This publication was withdrawn on 5 November 2026

This publication has been superseded by the Healthy child programme: ages 0 to 19 high-impact area framework.

Public Health England

Protecting and improving the nation's health

This guidance is being reviewed and will be updated in due course. In the meantime, the current guidance should be followed.

Maternity high impact area: Supporting good parental mental health



About Public Health England

Public Health England exists to protect and improve the nation's health and well-being, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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Foreword – Professor Viv Bennett

Giving every child the best start in life is a key strategic priority for Public Health England. If we want to achieve universal health improvement for babies and children and to narrow the health gap for those who are most vulnerable, we need to work together to embed care and support for healthy conception and pregnancy through care pathways for everyone of reproductive age.

Improving prevention through individualised care pathways, with groups of women at specific or increased risk of poor outcomes, and at a population level, is key to achieving the ambitions and recommendations of Better Births and reducing inequalities in outcomes for mothers and babies.

This resource supports the drive to increase action on prevention to improve wellbeing, reduce risk and tackle inequalities from preconception through to 6 to 8 weeks postpartum and ensure every woman is fit for and during pregnancy and supported to give children the best start in life. Every woman should have access to services and support to plan a healthy intended pregnancy and advice to adopt healthy behaviours and for reducing or managing risk factors. Reducing unplanned pregnancy rates and improving heath for and during pregnancy improves individual and population outcomes and represent a significant return on investment.

These resources set out the latest evidence, guidance, resources and local practice examples for 6 key topic areas known to affect maternal and child outcomes. They aim to promote prevention across the maternity pathway by providing clear calls to action for NHS and Local Authority Commissioners, and providers and professionals including midwives, health visitors and primary care to promote a life course approach to prevention.

My thanks to the author and the team, you should be rightfully proud of your work. On behalf of PHE I am pleased to present this work to support local areas to achieve best possible outcomes

Professor Viv Bennett CBE
Chief Nurse and Director Maternity and Early Years, Public Health England

Foreword – Professor Jacqui Dunkley Bent

As England's first Chief Midwifery Officer for the NHS, I want to make sure that all women are given the right information to make safe choices that are heard and respected during a woman's life course including the preconception, pregnancy, birth and as they transition into parenthood. Consistent advice and guidance from health care professionals across the maternity pathway can make a significant contribution to the health of future generations by reducing risk before and during pregnancy. Evidence has linked the environment in the womb to the health of the baby, child and adult.

If we are to make big, long-term improvements in maternity care we need to address the inequalities that we see in society. This is as true in England as it is in the rest of the world. I want to work with groups that we inconsistently engage with such as travellers, sex workers, asylum seekers, refugees and other groups, to make sure that they receive the best maternity care possible so that their human rights are respected.

Recommendations from the National Maternity Review: Better Births are being implemented through Local Maternity Systems (LMSs) to ensure that care is personalised and therefore safer. This means that more care is provided in the community so that it is available for women that will benefit most. LMSs bring together the NHS, commissioners, local authorities and other local partners with the aim of ensuring women and their families receive seamless care, including when moving between maternity or neonatal services or to other services such as primary care, health visiting, mental health or post-natal care.

Our NHS Long Term Plan aims to support people to live longer, healthier lives by helping them to make healthier lifestyle choices and treating avoidable illness early. Our new services will help more people to stop smoking, maintain a healthy weight and make sure their alcohol intake is within a healthy limit. These behaviours are all contributing factors that can be modified before, during and after pregnancy to improve outcomes. This means working with colleagues across the health sector to ensure a person-centred life course approach for women and their families.

These documents support a system wide approach to embedding prevention across the maternity pathway. They provide the latest evidence and guidance to NHS and Local Authority commissioners and providers with the aim of promoting a comprehensive view of maternity care in England. My thanks to the team developing these documents, you should be proud of your work.

Professor Jacqueline Dunkley-Bent
Chief Midwifery Officer for the NHS

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Maternity high impact areas: overview

Why the 6 maternity high impact area documents have been developed and how they contribute to public health priorities

The maternity high impact area documents were developed to assist Local Maternity Systems (LMS) embed prevention approaches to better support women before, during and after pregnancy through a whole system life-course approach.

The documents provide LMS's with the latest evidence, guidance, resources and local practice examples for the high priority topic areas known to affect maternal and child outcomes in England. Implementation of the recommendations in Better Births, the Maternity Transformation Programme and the NHS Long Term Plan.

The maternity high impact areas addressed in this publication suite are:

- improving planning and preparation for pregnancy
- supporting parental mental health
- supporting healthy weight before and between pregnancy
- reducing the incidence of harms caused by alcohol in pregnancy
- supporting parents to have a smokefree pregnancy
- reducing the inequality of outcomes for women from Black, Asian and Minority Ethnic (BAME) communities and their babies

The documents were produced between 2019 and 2020 and updated prior to publication in light of the COVID-19 pandemic. Emerging evidence from the UKOSS COVID-19 study shows the disproportionate impact of COVID-19 on Black, Asian and ethnic minority pregnant women, and overweight and obese women, highlighting the importance of a continued focus in these areas. The results are also in line with earlier MBRRACE-UK findings relating to poorer outcomes for pregnant women in these groups outside of the pandemic. The HIA reports take account of new evidence and ways of working, particularly in relation to the most vulnerable mothers and babies as part of PHE's Best Start in Life strategic priority.

These resources contribute to the strategic ambitions of NHS Universal Personalised Care Model and the Modernisation of the Healthy Child Programme. Additionally, the high impact areas reflect the needed approaches to tackle health inequalities, as outlined in the Marmot Review 10 Years On.

The high impact areas are intended to be used alongside the Healthy Pregnancy Pathway and sits within the broader All Our Health framework that brings together

resources and evidence that will help to support evidence based practice and service delivery, Making Every Contact Count, and building on the skills that healthcare professionals and others have to support women.

How these documents were developed

The development of this document was led by Monica Davison and Catherine Swann (Public Health England) and Maria Garcia De Frutos with support from Dr Ellinor Olander (Centre for Maternal and Child Health Research, City University of London) from October 2019 to March 2020. The document was systematically developed using 3 strands of evidence – academic research, current UK guidance and policy and the experiences of those working in Local Maternity Systems. Firstly, a rapid review was conducted using Scopus and PubMed to identify international reviews and UK empirical studies published since 2014 on parental mental health. Relevant journals not included in these databases (such as 'Journal of Health Visiting') were hand searched. Search terms included pregnancy, parent and mental health and variations of these. Good quality evidence was ensured by only including peer-reviewed research. To be included studies had to provide information on supporting parental mental health during pregnancy and could be randomised controlled trials, surveys, service evaluations and qualitative studies with either women or healthcare professionals. These inclusion criteria were used to ensure focus was on practical suggestions in line with current guidelines for those working within Local Maternity Systems.

Secondly, the websites of Institute of Health Visiting, NICE, NHS England, Royal College of Midwives, Royal College of Obstetricians and Gynaecologists and Public Health England were searched to identify relevant and current reports and guidelines as well as good practice examples. The database OpenGrey was also used to identify practice examples. Examples were deemed good practice if they were in line with current guidelines and provided information on positive outcomes for women. The most recent MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries) reports were also checked for relevant information.

Finally, the draft documents were reviewed by topic experts, public health experts and healthcare professionals. Twenty-four representatives from Local Maternity Systems, national bodies and Public Health England also attended a review workshop in January 2020. Based on this feedback the documents were revised and further academic research was added when it had been deemed missing from the first draft. The document was subsequently reviewed by a small number of topic experts within PHE before being finalised. As such, this document benefitted from many people providing feedback, and we thank them for their time and input.

Who these documents are for and how they should be used

These resources are for Local Maternity Systems professionals who wish to acquaint themselves with the latest evidence and good practice guidance on maternity priority topics in England.

The documents should be used a guide to support the early signposting of evidence-based actions that can be practically applied according to local population needs.

Executive summary

Importance of supporting good parental mental health

Mental health problems during the perinatal period (that is, from conception to 1 year after birth) affect between 10 to 20% of women(1) and 10 to 15% of fathers.(2) If left unresolved, mental health issues can have significant long-term impacts on parents, their child and the broader family.

Many women are reluctant to disclose how they are feeling due to the stigma associated with mental health problems(3) and fears that they may be judged to be an unfit mother, resulting in their baby being removed from their care. Being busy taking care of their baby can also be a barrier to seeking treatment. This can delay mothers seeking and accepting timely treatment.(4) About half of all cases of perinatal depression and anxiety go undetected and fail to receive evidence-based treatment.(5)

A further barrier is the lack of recognition of poor mental health and its signs and symptoms, particularly among some Black and Minority Ethnic groups (see ‘Maternity high impact area: Reducing the inequality of outcomes for women from black and ethnic minority (BAME) communities and their babies’). Web-based or phone-based treatment can overcome some of these barriers by being anonymous and flexible, fitting into women’s schedules.(6)

The NHS Long Term Plan promises continuity of carer for most women, with initial focus on BAME and vulnerable women. An outcome of continuity of carer is increased disclosure of mental health issues due to increased rapport between women and midwives. Targeted funding will go to LMSs in 2021 to 2022 to 2023 to 2024 to support the most deprived areas in order to address health inequalities.

High impact area connections with other policy areas and interfaces

The maternity high impact area documents support delivery of the Maternity Transformation Programme, and highlight the link with a number of other interconnecting policy areas such as the Healthy Child Programme and Best Start in Life and Beyond. Effective outcomes rely on strong partnership working between primary and secondary services and local authorities.

Summary of key actions

This is a summary of key actions for LMS's to undertake in implementing prevention approaches in their work to address ‘Maternity high impact area: Supporting good parental mental health’.

See sections titled Evidence-based approaches to support parent mental health and Associated tools and guidance for supporting evidence, guidance and good-practice case studies.

Frontline healthcare professionals

All parents

- recognise that the preconception period is a time to promote mental health
- discuss emotional wellbeing, including past and present mental health problems
- promote good mental health through established models of self-care
- promote parent infant relationships and infant mental health to support the mental health of parents and their children
- complete a holistic needs assessment asking all women about any past or present diagnosed severe mental illness, previous or current treatment, and any mild to moderate and severe postpartum mental illness in a first degree relative
- use appropriate measures to identify and monitor mental health issues

Additional actions for parents with mental health concerns

- refer to a perinatal mental health professional, depending on the severity of the presenting problem
- treat mild postnatal depression (PND) with guided self-help and moderate to severe PND with a high intensity intervention including Cognitive-Behavioural Therapy
- refer to services, including fathers and partners peer support groups
- integrate stepped care involving maternity, health visiting and general practice as not all women will meet the threshold for specialist services but may require additional support with their emotional and mental health

Commissioners

- support implementation of evidence-based services targeted to the local population
- provide training to the public health workforce on identifying mental health problems in women and their partners

Partnership approaches to improve outcomes

This is a summary of main actions to improve partnership approaches in collaborative commissioning, effective service delivery, and professional mobilisation.

Effective collaborative commissioning can lead to a reappraisal of the serious health, social and economic impacts of poor parent mental health on children, on families and on the long-term health of the population.

Service delivery can be made more effective through a review of service design, investment to enable the roll-out of continuity of carer and other specialist services, which respond to the needs of parents who are struggling with their mental health.

Professionals can be mobilised to reducing the incidence of poor parent mental health through improving access to training for all midwives, health visitors and other health professionals.

Collaborative commissioning

- use the public health outcomes framework indicators to inform commissioning - data is collected via the Maternity Services Dataset
- ensure information sharing agreements are in place across all agencies
- plan the design of service delivery in partnership through Local Maternity Systems
- generate and use information about families, communities and the quality of local services, to identify and respond to agreed joint priorities. Use Joint Strategic Needs Assessments, including Early Years Foundation Stage data and Fingertips (Public Health profiles) to identify and respond to agreed joint priorities
- promote local adoption of the Prevention Concordat for Better Mental Health and the inclusion of perinatal mental health as a theme in geographical prevention planning arrangements
- develop systems to capture vulnerable parents/families such as children centred multi agency collaboration
- develop competencies to identify perinatal mental health issues
- build reporting of parental/service user satisfaction into data collection
- demonstrate value for money and return on investment

Effective service delivery

- improve accessibility to perinatal mental health services for vulnerable groups
- create and strengthen ‘father inclusive’ services to engage fathers and partners during prevention and early intervention
- integrate IT systems and information sharing across agencies
- develop and use integrated pathways prior to, during and after pregnancy

- systematically collect service user experience questionnaire to inform action
- increase the use of evidence-based prevention and interventions and multi-agency programmes to improve mental health across the life-course of the population
- research evaluation of implemented interventions by local services or external partners
- improve partnership working for example, maternity, primary care, specialist perinatal mental health services, school nursing, social care and early years services
- provide consistent, culturally relevant information for parents and health care professionals
- identify early predictors of perinatal mental illness
- directly refer to primary care and specialist perinatal mental health services, including Improving Access to Psychological Therapies (IAPT) services in place to ensure adequate supply against demand
- collect parent mental health data during antenatal booking and postnatal visits

Professional or partnership mobilisation

- develop multi-agency training on preconception health and supervision to identify risk factors and early signs of perinatal, paternal and other mental health issues
- develop multi-agency training in evidence-based early intervention and safeguarding practices
- develop multi-agency communication skills training to address stigma and enable patient centred, open discussions about perinatal mental health to improve identification
- ensure effective delivery of universal and targeted, evidence-based prevention and early intervention programmes to improve mental ill health with evidence-based outcomes measures
- provide a holistic/joined up and improved service for young children, parents and families by promoting better integrated working with existing local authority arrangements
- identify skills and competencies to inform integrated working and skill mix
- increase integration and working with maternity services or early years services or specialist perinatal mental health teams or voluntary sector mental health organisations to offer a range of services or activities to promote emotional wellbeing and positive mental health
- improve accessibility through a local cohesive approach demonstrated through a perinatal mental health pathway
- review the provision of local public health services that support the wider health and wellbeing of families to ensure it includes perinatal mental health for both mothers and fathers
- upskill the required workforces to give mental wellbeing public health advice, offer or refer to interventions

Measuring success

High quality data, analysis tools and resources are available for all public health professionals to identify the perinatal mental health of the local population using local and national data sources. This contributes to the decision-making process for the commissioning of services to improve people's perinatal mental health and reduce inequalities in their area including Public Health and NHS Outcomes Frameworks. This can be achieved using local measures including:

Access

- evidence of up to date, evidence-based perinatal mental health policies setting best practice in relation to perinatal mental health, emotional wellbeing support and multi-agency referral services
- use local commissioner and provider data to confirm access to perinatal mental health care services
- number of women who are asked the recommended questions for prediction and detection of mental health problems at the antenatal booking appointment by entering data in their maternity records
- number of women who are referred to perinatal mental health services during pregnancy and after birth
- number of women who receive a face to face GP postnatal check at around 6 weeks.
- number of families who received a first face-to-face antenatal contact with a health visitor within an appropriate time frame
- percentage of infants who receive face to face contact at 6 to 8 weeks

Effective delivery

- evidence of implementation of evidence-based perinatal mental health policies setting out best practice in relation to perinatal mental health care services via local commissioner and provider data
- evidence of development and implementation of local multi-agency perinatal mental health pathways setting out evidence-based assessments, identification and interventions for perinatal mental health problems and communication required between all relevant professionals
- the development of evidence-based, integrated local pathways for infant mental health (this area overlaps significantly with integrated perinatal mental health pathways and includes Specialist Health Visitors in perinatal and infant mental health as recommended by Health Education England). It also overlaps with pathways with Child and Adolescent Mental Health Services (CAMHS) pathways

- evidence of development and implementation of evidence-based training and use of validated tools to identify infants who may be at risk of poor attachment and parents who need additional support to attune and bond to their infants
- use of tools to access data including:
    - perinatal mental health data profile – local area data available that contains a range of available indicators, including risk factors, measures of prevalence and relevant maternity statistics
    - mental health in pregnancy and the postnatal period, and babies and toddlers needs assessment reports–available through PHE's Fingertips tool for each local authority, clinical commissioning group and sustainability and transformation plan
    - mental health and wellbeing JSNA toolkit which also includes a set of Knowledge Guides offering expert advice and links to policy, evidence and additional data sources
    - perinatal mental health data catalogue: gives detail on and provides links to metrics and data sets relating to perinatal mental health, describes metrics that will be available in the future and metrics that may be collected locally
    - nmhin and chimat needs assessment report: information on risk factors alongside detailed estimates of local numbers of perinatal mental health disorders. Prevalence estimates are based on applying national rates to local populations, they do not adjust for local demographic factors
    - national inquiry into maternal deaths: shows that mental health problems are a leading cause of death in pregnancy and the 12 months after birth

Work in perinatal mental health has been prioritised recently and it is a rapidly changing field both in terms of clinical pathways and evidence-base and information. Historically, there has been a lack of data which identifies women with mental health problems in the perinatal period. This is being addressed nationally with the aim to link maternity and specialist mental health data sets to help identify women in the perinatal period in contact with mental health services. In the interim, local areas may wish to consider the possibility of local linkages/information sharing to support this work (Mental Health and Wellbeing: JSNA toolkit).

Examples of additional statistics available locally include:

- recording of mental health problems and risk factors in data recorded by midwives and health visitors and mental health community teams
- data held by acute trusts around payment pathways for maternity, which includes recording of mental health information
- work conducted by relevant regional perinatal mental health clinical networks (such as baseline assessments, demand and gap analyses and workforce strategies)
- data from local voluntary and charitable organisations and services working with pregnant and postnatal mothers

- data on maternal suicide through interrogation of mortality statistics, discussions with local coroners or via the local suicide audit
- data from local GP systems, for example on women of child-bearing age on QOF mental health registers, preconception advice given to women with severe mental illness
- pharmacist information on advice given to women in the perinatal period about smoking and medicines optimisation
- data on local services' capacity and pathways, for example midwives and health visitors trained in mental health, perinatal mental health pathways in place
- data on attachment support and parenting programmes and targeted infant programmes such as Family Nurse Partnerships

Outcomes

- trends in perinatal mental health from clinical records of women accessing maternity services through the NHS Maternity Services Data set
- number of women in contact with mental health services who were new or expectant mothers published in the Mental Health Services Monthly Statistics
- ccg assessment framework
- mental health minimum dataset (MHMDS)
- maternity survey, MCMDS

User experience

- feedback from NHS Friends and Family Test from maternity service user experience on satisfaction with perinatal mental wellbeing support, via local commissioner and provider data
- feedback and co-production from the Maternity Voices Partnerships groups
- feedback from community support groups (for example, NCT, Birth Rights, Birth Companions)

Supporting evidence and good practice guidance

Context

Mental health problems during the perinatal period affect between 10 to 20% of women.(1) This includes approximately 12% of women experiencing depression and 13% experiencing anxiety at some point in pregnancy, with many women experiencing both.(7, 8) Depression and anxiety also affect 15 to 20% of women in the first year after birth(1, 9) and 4% of women develop post-traumatic stress disorder following traumatic events in labour or after birth. The risk of developing a severe mental health condition such as postpartum psychosis (which affects between 1 and 2 in 1,000 women who have recently given birth),(1) severe depressive illness, schizophrenia and bipolar illness is low but increases after childbirth. Psychiatric problems are a significant cause of maternal death. Maternal suicide is the second largest cause of direct maternal deaths occurring during or within 42 days of the end of pregnancy and remains the leading cause of direct deaths occurring within a year after the end of pregnancy.(10)

Prevalence rates in fathers show that approximately 10% experience depression and 5 to 15% experience anxiety in the perinatal period (that is, from conception to 1 year after birth).(2) High levels of stress have also been identified in fathers, in particular during the time of birth.(11) These stress levels can in turn contribute to anxiety, depression and psychological distress and fatigue.

The transition to parenthood can cause changes in a couple's relationships including a decline in relationship satisfaction(12) and mental health issues.(13) Parental mental health problems have a negative impact on how parents interact with their children(14, 15) and their ability to bond with their baby including being sensitive to their baby's emotions and needs. This can have long-term health consequences for the child if left untreated.(1) This includes poor mental health, physical health, social and educational outcomes. The effects can be of particular concern in the absence of other carers able to provide the quality emotional contact an infant needs.(4)

In addition to the direct impact on families, it is estimated that perinatal depression, anxiety and psychosis carry a total long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK.(1)

NHS England have funded services so that, since April 2019, all areas in England have community perinatal mental health teams as recommended in The Five Year Forward View for Mental Health and The NHS Long Term Plan reports. This could allow at least an additional 30,000 women each year to receive evidence-based treatment, closer to home, when they need it.

The importance of Local Maternity Systems

Better Births, the Maternity Transformation Programme and NHS Long Term Plan set out a clear vision and principles for how maternity services can be brought together through Local Maternity Systems with strong links to services to provide personalised, kinder and safer care to women and their families.

The purpose of a Local Maternity System is to provide system leadership for transformation, putting in place the infrastructure that is needed to support services to work together effectively, including interfacing with other services that have a role to play in supporting women and families before, during and after birth.(16)

Local Maternity Systems' strategic role

Poor perinatal mental health is a key concern in Better Births, which recommends increased investment and provision of perinatal mental health services. NHS England's independent Mental Health Taskforce also recommend investment in perinatal mental health services in the community and in specialist care. Improved perinatal mental health care supports the goals of the Maternity Transformation Programme to achieve safer births and create environments offering more choice to women.

Local Maternity Systems play a critical role in leading a collaborative approach between primary care, maternity services, public health, local authorities and third sector organisations to implement the Maternity Transformation Programme. Together they can implement perinatal mental health policies and guidelines, educate relevant healthcare professionals and provide clear referral pathways for both women and their partners. This work can be co-developed with local women and their families to ensure services, referrals and pathways are appropriate for local need.

Local Maternity System membership

Potential membership of a Local Maternity System is presented in Figure 1 below, and includes service users, commissioners, providers and community groups and organisations. By bringing these stakeholders together, the Local Maternity Systems can create shared protocols, information sharing and coherent plans to implement and apply the Better Births vision and principles to meet their population's needs.

Figure 1: Potential membership of a Local Maternity System

Potential membership of a Local Maternity System	
Service user voice	• Maternity Voices Partnerships, Healthwatch and representative parent groups where appropriate • Local stakeholders and charities representing service users
Commissioners	• Clinical Commissioning Groups • NHS England • Local Authority directors of public health • Other Local Authority as appropriate • Providers
Providers	• Providers of NHS antenatal, intrapartum and postnatal care including independent midwifery practices and voluntary and community sector providers involved in providing the local NHS funded maternity offer • Local Neonatal Operational Delivery Network • Primary care • Mental health teams, including mother and baby units, IAPT, AMHS, CAMHS • Community child health and tertiary centres • Local authority providers of health visitor services, children and adult social care teams and public health programmes • Weight management services
Others	• Representatives of other clinical networks, higher education establishments and teaching hospitals involved in workforce training and research • Local workforce advisory boards • Representatives of the staff voice, such as professional organisations and trade unions • Community organisations

Using evidence to embed prevention through a community-centred approach

A place-based, or community-centred, approach aims to develop local solutions that draw on all the assets and resources of an area, integrating services and building resilience in communities so that people can take control of their health and wellbeing, and have more influence on the factors that underpin good health.

The place-based approach offers new opportunities to help meet the challenges, which the public health and the health and social care system face. This impacts on the community and aims to address issues that exist at the community level, such as poor housing, social isolation, poor/fragmented services, or duplication/gaps in service provision, all of which contribute to poor mental health. For example, 1 in 5 women report lacking social support throughout pregnancy and beyond.(16)

Healthy Pregnancy Pathway

The maternity high impact area documents can be used alongside the Healthy Pregnancy Pathway.

The Healthy Pregnancy Pathway is an online interactive tool that provides Local Maternity easy access to the latest maternity life-course guidance using a stepped-up service level approach, from universal to targeted and specialist care systems grounded in the community setting.

The Healthy Pregnancy Pathway uses a place-based approach through the integration with the All Our Health Townscapes.

The Healthy Pregnancy Pathway uses the following service level descriptors across the maternity pathway (preconception, antenatal and birth 6-8 weeks):

Universal - Universal service is offered to all people, ensuring they receive immunisations, screenings, contraception, maternity advice, support and referral to specialist services according to need.

Targeted - Targeted service provides people with timely, personalised expert advice and support when they need it for specific issues, such perinatal mental health, diabetes management and breastfeeding.

Specialist - Specialist service provides people specialist practitioner treatment, where providers will often work with other agencies to coordinate holistic wrap around support for people with acute or ongoing needs, including complex needs management.

Evidence-based approaches to support parent mental health

This section outlines the supporting guidance and good-practice case studies for ‘Maternity high impact Area: Supporting parental mental health'.

See above for a summary of this section under the heading Summary of Key Actions.

Individual and familial

Midwives, GPs and health visitors have frequent contact with women and their families during and after pregnancy. This makes these healthcare professionals well-placed to identify issues such as social isolation, loneliness and promote mental wellbeing and identify poor mental health. For example, midwives could discuss mental wellbeing at the booking appointment and include this in the woman’s personalised care plan.

Midwives, GPs and health visitors can also offer referral to mental health services. All healthcare professionals referring a woman to a maternity service should ensure that information on any past and present mental health problem is shared. Sharing information between healthcare professionals is especially important when women have poor mental health and need support from a number of healthcare professionals.(17) Postnatally, women with transient psychological symptoms ('baby blues') that have not resolved at 10-14 days postnatal could be assessed for mental health problems.(18)

The NHS Long Term Plan promises continuity of carer for most women, with initial focus on BAME and vulnerable women. Targeted funding will go to LMSs in 2021/22 to 2023/24 to support the most deprived areas, to address health inequalities. Delivering continuity of care could help midwives build rapport with women to help them disclose mental health issues. About half of all cases of perinatal depression and anxiety go undetected and fail to receive evidence-based treatment.(5) Many women are reluctant to disclose how they are feeling due to the stigma associated with mental health problems(3) and fears that they may be judged to be an unfit mother, resulting in their baby being removed from their care. Being busy taking care of their baby can also be a barrier to seeking treatment. This can delay mothers seeking and accepting timely treatment.(4) A further barrier is the lack of recognition of mental ill health and its signs and symptoms, particularly amongst some Black and Minority Ethnic groups (see ‘Maternity high impact area: Reducing the inequality of outcomes for women from black and ethnic minority (BAME) communities and their babies’). Web-based or phone-based treatment overcomes some of these barriers by being anonymous and flexible, fitting into women’s schedule.(6)

Partners experience psychological distress in the perinatal period but may question the legitimacy of their experiences. Fathers may be reluctant to express their support needs or seek help due to concerns that in doing so would detract from their partner's needs. Fathers want guidance and support around preparing for fatherhood, and potential partner relationship changes.(19) Information and support regarding these issues can be found online, such as the Dad Pad.

To overcome this barrier, resources could be tailored to partners, framed around parenthood, rather than mental health or mental illness, and align partner's self-care with their role as supporter and protector. Better preparation for fatherhood, and support for couple relationships during the transition to parenthood could facilitate better experiences for new fathers, and contribute to better adjustments and mental wellbeing in new fathers.(13) Fathers also want acknowledgement from health care professionals and to be involved in their partners pregnancy. Consistent and ongoing support and the involvement of partners is important. Midwifery, health visiting, primary care and third sector organisations postnatal services, psychological therapies, and psychosocial, parenting or peer support interventions (see case study below) can be beneficial.(7)

Case study 1: Fathers' peer support groups

Being Dad groups are for expectant or new dads or men with parenting responsibility for babies and young children up to 2 years old. The free 5-week groups run by Mind (Bromley, Lewisham and Greenwich), help men to learn more about looking after themselves, managing the changes and challenges of fatherhood, how to support partners and offer a chance to meet other dads.

Training of healthcare professionals

Midwives, health visitors and primary care professionals have an opportunity to Make Every Contact Count, promoting the importance of healthy lifestyles and the value of health as a foundation for future wellbeing.(4) Awareness of mental health problems during pregnancy and in the first year after giving birth should be encouraged in all healthcare professionals who come into contact with women and their partners during the perinatal period. This training could include the importance of identifying risk and what feelings are normal. It should also include information on infant mental health and the parent-infant relationship. For example, health visitors have reported that determining when worries or anxieties become problematic is difficult.(5) Factors such as poverty, migration, exposure to violence, trauma and low social support are recognised as increasing risk for poor mental health. (See 'Maternity high impact area: Reducing the inequality of outcomes for women from black and ethnic minority (BAME) communities and their babies'). The Mental Health Core Skills Education and Training Framework can help commissioners and providers identify the core skills and knowledge required by teams at all levels across their services. By outlining the expected learning outcomes, it can underpin and enhance future education and training.

Community

Midwives and health visitors provide leadership at a strategic level to contribute to the development and improvement of policies and pathways to support delivery of high quality, evidence-based, consistent care for improving mental health and wellbeing. Midwives can support families with mental health needs up to 28 days post birth. Health visitors can provide specialist training, consultation and support for peers and other professionals and the wider early years workforce working with mothers, fathers, partners and young children.(7) Both midwives and health visitors need to work with their local perinatal mental health team to support women with more severe mental health issues.

Both the midwife and the health visitor can lead the implementation and delivery of group-based support and other preventive or early interventions to promote emotional wellbeing, such as promoting physical activity (see 'Maternity high impact area: Supporting women to enter pregnancy a healthy weight'), peer support groups and fathers' groups. They can also signpost to online support groups from other agencies such third sector organisations (for example, National Childbirth Trust Parents in Mind peer support programme), children's centres or housing advice.(4) In some multi-ethnic areas or areas with recent migration these services may have to be provided in another language to be appropriate for the local population (see 'Maternity high impact area: Reducing the inequality of outcomes for women from black and ethnic minority (BAME) communities and their babies'). Peer support can be provided in a woman's native language and can be a valued and effective service (see case study below). Care provision and funding for pregnancy and postnatal peer support projects could consider the organisation of the support and the training received by the supporters.(9)

Case Study 2: Peer support

Home-Start peer support scheme is a local community network of trained volunteers and expert support helping families struggling with post-natal depression, isolation, physical health problems, bereavement and many other issues.

Home-Starts across the UK support individual families at home and in groups, organising day trips and parties and help accessing local services.

Community support initiatives for women with low mood following childbirth can have a positive impact on their emotional wellbeing.(20) Women report that peer support can contribute to reducing low mood and anxiety by overcoming feelings of isolation, disempowerment and stress, supporting improvements in mothers' feelings of self-esteem, self-efficacy and parenting competence.

Access to Continuity of Carer and Community hubs provide opportunities to make it easier for women to access a range of services and support in one place, or have swift, onward referral where specialist input is required. This includes perinatal mental health outreach community clinics and local support groups (see case study below).

Case study 3: Support for women with postnatal depression

The Melodies for Mums project offers a 10-week programme of singing and music-making classes for mothers with postnatal depression (PND).

A trained music leader and a coordinator lead 2 hour-long weekly sessions with 14 women. Sessions typically consist of learning a variety of culturally diverse songs focusing on the women. They encourage bonding with the baby, and engagement with each other. Participation is free which makes the service available to women of all socio-economic backgrounds. Music and singing also provide a culturally inclusive environment for mothers for whom English is not their first language.

Participation can lead to a 41% reduction in symptoms of PND and a recovery in 73% of mothers who take part.

Population

There are a number of programs available to the whole population, such as Start4Life and Tommy's 'Your baby's mum'. All women or parents in the UK have an allocated midwife, health visitor and GP trained to promote, identify, assess and support maternal and paternal mental health difficulties during the perinatal period.

NHS England have funded services so that, since April 2019, all areas in England have community perinatal mental health teams as recommended in The Five Year Forward View for Mental Health and The NHS Long Term Plan reports. This could allow at least an additional 30,000 women each year to receive evidence-based treatment, closer to home, when they need it. This improvement will contribute to reducing the gap in health inequalities as it was estimated that 40% of women in England lacked access to specialist perinatal mental health services. Given the contribution of mental health causes to late maternal mortality, this is a significant achievement.

Associated tools and guidance

Information, resources and best practice to support frontline health professionals, providers and commissioners working in Local Maternity Systems

Intelligence toolkits and outcomes frameworks

Relevant indicators can be found in the Pregnancy and Birth Profile in the Child and Maternal Health section of PHE's Fingertips Platform. These indicators are presented in a standardised format showing trends over time, local benchmarking and relevant inequalities. This profile will be enhanced to include the new indicators which are under development and to provide a downloadable report (stocktake of progress) against the high impact areas.

Resources for parents

- Dad Info, online support for fathers
- Dads net, online community for fathers
- The dadpad.co.uk, online Guide for fathers, developed by NHS
- Every Mind Matters, NHS mental health advice
- Maternal Journal provides a positive outlet for some of the new feelings and challenges women experience, both physically and emotionally in pregnancy and new parenthood
- Melodies for Mums, culturally diverse songs to encourage bonding with the baby and engagement with others for mothers suffering postnatal depression
- Mindful Mums, helps pregnant women and new mums in the London Boroughs of Bromley, Greenwich and Lewisham to look after themselves during pregnancy and the first year of birth
- NCT Parents in Mind, Parents in Mind offers emotional support for women who are experiencing low mood, anxiety or poor mental health during pregnancy or within the first 2 years of birth

Resources for healthcare professionals

- the Atlas of Shared Learning, case study, one to one antenatal and postnatal support for mental health, developed by NHS
- Maternal Mental Health Alliance resources Hub
- MIND Peer support, MIND provides peer support principles
- Perinatal Mental Health e-Learning for Healthcare, Health Education England
- Setting up a parent-infant relationship service, Parent-Infant Foundation

Policy

- 1001 Critical Days: The Importance of the Conception to Age Two Period: A cross-party manifesto, WAVE Trust, 2014
- Annual Report of the Chief Medical Officer, 2014 The Health of the 51%: Women. Department of Health, 2014
- Better beginnings: Improving health for pregnancy, National Institute for Health Research, 2017
- Children and young people's health benchmarking tool, Public Health England, 2014
- Fair society, healthy lives (The Marmot review), UCL Institute of Health Equity, 2010
- First 1000 days of life, Department of Health and Social Care 2019
- From evidence into action: opportunities to protect and improve the nation's health, Public Health England, 2014
- Health of Women before and during pregnancy: health behaviours, risk factors and inequalities, Public Health England, 2018
- Making every contact count, Public Health England, 2016
- Prevention Concordat for Better Mental Health, Public Health England, 2017
- Prime Minister promises a revolution in mental health treatment, Department of Health and Social Care and NHS England, 2016
- Public Health Outcomes Framework 2016 to 2019, Department of Health and Social Care, 2016
- Rapid review to update evidence for the Healthy Child Programme 0-5, Public Health England, 2015
- The five year forward view for mental health, NHS England, 2016
- Working together to safeguard children, HM Government, 2015

Guidance

- Better beginnings: Improving health for pregnancy, National Institute for Health Research, 2017
- Better births: Improving outcomes of maternity services in England: A five year forward view for maternity care, NHS England, 2016
- Child and Maternal Health, Public Health England, accessed January 2020
- Costs of perinatal mental health problems, Centre for Mental Health, LSE 2014
- Early Years High Impact Area 2: Maternal mental health, Public Health England, 2018
- Health of women before and during pregnancy: Health behaviours, risk factors and inequalities: An initial analysis of the Maternity Services Dataset antenatal booking data, Public Health England, 2018
- Health visiting and midwifery partnership –pregnancy and early weeks, Public Health England, 2015
- Maternal Mental Health Alliance resources, Accessed January 2020
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- MBRRACE-UK, Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK, National Perinatal Epidemiology Unit, 2019
- Mental Health: Environmental Factors, Mental Health and Wellbeing: JSNA toolkit, PHE 2019
- Mental Health: Population Factors, Mental Health and Wellbeing: JSNA toolkit, PHE 2019
- Perinatal mental health services for London: Guide for commissioners, NHS London Clinical Networks, 2017
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- Rapid review to update evidence for the Healthy Child Programme 0-5, Public Health England, 2015
- Specialist health visitors in perinatal and infant mental health, Health Education England, 2016
- The Best Start at Home, Early Intervention Foundation, 2015
- The Perinatal Mental Health Care Pathways, NHS England 2018
- Understanding father's mental health & wellbeing during their transition to fatherhood, Good Practice Points for Health Visitors, Institute of Health Visiting, 2019
- Understanding mother's mental health & wellbeing during their transition to motherhood, Good Practice Points for Health Visitors, Institute of Health Visiting, 2019

NICE guidance

- Antenatal and postnatal mental health, NICE Quality Standard [QS115], 2016
- Antenatal and postnatal mental health: clinical management and service guidance, NICE Clinical Guideline [CG192], 2018
- Postnatal care, NICE Quality Standard [QS37], 2013
- Pregnancy and complex social factors, NICE Clinical Guideline [CG110], 2010

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