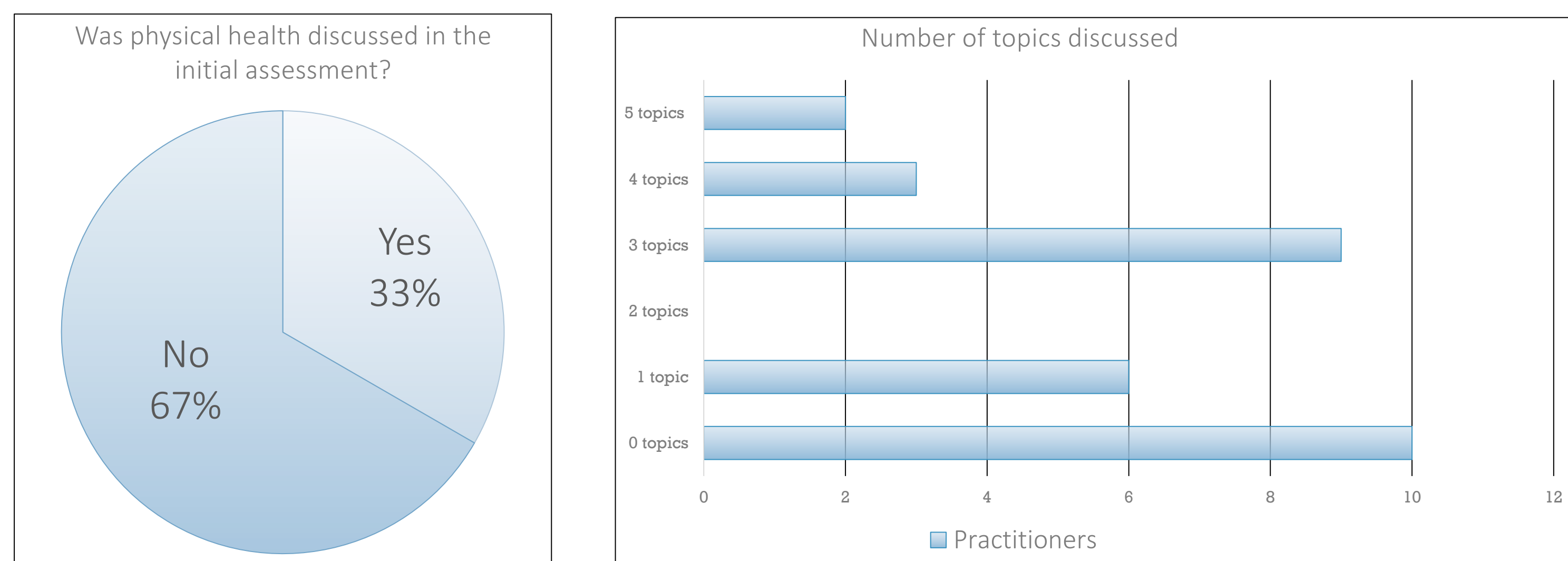


# The use of education to promote holistic care and parity of esteem within the Specialist Perinatal Mental Health Service

Jordan Ormshaw, Advanced Clinical Practitioner- Greater Manchester Mental Health Foundation Trust

Mental health and physical health are noted to be inextricably linked, which is also demonstrated within pregnancy (NHS England, 2022). The presence of mental health diagnosis is a strong predictor for increased obstetric complications. Despite this, pregnant parents with mental health disorders generally have a reduced engagement with antenatal care due to fear of stigma and low seeking behaviours. Therefore, an overall reduced monitoring throughout pregnancy. (Sudziate et al 2020).

Pregnancy is noted to be a high-risk time for the occurrence of mental illness due to several hormonal and environmental changes (Sudziate et al., 2020). Throughout pregnancy significant physiological and anatomical changes occur to accommodate and nurture the growing fetus. Good health throughout pregnancy improves outcomes for both parent and baby (Public Health England 2019).



Despite the importance of physical health as part of a holistic assessment, the concluded results of the QI audit of the Perinatal Quality Network Standards, identified an overall poor and inadequate response to the assessment of physical health during the perinatal mental health assessment process.

The lack of exploration around physical health highlighted the lack of knowledge and confidence of practitioners and suggested the need to provide further education. Aiming to improve practitioner ability to recognise the importance and benefit of adequate physical health assessment.

The development of mental and physical health literacy is vital to providing holistic care by healthcare professionals. However, deficits in education and service structures throughout mental health practice appear to have created the culture in which physical health knowledge for mental health nurses is inhibited (Butler et al 2020).

A driver questionnaire identified that a 100% of practitioners were eager to engage in education sessions to improve their knowledge, confidence and ability to provide improved holistic care.

*“Brilliant training, I was really able to understand, retain and apply to my practice”.*

*“As a mental health nurse, it gave a really good understanding of the various health conditions that can be more prevalent in pregnancy and in the perinatal phase”*

*“Really good overview of common problems in pregnancy that all perinatal staff should be aware off for the safe care of our patients. I feel I could explain this to a patient more easily now”*

### An Advanced Clinical Practitioner in a Perinatal Service:

- Facilitating teams**
  - Group/individual supervision
  - Provide educational sessions to train and inform agencies
  - Provide education to enhance nursing skills including use of clinical tools, 1:1 side effect monitoring
  - Education on physical health including physical red flags within pregnancy
- Clinical**
  - Medication reviews including physical health review
  - Assessment, diagnosis and treatment of mental and physical health
  - Ability to undertake detailed physical health review including past medical history/ systems review
- Research, evidence and development**
  - Ability to synthesise and interpret evidence and incorporate into practice
  - Share recent evidence across the team
- Leadership**
  - PCN accreditation
  - Quality improvement
  - Positive and passionate role model to empower the team, women and their families
  - Adaptive leadership style
  - Ability to influence change
  - Develop working relationships with wider MDT
  - Developing physical health monitoring within the perinatal service



Research

### Pre-Eclampsia

Aetiology is unclear- key feature is an abnormal placenta

- Development of an abnormal placenta
- Preeclampsia: Spiral arteries = Deliver lots of blood, Narrows - Less blood
- Normal: Dilates 5-10 times, Delivers large amounts of blood to placenta/ the fetus

Leads to risk of growth restriction, placental abruption and stillborn



Education

### Management & Treatment

- Monitoring**
  - Regular monitoring for hypertension, urine proteinuria & organ involvement/damage
  - Education & Support around modifiable risk factors
- Symptoms management**
  - Treatment of symptoms, if possible, via use of medication- anti-hypertensives
- Delivery**
  - Delivery of the 'root cause', the placenta
  - Delivery should be cautiously planned
  - Assessment of gestation and severity of illness will be completed
  - Maternal and fetal risk/benefit

Higher risk of Postpartum depression among those women with pre-eclampsia compared to the general population.



Clinical

### Red flag Recap

- Recognition...**
  - Headache
  - Blurred vision
  - Upper right stomach pain
  - Palpitations
  - Excess swelling
- Response...**
  - Promote to seek support via community midwife or maternity triage for further review
  - Promote regular antenatal monitoring and provide education around the importance of this



Leadership

### Aims/Objectives

The introduction of an education package for all clinical staff within the Perinatal mental health Service, to enable compliance with standard 6.2j and 6.2g of the Perinatal Quality Network Standards and improve practitioner knowledge and confidence to provide holistic care.

### Details of the Project

An evidence based educational package was devised covering the pathophysiology and symptomology to recognise and respond to red flags within common physical health disorder in pregnancy. This was delivered to all staff within the Perinatal Mental Health service.

### Results/Outcomes

All practitioners in the service attended the in house training, and this has since been added to the yearly mandatory training, and induction training for all new starters.

### Conclusions/Impact

The presentation received very positive feedback, and practitioners felt having the ability to understand the pathophysiology behind these disorders has given them not only the ability to recognise and respond to red flags, but also the ability to educate and prompt the patients to engage with antenatal care as required.

The presentation has since been presented at the national RCPsych PQN Spotting the Sick Mother & Baby Event and has been requested and delivered to Perinatal services in Scotland and Winchester. This teaching package targets a specific PQN standard and is also well received by practitioners to improve overall patient care.

Perinatal Nurses Study Day Programme		
'Establishing and reclaiming the role of Perinatal Mental Health Nursing within a Specialist MDT Perinatal Service'		
09.30	Welcome, introduction and housekeeping Chair - Hugh Masters	
9.40 - 09.50	Setting the scene - Progress in Scotland	
09.50 - 10.10	Kerry Meredith Nurse Team Leader NHS A&A Expert to Novice	Service Evaluation
10.10 - 10.40	<ul style="list-style-type: none"> <li>Lisa Malcolmson, Nurse Consultant NHS Grampian</li> <li>Roddy Munro ANP NHS Highland</li> <li>Amy Gaynor-Kirk CPN, NHS Lothian</li> </ul>	
10.40-11.15	Coffee & Networking	Re-convene 10.55
11.15 - 11.35	Karen Drummond - Nurse Therapist MBU	
11.35 - 12.15	Jordan Ormshaw - Trainee ANP	Physical Healthcare - 'common physical health disorders in pregnancy'
12.15-13.15	Lunch & Networking	Re-convene 12.45
13.15-14.00	Dr Karen Ozden: Chief Nurse and General manager Royal Edinburgh Hospital and Associated services	Role of Advance Nurse - personal history
14.00-14.45	Panel Discussion	Chair - Roch Cantwell
14.45-15.00	Final comments & close	

PQN Spotting the Sick Mother and Baby Programme	
Tuesday 21 June 2022	
Zoom (register here) #PQN	
10:00 - 10:10	Welcome and Opening Laura Richmond, Patient Representative, Perinatal Quality Network
10:10 - 11:10	The Role of a Midwife Providing Antenatal and Postnatal Care Diane Best, Lead Midwife for Perinatal Mental Health and Substance Misuse, Sherwood Forest Hospitals NHS Foundation Trust
11:10 - 11:20	BREAK
11:20 - 12:10	Recognising the Unwell Infant Denise Sullivan, Service Lead, and Dr Rose Spencer, Deputy Lead Perinatal Psychologist, Coombe Wood MBU
12:10 - 12:50	LUNCH
12:50 - 13:50	Common Physical Health Disorders in Pregnancy: Recognising and Responding to Red Flags Jordan Ormshaw, Perinatal Trainee Advanced Clinical Practitioner, and Abigail Kennedy, Qualified Advanced Clinical Practitioner, Greater Manchester Specialist Perinatal Community Mental Health Team
13:50 - 14:00	BREAK
14:00 - 14:20	DISCUSSION SPACE
14:20 - 16:00	Spotting the Unwell Infant Dr Lucy Shanfield, Consultant Community Paediatrician and Dr Sophie Radford, ST2 Paediatrics, Nottingham Children's Hospital
16:00 - 16:10	CLOSE

Butler, J. et al. (2020) Attitudes to physical healthcare in severe mental illness: a patient and mental health clinic qualitative interview study. *BMC family practice*. 21 (1), 1-8.  
NHS England. (2022). Perinatal Mental Health. Retrieved on 02/08/22 <https://www.england.nhs.uk/mental-health/perinatal/>  
Public Health England. (2019). Health of women before and during pregnancy: health behaviours, risk factors and inequalities An updated analysis of the maternity services dataset antenatal booking data. Gateway number: GW-868. Crown Copyright: London.  
Sudziate, K. et al (2020). Pre-existing mental health disorder affect pregnancy and neonatal outcomes: a retrospective cohort study. *BMC Pregnancy and Childbirth*, 20(4), 1-7.