MINUTES OF ACT MEETING 21st JANUARY 2015

Attendees: Jane Broughton, Sally Kean-Hammerson, Marina Cosmetatos, Karla Perentin, Linda Carter, Claire Dabreo, Archna Patel, Dvorah Kadish, Alison Courtney, Marian Fixler, Fatima Bailey, Justine Cooke, David Carr, Anne Harrabin, Nicola Salmon, Christina Goldoni, Amanda Cox

Apologies: Victoria Busk, Emma Perris, Pia Huber, Gloria Else, Hannah Pearn, Magdelana Luis, Elizabeth Jacovelli, Martha English, Vivien Fish, Rosalie Segal, Annabel Mitchell, Julia Davis, Eve Rogans

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Professor Louise Howard (Psychiatrist in Peri Natal Care) spoke about Post Natal Depression.

The main points discussed are as follows:

- Pregnancy is not a time of increased risk for depression, but post partum is.
- The main warning signs of PND: Inability to sleep due to mind overthinking; diminished appetite; feeling particularly low in the mornings; lack of interest in things; excessive tearfulness – any of which impact on functioning normally.
- Louise asks patients what things are like day to day to check their mood levels.
- Anxiety is just as common as depression – when it becomes incapacitating or lots of panic attacks this is also a warning sign.
- GP is the first port of call in these cases.
- Many women stop anti-depressants in pregnancy which raises the risk of pre-existing mental health problems. If other stresses around these women are particularly vulnerable.
- Research into anti-depressant taking within pregnancy are inconclusive. Louise assesses patients to decide if it is essential to keep taking the medication based on past history, etc., as medication effects are uncertain (eg there is a link between lithium consumption and heart defects in the fetus).
- Women previously suffering from bipolar disorder are most likely to get post partum psychosis (1% of patients have this). These women can get grandious ideas during pregnancy and this can be a warning sign. Post partum psychosis triggers are not fully understood. It usually develops within 2-4 weeks after the birth, however the risk period is up to 3 months post birth.
- In PND, acute episodes will not impact on baby bonding / development (especially if the partner interacts with the baby).
- Fear of the birth is a big issue – in extreme cases Louise finds those that are terrified may have had a history of sexual abuse, or abuse as an adult, or a traumatic previous birth situation, in which case Louise recommends meeting with the midwife to discuss options.
- Louise feels that PTSD is not well recognised in the UK, and if so psychologist referral necessary (although few available). CBT is main treatment for PTSD (or IMDR).

- IAPT is the primary care psychological unit available, however they do not fast track pregnant women. Women can however self-refer to them and they should be seen within 2 weeks.
- Louise discussed the perception of ladies having trauma from previous births as being key. Official de-briefing after birth can cause more harm than good to mental health as re-living the trauma can be detrimental. Sympathy and informal discussion are more effective.
- Issues effective in preventing PND are having positive supportive help after the birth; not feeling as if they have to be the 'perfect mum'; post natal groups; moderate exercise (even pram pushing with other mums); making time to rest.
- Some women lie and say all is marvellous – this may be another indicator of PND. Sometimes it will take time and building trust for them to open up. If she suspects patients are lying, Louise will ask what the husband feels about things, or say that they don't seem alright to her. Say what you see to the patient.
- Louise discussed the pressure that women feel amongst 'yummy mummy' groups to be coping well post natally. (Also the pressure to have the perfect birth.)
- The key question to assess if someone is suffering from mental illness is if it is impacting on normal function or causing clinically significant distress.
- In cases where women had an eating disorder prior to pregnancy some women find it freeing as they can stop worrying about weight gain, but the disorder can also become enhanced in cases.
- Western psychological studies point to PND being prevalent in a small sub-set of women particularly sensitive to hormonal changes. May also be due to lack of sleep (mood disorders more common in lack of sleep), or there may be a genetic vulnerability.
- Louise feels finding ways to help people 'self soothe' are essential.
- The question of when to refer acupuncture patients who are feeling low post natally was raised. David discussed extreme delusional patients as a red flag. Red flags include a history of diagnosed mental illness prior to pregnancy; ask have they seen a psychiatrist ever, or been admitted for a few days to a mental health unit; ask is there a history of mental illness in the family; ask have they ever had home visits from mental health team for more than a few days.
- PND can be mislabelled or named in previous pregnancies, in which case open questions around the issue should be asked.
- Louise believes post natal psychosis is very treatable by psychiatry and has a very good prognosis. Mother and baby units in London are very good for treating this.
- Antidepressants give less exposure to babies in breast feeding than in utero. Louise believes mothers should not stop taking them for breast feeding if they have taken them throughout pregnancy – the only exception is Lithium in which case she would recommend bottle feeding.

- Claire reminded everyone about the case study request for the Sun journalist.
- Amanda reminded all about sending in images to be used on the ACT website.
- Anne reminded all about people bring case histories to upcoming meetings.

Next Meeting: Thursday 19th March at 19:15.