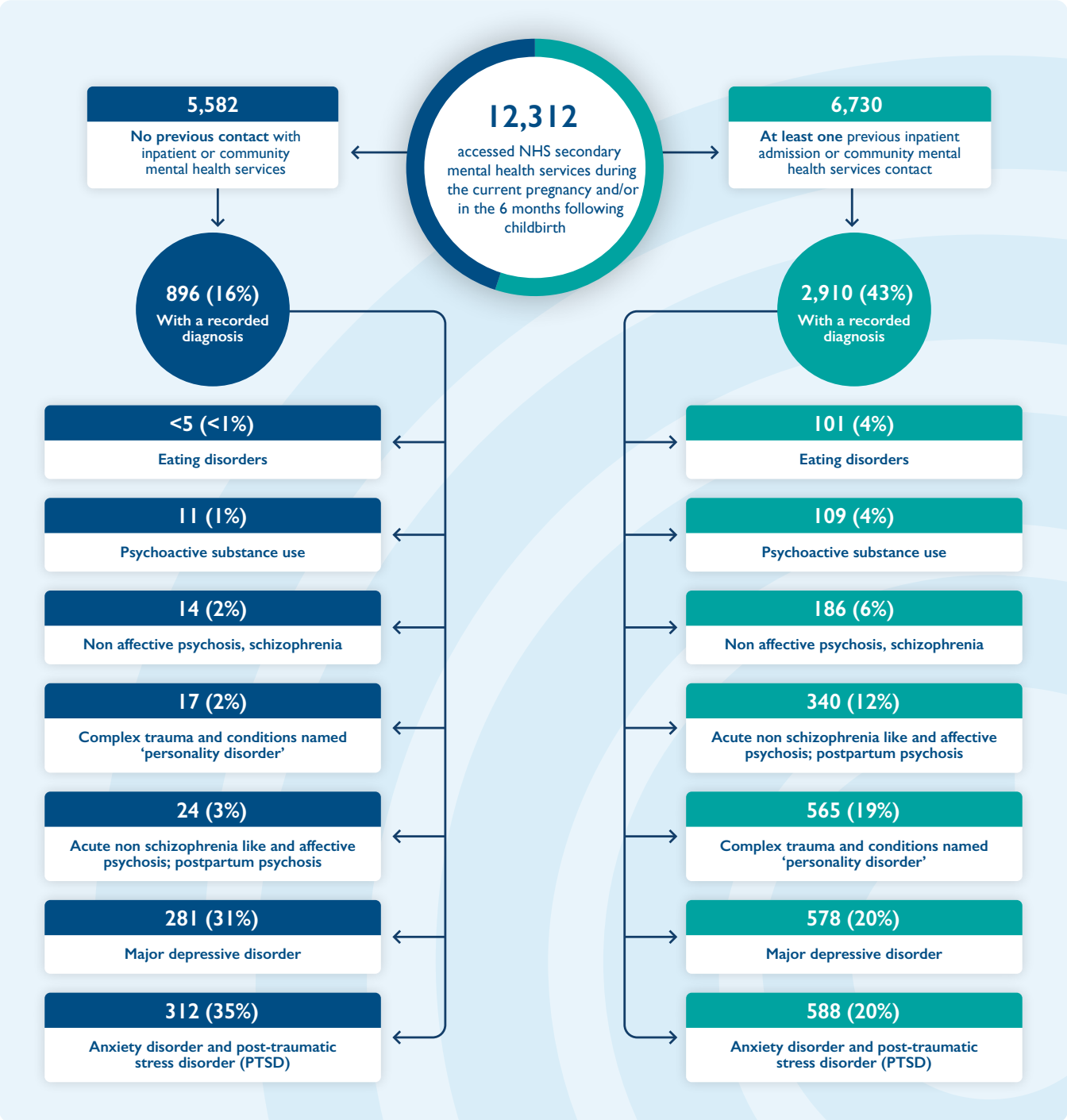
Grouping of mental health diagnoses

Among women and birthing people with a recorded mental health diagnosis, many had received multiple diagnoses.

It is possible to have more than one mental health condition (especially over a period of time) and the high prevalence of multiple diagnoses in these data suggests that symptoms can change over the course of someone's life and highlights the difficulty with assigning a single diagnosis.

Presented in this section are the most recently recorded diagnoses for women and birthing people who gave birth between 1 April 2018 and 30 September 2018 and had a diagnosis recorded during their current pregnancy or in the 6 months following childbirth. However, these results should be interpreted with caution due to levels of missing diagnoses, especially for those with no previous NHS secondary mental health services contact.

Mental health diagnoses were grouped into categories with the help of an expert advisory group including doctors who specialise in psychiatric care and pregnancy. Using these groups,* "major depressive disorders, including postpartum depression", "complex trauma and conditions named 'personality disorder'", and "anxiety and post-traumatic stress disorders" were the most frequent diagnosis groups among women and birthing people who received NHS secondary mental health care during their current pregnancy or in the 6 months following childbirth.^



* These groups are named using the medical terms, or diagnostic codes, used in the International Classification of Diseases, tenth revision (ICD-10), but we appreciate these are not always the terms preferred by women and birthing people.

^ Pre-pregnancy groupings and multiple diagnoses results can be found online.

Recommendations

RECOMMENDATION 1

More complete recording of hospital bed type is required to understand the patterns of bed usage by bed type.
Future research should include the distance from home to an available bed and the experiences of those receiving care, including the effects of relocation and the impact on the individual and their family.

Aimed at this audience:

- Researchers and research funding bodies
- NHS England and the Perinatal Mental Health Clinical Reference Group

RECOMMENDATION 2

In order to better understand the care pathway for inpatient psychiatric care, we suggest that start and end dates are recorded for all inpatient admissions. Details of the ward or bed type should be recorded for each episode of care.

- Mental health services providers
- NHS England and healthcare data software developers

RECOMMENDATION 3

Ensure that women and birthing people who have previously accessed secondary mental health services are given support and information before they become pregnant, or in the perinatal period, which is tailored to their individual circumstances.
As described in NHS England's Perinatal Mental Health Care Pathways, this should include referral to a specialist community perinatal mental health team.

- Mental health services providers and maternity care providers
- NHS England and RCGP, RCPsych and RCOG, and RCM and RCN

RECOMMENDATION 4

Mental health diagnoses for inpatient care are more comprehensively recorded in the Mental Health Services Data Set (MHSDS), however improvements are required to the recording of diagnoses for those who received community mental health services.

- Mental health services providers
- NHS England and healthcare data software developers

About the audit

What is the National Maternity and Perinatal Audit?

The National Maternity and Perinatal Audit is a large-scale project established to provide data and information to those working in and using maternity services.

We do this to evaluate and improve NHS maternity services, as well as to support women, birthing people and their families to use the data within their decision-making.

For more information about the NMPA, please see www.maternityaudit.org.uk

What is this perinatal mental health report?

The NMPA helps us understand the maternity journey by bringing together information about maternity care, information about hospital admissions and information recorded when babies are admitted to a neonatal unit.

To ensure we're using the most acccurate and complete data, only records and maternity services that have passed detailed data quality checks are included in the audit results.

This report focusses on how possible it is to link together datasets that hold different information about medical care - namely the data collected about labour and birth, with information about mental health care, and including data about admissions to hospital.

Once linked, the resulting dataset can be used to analyse aspects of maternity care specifically for the women and birthing people who have had contact with NHS secondary mental health services either before or after birth.

NOTE:

Throughout this document we use the term 'women and birthing people'. It is important to acknowledge that it is not only women who access maternity and gynaecology services.

A full glossary of definitions and abbreviations can be found online.

What is included and how can it be useful?

This report describes how many babies were born and how many mothers had accessed NHS secondary mental health services either before or after giving birth. The report also suggests a way to group similar mental health conditions together (using clinical categories). This is useful because sometimes there are only small numbers of people affected by a particular mental health condition. Such small numbers can make it hard to draw confident conclusions about what the information is showing us.

By joining similar smaller groups together in a way that makes clinical sense, we can make larger groups which allow us to draw more confident conclusions about why certain things happened.

It is important to note that this report focuses only on instances where a woman or birthing person received mental health care from a NHS specialist mental health professional (see note box). This is because the audit did not have access to other data such as GP or community care records.

NOTE:

The mental health services referred to in this document are those provided by specialist mental health professionals (often requiring an initial referral) rather than mental health support from a GP, midwife or health visitor. It was not possible to include information from charity or voluntary sector mental health services, or from private healthcare.

The findings of this report can help inform maternity services and those who provide care in this area about the benefits of joining different sets of information together to look at perinatal mental health care. It also highlights where some of the gaps in services and data quality are as well as the importance of further work on this topic for all UK nations.

The report findings can be used to help start conversations between women and birthing people, their families, and their care providers about perinatal mental health care and to share any concerns arising from the data presented here.

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The NMPA website www.maternityaudit.org.uk has lots of information about maternity care, so do visit for more details about this and the other work of the NMPA.

Acknowledgements

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Images

Photograph on page 5 courtesy of Mothers for Mothers and photographer Stewart Williams. Other photographs are stock images.

The cover artwork by artist Nadia Thornhill is part of the Mothers for Mothers 'The Art of Parenting' exhibition.

For further information and resources please visit the NMPA website where you can also subscribe to the email newsletter for regular audit updates:

www.maternityaudit.org.uk

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