Health inequalities in early life: Perinatal mental health & maternity care

Dr Abigail Easter
Reader, Perinatal Mental Health
Department of Women & Children’s Health, King’s College London

abigail.easter@kcl.ac.uk  @DrAbigailEaster
Presentation outline:

• Background
  • Impact of perinatal mental health problems across the life course
  • ARC South London Maternity and Perinatal Mental Health Research Theme
• Understanding & addressing mental health related health inequalities in the perinatal period
• The national picture
  • Improving access to perinatal mental health care
  • Implementing evidence-based interventions
• Recommendations
Impact of perinatal mental health problems

- Around 1 in 5 women will experience a mental health problem during pregnancy or the year after birth (perinatal period)
- Direct impact on parents and family's well-being and parenting experiences
- Strong evidence for associations with poorer pregnancy and birth, and long-term child-infant, outcomes
- Long term health-economic cost to society of £8.1 billion
- £2.3bn investment in expansion of perinatal mental health services

ARC south London: Maternity & Perinatal Mental Health Research Theme

• Brings together researchers, health & social care practitioners, & local people to improve health & social care in south London

• The Maternity and Perinatal Mental Health Theme is seven core areas of research in south London

• Overarching aim is to **reduce health inequities** & have a **positive impact** on health & wellbeing of **women & families**

• Improve outcomes for women & babies experiencing health inequalities due to social deprivation, ethnicity, mental illness (and the intersection between these)

https://www.arc-sl.nihr.ac.uk/about-us/what-nihr-arc-south-london
Research to understand and address these health inequalities

- **Research Project** 5 May 2020
  Investigating maternal and perinatal outcomes among women from Black, Asian and Minority Ethnic groups

- **Core Research Project** 5 May 2020
  Models of maternity care for women living in areas of ethnic diversity and social disadvantage

- **Core Research Project** 5 May 2020
  Postnatal mental health and the prevention of accumulating inequalities

- **Core Research Project** 5 May 2020
  Investigating the factors surrounding life-threatening self-harm and attempted suicide in the perinatal period among women with mental illness

- **Oxleas Perinatal Mental Health Services: Barriers and facilitators to access among women from Black and minority ethnic groups**

- **Development of a digital preconception care tool for women with severe mental illness**

https://arc-sl.nihr.ac.uk/research-and-implementation/our-research-areas/maternity-and-perinatal-mental-health
Mental health related maternal mortality

Deaths between 6 weeks and 1 year after the end of pregnancy

Deaths from mental health-related causes as a whole account for nearly 40% of deaths occurring between six weeks and a year after the end of pregnancy with maternal suicide remaining the leading cause of direct deaths in this period.

Born in South London: The eLIXIR (early-Life data cross-Linkage in Research) study

**Pending Linkages**
- HES
- eREDBOOK
- HFEA
- BadgerNet Maternity
- BadgerNet Neonatal
- CRIS
- Lambeth DataNet

**Potential Linkages**
- National Pupil Database
- Prescribing Data
- Pollution data
- CAFCASS

NIHR | Applied Research Collaboration South London
Disproportionately affected by severe maternal morbidity

N=236,844 Pregnancies

---

**NIHR**

**Applied Research Collaboration South London**

---

**Obstetric near misses among women with serious mental illness: data linkage cohort study**

Abigail Easter, Jane Sandall and Louise M. Howard

Background

Investigating obstetric near misses: life threatening obstetric complications provides crucial information to prevent maternal mortality and morbidity.

**Statistical analysis**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Odds Ratio (95% confidence interval)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute renal failure</td>
<td></td>
</tr>
<tr>
<td>Cardiac arrest/failure/infarction</td>
<td></td>
</tr>
<tr>
<td>Obstetric embolism</td>
<td></td>
</tr>
<tr>
<td>Sickle cell anaemia with crisis</td>
<td></td>
</tr>
<tr>
<td>Uterine rupture</td>
<td></td>
</tr>
<tr>
<td>Eclampsia</td>
<td></td>
</tr>
<tr>
<td>Sepsis</td>
<td></td>
</tr>
<tr>
<td>Assisted ventilation</td>
<td></td>
</tr>
<tr>
<td>Evacuation of haematoma</td>
<td></td>
</tr>
<tr>
<td>Re-closure of Caesarean section wound</td>
<td></td>
</tr>
<tr>
<td>Repair of bladder or cystostomy</td>
<td></td>
</tr>
<tr>
<td>Total life-threatening diagnoses</td>
<td></td>
</tr>
<tr>
<td>Total life-threatening procedures</td>
<td></td>
</tr>
<tr>
<td>Total life-threatening obstetric complications</td>
<td></td>
</tr>
</tbody>
</table>

---

**Psych**

Poor access to mental healthcare following self-harm in the perinatal period

- 17,685 births among 12,683 women
- 448 admissions for self-harm among 304 women (2.4%) in the perinatal period
- 2/3 of admissions were in the postnatal period & among women with prior mental health contact
- Only 27% seen by a mental health professional within 24 hours, increasing to 33% within 7 days

Reference: Easter et al, 2024 in preparation
What are some of the barriers and facilitators to accessing and implementing PMH services?

Barriers and facilitators to implementing perinatal mental health care in health and social care settings: a systematic review

Rebecca Webb, Rachael Gilbey, Elizabeth Ford, Aligail Easter, Judy Shakespeare, Nia Roberts, Fiona Allenbrick, Rose Cotty, Sally Hogg, Helen Coper, Susan Ayres, on behalf of the MATRIx study team.*

Factors that helped or prevented services from putting perinatal mental health care into practice occurred on multiple levels

Societal
Political
Organisational
Interpersonal
Health Professional
Individual

Ethnic disparities in access to PMH services

Black African, Asian and White Other women had higher percentages of involuntary admissions than White British women

Women’s experiences of accessing services

Expectations & Experiences of Womanhood as an Ethnic Minority
- Shame & Guilt in Motherhood
- Women as Caregivers
- Perceived to be strong, and often dismissed

Family & Cultural Influences
- Blind Faith in Medical Profession
- Family & Community Beliefs about Mental Health & Care
- Intergenerational Trauma & Family Dynamics

Cultural Understanding, Empowerment and Validation
- The Importance of Understanding Cultural Differences
- The power of Validation, Reassurance & Support

Recommendations

1. Develop a culturally sensitive strategy & provide staff training opportunities to understand the impact of ethnicity & culture on women’s beliefs about help-seeking & experiences of MH

2. Understanding of differences in experiences and culture among women from Black, Asian and minority ethnic groups

3. Recognise the important role of partners and extended family in engagement with services

4. Provide clear and culturally sensitive information on PMH and service provision to women and referrers

5. Don’t underestimate practical barriers – language, childcare, transport, technology

The ESMI-III Study

The effectiveness and implementation of maternal mental health services

The need for greater investment in perinatal mental health (PMH) care is well evidenced, both to ensure women receive adequate treatment and support and to provide short- and longer-term health benefits and cost savings to the NHS.

24 Jan 2022

There is now a national commitment to implementing Maternal Mental Health Services (MMHS), formally referred to as ‘Maternity Outreach Clinics’ in the NHS long-term plan, and £22.6 million transformation funding for service delivery in 2020-22. NHS England (NHSE) investment in these services in the first phase (2020-22) will be provided to women in approximately 30 sites in all areas of England – ‘Early Implementer’ and ‘Fast Followers’ sites, before commissioning and funding of MMHS goes to Clinical Commissioning Groups (CCGs) on the national scale-up and sustainability phase (2022-24).

https://arc-sl.nihr.ac.uk/research-and-implementation/our-research-areas/maternity-and-perinatal-mental-health/effectiveness

ESMI-III: The Effectiveness and Implementation of Maternal Mental Health Services

Interim Report: Phase 1

September 2022
Involving local communities in addressing inequalities

“As a community leader, I can help to bridge the cultural and language gaps between Black women and many researchers. Removing barriers to participation for my community, and helping researchers understand such barriers, motivates me to be the part of the change we want to see in research”

Rachael Buabeng, Black maternal health advocate, Founder of Mummy’s Day Out, involvement member, NIHR ARC South London
Conclusions/Recommendations

• To reduce inequalities associated with perinatal mental health problems, needs recognition of the complex interplay between physical and mental health, social complexity & ethnic disparities

• Improving access to effective interventions – requires multi-level, multidisciplinary strategies

• Involving ‘communities’, authentic outreach, engagement and partnerships are crucial
The ARC Maternity & Perinatal Mental Health Team

Professor Jane Sandall (Theme Lead)
Dr. Abigail Easter (Deputy Theme Lead)
Mary Newburn (Public and Patient Involvement Lead)

Research Team:
Dr. Cristina Fernandez-Turienzo
Dr. Hannah Rayment-Jones
Dr. Sam Burton
Kaat De Backer
Zahara Khan
Zoe Vowels
Dr Fiona Challacombe

Acknowledgements

This research is funded by the National Institute for Health and Care Research (NIHR) Applied Research Collaboration South London (NIHR ARC South London) at King’s College Hospital NHS Foundation Trust. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

The ESMI-III study is funded by the National NIHR cross ARC collaboration for Children’s Health and Maternity, PenARC

We are grateful to the King’s Engagement Research Network (KERN) for supporting our peer research programme.

Contact:
Email abigail.easter@kcl.ac.uk
Twitter @DrAbigailEaster