

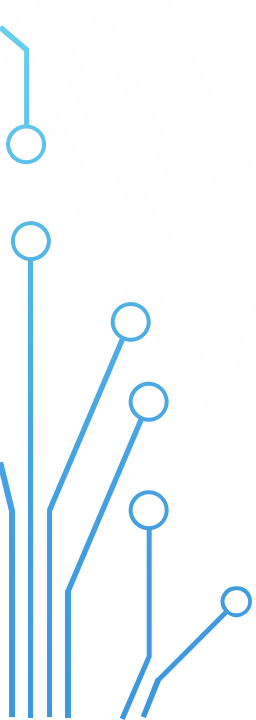
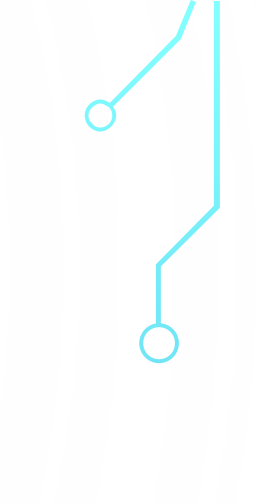
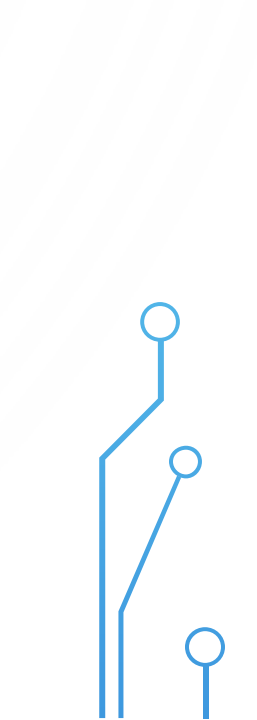


PERINATAL MENTAL HEALTH-A GP PERSPECTIVE

DR ROSALIND TANDY, GP AND MH LEAD
WSCCG



GENERAL PRACTISE 2019

- Meeting demands-ageing population, chronic disease, expectations, non “health”
 - Recruitment-East of England 15% vacancy
 - Fragmented services-planned vs unplanned care
 - Challenging social care and mental health resources
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WHAT IS PERINATAL MENTAL HEALTH?

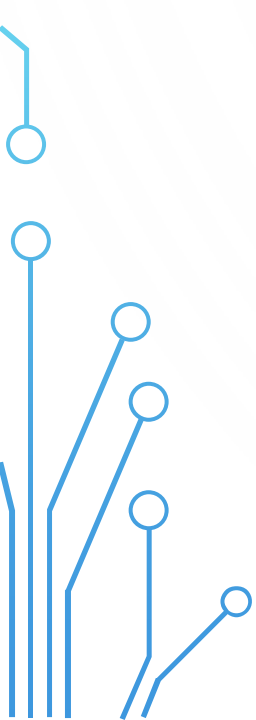
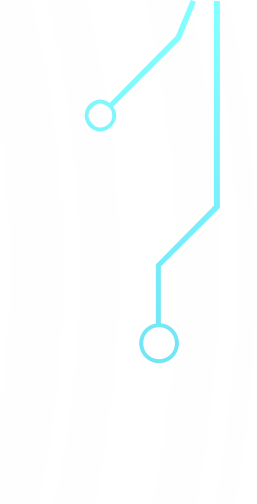
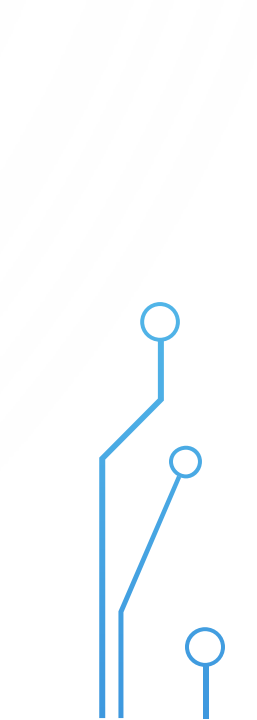
- Pregnancy and first year
- Commonest complication pregnancy – 15-20%
- Post partum psychosis – 2/1000 births
- Chronic SMI -2/1000
- Severe depression – 30/1000

PERINATAL MH

- Mild-mod depression and anxiety – 100-150/1000
- PTSD – 30/1000
- Adjustment disorders – 150-300/1000
- Suffolk – around 7000 births per year
- Up to 50% undetected



IMPORTANCE OF PNMH FOR GENERAL PRACTITIONERS

- Common- 1:5 women 1:10 men
 - 90% managed in primary care
 - Extreme distress for family and effects on infant
 - Economic and social cost – £8.1 billion per year
 - Effective evidence based treatment
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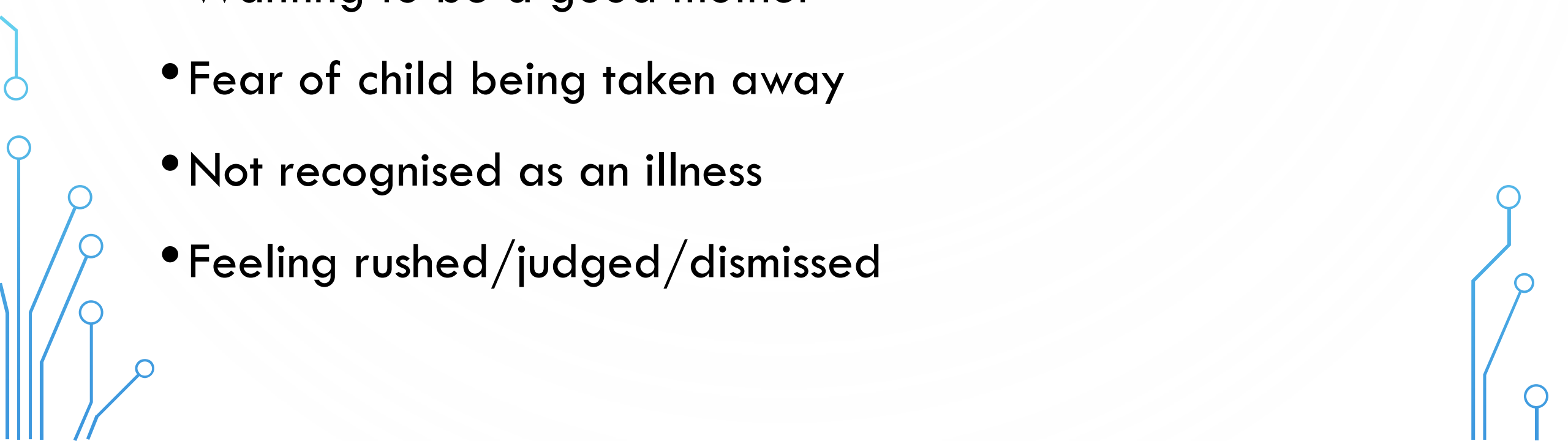


BUT...

- **GPs less involved in maternity care**
- **GPs have less training and skills**
- **Anxiety provoking**
- **Time consuming**

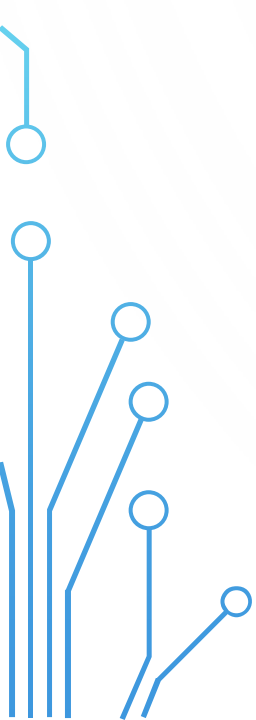


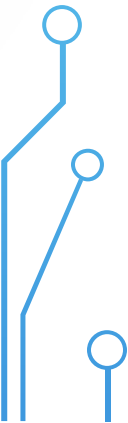
BARRIERS TO DETECTION FOR WOMEN

- Stigma
 - Wanting to be a good mother
 - Fear of child being taken away
 - Not recognised as an illness
 - Feeling rushed/judged/dismissed
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BARRIERS FOR GP

- Lack of time
 - No specialist service (until recently)
 - Assumptions someone else dealing with it
 - Lack of training/confidence
 - Fragmented care with MVs and HVs
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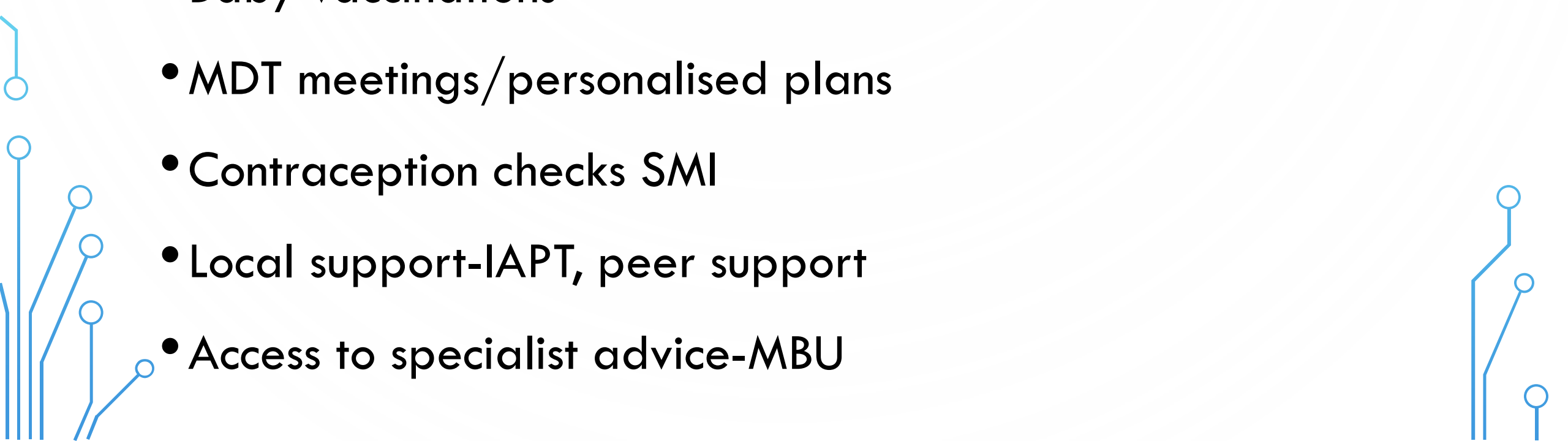


TREATMENT AND SUPPORT

- Local pathways-access, perinatal specialist team (AAT)
- Links to MBU- open in Norwich
- Wellbeing service
- Living Life To The Full
- Third sector, peer support
- PANDA (Post and Antenatal Depression Associated)

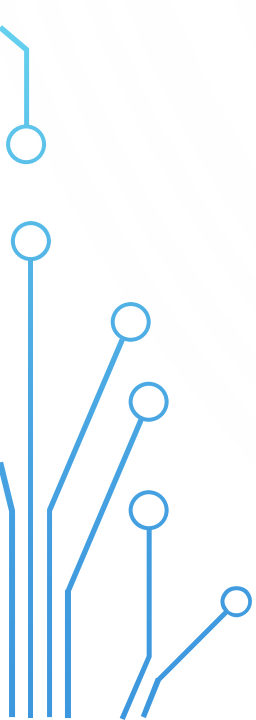


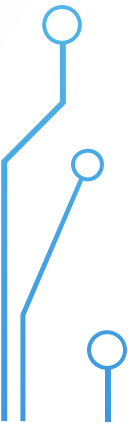
OPPORTUNITIES

- 6 week check-ask, listen, be open
 - Baby vaccinations
 - MDT meetings/personalised plans
 - Contraception checks SMI
 - Local support-IAPT, peer support
 - Access to specialist advice-MBU
- 



MEDICATION

- Benefits outweigh risk? Lowest effective dose
 - Do not suddenly stop without careful consideration
 - Refer all women taking antipsychotics or mood stabilisers
 - BUMPS website
 - **SODIUM VALPROATE ABSOLUTELY CONTRAINDICATED**
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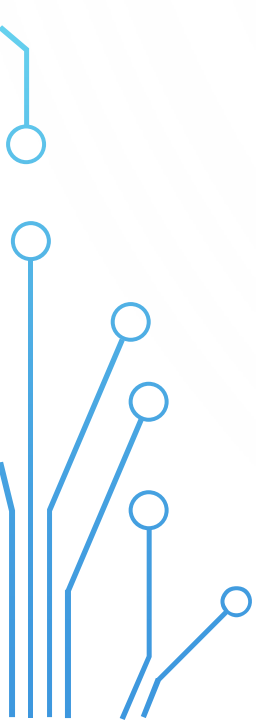


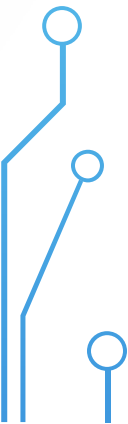
PREFERRED (LOWER RISK) MEDICATION

- SSRIs – sertraline, citalopram, fluoxetine
- NOT PAROXETINE
- Antipsychotics- olanzapine, quetiapine, aripiprazole
- Mood stabilisers- olanzapine, quetiapine, aripiprazole
- Hypnotics – promethazine, benzo short term



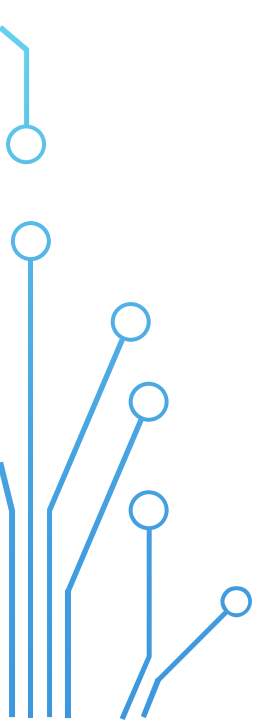
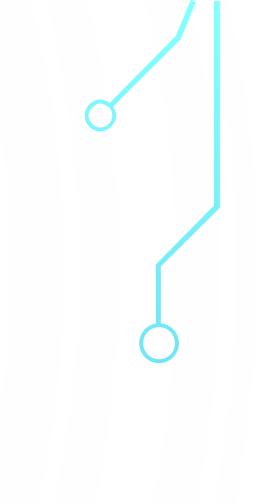
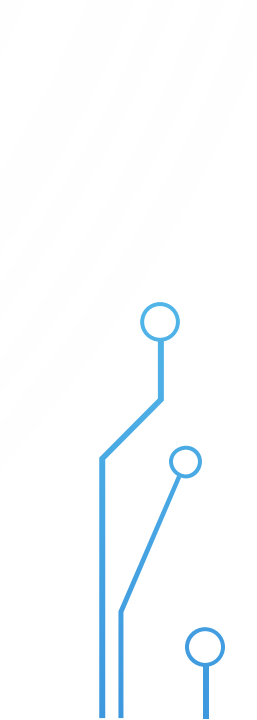
LITHIUM

- Continue and refer secondary care
 - Possible cardiac anomaly
 - May need to be switched over time
 - Levels 4 weekly
 - Avoid breast feeding
 - Preconception clinic
- 





REMEMBER RED FLAGS

- Stillbirths and bereavement
 - Any history of SMI or previous PNMH
 - Recent change in mental state – listen to family
 - Estranged from infant
 - Disclosure by woman – even if looks “normal”
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EXCELLENT RESOURCE



VIDEO



<https://youtu.be/apzXGEbZht0>