BABY Week LEEDS

Baby Week Leeds

‘BETTER CONVERSATIONS’ CONFERENCE

LUCY POTTER

FOUNDER & DIRECTOR OF BABY WEEK LEEDS

supported by

Baby Week Leeds

'BETTER CONVERSATIONS' CONFERENCE

COUNCILLOR REBECCA CHARLWOOD,

EXECUTIVE MEMBER FOR HEALTH, WELLBEING AND ADULTS,

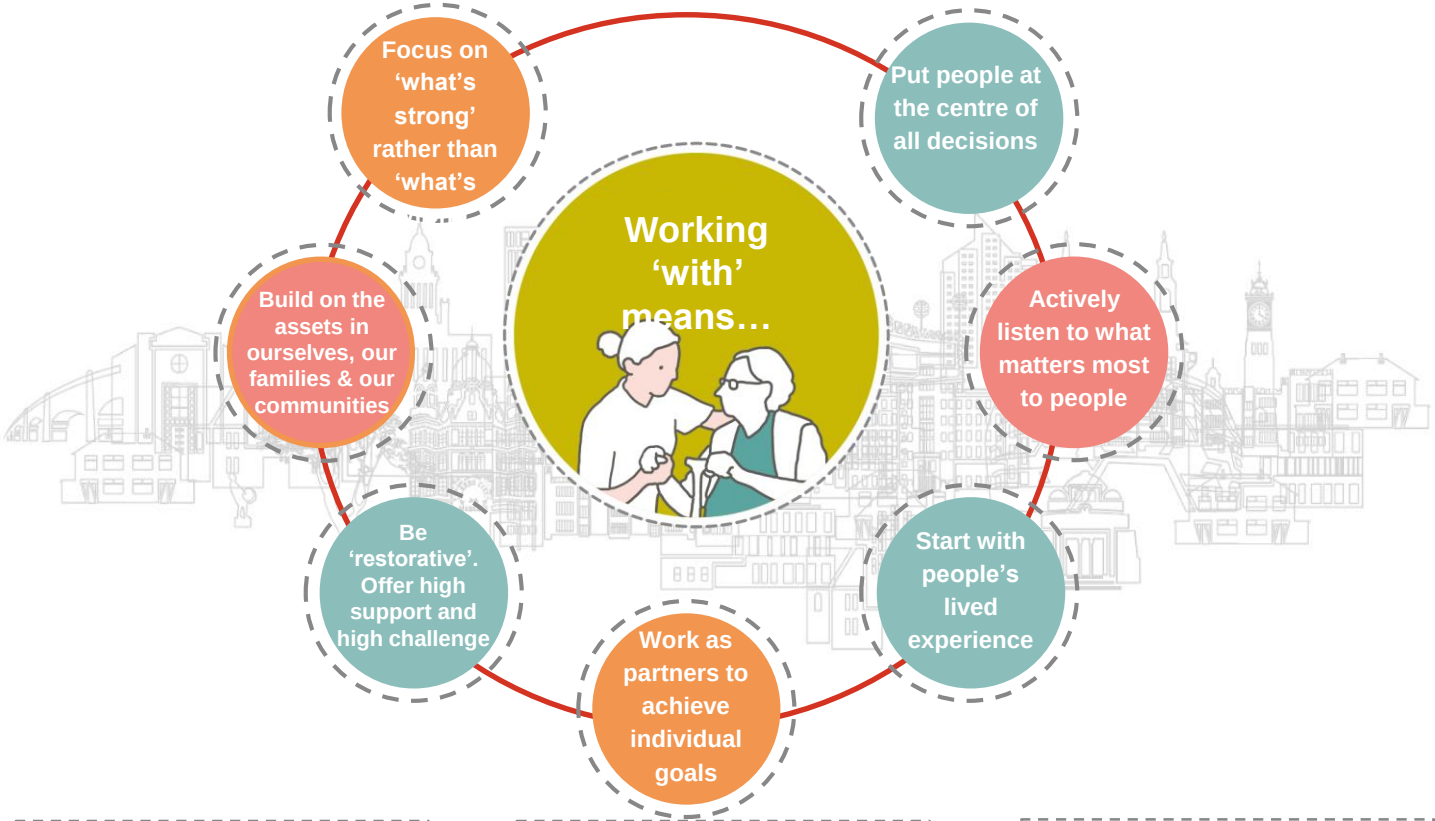
LEEDS CITY COUNCIL

Better Conversations
Making Every Contact Count

Susan Blundell

Public Health,
Leeds City Council

Better conversations: A whole city approach to working with people



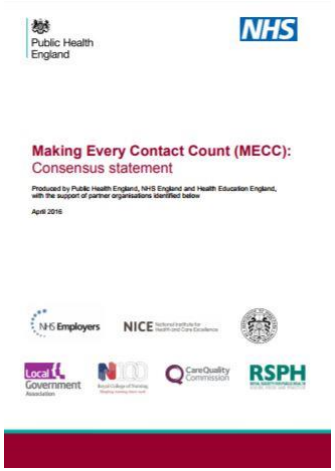
In Leeds we believe wellbeing starts with people: The connections, conversations and relationships between services and citizens and between people in their families and communities have a huge impact on us all.

Quality conversations make a difference, especially when used positively by services to work 'with' people to find solutions rather than things being done 'to' people or 'for' them.

Our commitment to working with people is about bringing these beliefs to life, by developing the skills and mind-set across Leeds' health and care workforce to use solutions that work *with* people wherever it is safe, appropriate and the right thing to do.

What is MECC?

Making Every Contact Count (MECC) is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and people have with other people to support them in making positive changes to their physical and mental health and wellbeing.



What is MECC ?

- Opportunistic and short chat about the patient / client's health and wellbeing needs – typically lasting up to 5mins but importantly, chat is focused on THEIR needs, goals, concerns and strengths

- Utilises effective communication skills

- Draws on the COM-B behaviour change model

- Aims to increase personal awareness of risks around a lifestyle or wellbeing issue, increases motivation to make a positive change and offers support where needed by offering information on services who might be able to help.

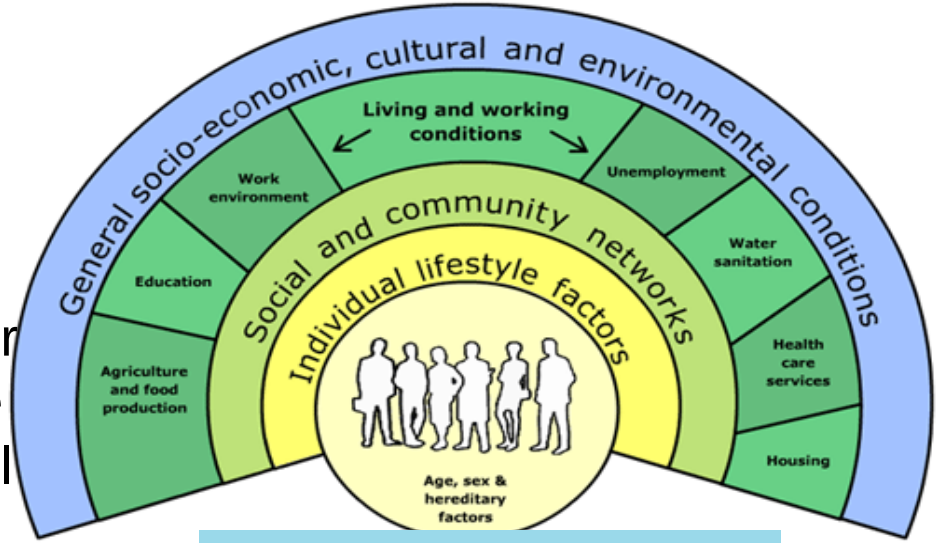
MAKING EVERY CONTACT COUNT

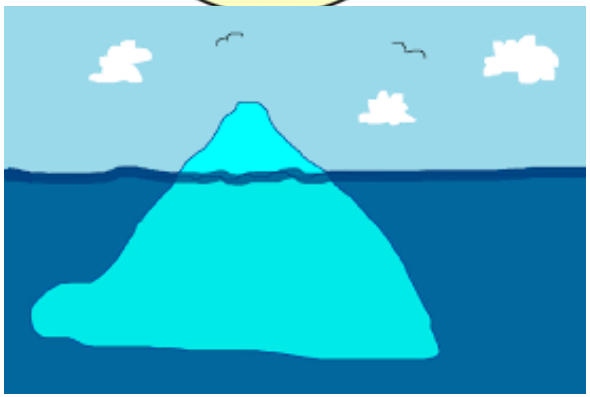
ASK – Recognise the opportunities to engage and listen
"*Seek first to understand, then to be understood*" *(Convey)*
Assist- Provide concise information on the benefits for change and put the power for action in their hands
ACT – Offer support and signpost (where appropriate)

- MECC is relevant to everyone who has a conversation as part of their role, a colleague and as family member.
- It is brief and is entry level to Better Conversations skills and knowledge.
- In Leeds we have trained over 700 people from across all sectors and growing
- Its part of the Leeds Public Health Training Programme

What is MECC?

- Skills can be used at home, at work or in the wider community
- But can also be applied to wider determinants and can therefore include topics like: housing, fuel poverty,
- Health chats get people thinking about the changes they could make to their health and wellbeing





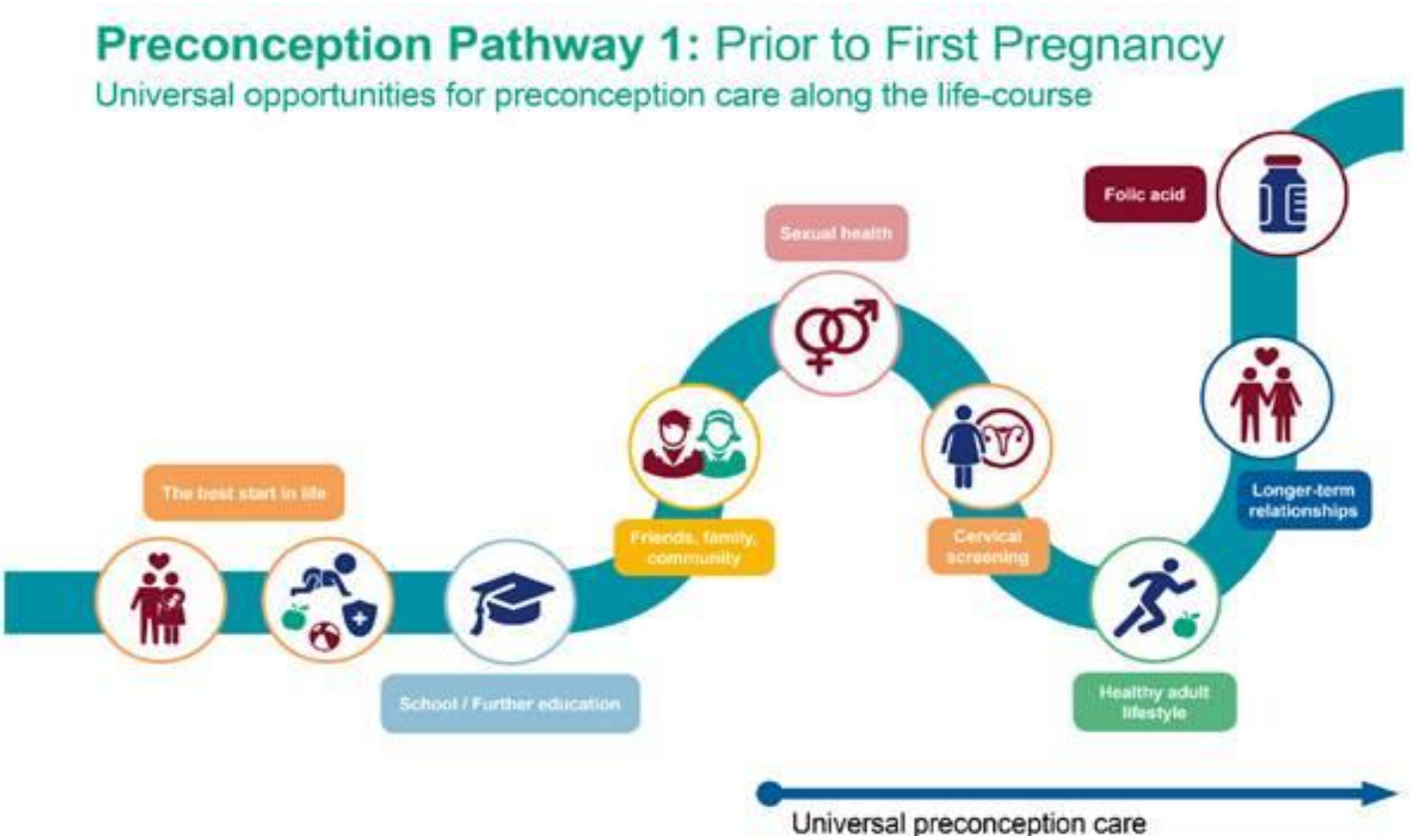
Key themes

- Person centred – it's about the person you're talking to and not you
- Use of skills such as active listening, asking of open questions aiming to motivate and make the person feel they are in the driving seat about the decisions THEY want to take about their lifestyle
- Shifting the power dynamic – patient/person is not a passive recipient of information
- Start from a positive position, rather than negative
- Encouraging people to play an active role in their own health and wellbeing

Remember

- **MECC** is **NOT** focused on helping people to change their behaviour, as it is too short an interaction to do that.
- **IS** focused on helping people to think about changing by raising their awareness of issues, being encouraging and supportive of change, and signposting to further supporting agencies.
- Most commonly will be about a health behaviour, such as Smoking, Alcohol, Physical Activity and Healthy Eating. However does support wider determinants.
- Anyone working with the public can incorporate MECC into their conversations within their role (or with their colleagues)

Making the Case for Preconception Care 2018



What we are doing in Leeds.

- Leeds Plan
- Working with many different services – pharmacy, fire and rescue, libraries, Hubs, private sector and growing
- Yorkshire and Humber Community of Improvement
- HEE – Workforce Strategy
- ICS – Prevention at Scale – new post !!!!

Plan on a Page: Public Health Wider Workforce Development

What we will do?

- Engage creatively to raise awareness and encourage involvement
- Enable navigation of CPD opportunities for wider workforce
- Develop skills and knowledge
- Ensure consistency, quality and joined approach to workforce development for Public Health

How will we do it?

Public Health Training & Development Programme

- Deliver the "Health & Wellbeing Leeds" training programme
- Deliver the "Want to Know More About…" public health seminar series.
- Deliver and commission a range of training and development opportunities to support key health and wellbeing priorities.
- Work collaboratively with Leeds academic partners, PHE and HEE to join up and create educational and developmental opportunities.
- Support navigation of the wider workforce to the training and development opportunities that exist across the system

Making Every Contact Count (MECC)

- Working towards embedding MECC across Leeds as a key approach to supporting better conversations with the people of Leeds.
- Deliver the MECC training offer to partners.
- Embedding MECC within "Working with" approach as part of Leeds plan.
- Chairing Yorkshire and Humber MECC Community of Improvement Network, supporting the delivery at a regional footprint to enable local delivery.
- Embed MECC within the Prevention at Scale work stream of the ICS

Provide the Public Health Resource Centre

- Provision on a daily basis, of face to face expertise, support and access to information/resources.
- Promote awareness and support delivery of current health campaigns across Leeds.
- Support use of best evidence through bulletin, social media and catalogue of resources at centre.
- Strong social media presence promoting best evidence and messages for the wider workforce to be engaged with and promote with their service users.

Promoting awareness of best public health practice within the wider workforce of Leeds

- Strategically influencing key partners & programmes to ensure integration of the wider workforce public health activity
- Supporting networking, creating opportunities and cascading best practice across the workforce of Leeds
- Ensuring training and development opportunities are based on best evidence and sharing what works
- Using website and social media to promote best practice and evidence of what works

How we will know if we have made a difference?

- Fully engaged and motivated wider workforce in Leeds skilled and knowledgeable regarding their contribution to the health and wellbeing agenda for Leeds.

Public Health Training and Development Programme

Resources – to support

MECC Link - *'Simple Signposting to Better Health & Wellbeing'*

We all have a role to Make Every Contact Count in Y&H

3 things to remember:

MAKING EVERY CONTACT COUNT

ASK - Recognise the opportunities to engage and listen

"Seek first to understand, then to be understood" (Covey)

ASSIST - Provide concise information on the benefits for change and put the power for action in their hands

ACT - Offer support and signpost (where appropriate)

Supporting you to #MECCithappen

www.mecclink.co.uk

- Easily accessible information on key healthy lifestyle topics
- Suggested open questions using the Ask, Assist, Act model
- Access to a wide range of self-care resources
- Signposting information to recommended national and local support services

Help support a social movement for MECC and engage for change on twitter using #meccithappen

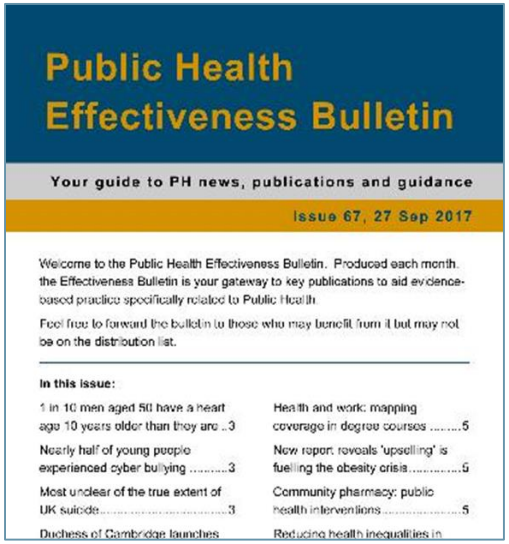
What is the PHRC?

A specialist knowledge and resource hub offering support to anyone in Leeds with a responsibility for, or professional interest in, public health or promoting health and wellbeing.

We are the **only** Public Health Library in Leeds, and we have been providing this service for over 25 years.

Not just books…

Keeping you informed



Public Health Effectiveness Bulletin

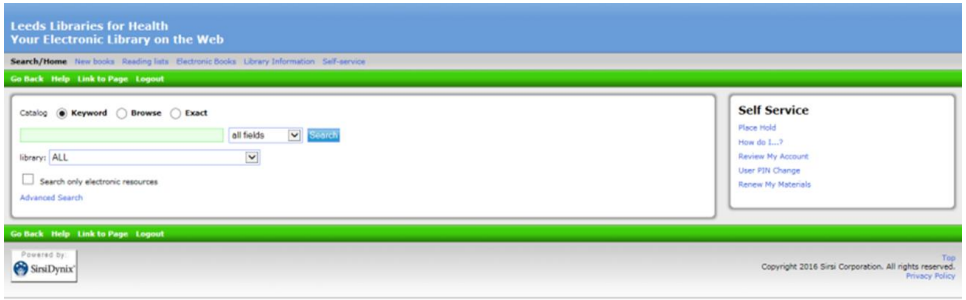
Your guide to PH news, publications and guidance

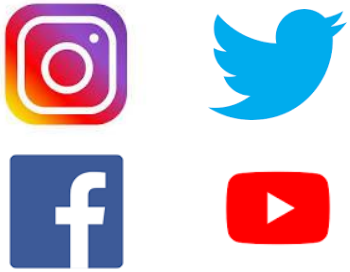
Issue 67, 27 Sep 2017

Welcome to the Public Health Effectiveness Bulletin. Produced each month, the Effectiveness Bulletin is your gateway to key publications to aid evidence-based practice specifically related to Public Health.

Feel free to forward the bulletin to those who may benefit from it but may not be on the distribution list.

In this issue:





Thankyou for listening

Susan.Blundell@leeds.gov.uk

The Leeds Teaching Hospitals NHS
NHS Trust

Smoking in Pregnancy

Better Conversations – November 2018

Alison McIntyre - Matron

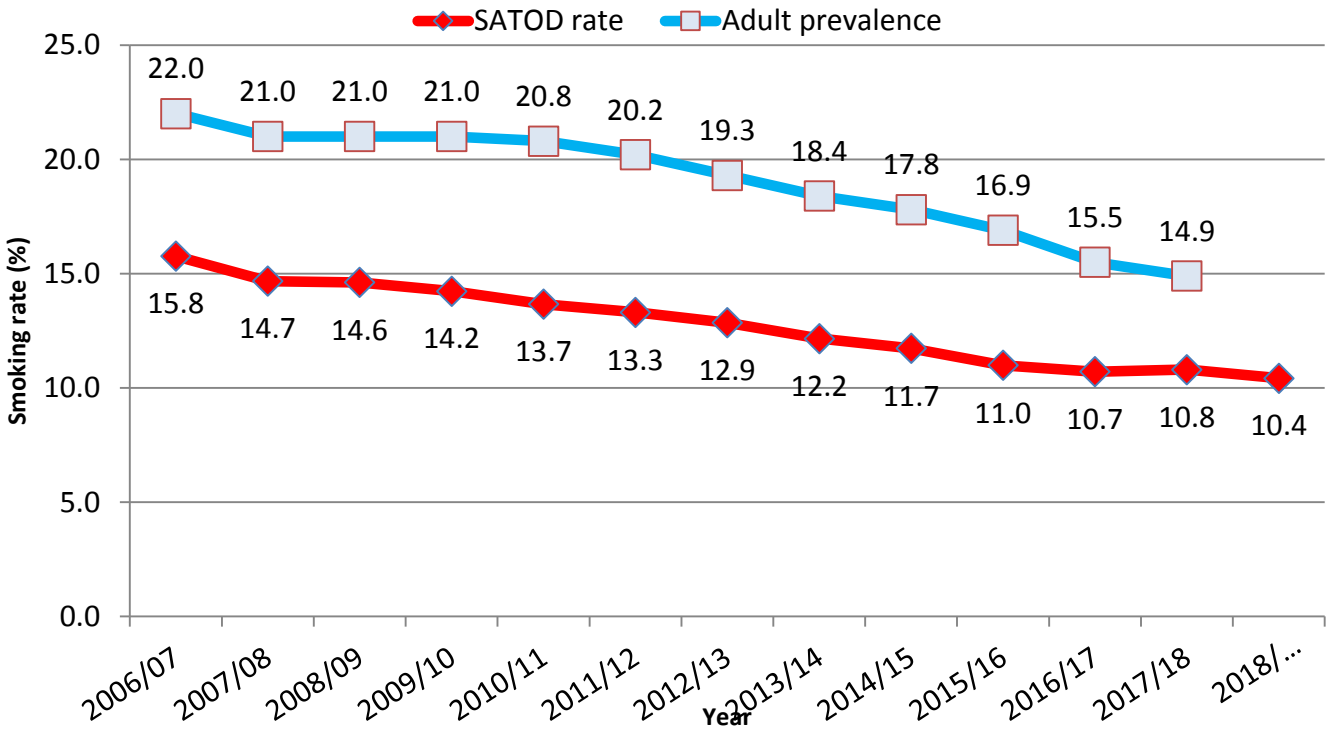
Leeds
Maternity Care

BABY Week LEEDS

What are the effects of smoking in pregnancy?

- Small for gestational age
- Preterm birth
- Stillbirth
- Neonatal death
  - Sudden infant death
- Asthma
- Hearing loss
- Cerebral palsy
- Lower IQ
- Hypertension
- Heart disease

SATOD trend over time



Leeds Maternity Care

BABY Week LEEDS

Local impact

SGA

In Leeds THT in a 6 month period smokers had **twice** the risk of giving birth to a baby weighing less than 2500gms
14.7% vs 7.6%

That is about **350 babies** who have been compromised in a recent six month period due to smoking

Stillbirth

In 2017 30% of women were classed as smokers in the pregnancy

Why is smoking so bad for the baby?

- Cigarette smoke contains more than 4,000 chemicals, including: cyanide, lead, and at least 60 cancer-causing compounds.

- When you smoke during pregnancy, these chemicals get into the bloodstream, which is the baby's only source of oxygen and nutrients.

- Two compounds are especially harmful: **nicotine and carbon monoxide**. These two toxins account for almost every smoking-related complication in pregnancy

Contents of Cigarettes

Nicotine

- Addictive
- Stimulant: produces adrenaline and constricts blood vessels
- Restricts the oxygen by narrowing blood vessels throughout your body, including the ones in the umbilical cord. It's a little like forcing your baby to breathe through a narrow straw

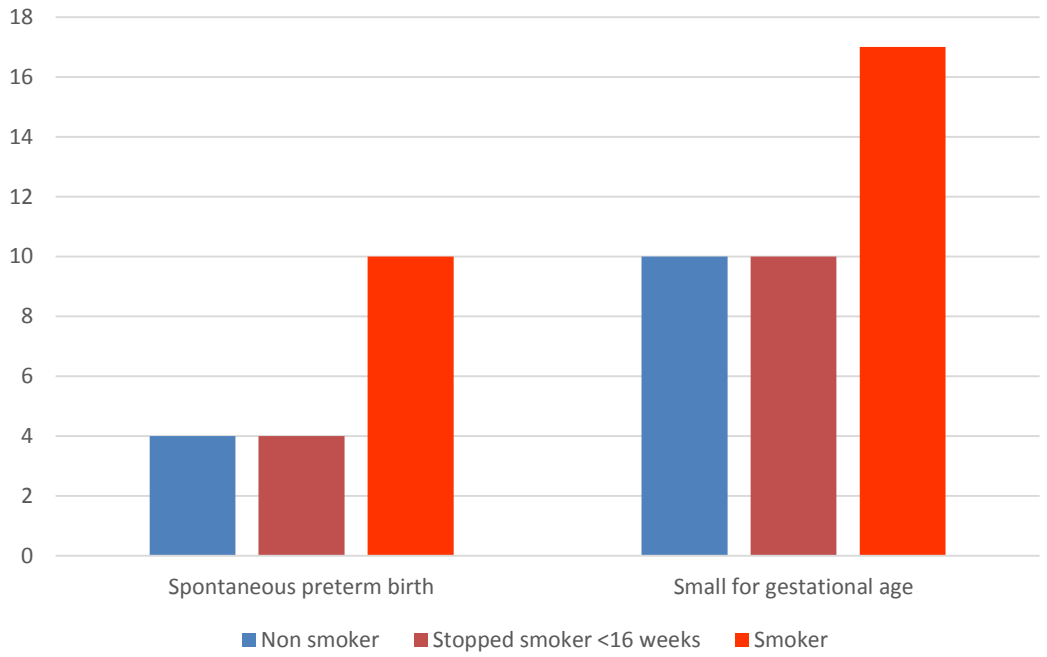
Carbon Monoxide (CO) not Carbon Dioxide!

- A poisonous gas, tasteless, colourless and odourless.
- Found in tobacco smoke, car exhaust fumes, faulty gas fires / boilers
- Competes with oxygen, which restricts the amount of oxygen in red blood cells

BMJ

RESEARCH

Spontaneous preterm birth and small for gestational age infants in women who stop smoking early in pregnancy: prospective cohort study



McCowan et al 2009 – SCOPE consortium

Leeds Maternity Care

BABY Week LEEDS

Smoking in pregnancy varies by age and social group

6x Teenagers in England are **six times** more likely to smoke than older mothers

5x Pregnant women from unskilled occupation groups are **five times** more likely to smoke than professionals

Second hand smoke

Pregnant women exposed to second-hand smoke are also at increased risk of having:

- Low birth weight babies
- (underdeveloped, small for gestational age)
- Preterm birth
- Stillbirth
- Congenital malformations
- Neonatal death

Partners

- **Living with a smoker makes it harder to quit yourself:** Living with a smoker makes a woman 6 times more likely to continue smoking throughout pregnancy compared to women who do not live with other smokers. Women are more likely to successfully stop smoking if others in the household quit too.

- **But only 1 in 5 partners quit themselves:** Only 1 in 4 men (25%) whose partners are pregnant make any changes to their own smoking behaviour and just 1 in 5 (20%) stop smoking

- British Medical association 2004. Smoking and Reproductive Life. The Impact of Smoking on Sexual, Reproductive and Child Health. http://www.bma.org.uk/ap.nsf/Content/smokingreproductivelife

The process to support women to stop smoking

Ask
- Ask and identify smokers by CO monitoring for all women

Advise
- Risk perception
- Quit rather than cut down
- Support to stop smoking

Act
- Opt out referral
- Follow up support

Better conversations…
Pregnant women who express little or no interest in stopping smoking

"My role is to do everything I can to make sure you have a healthy pregnancy and safe delivery. Stopping smoking is one of the main things you can do to reduce your risks of problems in the pregnancy and during delivery"

"I'm not going to be putting pressure on you. However, I will talk with you again about this at future antenatal appointments because there are health benefits to your baby whenever you stop and help is available throughout your pregnancy and once your baby is born."

Use of E-cigarettes in Pregnancy
A guide for midwives and other healthcare professionals

http://www.smokefreeaction.org.uk/SIP.html

- On the available evidence experts estimate e-cigarettes are at least 95% safer than smoked tobacco (Public Health England review of evidence 19/8/15)
- Licensed Nicotine Replacement Therapy (NRT) is the recommended option
- However if a pregnant women has chosen to use an e-cigarette to quit or to reduce the number of cigarettes she smokes, she should not be discouraged from doing so
- No known passive exposure risk
- Contains some toxicants – at much lower levels than in tobacco smoke or at levels not associated with serious health risk. There is no carbon monoxide in e-cigarettes

System-wide action

NICE Guidance (PH26) 8 Recommendations requiring action across the healthcare system. Including:

- Identifying & referral (CO screening, opt-out)
- Contacting referrals & delivering support
- Meeting needs of disadvantaged pregnant smoker
- Training to deliver interventions

Tobacco Control Plan, July 2017
New ambition to reducing smoking in pregnancy to 6% or less by 2022.

Care Bundle Element 1: Smoking Cessation

Local prevention planning:

- Sustainability and Transformation Plans
  - Prevention at Scale
  - Local Maternity Systems

Maternity Transformation Programme: Improving Prevention (work stream interdependencies)

Smoking in Pregnancy Challenge Group

Leeds Maternity Care

BABY Week LEEDS

Challenge Group: Latest Report

- Latest Challenge Group update was published in July 2018
- It reviews progress towards the national ambition of 6% or lower by 2022
- Concludes that this ambition is unlikely to be met unless further action taken
- Calls for a focus on routine identification, referral and support; disadvantaged communities; tackling nicotine misconceptions; and addressing gaps in staff training
- Review also updates the health costs of maternal smoking, and the potential improvements by achieving 6%

Better conversations…….
NCSCT: Online training and briefings

A mix of text and short video clips to support practitioners to:

- Describe the main effects of smoking upon the health of mother and baby
- Understand the patterns and prevalence of smoking among pregnant women
- Provide VBA (ASK, ADVISE, ACT) and know where it fits in the care pathway
- Follow up and subsequent appointments
- Respond to frequently asked questions & dispelling myths

Leeds Maternity Care

BABY Week LEEDS

Myth Busters

I smoked during my last pregnancy and had a healthy baby, so this baby will be healthy too

There is nothing wrong with having a small baby

Babies of women who smoke are on average 200gms lighter than babies born to non-smokers (NIHR 2017)

It's okay to cut down and just have one or two cigarettes

If my scan is OK, then there is no problem in me smoking

Smoking in Pregnancy Pathway – LTHT SOP

All midwives should undertake the online National Centre for Smoking Cessation and Training e-learning

http://elearning.ncsct.co.uk/vba_pregnancy-launch

ONE YOU LEEDS

ONE YOU LEEDS

Leeds Maternity Care

BABY Week LEEDS

Leeds Maternity Care

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Acknowledgements

Public Health England
West Yorkshire and Harrogate LMS
Tomasina Stacey

Best Start Peer Support Project

Better Conversations:
What we do well…

Giving babies the best start in life

“The way the room was set up was good and made me feel comfortable and able to relax”

– Middleton May 2018

“All the people have been really welcoming”

– Beeston July 2017

Welcoming, comfortable and relaxed

“It was very relaxed, no pressure”

– Seacroft Dec 2017

“I have never been the most confident or outspoken and was worried about having to participate and what would be expected of me. However, when I first went in I was welcomed with a friendly face, with a warm smile…it was easy to let my guard down and just talk.” - Seacroft Dec 2017

“To be honest I really loved the way people was sharing in the group…it really helped me” – Harehills June 2018

“[This course] has allowed me to be open and express my feelings” – Middleton Jan 2018

The time and space to share and be heard

“Sometimes we needed a longer session so that everyone got a chance to talk” – Middleton May 2018

“It was really good to have the crèche as I wouldn’t have been able to do the course without it” – Beeston July 2017

"It was a very safe, secure atmosphere. Everyone was friendly and approachable. I felt confident to share things with the group."

– Beeston July 2017

"The group was really open... No question or concern was silly or stupid"

– Middleton Jan 2018

Safe and non-judgmental

"A safe, open place to talk and make new friends"

– Beeston July 2017

"Before I came to this group, I felt I would have been judged by friends and professionals. I now feel more confident in getting help from others"

– Beeston July 2017

"Using the tools has helped me communicate my needs and listen to others needs"

– Seacroft Dec 2017

"They [the sessions] were useful, especially the ones where we got to look at having difficult conversations" –

Middleton May 2018

Techniques for healthy communication

"That fish thing was really helpful"

– Seacroft Dec 2017

"Every Fish Needs Confidence [Explain, Feelings, Needs, Consequences] is the most useful thing I have learnt" – Harehills June 2018

1. Welcoming, comfortable and relaxed

2. The time and space to share and be heard

3. **Safe and non-judgmental**

4. **Techniques for healthy communication**

Leeds Best Start

Giving babies the best start in life

Best Start Peer Support Project

Better Conversations:
What happened next?...

BABY Week LEEDS

“I feel massively motivated to give some of my time to support others”
- Gipton, October 2017

“[The course has] changed the way I communicate with people, the way we talk to each other and my confidence to help and support others” – Harehills, June 2018

“[I got] increased confidence to talk to other people” – Harehills, June 2018

“Me being less stressed has made me and my family happier. I feel equipped to offer support to other parents”
– Middleton, January 2018

“I told friends that there’s a lot more help out there, and I know that I can talk to people” – Seacroft, December 2017

“If someone I know was going through a tough time I’d definitely share info” – Gipton, October 2017

“I now felt, strong, confident, valued, like my thoughts and opinions mattered, they had a place in the world, like I had a voice…a voice I now use to make myself heard, to support other people who were in the position I once found myself, to make sure people know they are not alone in this.”

– Volunteer course, March 2018

Now to hear from some of our participants in the flesh….

Leeds Best Start

Giving babies the best start in life

BABY Week LEEDS

Thank you for listening!

Womens Health Matters

TOUCHSTONE

inspiring communities, transforming lives

NHS Leeds Community Healthcare

Baby Week Leeds

'BETTER CONVERSATIONS' CONFERENCE

BREAK

(10 MINUTES)

supported by

Better Conversations around emotional health in pregnancy and beyond

Liz Cadogan

Consultant Obstetrician and Gynaecologist with special interest in Perinatal Mental Health

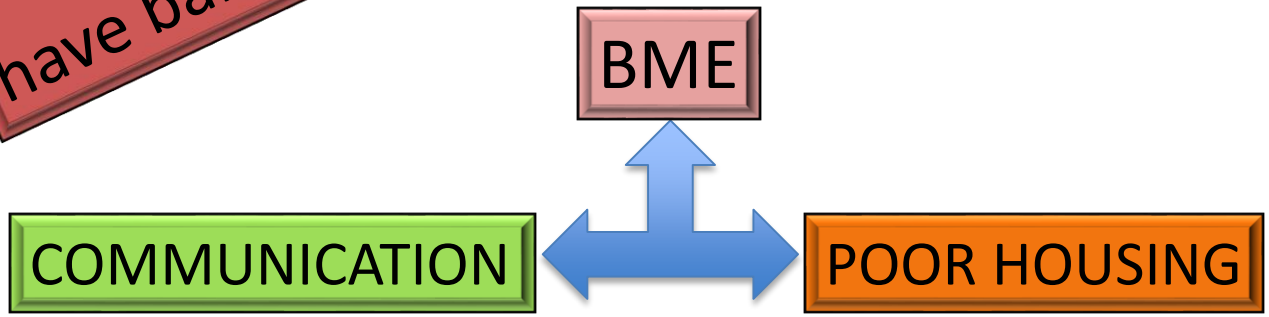
SUICIDE IS THE 3RD LEADING CAUSE OF MATERNAL DEATH

1 IN 5 WOMEN ARE AFFECTED BY MENTAL HEALTH PROBLEMS IN PERINATAL PERIOD

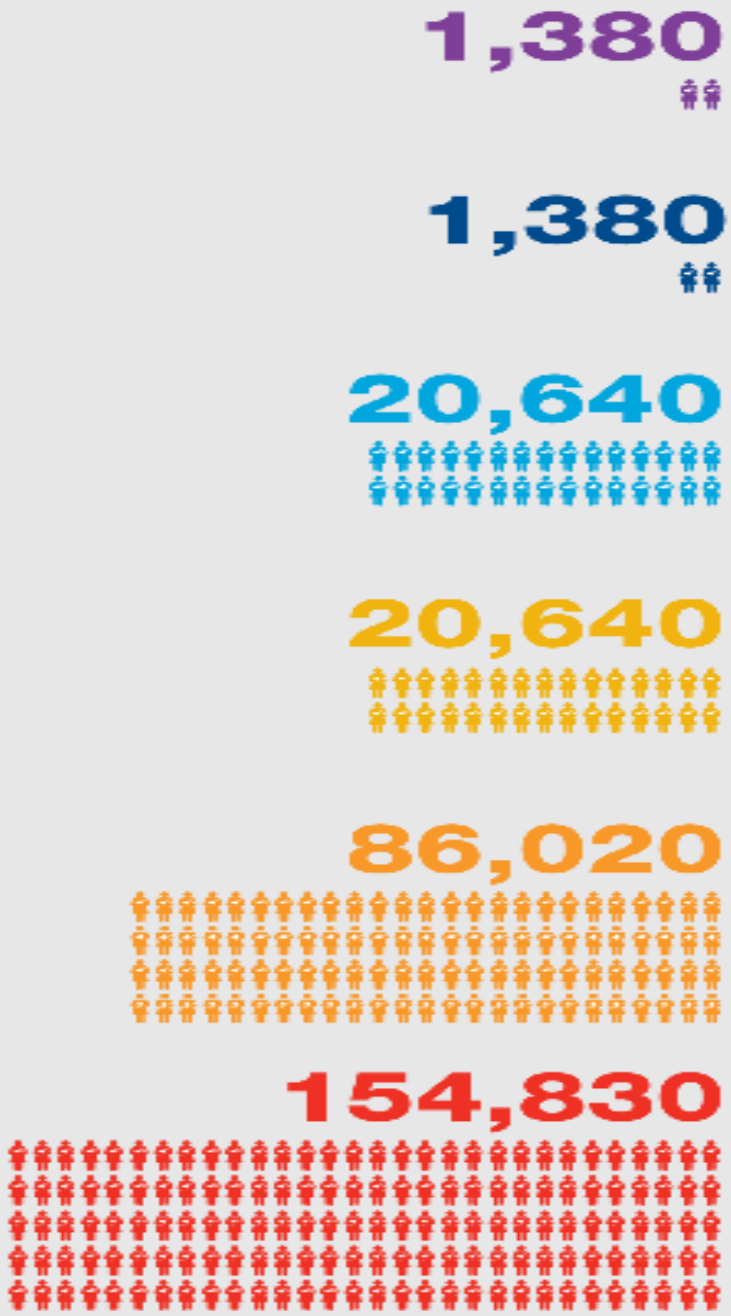
1 IN 8 WOMEN DEVELOP ANTENATAL DEPRESSION

1 IN 8 WOMEN DEVELOP POSTNATAL DEPRESSION

1 in 2 women have baby blues



Est. # of women affected by PNMH illness per year in UK



1,380

Postpartum psychosis

Postpartum psychosis is a severe mental illness that typically affects women in the weeks after giving birth, and causes symptoms such as confusion, delusions, paranoia and hallucinations.

Rate: 2/1000 maternities

1,380

Chronic serious mental illness

Chronic serious mental illnesses are longstanding mental illnesses, such as schizophrenia or bipolar disorder, which may be more likely to develop, recur or deteriorate in the perinatal period.

Rate: 2/1000 maternities

20,640

Severe depressive illness

Severe depressive illness is the most serious form of depression, where symptoms are severe and persistent, and significantly impair a woman's ability to function normally.

Rate: 30/1000 maternities

20,640

Post traumatic stress disorder (PTSD)

PTSD is an anxiety disorder caused by very stressful, frightening or distressing events, which may be relived through intrusive, recurrent recollections, flashbacks and nightmares.

Rate: 30/1000 maternities

86,020

Mild to moderate depressive illness and anxiety states

Mild-moderate depressive illness includes symptoms such as persistent sadness, fatigue and a loss of interest and enjoyment in activities. It often co-occurs with anxiety, which may be experienced as distress, uncontrollable worries, panic or obsessive thoughts.

Rate: 100–150/1000 maternities

154,830

Adjustment disorders and distress

Adjustment disorders and distress occur when a woman is unable to adjust or cope with an event such as pregnancy, birth or becoming a parent. A woman with these conditions will exhibit a distress reaction that lasts longer, or is more excessive than would normally be expected, but does not significantly impair normal function.

Rate: 150–300/1000 maternities

Factors and Challenges in the Cultural Context

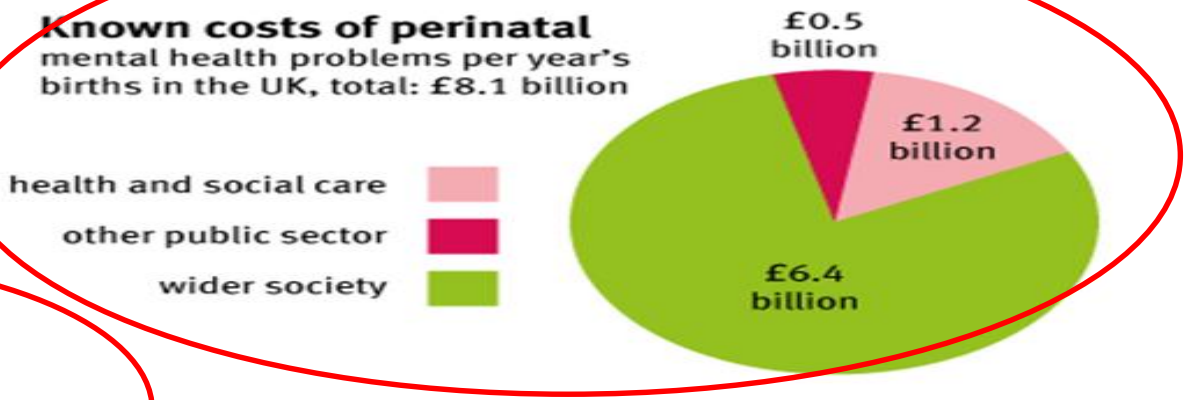
- Recent immigrant to UK
- Unfamiliar environment
- Isolation
- Poor housing
- Sex of child /other cultural issues

- Unemployment
- Difficulties adjusting to husband's family
- Lack of information
- Poor communication and unable to access services

Costs of perinatal mental health problems

Key points

Known costs of perinatal
mental health problems per year's births in the UK, total: £8.1 billion



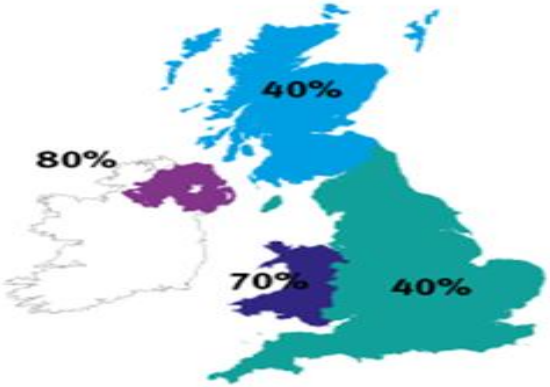
Of these costs

28%
relate to the mother

72%
relate to the child

Up to 20%
of women develop a mental health problem during pregnancy or within a year of giving birth

Women in around half the UK
have NO access to specialist perinatal mental health services



Suicide
is a leading cause of death for women during pregnancy and in the year after giving birth

Costs v improvement
The cost to the public sector of perinatal mental health problems is **5 times** the cost of improving services.

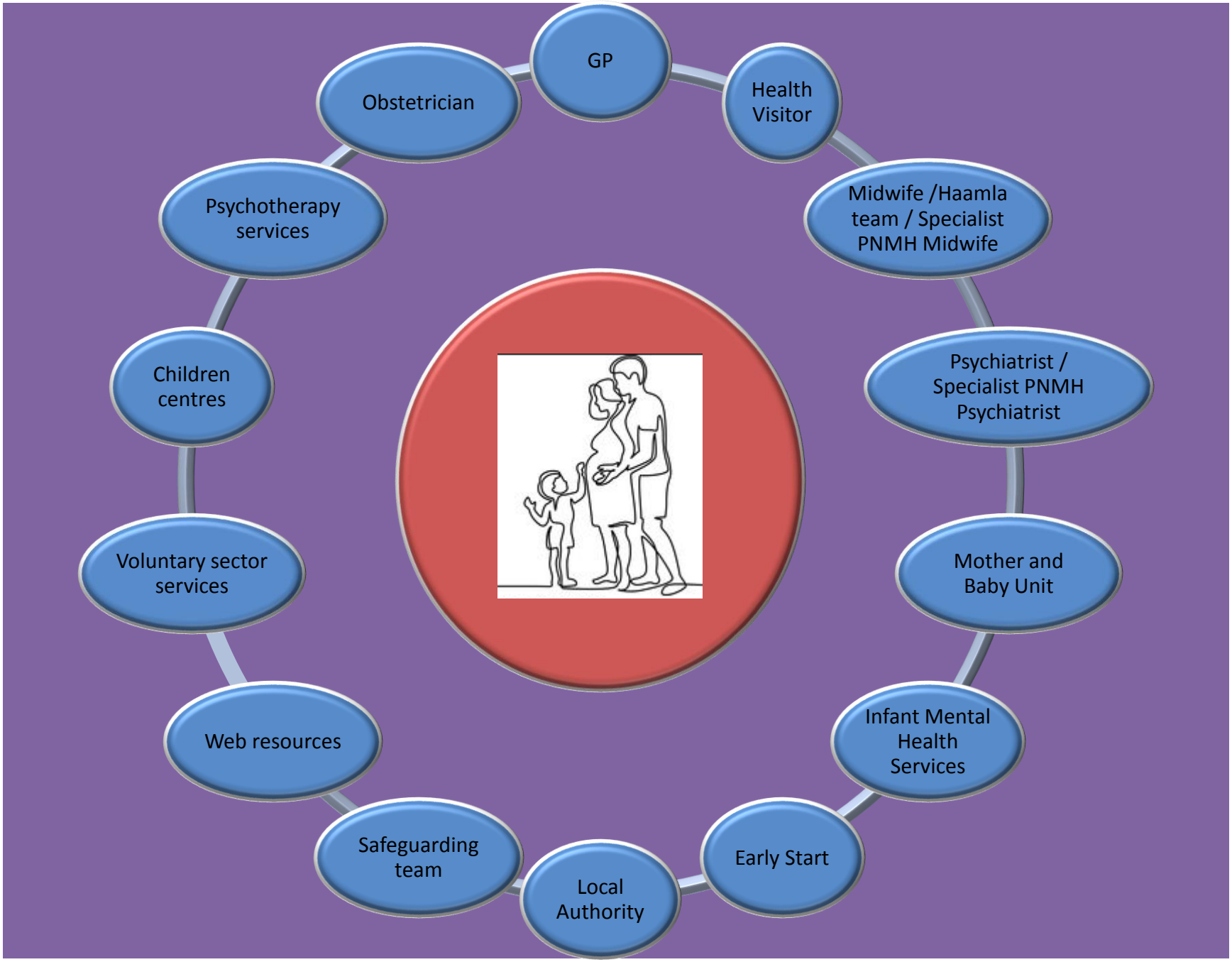
The full report is available from: http://www.centreformentalhealth.org.uk/perinatal and http://www.lse.ac.uk/LSEHealthAndSocialCare/aboutUs/PSSRU/home.aspx.

This report was commissioned by the Everyone's Business campaign, more information available from http://www.everyonesbusiness.org.uk

The Critical Window: Pregnancy

"Seeds of health are planted even before you draw your first breath, and that the nine short months of life in the womb shape your health as long as you live."

(Sharma 1996)


GP
Health Visitor
Midwife /Haamla team / Specialist PNMH Midwife
Psychiatrist / Specialist PNMH Psychiatrist
Mother and Baby Unit
Infant Mental Health Services
Early Start
Local Authority
Safeguarding team
Web resources
Voluntary sector services
Children centres
Psychotherapy services
Obstetrician

Mental Health Screening Tool

MATERNAL PERINATAL MENTAL HEALTH

At the antenatal booking visit ask ALL women:

1. Have you ever suffered any severe mental illness, including schizophrenia, bipolar disease, psychosis in the postnatal period or severe depression YES/NO
2. Have you ever had any treatment from a psychiatrist or specialist mental health team that has required in-patient care? YES/NO
3. Is there any history in your family of perinatal mental illness? YES/NO
4. During the past month have you often been bothered by feeling down, depressed or hopeless? YES/NO
5. During the past month have you been bothered by having little interest or pleasure in doing things? YES/NO

Appendix 2 - GAD 7 and PHQ-9 Depression Assessment

If the answer to any of the above is yes, please complete the following screening tools:

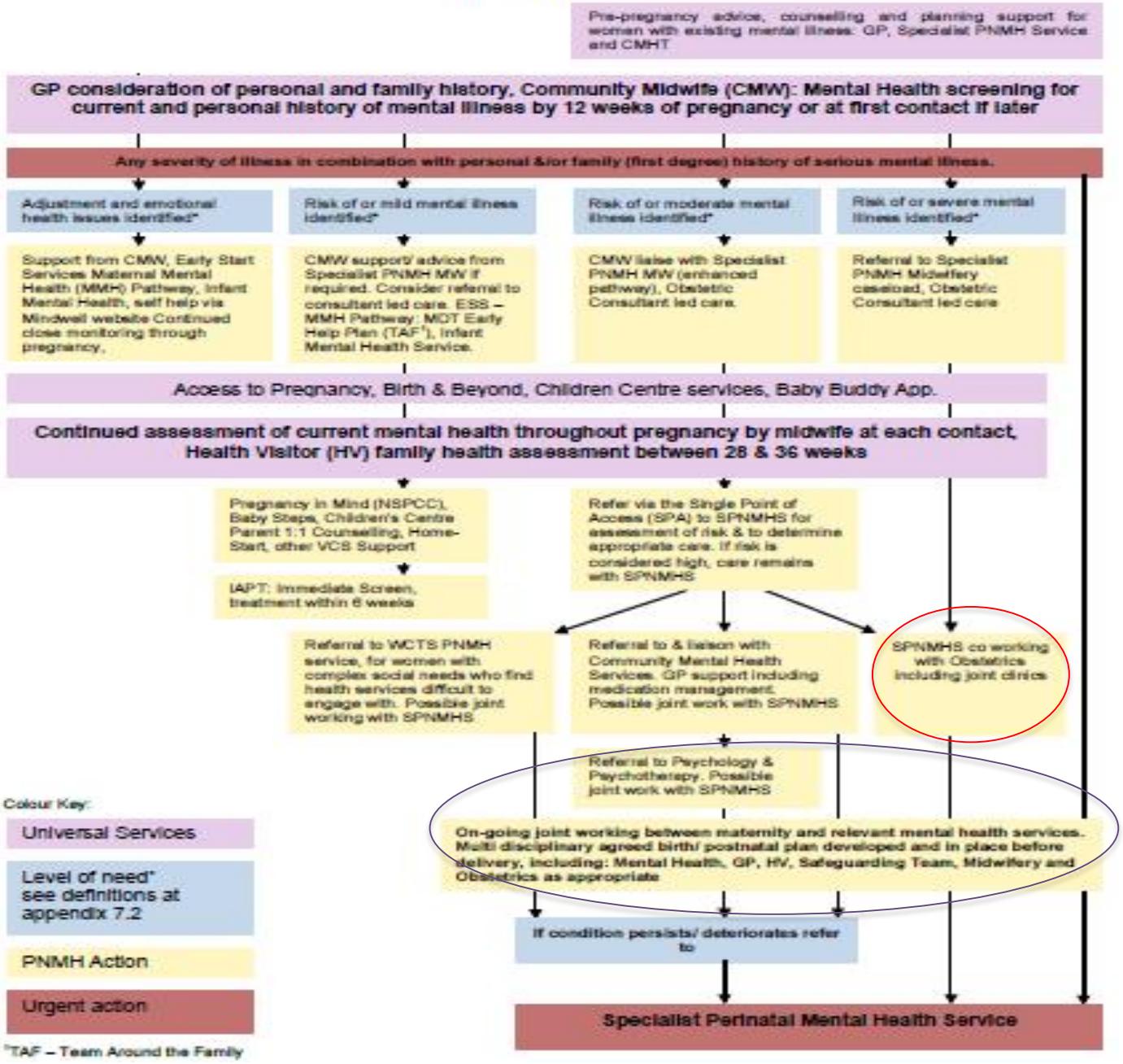
GAD-7

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several Days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

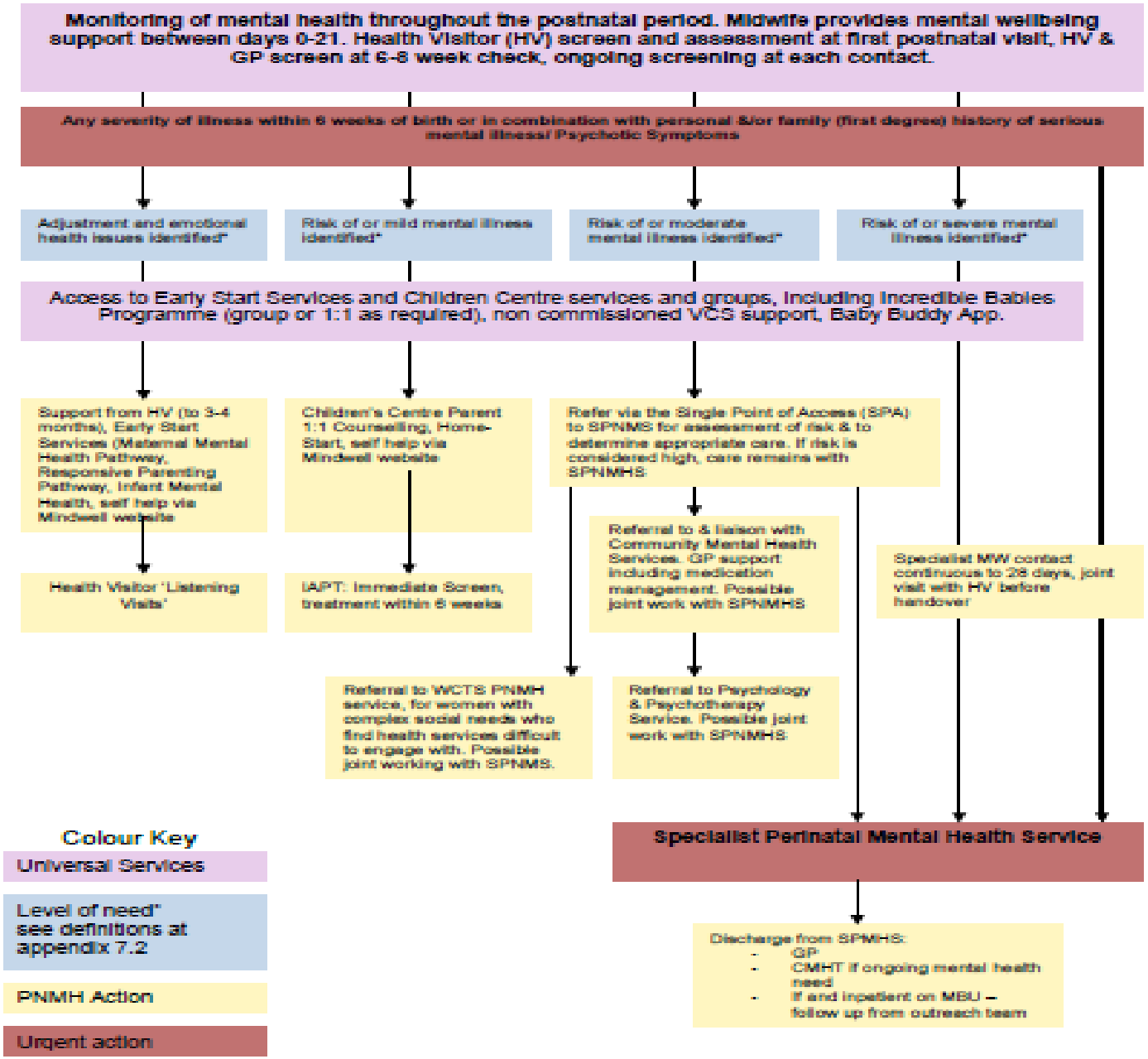
PHQ-9 Depression

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

4.1 Leeds Perinatal Mental Health Pre Pregnancy and Antenatal Care Pathway

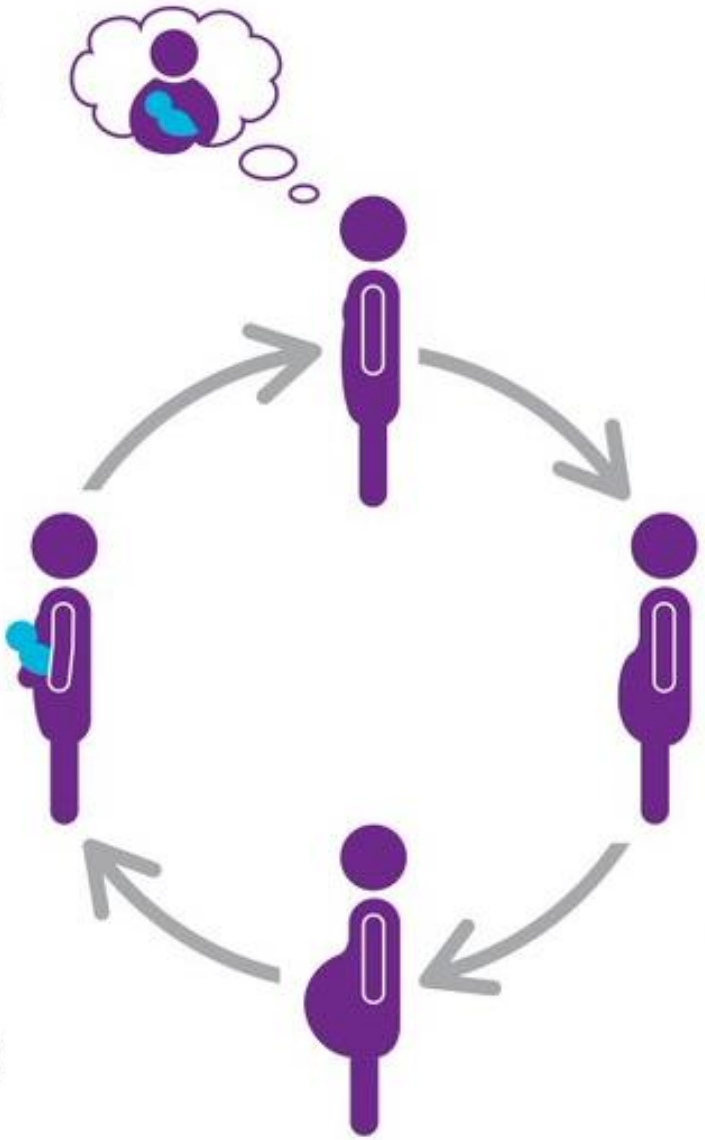


4.2 Leeds Perinatal Mental Health Postnatal Care Pathway



Before pregnancy, plan contraception as well as the safest medication

Do not stop medication in early or later pregnancy without consulting a specialist



Take account of changes which occur in the postpartum period and change medication accordingly. Plan for contraception as well as the next pregnancy

Think about special medication considerations around the time of labour and birth

Psychotropic Medications in pregnancy

- **DO NOT** advise women to stop mental health medication in early or later in pregnancy without consulting a specialist.
- The risks associated with taking psychotropic medications in pregnancy and during breast feeding **MUST be balanced** with the risks of stopping medications taken for an existing mental health problem.
- Consider seeking advice from Perinatal Mental Health Specialists (in Leeds this is the PNMH Psychiatrists at the Mount) regarding psychotropic medications in pregnancy or breast feeding. Contact number: 0113 855 5505 or email the duty doctor on perinataldutydesk.lypft@nhs.net

Psychotropic Medications in pregnancy

There are several evidence based prescribing resources for pregnancy and breastfeeding:

- UK Teratology Information Service www.uktis.org
- LactMed (https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm)
- UK Drugs in Lactation Advisory Service https://www.sps.nhs.uk/articles/ukdilas
- The Breast Feeding Network https://www.breastfeedingnetwork.org.uk/drugs-factsheets

Patient information leaflets are available

- Best Use of Medicines in Pregnancy (BUMPS) www.medicinesinpregnancy.org

Improvement Themes of General Service User Feedback

- Professionals not comfortable asking specifically about mental health
- Better signposting needed / limited knowledge of available support
- Better communication patient / professional and professional / professional needed
- Rushed consultations
- Continuity of care improvement needed

- Medication in pregnancy and breast feeding information
- Will verbalising mental health problem / feelings will lead to stigmatisation and baby removal?
- Dismissal of voiced concerns
- Time taken before diagnosis made
- Underestimation of the impact of lived experience

Joint Obstetric and Perinatal Mental Health Clinic

- Leeds Perinatal Mental Health Pathway provides guidance on patient suitability and referral pathway
- Obstetrician with special interest, Psychiatrist, Community perinatal nurse/ Community psychiatry nurse, Specialist perinatal mental health midwife
- Pregnancy planning advice for suitable women can also be sought through this service
- A care plan for management of delivery (which includes actions if acute illness were to develop) and postnatal care is produced by 32 weeks gestation.
- Specialist PNMH midwife can offer enhanced care with additional support visits in the immediate postnatal period

Useful Resources

(see Leeds PNMH pathway for more information)

- Baby steps – for new parents who may need extra help and are less likely to access antenatal education
- Children Centres open to all expectant parents and families with under 5s
- Community Mental Health Services – referral via Single Point of Access
- Community Midwifery and Obstetric Perinatal Mental Health Services
- Health Visiting and Early Start Services

- Home Start
- Infant Mental Health Service
- Mindmate and child and young persons SPA
- Psychology and Psychotherapy Services
- Specialist Perinatal Mental Health Team
- Women's Counselling and Therapy Services

Useful Resources

(see Leeds PNMH pathway for more information)

- Best beginnings Baby Buddy app https://www.bestbeginnings.org.uk/baby-buddy
- Mindwell www.mindwell-leeds.org.uk
- IAPT – Improving Access to Psychological Therapies https://www.leedscommunityhealthcare.nhs.uk/iapt/home/
- NSPCC Pregnancy in Mind https://www.nspcc.org.uk/services-and-resources/childrens-services/pregnancy-in-mind/

Useful Resources

- Leeds Perinatal Mental Health Pathway https://www.leedsccg.nhs.uk/content/uploads/2018/03/Leeds-PNMH-Pathway-Final.pdf
- RCGP Perinatal Mental health Toolkit http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/perinatal-mental-health-toolkit.aspx
- National Institute for Health and Care Excellence (NICE): Antenatal and postnatal mental health: Clinical management and service guidance, June 2015 https://www.nice.org.uk/guidance/cg192
- RCPSYCH Health Information https://www.rcpsych.ac.uk/healthinformation/atozindex.aspx

The Yorkshire and Humber Mother and Baby Unit and the Leeds Specialist Perinatal Mental Health Service.

Better Conversations – Baby Week 2018

Deborah Page,
Acting Clinical operations Manager.

Whistle-stop Tour of the services

- 8 Bedded Yorkshire and Humber Mother and baby Unit. NHS England Specialist Commissioning.
- (Yorkshire and Humber Outreach Service. NHS England Specialist Commissioning.)
- Leeds Specialist Community Perinatal Mental Health Team. Leeds CCG.

Relaunch of the Leeds Specialist Community Perinatal Mental health Service

- Successful bid with our CCG commissioners for national money under wave two of the NHS England 5 year forward view for mental health. Expansion of the existing Leeds perinatal community service.
- Now staffed to the required levels according to birth rate and prevalence for Leeds
- Screening for all women with moderate to severe mental illness in the perinatal period (including preconception counselling and from the third trimester of pregnancy. Earlier in very high risk cases).
- 400 additional new contacts per year
- Increased partnership working – building on the success of the joint obstetric clinics with the perinatal CPN's now joining the mental health midwives in clinic
- Three very separate care pathways that will cover the lower end of moderate perinatal mental illness to the higher end of moderate perinatal mental illness and severe perinatal mental illness
- All women screened and assessed as requiring a specialist service will receive a clear perinatal offer based on one of the three care pathways.

A Mother's story

- https://youtu.be/LcD3t1qSOM8
- https://youtu.be/D_zp251GI0M

What to look out for - Post Partum Psychosis/Puerperal Psychosis

- Rare but severe illness-needs immediate treatment
- Incidence 1/500-1/1000 births
- Onset typically within 2 weeks of delivery-can be rapid, within days
- Most have a significant mood variations-elation, despair
- Thought to be a variation of bipolar disorder
- Postpartum psychosis, severe depression occurs in 1 in 500 mothers-significant risk of harm to mother and infant without urgent intervention. Same rate as Down's syndrome but rarely discussed.

Symptoms

- Onset and deterioration can be rapid and symptoms fluctuate **-can be unpredictable with lucid periods**
- Labile mood-manic/depressed/mixed
- Perplexity
- Insomnia
- Disinhibition
- Irritability
- Restless agitation
- Psychotic symptoms-wide range of symptoms, can change rapidly (grandiose and paranoid delusions common, mood congruent hallucinations)
- 'organic' features common–visual hallucinations, olfactory hallucinations, delirium
- A psychiatric emergency requiring **emergency assessment** and can normally only be safely treated as an inpatient.

Relationship with baby

- Relationship rarely hostile (but needs monitoring)
- Psychotic symptoms may involve baby
- Grandiose or depressive delusions: baby extra special or demonic
- If severe depression-infanticide/suicide

Charlotte Bevan carried daughter out of hospital
New mother was in slippers and no coat, her baby was in a blanket
Charity worker may have stopped medication to breastfeed
Reports Charlotte suffered from depression and Schizophrenia

- Hallucinations-from or about baby, may include command hallucinations
- Most common risk-distractibility/inability to organise care

Risk Factors

- Previous postnatal psychosis-subsequent risk 25-75%
- Pre-existing psychotic illness (esp bipolar disorder-high risk of relapse post partum up to 30-70%)
- Family history of affective psychosis (3%, increased to 6 % if postpartum onset)
- First baby
- ??Complications with delivery
- Possible association with severe PMS
- May have no obvious risk factors

High Risk Women

- Any woman with a confirmed diagnosis of bipolar affective disorder (Especially bipolar 1)
- Women with a diagnosis of schizoaffective disorder
- Women with a history of severe depression (previous admissions or treatment under a psychiatrist)
- Women who have previously experienced postpartum psychosis
- All high risk of severe postpartum illness eg postpartum psychosis, severe depression.
- **All should be referred to Perinatal Mental Health Service (or CMHT if no perinatal service)**
- NB Clarify diagnosis with GP, are services already involved

What to look out for - Moderate / Severe Post Natal Depression

- 10-15% Incidence (comparable to other periods)
- Persistent sadness/low mood
- Loss of interest pleasure
- Tiredness/low energy - tiredness, reduced sleep, mild lability, anxiety-all common in postnatal period
- More diagnostic-loss of pleasure, guilt, hopelessness, suicidal ideation
- Tearfulness, irritability, anxiety, panic, indecisiveness and obsessional
- symptoms/ruminating common
- Anxiety may be predominant
- Mood congruent delusions possible if severe.

Better conversations about mental health symptoms

- For mothers- myths about motherhood- should be happy, perceived stigma, fear of being judged as unfit, fear of baby being removed (very rare!)
- Concerns about medication
- For professionals- fear of making situation worse: Suicide is 3rd most common cause of death post-partum- need to ask about this.
- Asking doesn't increase likelihood of suicide
- Uncertainty around what to do next?- practise conversations, familiarise self with available resources- always someone to ask if unsure- GP, SPA/perinatal service *Leeds has a well thought out, well establish maternal mental health care pathway. **Don't be scared to ask the questions!** There is something for women at each stage of the specturm. Women can move up and down the care pathway.
- Distinguishing between identifying women at high risk of severe mental illness- Dx bipolar, severe depression, family history of this
- Screening for current problems- Hooley questions and GAD and PHQ-9

Red Flag Presentations

1. Recent significant change in mental state or emergence of new symptoms

2. New thoughts or acts of violent self-harm

3. New and persistent expressions of incompetency as a mother or estrangement from the infant

MBRRACE-UK

- The Leeds Specialist Perinatal Mental Health Duty & Advice Line is staffed Mon – Fri, 09.00 – 17.00 hrs. If in doubt, just call. 0113 85 55505.
- Out of hours in an emergency, adult mental health services can be accessed via Leeds Crisis Assessment Service (CAS) on 0300 300 1485. Open 24/7.

Leeds and York Partnership
NHS Foundation Trust

Can you help us reach more women? Leeds is a very large city. We would like to take more of our services out to women in their own locality. Do you have a space we could use? Are you interested in joint working / collaboration? Please contact Deborah Page (details below) or via email on:

deborah.page3@nhs.net

The Leeds Perinatal Mental Health Service
The Mount Hospital
44 Hyde Terrace
Leeds
LS2 9LN
Tel: 0113 85 55505 - Including calls for advice Mon – Fri, 09.00 – 17.00
Fax: 0113 85 55506

FUTURES

A different direction.

Karen Kirby,
Lead Practitioner/Team Manager, Futures Team

FUTURES

Our Mission

To support young parents who have experienced the loss of child through care proceedings. To be with them and enable trusting relationships ,increase understanding and develop skills that will allow them to take a different direction and shape optimistic Futures.

A response to an unmet need

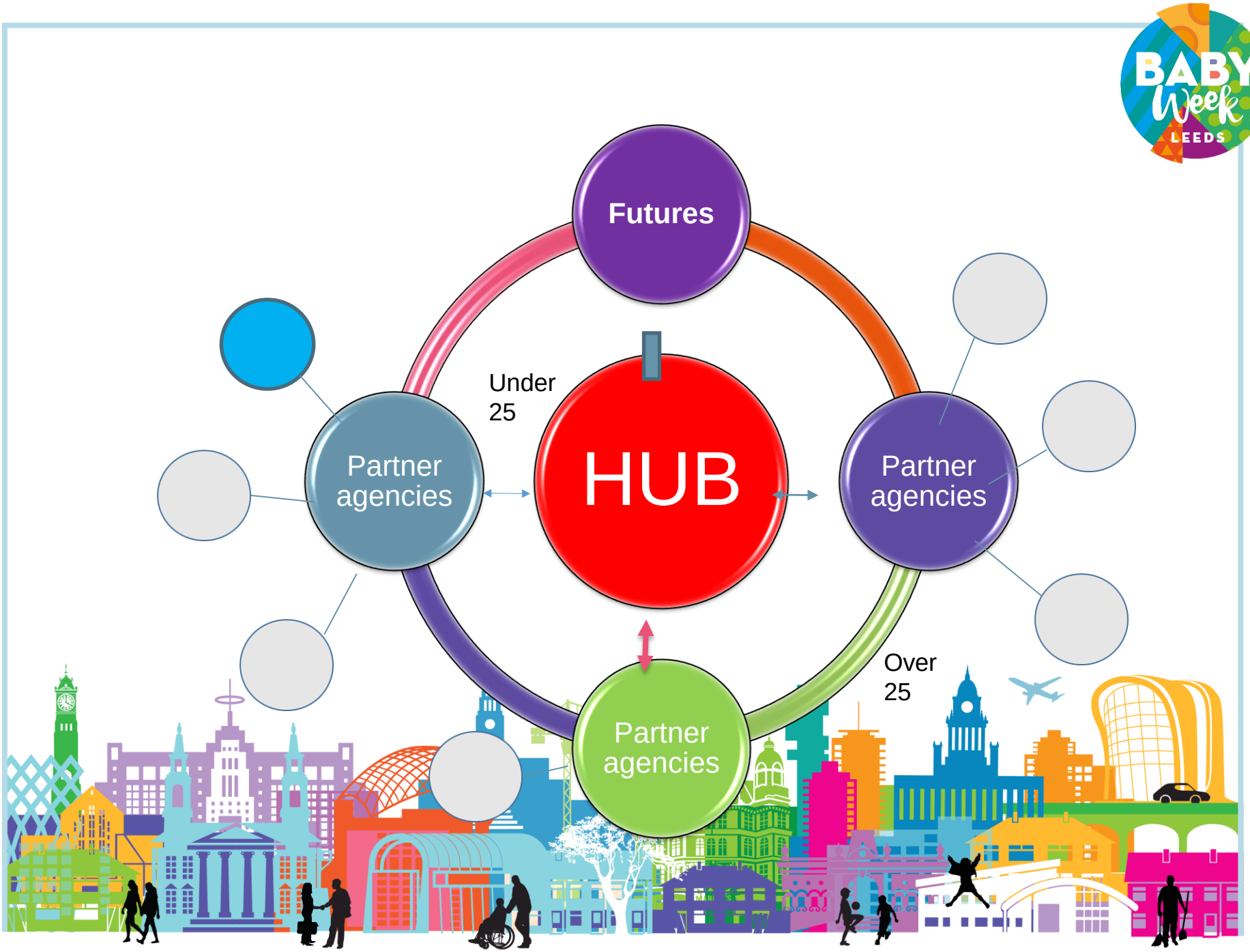
- Consecutive reports from within LCC from 2012 to 2014 and more recent data analysis 2014-2017 reveal clear evidence of significant need in parents who have had children removed, alongside an associated assertion that ‘not enough is being done’ to support these parents

- Work of Broadhurst et al . https://www.nuffieldfoundation.org/sites/default/files/files/rc-final-summary-report-v1_6.pdf

- Recognition that at the point of removal, at their most vulnerable and troubled time, parents effectively fall between significantly disjointed services, and thus become lost

Who are we?

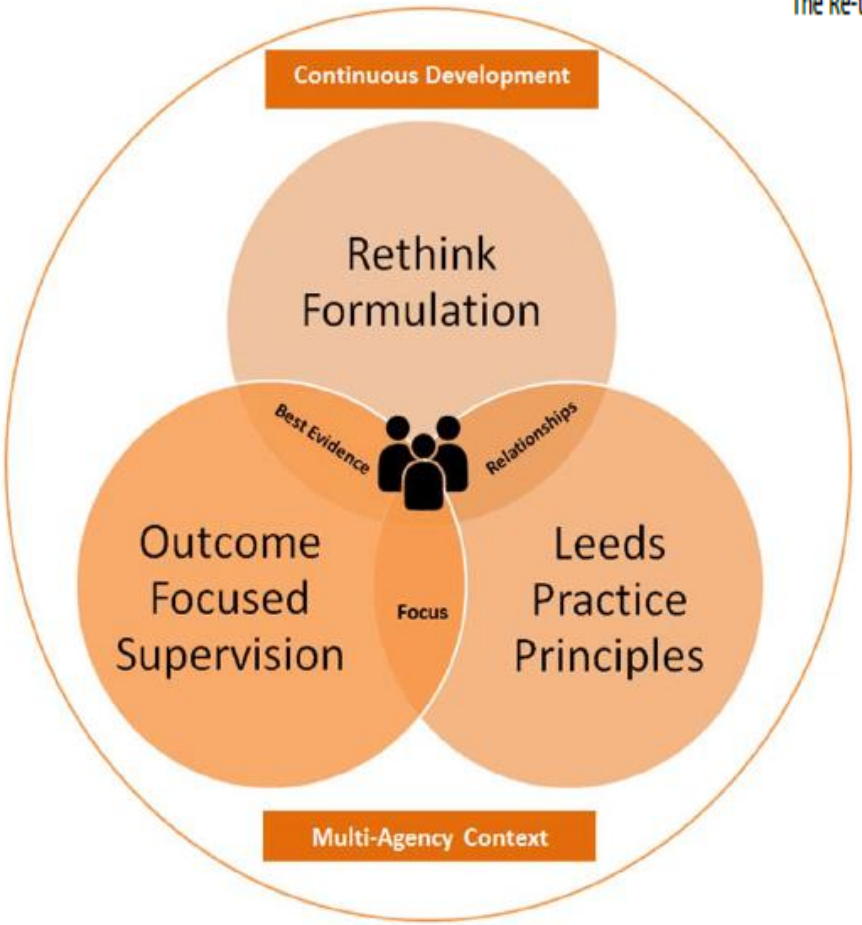
- A small multi-disciplinary team from different backgrounds eg. nursing, social work, policing, family support
- Working in partnership with Homestart and Infant mental health
- Building working relationships with wide network of agencies through Futures Network HUB


Futures
Under 25
HUB
Partner agencies
Partner agencies
Partner agencies
Over 25

What do we do?

- *Support young parents (under 25yrs) beyond the loss of an infant through care proceedings.*
- *Use different approaches within the Leeds Practice Model to promote engagement and identify the best next steps for that young person*

The Leeds Practice Model



What is the Re-think Formulation model?

The Re-think Formulation model (or '6Ps') that will be used in formulation is summarised below:

What challenges and difficult experiences have you faced now and in the past
Predisposing
For example: poverty, relationship difficulties or substance misuse

What led up to this?
Precipitating
What has triggered these current concerns?

Was it one event or a pattern of events?

What are your strengths and the positive things you have in your life?
Protective
For example: skills, family, friends or interests

What are people concerned about right now?
Presenting

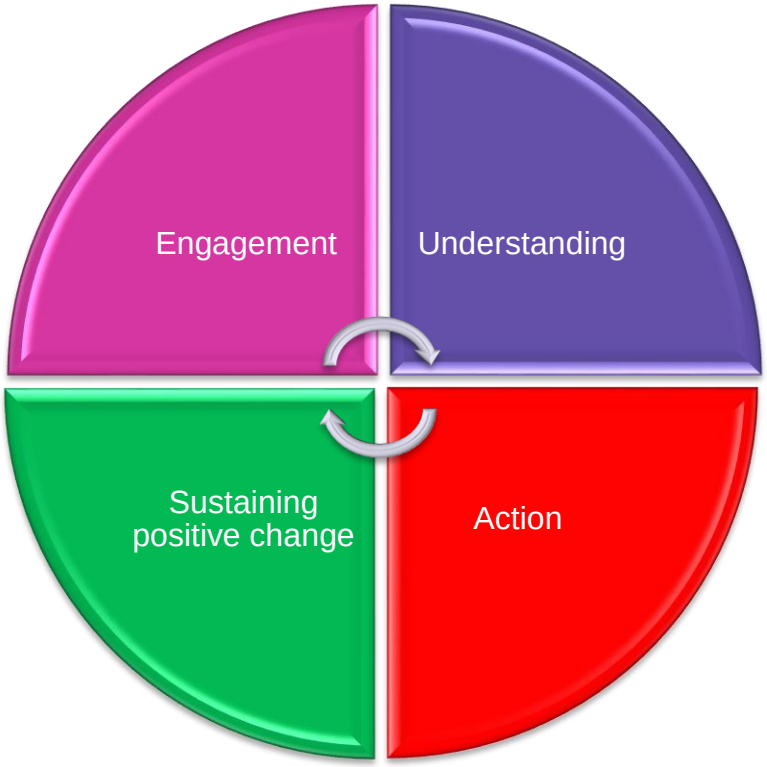
What will happen if we do nothing?
Predicting
What is likely to happen if we don't address the concerns?

What would be the worst outcomes?

What keeps the presenting concerns going?
Perpetuating
Think about all aspects of your life that could contribute to the current situation

This might include things practitioners are doing that might not help

Four phases of involvement



Turning Points

Broadhurst (2017) identified key themes for positive change:

- http://wp.lancs.ac.uk/recurrent-care/

- Positive change in intimate partner relationship and wider informal networks
- Ability to reflect and learn from experience
- Being offered better professional help and making better use of that help
- Commitment to children, both those removed from a woman's care and those in her care
- A sense of purpose and ability to plan for a different future
- Access to post proceedings counselling and/or mental health services

Baby Week Leeds

IMPORTANCE OF ENGAGING FATHERS

ERROL MURRAY

LEEDS DADS

Leeds Best Start

NHS

supported by

leeds cares
the charity dedicated to exceptional healthcare

Leeds City Council

we are child friendly Leeds

Baby Week Leeds

'BETTER CONVERSATIONS' CONFERENCE

LUNCH & NETWORKING

(30 MINUTES)

supported by

Baby Week Leeds November 2018

Building Underdeveloped Sensorimotor Systems

The Baby Brain

Sarah Lloyd,
Specialist Occupational and Play Therapist, CAMHS

Window Of Opportunity

Promoting best outcomes while the central nervous system is at its most plastic

Window of vulnerability and possibility

Key Principles

Brain and CNS development starts at conception

We all have a genetic code but how it plays out depends on the experiences we have. These experiences influence brain architecture going forward.

We’re born with all these brain cells but they’re largely unconnected – need experience

Making cells – making connections

- Synapses are produced at the rate of 1.8 million per second between 2 months and 2 years.
- Neurochemicals produced when the baby is stressed really change the architecture of the brain – neglect causes unused regions to atrophy.

Each Stage of Development builds a platform for the next stage

The amazing skills involved in pre-crawling and crawling

- 2 – 4 months – lying on tummy, can support their weight on their forearms
- 4-6 months – can support their weight on their hands – chest completely lifted off the floor
- Around 6- 8 months we see the development of ‘protective extension’ responses when sitting which is what allows the baby to move from the sitting to crawling position
- 6 – 9 months - The Symmetrical Tonic Neck Reflex (integrates 9-12 months)
- 8 – 9 months –independently supporting self on hands and knees in crawling position. Often rocking side to side / front to back and diagonally – this prepares the wrist to move in all directions and stimulates finger movement

Crawling – it's phenomenal!

Gross Motor Skills

- Advances bilateral co ordination – the bany needs to use both sides of their body – as the right hand goes forward the left leg moves. This massively strengthens connections between the left and right sides of the brain
- Development of proximal joint stability- head, neck shoulder girdle, hips
- Development of postural control – blending of the different movements – co contraction – stable trunk and moving limbs
- Enables rhythmic moving

Fine Motor Skills

Lengthening of the long finger muscles as the baby rocks back and forward

Development of the arches of the hand – these help the hand form correctly around differently shaped objects when grasping

Separation of the 2 sides of the hand –ulnar side for stabilisation, radial side for working

Sensory Advances

Strengthening the structures related to breathing, eating and talking by lengthening and strengthening the muscles around the ribcage

Huge visual advances – creeping and crawling gives the baby the experience of tracking their hands as they move forward – developing the ability of the eyes to cross the midline when tracking

Develops binocular vision – looking towards where they're going and then back at their hands – depth and space perception and balance

BUT…

These only develop within the context of a nurturing , loving relationship. The baby needs an attuned, consistent and competent adult brain to develop alongside.

Babies in frightening or stressful environments don't move as much . Babies move within relationship – watch a tiny baby 'chatting' to their carer – watch their limbs.

Working with Babies and Children who have experienced Trauma

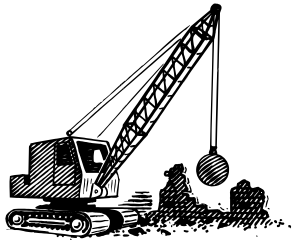
It's helpful to think about what a baby has missed in terms of physical development as well as the relational context. Once they've got a relationship with a trusted and attuned caregiver, it's possible to go back and fill in the gaps in their development.

The Foundation Systems

- Vestibular
- Proprioceptive
- Tactile

- Where this model differs from more traditional sensory integration thinking is the emphasis on the limbic system and what state of mind the child is in. Addressing this comes first.

The Vestibular System



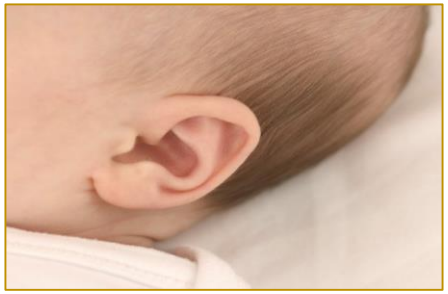
The foundation of all systems! A stable base like the base of a crane.

Gravitational Security

Core strength and stability – head, neck, shoulder girdle and trunk

How the vestibular system forms...

Receptors are in the ears



Detecting rotatory and linear movements (ampulla and otoliths)

The vestibular system is fully formed by 22 weeks in utero

Feed Me!!!

Like all of our sensory systems, the vestibular system needs lots of movement experiences of the head to feed these receptors

Under Developed Vestibular Systems – what do you see

Low muscle tone	Fearfulness about moving	Balance and Co ordination
Limbs feel floppy, poor posture, saggy core. This affects everything, from staying upright to kicking a ball	Or sensory seeking behaviour – crashing, banging, whizzing, often without tiring.	Struggle to do things like scooting, writing, using scissors, catching a ball, playing tig

The Proprioceptive System

The messages travel from the muscles back up to the brain then back to the muscles to tell them how much pressure, force etc. to use.

- Smooth, well modulated movement, with the body as a synchronised unit …and..
- Getting the messages about body position from muscles and joints without having to use eyes

Underdeveloped Proprioceptive System

Movements are poorly modulated:

Too floppy

Too jerky

Lots of falling over – trip over thin air

Lots of fidgeting and moving – seeking input

The Tactile System

- On a functional level, the tactile system is almost completely intertwined with the proprioceptive system – somatosensory system.
- The proprioceptive system is concerned with sensations and feedback from within the body, while the tactile system is concerned with sensations from outside the body – touch in all its forms.

From Survive to Thrive

For babies in loving, nurturing environments, the

tactile system evolves from a mainly protective one in infancy……

by toddlerhood much of the system

is still primed for survival

but is changing to allow for more

exploration ……

as the threat to physical survival

passes, exploration can begin

in earnest!

Why this model separates the tactile system from the proprioceptive system

Using the tactile system to recalibrate the limbic system – we're wanting that same shift from a system wired for defensive functioning to one that allows the child to stay in the moment of an experience

and storing memories in a way

they can be retrieved when the child is under stress.

Hierarchical development

Building a strong foundation of good bodily awareness and control before thinking about social skills, learning or emotional regulation or offering psychological therapies – one step at a time

Thank You

- **Sarah Lloyd**
- Specialist Occupational Therapist and Play Therapist
- Working with Leeds Therapeutic Social Work Team and One Adoption West Yorkshire
- Contact details – sarah.lloyd@leeds.gov.uk

Leeds Infant Mental Health Service

Engaging in **better conversations** to improve **Infant Mental Health** across Leeds :

Lynne Farr

Health Visitor : Infant Mental Health

The Infant Mental Health Service in Leeds engages in many conversations every day with parents, carers and with other professionals to support the emotional well-being of infants.


Specialist (plus)
IMHS support FDAC, Perinatal Unit and other services where there are concerns through supervision, training and/or specific, targeted joint working
Specialist
Referrals considered for consultation and/or a specific, targeted piece of IMHS work e.g. NCAST
Targeted
Referrals accepted for IMH asse
direct work where there are c
around the attachment relat
or the infant's emotional w
Universal Partnership (plus)
Referrals considered fo
with EST
Universal
IMHS support EST
face to face con
Observation; '
resources; 'P
Community
BabyBud
IMHS i
staff

Conversations with clients helps to support them to understand their infants and to respond sensitively and to form positive secure attachment relationships.

Why is attachment important?

Secure attachment relationships are really important for long-term healthy social and emotional development.

Children develop :

Positive self esteem and self confidence
Better able to regulate their own emotions
Fewer behavioural problems
Positive relationships
Less mental health difficulties, such as depression and anxiety

The main reason referrals are made to IMH for therapeutic work is concern about the primary attachment relationship.

Infant Mental Health Intervention options

- Specialist assessment and formulation (including NCAST teaching and feeding scales)
- Psycho-education (e.g. understanding your baby)
- Parent Infant Psychotherapy (e.g. Watch, Wait, and Wonder, Video Interaction Guidance)
- Parent Psychotherapy (psychodynamic, cognitive behavioural, cognitive analytic, systemic)
- EMDR (as recommended in NICE guidance for trauma)

Increasing risk and complexity of referrals requires better liaison conversations with various different professionals

Depression and anxiety and other mental health problems including personality disorders

Unresolved loss and trauma, including birth trauma

Drugs, alcohol and other addictions

Domestic violence

Safeguarding concerns

Premature or physically compromised infants

Babies who are looked after

Infant stress and distress during contact sessions

We provide regular training to midwives, health visitors and children centre staff.

Babies, Brains and Bonding

Early Attachment Observation

Understanding Your Baby

Our Babies, Brains and Bonding training has now been delivered to over 2,250 delegates. This has involved conversations with many professionals including …

Health Visitors and Family Outreach Workers
Community and Specialist Midwives
Social Workers and Foster Carers
Children Centre Nursery Staff
Contact Supervisors and CAFCASS officers
Magistrates and Barristers
Adult mental health practitioners, including IAPT, perinatal, community and hospital based clinicians
Third sector agencies
Neonatal practitioners
Judges

Early Start Teams have access to **Reflective Case Discussions**

Provides opportunities to promote parent/infant bonding

Highlights the importance of observing caregiver /infant interactions

Supports practitioners to help parents respond to their baby's need for love, comfort and security

Clients tell us...

"This service has helped me to have a fantastic relationship with my baby. I am able to understand my baby now and be a great mum to her."

"This is a fantastic service that offers ongoing support in very difficult times. I hope you continue to offer this fantastic service to other families in similar situations"

"Excellent help with my relationship with my baby. I feel much closer to my baby now"

Practitioners tell us.....

"A theoretical understanding of what is happening in the family is exceptionally useful- having the understanding allows us to make informed decisions on how to support the children"

"The content of the training has made me see things differently"

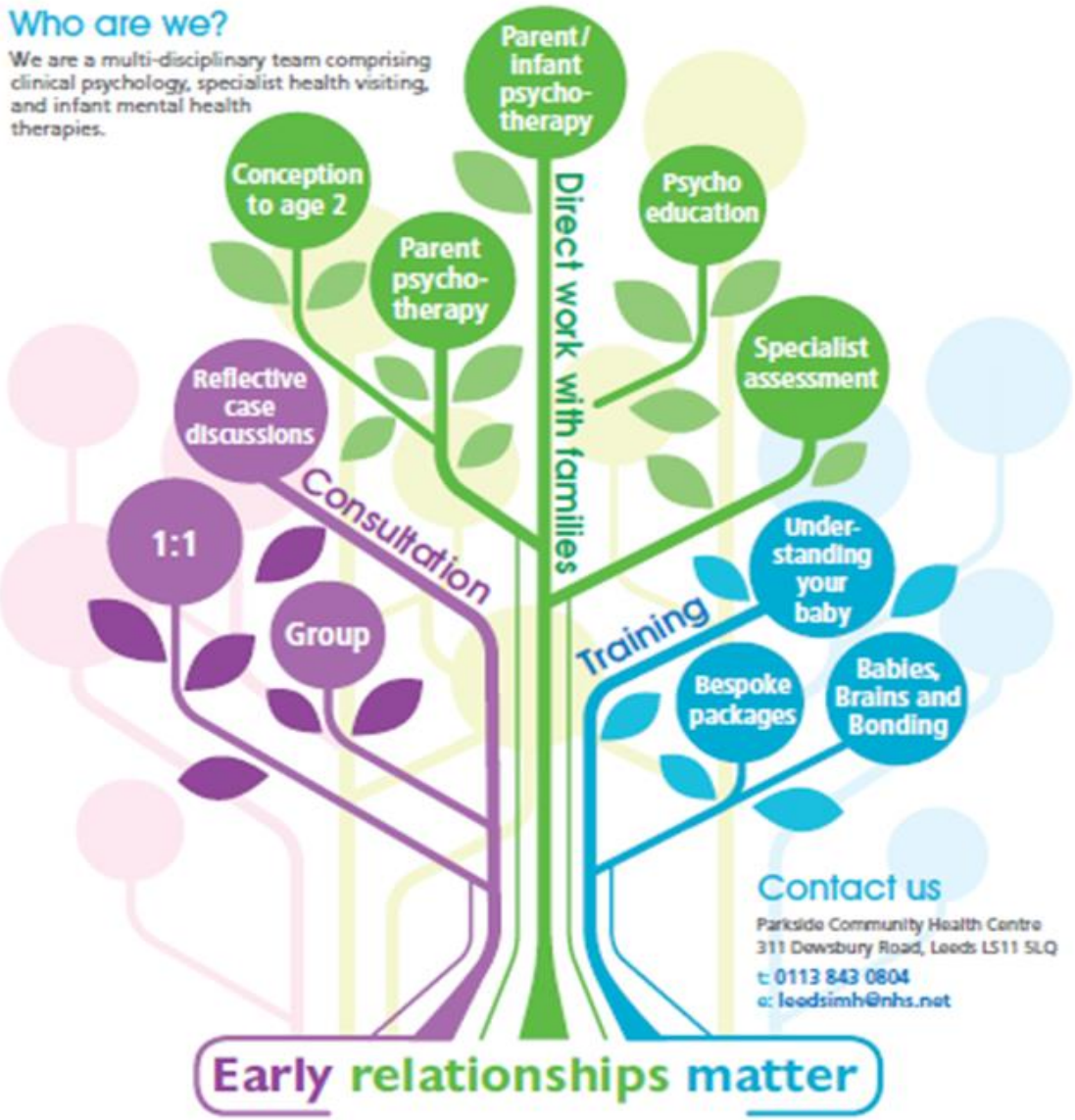
"This [RCD] has changed how I will approach grandma and mum- it completely changed my thinking by 180°. So grateful that we had this discussion."

Infant Mental Health Service

Promoting emotional well-being in infants by supporting caregivers to build secure attachment relationships with their babies.

Who are we?

We are a multi-disciplinary team comprising clinical psychology, specialist health visiting, and infant mental health therapies.



Contact us

Parkside Community Health Centre
311 Dewsbury Road, Leeds LS11 5LQ
t: 0113 843 0804
e: leedsimh@nhs.net

Early relationships matter

www.leedscommunityhealthcare.nhs.uk

Baby Week Leeds

EXPERIENCED BEREAVEMENT –

BREAKING BAD NEWS & PARENTS STORY

KELLY WALKER & TRACEY GLANVILLE,
CONSULTANT IN FETO MATERNAL MEDICINE
BECKY MUSGRAVE, TEAM LEADER MIDWIFE

Leeds Best Start

NHS

supported by leeds cares the charity dedicated to exceptional healthcare

Leeds City Council

we are child friendly Leeds

Baby Week Leeds

INTRODUCTION TO WORKSHOPS

#BabyWeekLeeds

ANY QUESTIONS EMAIL:
INFO@BABYWEEK.CO.UK

SADIYA SALIM, TRUSTEE BABY WEEK LEEDS,
COMMS & ENGAGEMENT LEEDS CITY COUNCIL

supported by

MOVE TO WORKSHOP 1

A. SUPPORTING CARE-EXPERIENCED NEW PARENTS

(SOPHIE GROBSTER, CHURCHILL FELLOW & FOSTER CARER)

B. EARLY TALK – DEVELOPMENTS IN POSITIVE INTERACTION AND COMMUNICATION BY LEEDS COMMUNITY HEALTHCARE

(LOUISE SUTTON, SPEECH & LANGUAGE MRCSLT, REG HCPC, TEAM MANAGER)

C. HOME BIRTH – CONVERSATIONS ABOUT DIFFERENT BIRTHING OPTIONS

(NAOMI ROBINSON, HOMEBIRTH TEAM LEADER & MEGAN MALLESON, CHAIR OF HOMEBIRTH SUPPORT GROUP)

D. TALKING TO CHILDREN ABOUT THEIR HEALTHCARE CONDITION

(LOUISE PORTER, LEAD NURSE HEALTHCARE TRANSITION)

Each workshop is half hour. You will then have the opportunity to attend a second workshop from either ABC.