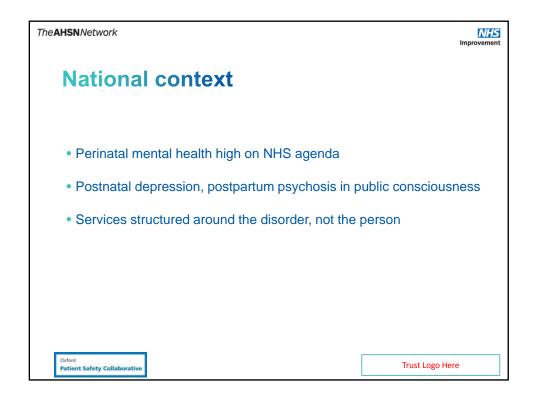


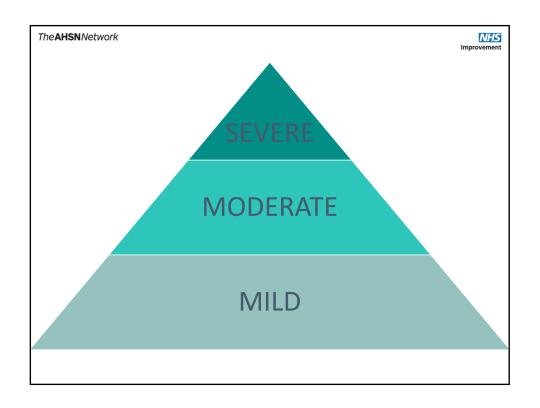


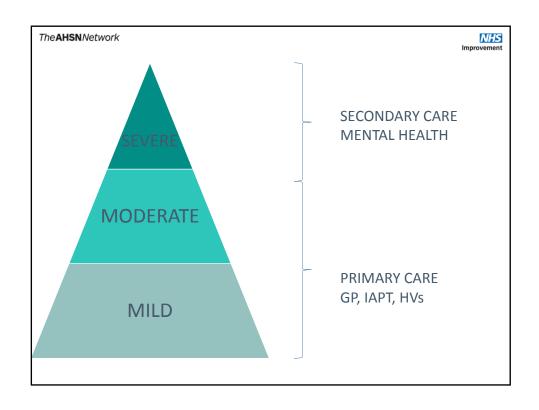
What we already know

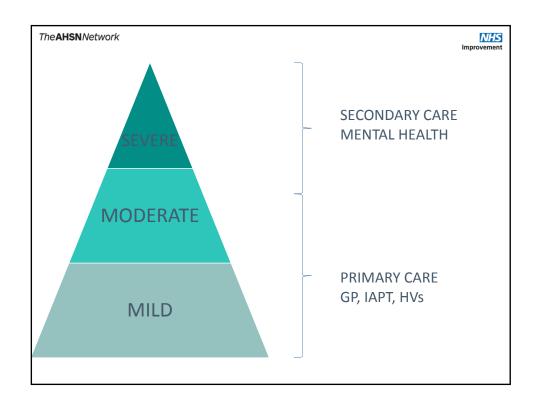
Women with mental illnesses

- Comorbid health problems
- Lifestyle risk factors
- Social adversity
- Sub-optimal antenatal care
- Adverse outcomes for mother and infant more likely
- These not necessarily linked to severity of mental disorder itself











Mild, moderate, severe

- Terms poorly defined
- Usually describe the illness, not the person's needs

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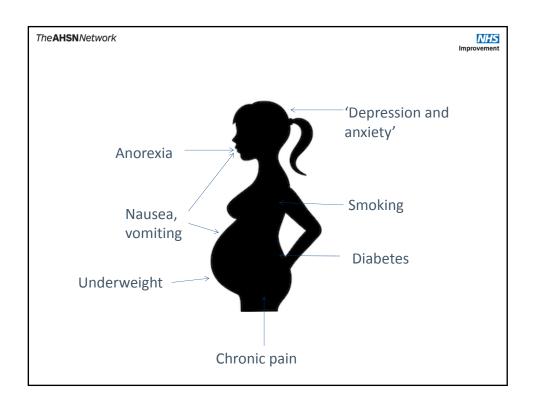
Mild, moderate, severe

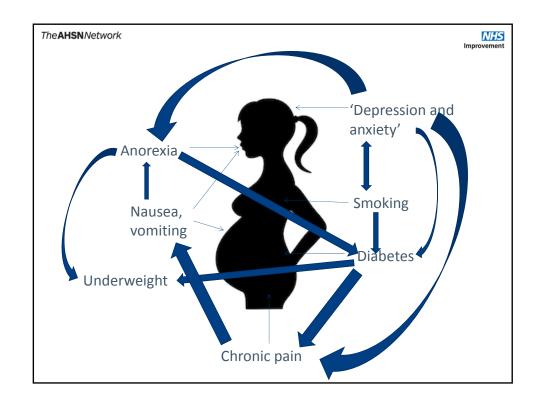
- Mild depression
- Bipolar disorder

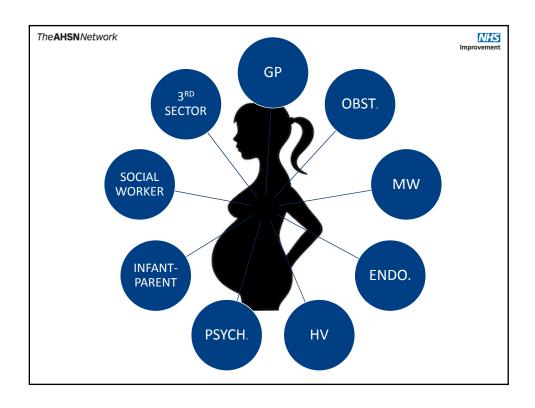


Mild, moderate, severe

- Mild depression + T1DM + chronic pain + domestic abuse + poverty
- Bipolar disorder + good health + supportive family + secure profession









Care for women with complex needs

- Fragmented care contributes to maternal mortality and morbidity
- Multidisciplinary, multiagency care difficult to coordinate
- NHS designed to deliver fragmented care
- Joint care plans logistically difficult to design
- Even more difficult to stick to
- Who owns the case?

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The Inbetweeners

- Too 'mild' for secondary care mental health
- Too complex for primary care psychology
- Unrealistic for GPs
- Not appropriate for social care to hold
- Not appropriate for obstetrician or physician to hold
- Unfair for midwife to hold

Solutions Restructure entire NHS





Solutions

- Restructure entire NHS
- Work together
- National guidance on care coordination
 - PMH teams identified, for women with severe mental illness

The **AHSN** Network



Solutions

Maternity

- Holding the complexity
- Training
- Integrated clinics
- Assertive outreach
- Clinical supervision
- Designing the care around the patient

