



PERSPECTIVE/ PERSPETIVA

## The Time is Now: An Overview on Perinatal Psychiatry Este é o Momento: Uma Visão Geral da Psiquiatria Perinatal

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### INTRODUCTION

Perinatal mental health (PMH) has been a growing field of practice for psychiatry in the last decades. It focuses on mental health during pregnancy, childbirth and the postpartum period including the distinctive presentations of mental illness and well-being challenges associated with parenting experiences. Mental health problems in pregnancy and the postnatal period can have significant differences and challenges to its approach compared to other periods of life.

Working in PMH requires specific and updated knowledge regarding carers' experiences and manifestations of mental illness in this particular life stage and psychotropic management during pregnancy and breastfeeding, as well as regarding the mother/parent and baby relationship and bond, and the baby's safeguarding along several developmental issues. For all this, PMH specialist services and multidisciplinary teams with specific training have been developing to cater to this need in several countries around the world. To provide a broadened overlook on the matter, some key aspects of PMH will be discussed below in this perspective.

### CLINICAL IMPORTANCE AND IMPLICATIONS

The perinatal period represents a high-risk time for the development of new-onset mental health conditions and for the exacerbation of previous existing psychiatric illnesses. It is a critical time for patients with bipolar disorder, with an increased rate of relapse and first presentation in the postnatal period - around 1 in 5 women presenting with postpartum psychosis.<sup>1,2</sup> Depression and anxiety are also very common during pregnancy (reported prevalences of 12% and 13%, respectively) and during the first year after childbirth the rate goes up to 20%.<sup>1,2</sup> Body changes may also be a concern for women with eating disorders and there is a high prevalence of binge eating disorder. Obsessive-compulsive disorder appears to be more common in pregnant/post-natal women and often presents with obsessions regarding harming the baby.<sup>2</sup> Other clinical conditions commonly assessed are abusive and traumatic experiences (post-traumatic stress disorder), sometimes regarding the labor experience; and the intense fear of giving birth (tokophobia).<sup>1</sup> Personality and substance use

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disorders are also common and have a significant impact on fetal and child development.

These psychiatric symptoms and disorders can have profound implications on the patients, their baby, family and relationships during this very sensitive period. Maternal and fetal morbidity/mortality are strongly related to perinatal mental illness and it can lead to serious and extended consequences in the baby's development.

In particular, the first two years of life are a critical time for development. The emotional health and physical wellbeing, social skills, cognitive and linguistic capacities that develop during this time form the foundations for an individual's success in school and in later life. These best develop when a baby establishes a secure attachment with their primary caregivers and they feel safe and secure. Mental health issues during pregnancy and the postnatal period have a negative impact on the parent's ability to bond and may serve as a potential exposure for the baby to adverse childhood experiences.<sup>3</sup> The carer's wellbeing is crucial in having the baby's needs met and PMH services play a leading road.

From an economic perspective, perinatal mental illnesses' consequences have been well documented. An economic report from the London School of Economics outlined that, in the UK, failure to address perinatal mental health problems costs approximately £8.1 billion for each one-year cohort of births, 72% of which is due to the longer term associated effects on child well-being.<sup>4</sup> Countries like the UK have also reported the evident burden of mental illness as almost one in eight women who died during pregnancy, or up to one year after pregnancy, died by suicide in the UK.<sup>5</sup>

### THE WHERE AND HOW OF PMH SERVICES

Specialist PMH services are concerned with the prevention, detection and management of mental health problems that can complicate pregnancy and the postnatal period. A care pathway should be designed with preconception advice, specialist assessment, emergency assessment, psychological interventions and inpatients care. This includes offering preconception counseling, caring for women with new-onset or pre-existing moderate to severe mental illness during pregnancy/postpartum, as well as caring for women with a history of illness who are currently well but who are at high risk of serious mental illness during the perinatal period.<sup>6</sup> Specialist PMH services are also required to work in collaboration with fathers/co-parents to support mothers in their recovery and to support fathers and co-parents to develop his/her relationship with their baby.

For this purpose, the care should be integrated, with clear communication between professionals and organizations such as the maternity team, pediatrics and infant medical services, general practitioners, parent-infant services and social services. Furthermore, women who need admission in late pregnancy or the postpartum period should be admitted to specialist mother and baby units which are designed and resourced to safely meet the physical and mental health needs of both mother and infant.<sup>2</sup>

Consequently, already assembled PMH European services are organized in a multilevel setting with resources spread

between different combinations of specialist community perinatal mental health teams (outpatient settings, home visits and support), outpatient clinics, mother and baby day hospital units and mother and baby units (inpatient care for serious and acutely ill mothers) as well as liaison with other specialist hospital teams, such as special mental health interest obstetricians and midwives or neonatal and pediatric teams.

### TRAINING IN PMH

To provide care for PMH there's a pressing need for training in this field. In a 2022 European published study, only 6 countries out of 34 reported available specialist training in PMH. However, the study findings made clear that mental health professionals are aware of this necessity as 22 out of the remaining 28 countries without training wanted specified trained, mainly as mandatory.<sup>7</sup> Hence, several points need to be raised concerning training:

- PMH training requires cross disciplinary teams and programs for didactic learning as well as infrastructures and specialist services (mother and baby units, for example) for clinical practice.
- What would be the ideal length of training? Consensus on 2 to 6 months are available in current literature however PMH services are gradually extending their programs to 2 years after childbirth showing the need for a longer time frame of support.
- To this date, no standardized European guidelines for PMH have been published although countries like the UK have provided several documents with recommendations regarding PMH services, training, practices and psychopharmacology.
- Standardized training constitutes an essential feature for perinatal psychiatry to become a widened recognized subspecialty. Cross-information and investigation between countries with similar curricula can foster development and result in important outcomes, such as more information on the use of psychopharmacology in pregnancy and lactation and research on best evidence care.

### FINAL REMARKS

Worldwide attention has been given to the practice of perinatal psychiatry in an effort to expand perinatal mental health services action. In Portugal, the first projects – both hospital and community based - are sprouting to attend to the needs of pregnant women, parents and entire families. Innate struggles are related to scarce resources in developing the infrastructures to act; as well as the difficulty in assembling specialist and diversified teams necessary to provide care and further training to psychiatry residents, mental health nurses, occupational therapists, midwives and social workers. As a priority arising from a strong body of evidence and a crucial and unquestionable need and set of benefits, PMH needs to be encompassed by in the new, revised and long-term mental health plans.

### **Declaração de Contribuição**

**JPR e ARM:** Conceção e desenho do trabalho, redação do trabalho, revisão crítica importante do conteúdo intelectual e aprovação final da versão a ser publicada

**TAR, LM e GS:** Contribuições substanciais para a revisão crítica do trabalho quanto ao conteúdo intelectual importante e para a aprovação final da versão a ser publicada.

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**JPR AND ARM:** Contributor to the conception and design of the work, drafting the work and revising it critically for important intellectual content, and to the final approval of the version to be published

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