

## BRIEFING

### Maternal psychological wellbeing: a challenge and a unique opportunity

(Key points from the three presentations in bold)

In the last 10 years, there has been welcome progress in the availability of specialist perinatal mental health services across the UK for women with the most severe and complex mental health problems. This transformation of mental healthcare, initiated by the government, implemented rapidly by the NHS and welcomed by all stakeholders, demonstrates that large-scale reform in this area is not only possible, but rapidly and directly benefits health outcomes for women, babies and families.

However, unlike for maternal physical health, there is no dedicated provision for detection and care of common maternal mental health problems (sometimes referred to as mild-moderate) such as depression and anxiety. These conditions are extremely common, can be highly distressing and disabling and have a lasting impact on the long-term health and wellbeing of mothers and babies.

The solution is better mental health support and care within maternity and health visiting services at the beginning of the lifelong motherhood journey. This is when most of these mental health problems first arise and when we have the best opportunity to prevent short and long-term adverse effects on mothers, children and families.

### THE CHALLENGE

- At least 20% women experience significant mental health problems in pregnancy: these are the most common of all serious health problems during maternity (1)
- Women and maternity professionals face major barriers to access timely and adapted care for common mental health problems during maternity: an estimated 50% of women don't receive the support or care they need (2)
- **In a recent survey of mothers in the UK conducted by Make Mothers Matter, 50% identified poor mental health and 70% reported feeling overloaded (3)**
- Black and minority ethnic women, young mothers and those facing multiple disadvantage such as domestic abuse and addiction, experience poorer outcomes. (4)
- Mental health problems are the main cause of postnatal maternal deaths after 6 weeks (5)
- Maternal mental health problems, particularly during pregnancy, are one of the most powerful predictors of mental health problems in children (6, 7)
- The economic burden to individuals and society is immense (8)
- The CQC found that women's satisfaction with maternity care was lowest amongst those with mental health problems (9)
- Midwives and obstetricians understand this challenge and try to deliver holistic care but have never been supported by the system in which they work. Historically, training, time, resources and systems in maternity care have been designed for physical health. (10)
- This is demoralising for maternity staff: they are concerned about mental health and are successfully improving enquiry rates but are frustrated by the absence of dedicated support and care.

## THE SOLUTION

- The World Health Organisation recommends that mental health should be integrated into maternity care (11).
- **A new report from Anna Freud will outline how mental health care for common mental health problems can be integrated into maternity and health visiting services, providing evidence-based care in a non-stigmatizing, accessible, preventative way, improving outcomes for mothers and their babies. This would require approximately 500 new posts. The report documents the strong support for this improvement in care from multiple stakeholders in the UK (12)**
- **Research from CPEC at LSE, has demonstrated that this is a more cost effective than alternative, non-integrated, models of care, and indeed would achieve cost savings of £490m over 10 years (13)**
- Additional potential benefits include improving women and family satisfaction with maternity care, helping to ease pressures on massively stretched maternity health care professionals, and improving maternity staff job satisfaction (and therefore retention and recruitment)

The UK NHS already leads the world in specialist perinatal mental health care for the most severely ill mothers: we have the opportunity to enhance maternity care, improve outcomes for mothers, babies and families, and support our workforce to deliver the high quality, holistic, equitable, evidence based and inspiring care that mothers, babies and families in the UK deserve.

1. Heron J, O'Connor TG, Evans J, Golding J, Glover V; ALSPAC Study Team (20014).The course of anxiety and depression through pregnancy and the postpartum in a community sample.J Affect Disord. 80(1):65-73.
2. [https://www.nct.org.uk/sites/default/files/2019-04/NCT%20The%20Hidden%20Half\\_0.pdf](https://www.nct.org.uk/sites/default/files/2019-04/NCT%20The%20Hidden%20Half_0.pdf)
3. <https://makemothersmatter.org/mmm-state-of-motherhood-in-europe-2024/>
4. <https://maternalmentalhealthalliance.org/about-maternal-mental-health/inequalities/domestic-abuse/>
5. <https://www.npeu.ox.ac.uk/assets/downloads/mbrace-uk/reports/maternal-report-2025/MBRRACE-UK%20Maternal%20Report%202025%20-%20Main%20ONLINE%20v1.0.pdf>
6. Stein A, Pearson RM, Goodman SH, Rapa E, Rahman A, McCallum M, Howard LM, Pariante CM (2014) Effects of perinatal mental disorders on the fetus and child. Lancet. 384(9956):1800-19
7. Pearson RM, Evans J, Kounali D, Lewis G, Heron J, Ramchandani PG, O'Connor TG, Stein A.(2013) Maternal depression during pregnancy and the postnatal period: risks and possible mechanisms for offspring depression at age 18 years JAMA Psychiatry. 70(12):1312-9.
8. <https://eprints.lse.ac.uk/59885/>
9. <https://www.cqc.org.uk/publications/surveys/maternity-survey>
10. <https://rcm.org.uk/perinatal-mental-health/>
11. <https://www.who.int/publications/i/item/9789240057142>
12. <https://www.annafreud.org/research/past-research-projects/the-integrate-report>
13. <https://www.lse.ac.uk/cpec/assets/documents/CPEC-Perinatal-Economics-2022.pdf>