



MENTAL HEALTH

AND THE

MATERNITY WARD

A damning dossier laid bare the crisis in maternity care - widening the wound left by the pandemic. Six months on from the publication of the biggest review in the history of the NHS, *WH* asks what impact it's having on the minds of pregnant women

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‘I FELT INVISIBLE.’

Tinu Alikor is describing to *WH* the experience of giving birth to her first child when it occurs to the 39-year-old mother-of-three that the word ‘invisible’ sums up how she felt during each one. She felt invisible when she thought she was being denied pain relief; she felt invisible when, during the first lockdown, she arrived at hospital bleeding, convinced she was having a miscarriage, only to be turned away. Back at home, a shocked woman on the NHS’s 111 line arranged for her to return to the same hospital that had left her feeling scared and vulnerable. Several hours and two blood transfusions later, she gave birth to a healthy baby girl. Tinu’s experience – defined by an overwhelming feeling of not being heard – is devastating. And yet, her story isn’t likely to surprise you – the reason why contained in eight words that, earlier this year, etched themselves on to the amygdalas of expectant parents everywhere: ‘Childbirth “is not safe for women in England”’.

This was the now-infamous newspaper headline summarising the discoveries of Donna Ockenden, the midwife charged with investigating repeated failures in care at the Shrewsbury and Telford Hospital NHS Trust over two decades. The 250-page report set out Ockenden’s findings from the 304 cases of ‘avoidable harm’ – in which mothers and babies died needlessly and newborns were left severely disabled – before concluding that women in England would not be safe until her recommendations were implemented in full. That such a statement could be made in 2022 was so shocking that then Prime Minister Boris Johnson felt compelled to state in Parliament that, ‘Every woman giving birth has the right to a safe birth.’ And yet, in the seven months since the report was published, UK maternity care has never been far from the headlines.

In May, a year-long inquiry by the charity Birthrights found evidence of Black, brown and mixed ethnicity women giving birth in a discriminatory culture that included microaggressions right through to physical and psychological harm, with more than half of respondents being dismissed, ignored or disbelieved when they raised concerns about their own or their babies’ health. In that same month, a survey by the charity Five X More found that 36% of the 1,300 respondents were dissatisfied with their care during labour, while 52% of those who weren’t given adequate pain relief were not informed why. Even the medical bodies trusted with our care are crying out for relief. A recent survey by the Royal College of Midwives (RCM) found that over 80% of midwives didn’t feel they had enough staff to provide a safe service, while the Royal

College of Obstetricians and Gynaecologists responded to Ockenden’s recommendations by stating that the consultant workforce would have to increase by around 20%. Any of these reports, statistics or surveys taken alone would be a cause of anxiety for mothers-to-be. Considered in the context of a still-lingering pandemic and a cost-of-living crisis that is likely to have a huge impact on the expense of starting a family, it’s difficult to imagine a more fearful backdrop than the one 2022 has provided. So where has this climate of fear left the mental health of expectant mothers?

Home birth

‘It’s understandable that women are feeling it’s a really scary time to be pregnant,’ acknowledges midwife Birte Harlev-Lam, executive director at the RCM, referring to the abundant coverage of the failings in maternity care. ‘The system has been creaking for years, with the staffing crisis in particular being a long-term issue. But the Ockenden report and other inquiries, such as our own, have painted a clear picture of women from all backgrounds not being listened to, not always being treated with respect and in some cases not having their birth choices supported,’ notes Francesca Treadaway, policy and engagement director at Birthrights, where queries to their email advice service are up 300% since March 2020. ‘The staffing crisis is causing restrictions in homebirth services particularly, which more and more women want, but the service simply cannot always be guaranteed,’ she says.

‘Reports like Ockenden’s don’t make for reassuring reading for those carrying a child right now, and my past traumatic experience meant the findings resonated,’ says Hollie Grant. When the 34-year-old Oxfordshire-based fitness trainer had her first daughter in 2019, she was induced at 41 weeks with suspected obstetric cholestasis (a condition affecting the liver during pregnancy) and pushed – at times unsupervised – through a painful three-day labour. Eventually, Hollie developed an infection, her baby’s heart rate dropped and she had to have an emergency C-section. ‘No amount of hypnobirthing techniques could help how overwhelmed and scared I felt,’ she says of the contractions [she was hyperstimulated – a potential side effect of induction where your contractions become too frequent], which were only slightly eased by a very delayed epidural that caused almost constant vomiting. ‘During the surgery I had to stay very still, yet I was still being violently sick. The overarching memory of my daughter’s birth is



ONE IN FOUR
WOMEN
EXPERIENCE
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HEALTH
PROBLEMS
DURING
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thinking that I couldn't breathe.' Understandably, her experience has left her fearful during her current pregnancy. 'The thought of going back to hospital is triggering,' she adds. 'I would love a home birth this time around, where I would honestly feel safer and more supported.' Hollie is not alone – the latest figures from the Office for National Statistics reveal home births have risen to 2.4% – the highest in a decade – while in a survey of 2,000 expectant women, published in August, 69% expressed concerns that would make them want to avoid giving birth in an NHS hospital.

Of course, the pandemic has also left a legacy of fear around giving birth in hospital. Research from July 2021 showed the virus had caused one in 10 pregnant women to be admitted to hospital in intensive care and one in five to give birth prematurely. Unsurprisingly, a study published in January this year revealed that this period triggered a 30% rise in depression rates among pregnant women from April 2020 to January 2021, with anxiety rates increasing by 37%. This was likely caused by measures such as restricted birth choices, solo scans, delayed inductions and PPE in the delivery room. But as Covid's grip eased, a new crisis was born: the cost of living. In March, a survey by the charity Maternity Action found that 56% of new mothers said money worries had affected their health and wellbeing during pregnancy and maternity leave. Concerns about food and energy prices come on top of astronomical childcare costs for women wanting to continue their careers, and for whom family help is geographically difficult. In June, the Trades Union Congress revealed that the average annual nursery bill for a family with a child under two had increased by 44% between 2010 and 2021, from £4,992 to an eye-watering £7,212. Meanwhile, as this piece is published, it's estimated that 40% of the UK population will be plunged into fuel poverty this winter. With research linking low incomes and financial struggles with increased risk of poor mental health in pregnancy, it's a worrying blow to maternal mental health.

Great expectations

Poor mental health in pregnancy has always existed, of course. Although despite a history dating back to Hippocrates, research into perinatal mental health – from the first trimester up to a year after birth – remains limited due to a severe lack of funding, which has influenced the treatments that are available as well as investment in specialist services. What we do know is that one in four women experience mental health problems related to pregnancy, manifesting as conditions ranging from anxiety and depression to obsessive compulsive disorder, PTSD and postpartum psychosis. 'Throughout pregnancy, your body is releasing steadily increasing levels of oxytocin – the hormone that helps you fall in love with your baby when they are born, but also makes you very open emotionally,' explains Joanne Black, chair of the perinatal faculty at the Royal College of Psychiatrists. The knock-on effect of this is that even those who don't normally consider themselves to have poor



**80% OF
MIDWIVES
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How to... manage fear if you're pregnant right now

'Training your brain can help you feel in control'



Nova Cobban is a psychologist and psychotherapist who's worked extensively with women suffering from perinatal mental health issues

Know that feeling afraid is normal; research shows that up to 80% of women experience fear when it comes to childbirth. But there are evidence-based tools and techniques to help manage it.

While antenatal classes and birth plans help create a sense of control, we know that births don't always go to plan. In addition to doing these things, I advise my clients to focus on what they can control, such as how much they know.

To avoid feeling overwhelmed, divide the knowledge into sections: what you know, what you need to know before the birth, what you need to learn about the birth and what happens after. Prepping questions before hospital visits, listening to the queries of others at antenatal classes and asking a friend who's been through it all can fill your knowledge gaps. Remember, while you can control how much knowledge you seek, you also control how much you absorb via social media, the news and entertainment. Tuning in to how content and conversations make you feel can help you to create boundaries.

You can also control how you feel by using techniques that train your brain to stay calm. I use prompts with clients: a colour, sound,

place or loved one that soothes anxiety. When you panic, you resort to well-worn thought patterns to process the situation, which can cause misinterpretations of reality. Training your brain to find calm by using a positive prompt can help forge a new pathway to override this pattern.

Visualisations can also reduce anxiety. They act as a kind of dress rehearsal for the brain; that your

neurons can't distinguish a real memory from an imagined one makes this powerful for childbirth. To build one, picture a calming place and play with the image until you feel relaxed while imagining it. Then, whenever you feel panic rising, recall this image. You can use this 'calm space' in the birthing room to remind your brain to relax.

It's hard to know what normal fear and anxiety is, particularly as a first-time parent. Speak to your midwife or GP and fill in questionnaires on your wellbeing honestly. Panic attacks and disrupted sleep are good indicators of fluctuating anxiety. If you do notice any changes in your anxiety, flag it with your health professional.



Mums in mind

mental health may experience a heightened emotional response to the world around them, including the news.

'Negative news stories surrounding pregnancy often end up being mentioned by my patients,' notes counsellor Juulia Karlstedt. 'It's down to there being a grain of truth – these things are happening to people. Your brain doesn't care that it may be rare, it just focuses on how horrible it'd be if it happened to you.' Anxiety like this thrives if you've lost a pregnancy or currently have complications. 'To try to predict outcomes – and therefore protect you from getting hurt – your brain uses past experience to guess what will happen in the future,' adds Karlstedt. While this was a useful evolutionary tool for self-preservation, it isn't particularly helpful in the cases of miscarriage and complications, where there's often nothing an expectant mother could have done differently.

Compounding these anxieties is the fact that, for many women, pregnancy is a longed-for life stage, with the disconnect between an idyllic imagined future and less-than-perfect reality presenting a threat to the minds of expectant mothers. 'A contributing factor to perinatal mental health issues is unrealistic expectations – both of pregnancy and early motherhood – thanks, in part, to social media,' says Dr Miriam Donaghy, psychotherapist and founder of charity MumsAid, which provides perinatal counselling. 'Women may feel like they're "failing" if they're not enjoying pregnancy, or being a new mum, when in reality it can be such an unsettling time of changing body and identity.' A 2020 study on perinatal anxiety in the digital age found that women's expectations had been unrealistically shaped by social and mainstream media, and poorly managed by both antenatal classes and healthcare professionals.

Scarlet Nazarian has a unique perspective on the disorientating trifecta of healthcare, social media and pregnancy, given her dual status of NHS surgeon and influencer (she communicates health research to her 36,000-strong following across Instagram and TikTok via @thefemalesurgeon). 'On one hand, I was basking in excitement, but I also felt the weight of worry in my belly,' says the 32-year-old, speaking of the roller coaster of anxiety she's experienced since learning she was expecting her first child. The overwhelming emotions took her by surprise, given that her work affords a more in-depth knowledge of medicine and the NHS than the majority of expectant mothers. She describes the fear after receiving a well-meaning DM to her Instagram account warning her against sleeping on her back during pregnancy. A quick browse of the science (it's actually only advised against in the third trimester) was enough to ease her concern. But, she acknowledges, having ready access to, and an understanding of, medical literature is a privilege few enjoy. Compounding her anxiety was a creeping sense that she couldn't completely surrender to the system charged with her care. 'At the 16-week appointment with my midwife, I was shocked by the lack of in-depth guidance I received,' she recalls. 'Then, at my 20-week scan, my mental health wasn't brought up, with a focus instead on physical symptoms, such as whether I was

bleeding or in pain. All I wanted was a more personalised approach, to feel I could get the reassurance about what to expect or if something was normal.' The absence of this support put the onus of navigating the confusing swell of information and calming her racing thoughts on her.

Care-less

If the words 'childbirth is unsafe in England' were hard to hear, then it's important to note that the reality for some women is scarier still. The Birthrights report found the safety of Black, brown and mixed ethnicity mothers-to-be was most at risk, with figures showing Black women are four times more likely to die in childbirth than white women. 'Even though you've been hearing horrific stories for years, you have to put on a brave face on the maternity ward,' notes Sandra Igwe, founder of The Motherhood Group, which supports Black and ethnic minority women, and author of *My Black Motherhood: Mental Health, Stigma, Racism And The System*. 'In labour, you often internalise things rather than question staff, because you don't want to be accused of aggression – even when you know the "strong Black woman" stereotype is playing into why they won't give the pain relief you're requesting.'

There's a unique toll to bear when you don't trust those around you at a time when you're physically and emotionally vulnerable. 'It felt scary having to hand, essentially my survival, over to the [people in the room],' Tinu recalls. The fine line that Black women have to tread was summed up when she complained to her NHS trust about her treatment during her third birth. 'I was called to the hospital, where I was blamed for not complaining enough – as a Black woman, if I'd kicked up enough fuss to get me seen, I probably would have been dismissed as "angry" and escorted off the premises,' she adds.

'Feeling unheard and unseen is a huge risk factor for all perinatal mental health issues, but the two most common ones are postpartum depression and perinatal anxiety,' explains Karlstedt. 'When you can't vocalise that you're struggling, you won't get the support you need and it can feel like you're failing.' While this lack of agency is something many women feel in pregnancy and birth, a study published in the journal *PLOS One* found that more ethnic minority women in the UK suffer from perinatal mental health conditions, a statistic researchers attributed to the 'attitude of healthcare providers' and 'racist incidents'. 'The evidence shows that these women face worse outcomes in maternity care,' notes Dr Black. 'This means they



69% OF EXPECTANT WOMEN HAVE CONCERNS THAT WOULD MAKE THEM WANT TO AVOID GIVING BIRTH IN AN NHS HOSPITAL

How to... make yourself heard in a system that isn't listening

'You're more powerful than you realise'

We meet many pregnant women and birthing people who don't know their rights. But if you're going to discuss birth options, you need to be informed of everything.

For example, if you leave an appointment feeling that a hospital is the only place women give birth, you'll know that your options have not fully been explained to you.

Being informed starts with knowing where *not* to look. Swerve Google and Instagram and head to trusted sites: nhs.uk, nice.org.uk and patient.info are good sources. You'll also find resources, including a run-down of your maternity rights, on the Five X More website.

During the birth, speak up as much as you're comfortable doing. And if you feel dismissed, ask for an explanation. Remember, too, that it's your legal right to seek a second opinion by asking to speak to

another doctor, midwife, matron, head of department or someone else senior. Sometimes, simply knowing that you have that agency can deliver a sense of confidence.

If you don't feel in a position to do this – particularly if you're worried about being seen as 'difficult' – that's understandable. That's why we also encourage women to have someone with them who can advocate for them. This is also why we have health professional steps that we have created with the Royal College of Obstetricians and Gynaecologists to encourage health professionals to listen.

Our recent research highlighted that many expectant mothers were hesitant to complain; some didn't know how to, others feared it could lead to worse care, while



Tinuke Awe and Clotilde Rebecca Abe are the co-founders of Five X More, which aims to help Black women make informed choices throughout pregnancy

many wondered what good it would do. However, we always encourage women to complain and give feedback, because it's the only way that things will change. You might have taken home a healthy baby, but that doesn't mean any poor treatment that you received shouldn't be called out.

The NHS is amazing, but it is understaffed and under pressure. There's room for improvement – not least in terms of how seriously women's grievances are taken. Above all, never give up on justice; you know your body best and you should trust that instinct. You may feel like a small cog in the machine, but you're more powerful than you realise.





How to... access mental health support before and after the birth

'Early identification of perinatal mental health issues is vital'

When I returned from maternity leave to my job at the charity Mind, 23 years ago, I started a group for new mothers. I knew all too well just how vulnerable your mental health can be at this stage – my grandmother had such severe postnatal depression that she was separated from her baby (my father), which had a lifelong impact on his own mental wellbeing.



Dr Miriam Donaghy is a psychotherapist and CEO of MumsAid. The Greenwich-based organisation has so far helped more than 5,000 women

Back then, one of the problems, as I saw it, was that specialist care was hard to access – which still hasn't been resolved more than two decades later. Today, up to 20% of women experience a perinatal mental health issue, yet only half of mothers are identified and even fewer receive treatment. I estimate it's the top 5% of the most seriously unwell women that the NHS focuses on, and while it's obviously vital that those women receive care, it means the other 95% are left to the care of (often poorly funded) voluntary services.

It's just one of the reasons why, in 2012, I set up MumsAid, a charity to support women perinatally in south-east London, with the belief that early identification of perinatal mental health

difficulties is vital. We accept self-referrals from the women themselves, as well as from other professionals involved in their care. Since the start of the pandemic, more women have reached out – a result of Covid complications in hospitals, the lack of in-person antenatal classes, being separated from family members and the looming cost-of-living crisis.

I'd encourage anyone who's struggling before or after childbirth to ask their GP, midwife or health visitor for support as soon as possible; they'll either direct you to an NHS service or a local organisation like ours. Feeling overly stressed over a period of several weeks, feeling like your emotions are not returning to your baseline 'normal', disturbances to your eating and sleeping patterns and strained relationships with family and friends are all signs that you might benefit from reaching out for help.

There are reasons to be hopeful. The NHS named perinatal mental health a priority area in its 2019 Long Term Plan – something I wouldn't have believed possible 20 years ago, when there was no funding at all. I know it'll take time to roll out extra support, but it feels like maternal mental health is finally getting the spotlight it deserves.



56% OF NEW MOTHERS SAID MONEY WORRIES HAD AFFECTED THEIR HEALTH AND WELLBEING DURING PREGNANCY AND MATERNITY LEAVE

are entering the process knowing the odds are against them, and will feel attuned to the threat, placing them at greater risk of mental health issues.'

Those who work with pregnant women anticipate a rise in perinatal mental health concerns. 'We've come out of a collective shock situation from the pandemic that makes it hard to think about the future, because the past couple of years have taught us how uncertain it can be,' explains Nova Cobban, who has over 20 years' experience as a psychologist and psychotherapist. 'At the same time, we're being told the future looks even bleaker. That rates of depression and anxiety would increase at a time like this is understandable. And having a significant event on the horizon – such as beginning or growing your family – is almost certain to give rise to more perinatal mental health problems.'

Forward thinking

This makes damning reading for pregnant women who, along with their loved ones, carry a burden of increased fear. The first step in ensuring the anxiety doesn't tip over into a mental health condition is to understand the issues in a broader context. 'We mustn't forget that the vast majority of the 700,000 deliveries per year in the UK are good, safe experiences with a healthy baby at the end,' says Harlev-Lam. NHS figures show the rate of stillbirth has fallen by 25%, neonatal mortality by 36% and maternal mortality by 17% since 2010. 'While it may feel scary,' adds Treadaway, speaking of the extra scrutiny on maternity care right now, 'highlighting the vulnerabilities in the system paves the way for lasting change.' This hope is buoyed by the government's Women's Health Strategy, published in July, which laid out a 10-year road map for change, while the NHS's Maternity Transformation Programme promises care that's 'safer, more personalised, kinder and professional'. Its suggestion to empower women with knowledge and the ability to make decisions about their bodies, as well as listening to them more, was inspired by Ockenden.

For the women we spoke to for this piece, the pledges are welcome; but all confirmed they intend to continue speaking out to help expectant parents advocate for what they need. Tinu took her complaint to the highest level at the NHS trust that treated her. She received no acknowledgement of wrongdoing, but encourages anyone who feels their care wasn't up to standard to seek advice on how to complain. Meanwhile, Hollie is getting ready to give birth in a hospital again, after her obstetric consultant said it would be safest based on her previous labour. Hypnobirthing, trauma-focused therapy and a private, independent birth debrief are helping her feel more positive about it. For Scarlet, who had a planned C-section, welcoming her daughter into the world was a positive experience, despite her initial anxieties. She's been heartened by frequent check-ins on her mental health during postnatal visits – the kind of personalised care she felt was absent before the birth. Having this outlet, she says, has been invaluable as she muddles through her next chapter: motherhood. **WH**