Cynulliad Cenedlaethol Cymru / National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee
Iechyd Meddwl Amenedigol | Perinatal Mental Health
PMH 11
Ymateb gan: Unigolyn
Response from: Individual

1.1 I am a mother of two young children from Bridgend and I was diagnosed with post-natal depression in November 2014 after the birth of my second child three months prior. My experience included support from the community perinatal mental health team, GPs, and my health visitor. I am submitting evidence in a personal capacity to highlight my experience of the support I received at this time, including the areas that worked well and areas for improvement.

1.2 I first experienced the symptoms of post-natal depression in the weeks following my daughter's birth. As a second-time mother, I found the transition to looking after a toddler and a new born baby challenging especially in the early weeks when I was establishing breastfeeding on demand. Although I knew this would be a challenging period, and had prepared for this by speaking to other mothers, I believe there could be better support and information available on managing this during pregnancy. This could include practical tips for managing the transition and supporting siblings to adjust to a new baby's arrival.

1.3 I feel antenatal information and support could be improved for parents who already have children. In my experience, there can be an assumption that you need less support and information as you have had a baby before. For me, my second pregnancy meant I felt more nervous and anxious as I had more realistic expectations around giving birth and the realities having a new born. My second pregnancy also brought back negative memories of my first birth, which was a very long induction that resulted in a 36-hour labour 15 days after my due date.

1.4 Breastfeeding support helped me to manage my perinatal mental health. This included excellent local breastfeeding peer support groups, which provided a welcoming space and peer guidance during the early days of breastfeeding. Social media also played an important part in breastfeeding support for me, especially in the first six weeks when feeding is being established. A private Facebook group of local mums meant I could speak to mums around the clock, especially during the night feeds, which I found to be particularly isolating.

1.5 In my experience, there can be barriers around admitting the need for help and concerns that one has post-natal depression, which are well-documented. I suspected I had post-natal depression for weeks before I sought help, but I was frightened about admitting this as I was

worried about stigma and people thinking I was a bad mother when I have always adored my children. It was only when my symptoms became more serious, such as crying several times a day, that I sought help. A further barrier is part of the condition itself, which makes you feel frightened and isolated. Good support from midwives and health visitors is crucial at this time. Our health visitor was an excellent source of support to me and asked questions sensitively. She laid the foundations for me to know that I could discuss mental health concerns with her in a safe and open way. This made it much easier for me to ask for help when I felt ready to. I never felt judged for how I was feeling.

1.6 I had excellent support from the Abertawe Bro Morgannwg University Health Board's Perinatal Response and Management Service (PRAMS) service. The service offers fast-track perinatal support to new mothers up to 12 months after giving birth. After phoning my health visitor to ask for support, I was given an appointment with this team swiftly. This included an initial face-to-face appointment with the team to discuss my mental health and what help I could receive. The team were sensitive, compassionate and skilled at helping me to talk through the options and to make the right choices for me in my treatment and recovery. The service runs a successful choir called Maternal Harmony, which brings mothers from across the area who may have experienced post-natal depression, together. I was given the opportunity to join this choir if I wished to do so for peer support and to meet other mothers with similar experiences.

1.7 Flexibility or lack thereof can have a bearing on access to perinatal mental health treatment and support in my experience. For example, when I was under the PRAMS team, my son had a part-time school place meaning I only had a two-hour window to get to an appointment at the hospital and return to collect him from school. The PRAMS team was flexible in organising appointments which enabled me to attend while also being able to pick my elder child up from school on time. However, a barrier to me attending face-to-face group support sessions was that babies were not allowed to attend with the mothers. While this is understandable to give mothers an open forum to talk, as a mother who was exclusively breastfeeding a young baby, it meant I could not attend as I was physically unable to leave the baby for that long.

1.8 Language used by health care professionals is vitally important for parents experiencing post-natal depression. The wide array of people involved in my care – midwives, GPs, health visitors, the perinatal team – used compassionate, sensitive language, which supported me to

trust them at a time in which I felt scared and alone and unable to trust my mind. However, on the day of my first appointment with the perinatal team at my local hospital, I walked into the hospital behind a group of junior doctors, who were talking about which specialisms they were currently attached to. One of them remarked: “It could be worse, I’m on psychiatric”. At that time, I felt incredibly anxious and self-conscious about walking into the psychiatric department, which was where my appointment was, for the first time. I almost turned around and walked away from my appointment hearing that remark. I decided to continue and then followed the said doctor all the way to the psychiatric department (a walk of some minutes). He realised his error and looked very embarrassed. It is an important reminder that health care professionals need to be careful about the language they use in healthcare settings and how it can be perceived by patients. I did not feel strong enough to complain about what had happened at the time, but I did mention it at my second appointment to ensure the feedback could be passed on.

1.9 I personally felt a huge stigma around taking medication and was adamant that I would not take it as a result. I was concerned that I would not feel like me anymore. I also had more limited medication choices due to breastfeeding, which I did not want to stop at that early stage. However, with careful support from the perinatal mental health team, I decided I would try medication suitable for breastfeeding mothers and it had a remarkable effect on improving my symptoms very quickly. I think more needs to be done to reduce the stigma around taking anti-depressants and highlight the benefits they can provide for appropriate patients with the right support.

1.10 Awareness campaigns such as #timetotalk, Time to Talk Day, as well as the work of Time to Change Wales and other mental health charities and coalitions, has had a great impact in reducing stigma around talking about mental health. We need to continue to build on this. Conversations are hugely important at breaking down barriers around mental health issues, including post-natal depression. However, there are still many parents experiencing post-natal depression in silence. I, for example, kept my post-natal depression private from most people as I was worried about them thinking I was a bad mother. I only spoke about it more openly more a year later.

1.11 It is important to recognise the importance of wider social support, including mother and baby groups and baby song and story time sessions in local libraries for example. Often run by churches or local organisations, they are an opportunity for parents to meet in a welcoming environment and to share their experiences. Mother and

baby groups are often run by dedicated groups of volunteers and are an affordable activity. Affordability is something that is a consideration for most parents, who are likely to have encountered a reduction in income due to parental leave after a baby's arrival. I cannot emphasise how important mother and baby groups were to me during my post-natal depression. They gave me a space to take the children to play and socialise and me the opportunity to meet other parents, reduce my isolation and enjoy a rare warm cup of tea. These groups would be an excellent place for mental health support training and champions to signpost parents to perinatal support. The only barrier I experienced with these groups was that many are term-time only. This means that parents can be more isolated when these groups stop, which can be challenging during lengthier school holidays such as the summer holidays. One solution could be looking at establishing groups/support networks that are available during the school holidays.

1.12 I personally found wearing my daughter in a sling carrier (baby wearing) had a positive impact on my mental health during my post-natal depression. It gave me the opportunity to keep her content and close to me (especially when she had colic) while also giving me the freedom to walk around more with my eldest child. I think more can be done to promote safe baby wearing to parents, including support for local sling libraries and groups.

1.13 Promoting the benefits of gentle physical activity to new parents would also be helpful to support perinatal mental health needs. I found that keeping active had a positive effect on my post-natal depression. This included walking with the pram and starting exercise classes, which boosted my mood. More could be done to promote the benefits of physical activity for mental wellbeing especially for new parents.