



## DEBATE PACK

Number CDP-0025, 9 March 2021

# Maternal mental health

## Summary

A Westminster Hall debate on the 'Maternal mental health' has been scheduled for Wednesday 10 March 2021 from 2.30-4.00pm. The debate has been initiated by Sarah Olney MP.

Perinatal mental health services focus on the prevention, detection and management of mental health problems that occur during the perinatal period - pregnancy and the first year after birth. Specialised perinatal mental health services are provided by the NHS, whilst health visitors have a specific remit to assess maternal mental health and refer to support services. There is also a contractual requirement for GPs to offer a maternal postnatal consultation at six to eight weeks after birth which should focus on the mother's physical and mental health.

The NHS Long Term plan (January 2019) set out ambitions to improve maternal mental health care, including a commitment for a further 24,000 women to be able to access specialist perinatal mental health care by 2023/24. It also requires that specialist care is available from preconception to 24 months after birth, which will provide an extra year of support.

Concerns have been raised about the impact of the Covid-19 pandemic on maternal mental health. There is evidence that new mothers have experienced poor maternal mental health during the pandemic. The majority of health visits during the first wave were carried out virtually, and there were concerns that many vulnerable new mothers and children were not identified.

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## Contents

<b>1.</b>	<b>Perinatal mental health services</b>	<b>3</b>
1.1	Policy development	4
1.2	GP postnatal check	5
1.3	Health visiting services	6
1.4	Maternal mental health services during the pandemic	7
<b>2.</b>	<b>Parliamentary Material</b>	<b>10</b>
2.1	PQs	10
2.2	Committee Reports	16
2.3	Ministerial Statements	16
<b>3.</b>	<b>Press Articles and Press Releases</b>	<b>17</b>
3.1	Press Articles	17
3.2	Press Releases	18
<b>4.</b>	<b>Further Reading</b>	<b>19</b>
4.1	External Reports	19
4.2	External Guidance materials	19

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# 1. Perinatal mental health services

Perinatal mental health services focus on the prevention, detection and management of mental health problems that occur during the perinatal period - pregnancy and the first year after birth. This includes new onset mental health problems, as well as recurrences of previous problems and women with existing mental health problems who become pregnant.

The exact number of women affected by mental health problems during the perinatal period is not known. Public Health England (PHE) uses estimates based on the [Joint Commissioning Panel for Mental Health's 2012 guidance](#). These estimate that:

- Around 2 in every 1,000 women experience postpartum psychosis
- Around 2 in every 1,000 women experience chronic serious mental illness in the perinatal period
- Around 30 in every 1,000 women experience severe depressive illness in the postpartum period
- Around 100 to 150 in every 1,000 women experience mild to moderate depressive illness in the postpartum period
- Around 150 to 300 in every 1,000 women experience adjustment disorders and distress in the perinatal period.

Perinatal mental health services include specialised in-patient mother and baby units, specialised perinatal Community Mental Health Teams (CMHTs), maternity liaison services, adult mental health services including admission wards, community and crisis services, and clinical psychology services linked to maternity services.

Mother and baby units are commissioned nationally by NHS England, while most other perinatal mental health services are commissioned locally by Clinical Commissioning Groups (CCGs).

[Guidance from the Royal College of Psychiatrists](#) emphasises the importance of early intervention in perinatal mental health problems. It states that perinatal mental health services should promote prevention, early detection and diagnosis, and recommends that services should identify women at high risk at an early stage.

The guidance states, for example, that maternity services should ensure that women at high risk of a recurrence of serious psychiatric disorder should be identified at early pregnancy assessment and referred for specialised care. Additionally, all women should be asked about current mental health problems during pregnancy and the early postpartum period. GPs should also offer women with serious mental illness preconception counselling, and ensure they are aware of the risks to their mental health of becoming pregnant.<sup>1</sup>

The National Institute for Health & Care Excellence (NICE) Quality Standard on [Antenatal and postnatal mental health](#) (February 2016) states that

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<sup>1</sup> RCPsych, [Perinatal mental health services: Recommendations for the provision of services for childbearing women](#), July 2015, p19

women should be asked about their emotional wellbeing at each routine antenatal and postnatal contact, including asking depression and anxiety identification questions. It also gives guidance on the treatment and management of perinatal mental health problems.

## 1.1 Policy development

The [NHS Long Term Plan](#) published in January 2019 presented key priorities for the NHS in England over the next ten years. It set out ambitions for improving maternal mental health:

Increasing access to evidence-based care for women with moderate to severe perinatal mental health difficulties and a personality disorder diagnosis, to benefit **an additional 24,000 women per year by 2023/24**, in addition to the extra 30,000 women getting specialist help by 2020/21.

Care provided by specialist perinatal mental health services will be available from **preconception to 24 months after birth** (care is currently provided from preconception to 12 months after birth), in line with the cross-government ambition for women and children focusing on the first 1,001 critical days of a child's life;

Expanding access to **evidence-based psychological therapies** within specialist perinatal mental health services so that they also include parent-infant, couple, co-parenting and family interventions;

Offering fathers/partners of women accessing specialist perinatal mental health services and maternity outreach clinics evidence-based assessment for their mental health and signposting to support as required. This will contribute to helping to care for the 5-10% of **fathers who experience mental health difficulties** during the perinatal period;

Increasing access to evidence-based psychological support and therapy, including digital options, in a maternity setting. **Maternity outreach clinics** will integrate maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience.

In 2016, the then Prime Minister announced a £290 million investment over five years to 2020/21 in perinatal mental health services. The funding aimed to ensure that all women have access to NICE recommended perinatal mental health care<sup>2</sup> by 2020-21.<sup>3</sup> This builds on the initial investment announced in the March 2015 Budget, making a total investment from 2015/16 to 2020/21 of £365 million.<sup>4</sup>

This funding was part of a commitment to meet one of the recommendations in the [Five Year Forward View for Mental Health](#) (February 2016) that 30,000 more new and expectant mothers should be supported through maternal mental health services by 2020-21. The Five Year Forward View for Mental Health recognised that maternal 'mental

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<sup>2</sup> The NICE guidelines offer evidence-based advice on the recognition, assessment, care and treatment of mental health problems in women during pregnancy and up to one year after childbirth, and in women who are planning a pregnancy. See NICE, [Antenatal and postnatal mental health: clinical management and service guidance](#), February 2020

<sup>3</sup> [Prime Minister pledges a revolution in mental health treatment](#), Prime Minister's Office press release, 11 January 2016

<sup>4</sup> [PQ 23806 \[on Mental health: females\]](#), 2 February 2016

health problems not only affect the health of mothers but can also have longstanding effects on children’s emotional, social and cognitive development’.<sup>5</sup>

As part of this funding, Health Education England – responsible for NHS workforce planning and development – was provided with £1.2 million of targeted funding to enable the training of mental health, maternity and primary care staff to increase awareness and skills related to perinatal mental health.<sup>6</sup>

In response to a PQ in January 2021, Health Minister Nadine Dorries said between 2017/18-2018/19, £14.8 million central capital funding was provided to four trusts as part of the programme for perinatal mental health mother and baby units. Capital spending figures for 2019/20 will be included in the Department’s Annual Report and Accounts, to be published shortly on GOV.UK.<sup>7</sup>

In September 2020, Nadine Dorries said that all areas of England now have specialist community perinatal mental health services:

Five years ago, 40% of the country had no access to specialist perinatal mental health care. Now, there is full geographical coverage for the first time, with specialist community perinatal mental health services in every one of the 44 local National Health Service areas.<sup>8</sup>

Further information is available in the Library briefing papers on [Perinatal mental illness](#) (July 2018) and [Mental health policy in England](#) (January 2021).

The Government has also launched a [call for evidence](#) ahead of a planned Women’s Health Strategy.<sup>9</sup> The strategy, which is expected to be published before the end of 2021, will cover all areas of women’s health, including mental health, pregnancy and post-natal support. In a statement in the Commons on Monday 8 March 2021, the Minister, Nadine Dorries, announced the 12-week call for evidence to better understand women’s experiences of the health and care system.

## 1.2 GP postnatal check

Since 1 April 2020 it has been a contractual requirement for general practitioners to offer a maternal postnatal consultation at six to eight weeks after birth which should focus on a review of the mother’s physical and mental health and general wellbeing. This should be an additional appointment to that of the baby’s health check.

Guidance from the Royal College of GPs states that maternal postnatal checks, the 6-8-week infant examination and routine childhood

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<sup>5</sup> [Five Year Forward View for Mental Health](#), A report from the independent Mental Health Taskforce to the NHS in England, February 2016, page 6

<sup>6</sup> [PQ 142857 \[on Maternal mortality\]](#), 10 May 2018

<sup>7</sup> [PQ 142039 \[on Mental health: mothers\]](#), 29 January 2021

<sup>8</sup> [PQ 94485 \[on Pregnancy: Mental health services\]](#), 23 September 2020

<sup>9</sup> Gov.uk press release, [Government launches call for evidence to improve health and wellbeing of women in England](#), 6 March 2021

vaccinations should continue as high priority services during the COVID-19 pandemic. It states the following on maternal mental health:

Maternal Mental Health and Wellbeing: COVID-19 has increased anxiety generally in the population and pregnant women and new parents may be under added stress due to social isolation, decreased social support, bereavements, financial stresses, changes to healthcare services and limitations on their usual coping strategies. The risks for pregnant women with pre-existing mental health problems will be higher still. The GP can acknowledge the unusual circumstances, and use open questions to enquire about anxiety, mood and traumatic experiences, signposting to resources and online support for self-care where appropriate. [IAPT](#) and Perinatal Mental Health Specialist services are still available for moderate/severe cases, although contact may be offered remotely. Psychosis and other perinatal mental health 'red flags' should be acted upon urgently as usual.<sup>10</sup>

### 1.3 Health visiting services

Health visiting services are commissioned and funded by local authorities. Commissioning of children's 0-5 services was transferred from NHS England to local authorities in October 2015.

Local authorities are required to commission five health visits for all new mothers, as part of the [Healthy Child Programme](#). These visits take place at the following intervals:

antenatal health visit;

new baby review;

6 to 8 week assessment;

one year assessment; and

2 to 2½ year review.

Guidance from the Department of Health and Social Care states that maternal mental health is one of the six high impact outcomes of health visiting, and notes that the 6 to 8 week assessment is vital in looking for signs of postnatal depression.<sup>11</sup>

Further information is available in Public Health England's guidance on [Maternity high impact area: Supporting good parental mental health](#).

This issue of a sixth mandated health visit was explored as part of Public Health England's 2016 Review of mandation for the universal health visiting service:

The most generally held view is that the gap between 6-8 weeks and 1 year is too long and that there should be a contact at 3-4 months. Survey respondents proposed that this would be a focused contact with a very specific remit around maternal mental health, infant attachment and bonding, weaning and nutrition and accident prevention as well as an additional opportunity for consideration of

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<sup>10</sup> RCGP, [Postnatal Maternal and Infant Care during the COVID-19 Pandemic](#)

<sup>11</sup> Department of Health, [Universal Health Visitor Reviews: Advice for local authorities in delivery of the mandated universal health visitor reviews from 1 October 2015](#), September 2015

safeguarding issues. There is some concern that 6-8 weeks is simply too early for an effective maternal mood assessment. Some suggest that 3-4 months is a better timing for assessing a mother's mental wellbeing as well as ideal timing for discussions on weaning and healthy eating, which is pertinent to the agenda on childhood obesity.<sup>12</sup>

In April 2018, the Labour Party pledged to introduce a sixth mandated health visit at 3 to 4 months, in part to better identify perinatal mental health issues.<sup>13</sup>

## 1.4 Maternal mental health services during the pandemic

### The impact on maternal mental health

There is evidence that new mothers have experienced poor maternal mental health as a result of the pandemic.

The study on [Maternal Mental Health and coping during the COVID-19 lockdown in the UK: Data from the COVID-19 New Mum study](#) (2020, International Journal of Gynaecology and Obstetrics), found that over half of new mothers reported feeling down, lonely or irritable and 71% reported feeling worried since the beginning of the first lockdown.

### Mental health services

Guidance from the Royal College of Psychiatrists sets out that perinatal mental health care continues to be essential during the Covid-19 pandemic and face to face contact will be necessary in some circumstances.<sup>14</sup>

The Government and NHS have said that mental health services, including specialist perinatal mental health services – remain “very much open for business” during the pandemic. Providers have looked at how they can maximise the use of digital and virtual channels to keep delivering support to existing and new service users. For those with severe needs or in crisis, NHS England has instructed all NHS mental health trusts to establish 24 hours a day, seven days a week mental health crisis lines, clearly accessible from trust websites.

In March, the UK Government announced a £5 million grant, administered by Mind, to fund additional services for people struggling with their mental wellbeing during the coronavirus outbreak.<sup>12</sup> In May, the Government announced that a further £4.2 million would be awarded to mental health charities, such as Samaritans, Young Minds and Bipolar UK, to continue to support people experiencing mental health challenges throughout the outbreak.

Further information is available from:

<sup>12</sup> Public Health England, [Review of mandate for the universal health visiting service](#), October 2016, p34

<sup>13</sup> [‘Labour pledges additional health visit for every baby in England](#) – Jonathan Ashworth’, Labour Press Release, 19 April 2018

<sup>14</sup> Royal College of Psychiatrists, [COVID-19: Working with vulnerable patients: Pregnant women and those in the perinatal period](#), last accessed 3 March 2021

Commons Library briefing on [Mental health policy in England](#).

Royal College of Midwives, [Clinical Guidance Briefing Perinatal Mental Health Care During Covid -19](#)

The Royal College of Psychiatrists, [COVID-19: Mental health before, during and after pregnancy](#)

### Health visiting

On 19 March, NHS England published guidance on [COVID-19 prioritisation within community health services](#). This said that there should be a “partial stop” of pre-birth and 0-5 service (health visiting). All antenatal contact was required to be virtual, and face to face visits could only continue where a clinical need or vulnerable individual was identified. Services were required to stop except:

- Antenatal contact (virtual).
- New baby visits (or when indicated virtual contact).
- Other contacts to be assessed and stratified for vulnerable or clinical need (eg maternal mental health) and is likely to include: - interventions for identified vulnerable families, eg FNP MESH - safeguarding work (MASH; statutory child protection meetings and home visits) - phone and text advice – digital signposting.

On 3 June 2020, NHS England published guidance on the [COVID-19 restoration of community health services for children and young people](#).

This determined that providers should fully restore pre-birth and 0-5 service (health visiting) services.

A report from the University College London [The impacts of COVID-19 on health visiting in England: First Results](#) (2020) found that there was redeployment of up to 80% of health visitors in some areas, and some managers reported losing 50% of health visitors in their team. Face to face contacts were limited, and there was an increase in caseloads, with widespread concern amongst health visitors that the needs of many children would be missed during the period 19 March- 3 June.

Concerns were also raised about the withdrawal of face-to-face services by the Institute of Health Visiting:

It can already be hard for parents to share personal worries or problems like domestic violence and abuse, mental health or substance misuse with a stranger, and eliciting needs like these will be even harder over the phone, creating an additional challenge if either parent wants to speak privately about the things that are really worrying them and may be placing them and their children at risk. Breastfeeding support and physical assessments for growth or minor illnesses over a telephone or video call are also far from straightforward. This prioritisation of services means that universal health visitor reviews for older babies and toddlers will only take place where there is known risk but, as we shall show, there are increasingly large numbers of children whose health and other needs will remain hidden, especially the most vulnerable or disadvantaged.

Altogether, health, education and local authority services are the source of half of all referrals into Children’s Social Care. Without the services having regular contact with children and families there is a real danger that children will fall through the gaps, going without

essential help and intervention from social workers, or early help from the wider health visiting and local early years support services for those below the statutory thresholds.

For babies there is no substitute for proactively seeking out those who missed checks or haven't been seen; nor for identifying parents who are struggling with mental health or other issues that impact on their parenting capacity without support. The needs of these babies and very young children may therefore remain hidden for a considerable time or remain unknown and therefore unmet.<sup>15</sup>

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<sup>15</sup> [Written evidence submitted by Institute of Health Visiting \(DEL0249\)](#), Health and Social Care Committee, [Delivering core NHS and care services during the pandemic and beyond](#), 24 September 2020.

## 2. Parliamentary Material

### 2.1 PQs

#### [Mental Health Services: Mothers](#)

**29 Jan 2021 | 142039**

**Asked by: Sarah Olney**

To ask the Secretary of State for Health and Social Care, what proportion of the £19 million spent in capital in 2020 on central programmes to support mental health services was spent on schemes to deliver Perinatal Mental Health Mother and Baby Units.

**Answering member: Ms Nadine Dorries | Department: Department of Health and Social Care (DHSC)**

Between 2017/18-2018/19, £14.8 million central capital funding was provided to four trusts as part of our programme for perinatal mental health mother and baby units. The units provide in-patient support for women and their babies with the most complex and severe needs that require hospital care, who are experiencing severe mental health crisis including very serious conditions like post-partum psychosis.

Capital spending figures for 2019/20 will be included in the Department's Annual Report and Accounts, to be published shortly on GOV.UK.

#### [Postnatal Depression: Coronavirus](#)

**11 Dec 2020 | 124815**

**Asked by: Tulip Siddiq**

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the effect of covid-19 restrictions on (a) post-natal depression and (b) support for people with post-natal depression.

**Answering member: Ms Nadine Dorries | Department: DHSC**

We recognise the impact of the pandemic and restrictions on people's mental wellbeing and are doing our utmost to ensure that mental health services are there for everyone who needs them, including people with post-natal depression.

From April 2019, new and expectant mothers have been able to access specialist perinatal mental health community services in every part of the country. These services have continued to provide support during the pandemic with greater use of digital and remote technologies providing support and prioritising higher needs families.

From 1 April 2020 it has been a contractual requirement for general practitioners to offer a maternal postnatal consultation at six to eight weeks after birth which should focus on a review of the mother's physical and mental health and general wellbeing.

#### [Maternity Services](#)

**22 Oct 2020 | 104742**

**Asked by: Colleen Fletcher**

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to improve (a) antenatal and (b) postnatal care.

**Answering member: Ms Nadine Dorries | Department: DHSC**

Evidence suggests that continuity of carer can significantly improve outcomes for women and their babies. The commitment in the NHS Long Term Plan, for women to receive continuity of carer during pregnancy, during birth and postnatally, will ensure that women receive safer and more personalised maternity care, improving outcomes for both mother and baby.

It is now also a contractual requirement for general practitioners (GPs) to offer a maternal postnatal consultation at six to eight weeks after birth, as an addition to the six to eight week baby check. £12 million of new funding has been invested through the GP Contract to support all practices to deliver this. The maternal postnatal consultation should focus on a review of the mother's physical and mental health and general wellbeing, using open questioning.

**[Pregnancy: Mental Health Services](#)****06 Oct 2020 | 94485****Asked by: Vicky Foxcroft**

To ask the Secretary of State for Health and Social Care, what progress he has made on the NHS Long Term Plan commitment to provide an additional 24,000 women with access to specialist perinatal mental health support.

**Answering member: Ms Nadine Dorries | Department: DHSC**

The NHS Long Term Plan commits to increasing access to evidence-based care for women experiencing moderate, severe and complex mental health issues. This will benefit an additional 24,000 women per year by 2023/24, in addition to the extra 30,000 women getting specialist help by 2020/21.

NHS England continues to expand capacity of inpatient mother and baby units, which support women with serious mental health issues, keeping them together with their babies.

From 2020/21 there will be a requirement for general practitioners to offer a six-eight week maternal postnatal health check for new mothers as an additional appointment to that for the baby. This should include a review of the mother's mental health and wellbeing, in line with the National Institute for Health and Care Excellence's guidance. Five years ago, 40% of the country had no access to specialist perinatal mental health care. Now, there is full geographical coverage for the first time, with specialist community perinatal mental health services in every one of the 44 local National Health Service areas.

**[Mothers: Mental Health](#)****07 Sep 2020 | 81966****Asked by: Colleen Fletcher**

To ask the Secretary of State for Health and Social Care, what training (a) health visitors, (b) midwives and (c) GPs receive on identifying (a) post-natal depression and (b) other maternal mental health issues.

**Answering member: Ms Nadine Dorries | Department: DHSC**

The Government is committed to ensuring that all healthcare professionals receive the necessary mental health training to meet the current and future needs of patients.

The standard of training for health care professionals is the responsibility of the health care independent statutory regulatory bodies who set the outcome standards expected at undergraduate level and approve courses and Higher Education Institutions to write and teach the curricula content that enables their students to meet the regulators outcome standards.

For midwives, their pre- and post-registration education should enable them to provide prediction, prevention, identification, care and referral for maternal mental health problems.

For general practitioners (GPs), mental health diagnosis and support is a key component of the Royal College of General Practitioners Training Curriculum and a key area where all GPs need to be competent in order to practise independently as family doctors.

#### [General Practitioners: Postnatal Care](#)

**01 Jul 2020 | 60869**

**Asked by: Munira Wilson**

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the effect of the covid-19 outbreak on the six-week post-natal health checks for new mothers at GPs surgeries.

**Answering member: Jo Churchill | Department: DHSC**

As set out in the 'Update to the GP contract agreement 2020/21–2023/24' jointly published in February 2020 by NHS England and NHS Improvement and the British Medical Association, since 1 April 2020 it has been a contractual requirement for general practitioners to offer a maternal postnatal consultation at 6-8 weeks after birth (for live and stillbirths), as an additional appointment to that for the 6-8 week baby check. The maternal postnatal consultation should focus on a review of the mother's physical and mental health and general wellbeing, using open questioning. NHS England and NHS Improvement expect that during the pandemic practices should continue to offer the consultation to new mothers in an appropriate format, most likely by telephone or video consultation. Guidance on the maternal postnatal consultation will be produced later in 2020 following consultation with relevant stakeholders.

#### [Postnatal Care: Coronavirus](#)

**25 Jun 2020 | 60870**

**Asked by: Munira Wilson**

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the effect of covid-19 outbreak on the (a) physical health, (b) mental health, and (c) safety of new mothers.

**Answering member: Ms Nadine Dorries | Department: DHSC**

The Government is working closely with research programmes learning from cases of pregnant women and new mothers with COVID-19 to be able to respond quickly and appropriately.

To promote the safety of pregnant women during this pandemic, NHS England and NHS Improvement have developed guidance for the temporary reorganisation of intrapartum maternity care, launched a 'Help Us to Help You' communications campaign to encourage women to contact their midwife whenever they have any concerns, and is supporting the increase in virtual appointments with initiatives such as distributing 16,000 blood pressure monitors for pregnant women with hypertension to use at home. National Health Service specialist perinatal mental health services remain very much open for business and for those with severe needs or in crisis, all NHS mental health trusts have been instructed to establish 24 hours a day, seven days a week mental health crisis lines.

#### [Maternity Services: Coronavirus](#)

**19 Jun 2020 | 59267**

**Asked by: Olivia Blake**

To ask the Secretary of State for Health and Social Care, what additional (a) counselling and (b) support his Department provided to people who gave birth during the covid-19 lockdown.

**Answering member: Ms Nadine Dorries | Department: DHSC**

Guidance from the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists sets out that postnatal care should be regarded as essential care and women should be encouraged to attend appointments despite the pandemic.

National Health Service mental health services - including specialist perinatal mental health services – remain very much open for business and mental health providers are looking at how they can maximise the use of digital and virtual channels to keep delivering support to existing and new service users. For those with severe needs or in crisis, NHS England has instructed all NHS mental health trusts to establish 24 hours a day, seven days a week mental health crisis lines, clearly accessible from trust websites.

Further, we have made £5 million available to mental health charities in recognition of the vital role they play alongside the NHS in supporting people affected in numerous ways as a result of the COVID-19 pandemic.

#### [Maternity Services: Coronavirus](#)

**17 Jun 2020 | 59268**

**Asked by: Olivia Blake**

To ask the Secretary of State for Health and Social Care, what post-natal care procedures he has put in place for people who gave birth during the covid-19 lockdown; and what assessment he has made of the effect of the covid-19 outbreak on the provision of post-natal care.

**Answering member: Ms Nadine Dorries | Department: DHSC**

During the COVID-19 pandemic, maternity services have been facing significant staff shortages with many staff either ill, shielded or self-isolating.

The National Health Service is making arrangements to ensure that women are supported and cared for safely through pregnancy, birth and the period afterwards during this pandemic when there will be extra pressures on healthcare services.

Community health services should continue to provide support during the current pandemic, supported by greater use of digital and remote technologies, and priority given to families in greatest need or who are vulnerable. Antenatal contact and new baby visits should continue.

NHS mental health services have remained open for business throughout this time, including delivering support digitally and over the phone where possible.

[Maternity Services: Coronavirus](#)

**08 Jun 2020 | 52002**

**Asked by: Jonathan Ashworth**

To ask the Secretary of State for Health and Social Care, what postnatal care is available to new parents during the covid-19 outbreak.

**Answering member: Ms Nadine Dorries | Department: DHSC**

Guidance from the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists sets out that postnatal care should be regarded as essential care and women should be encouraged to attend appointments. NHS England and NHS Improvement have been working with local government to modify and prioritise community health services. Maternity and health visiting services are continuing to deliver the healthy child programme predominantly via virtual methods, with health visitors encouraged to identify children that require a home visit.

Mental health providers are also looking at how they can maximise the use of digital and virtual channels to keep delivering support to existing and new service users.

[Maternal Mortality](#)

**16 May 2018 | 142857**

**Asked by: Jonathan Ashworth**

To ask the Secretary of State for Health and Social Care, what recent steps his Department taking to reduce maternal mortality rates.

**Answering member: Jackie Doyle-Price | DHSC**

The Department is working with NHS England to continue driving down levels of stillbirth, neonatal mortality and maternal deaths. This is supported by initiatives set out in the 2017 Maternity Safety Strategy. These include:

- Independent learning investigations conducted by the Health Safety Investigation Branch into every case of maternal death. This will ensure that learning can be captured in an open and transparent way and quickly fed back into the system to reduce the likelihood of such events occurring again;

- NHS England and the Women's Health Clinical Reference Group are working to develop a plan to introduce a network of maternal medicine specialists across the country to care for pregnant women with significant health conditions such as cardiac disease, epilepsy or diabetes. Cardiovascular issues are the leading indirect cause of maternal death in the United Kingdom. In addition, the Department will provide funding over three years to train 12 consultant physicians as 'Obstetric Physicians'. The Obstetric Physicians will provide expert care for pregnant women with complex medical problems;

- Increasing the capacity in perinatal mental health services across England. This initiative was backed by a £365 million investment in 2016. Psychiatric causes such as suicide, drug and alcohol misuse are major causes of maternal death. Four new mental health Mother and Baby Units will open in the next two years and bed numbers in the existing 15 units will increase so that overall capacity is increased by 49% in 2018/19; and

- NHS England is also working closely with Health Education England who are leading on the development of a perinatal mental health competency framework. This supports the perinatal mental health workforce to develop the required skills and knowledge to support better identification of perinatal mental illness, early intervention and improved recovery rates. Targeted funding of £1.2 million was provided in 2017 to enable the training of mental health, maternity and primary care staff to increase awareness and skills related to perinatal mental health.

With these measures in place the Secretary of State for Health has set an ambition to halve the rate of maternal deaths by 2025.

### [Mental Health Services: Females](#)

**02 Feb 2016 | 23806**

**Asked by: Catherine West**

To ask the Secretary of State for Health, what steps his Department is taking to ensure that mental health services take account of the experiences and needs of women (a) in general and (b) who have experienced extensive abuse.

**Answering member: Alistair Burt | Department: Department of Health**

The focus of our mental health service transformation is supporting increased equitable access to high quality care for all people. Local health

economies consider the local populations needs, including access to services, when they commission and provide services and support.

The Prime Minister recently announced a £290 million investment over the next five years to 2020/21 in perinatal mental health services. This builds on the initial investment announced in the March 2015 Budget, making a total investment from 2015/16 to 2020/21 of £365 million. The settlement is expected to enable NHS England to build capacity and capability in perinatal mental health services, with the aim of increasing access to The National Institute for Health and Care Excellence-concordant care for women in all areas of England by 2020/21.

We know that vulnerable women can experience abuse and that abuse can also increase vulnerability. It can take many years, if at all, for women to disclose that they have been sexually or otherwise abused, whether as adults or children. The Department is exploring how enquiries can be routinely made of patients using a number of services such as substance misuse, adult mental health and sexual health clinics to help with early identification and support for women to get the services that they need, much earlier.

Health care professionals are in a unique position to identify abuse and to intervene early with women to direct them to the most appropriate statutory and non-statutory services for support.

Focussing health professionals on better identification and actions that will break the cycle of violence, means that health care staff can then enable those affected to access the therapeutic support they need, including counselling.

## 2.2 Committee Reports

### [The impact of Covid-19 on maternity and parental leave](#)

1st Report of Session 2019–21

House of Commons Petitions Committee

HC 526

6 July 2020

### [Delivering core NHS and care services during the pandemic and beyond](#)

2nd Report of Session 2019–21

House of Commons Health and Social Care Committee

HC 320

1 October 2020

## 2.3 Ministerial Statements

### [Women's Health Strategy](#)

08 Mar 2021 | 690 cc535-7

Nadine Dorries | The Minister for Patient Safety, Suicide Prevention and Mental Health

## 3. Press Articles and Press Releases

### 3.1 Press Articles

The following is a selection of news and media articles relevant to this debate.

Please note: the Library is not responsible for either the views or the accuracy of external content.

[Exclusive: Working mothers bearing brunt of mental health problems in pandemic, poll finds](#)

The Telegraph

7 March 2021

[Guilt and fury: how Covid brought mothers to breaking point](#)

The Observer

28 February 2021

[Covid: New mums ask hospitals for more support during pregnancy](#)

BBC

27 February 2021

[Born in Lockdown: Mothers' stories of giving birth in 2020](#)

BBC

23 February 2021

[New mothers face hidden mental health crisis in lockdown, UK study finds](#)

World Economic Forum

22 February 2021

[Baby blues: Why mental disorders are common in new parents](#)

The Independent

9 February 2021

[Lockdown study finds undiagnosed mental health crisis among new mothers](#)

The Conversation

5 February 2021

[Covid-19: Becoming a parent during a pandemic](#)

BBC

24 January 2021

[How Covid restrictions are fuelling a postnatal depression crisis](#)

ITV News

18 December 2020

[Covid and the mental health crisis among new mums](#)

The Telegraph

27 November 2020

[Mother and baby units: 'It's our job to keep them safe'](#)

BBC

26 October 2020

[Another lockdown will be detrimental to the mental health of mothers like me](#) [Subscription required]

The Telegraph

22 September 2020

### 3.2 Press Releases

[Government launches call for evidence to improve health and wellbeing of women in England](#)

Department of Health and Social Care

6 March 2021

[Labour pledges additional health visit for every baby in England – Jonathan Ashworth](#)

Labour

19 April 2018

[Prime Minister pledges a revolution in mental health treatment](#)

Prime Minister's Office

11 January 2016

## 4. Further Reading

### 4.1 External Reports

[Maternity high impact area: Supporting good parental mental health](#)

Public Health England

December 2020

[Maternal Mental Health and coping during the COVID-19 lockdown in the UK: Data from the COVID-19 New Mum study](#)

International Journal of Gynaecology and Obstetrics

26 September 2020

[The NHS Long Term Plan](#)

NHS

7 January 2019

[The five year forward view for mental health](#)

A report from the independent Mental Health Taskforce to the NHS in England

February 2016

### 4.2 External Guidance materials

[Antenatal and postnatal mental health: clinical management and service guidance](#)

National Institute for Health and Care Excellence

11 February 2020

[Clinical Guidance Briefing Perinatal Mental Health Care During Covid -19](#)

Royal College of Midwives

[COVID-19: Mental health before, during and after pregnancy](#)

The Royal College of Psychiatrists

[Healthy child programme 0 to 19: health visitor and school nurse commissioning](#)

Public Health England

20 January 2016

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