

Perinatal Mental Health

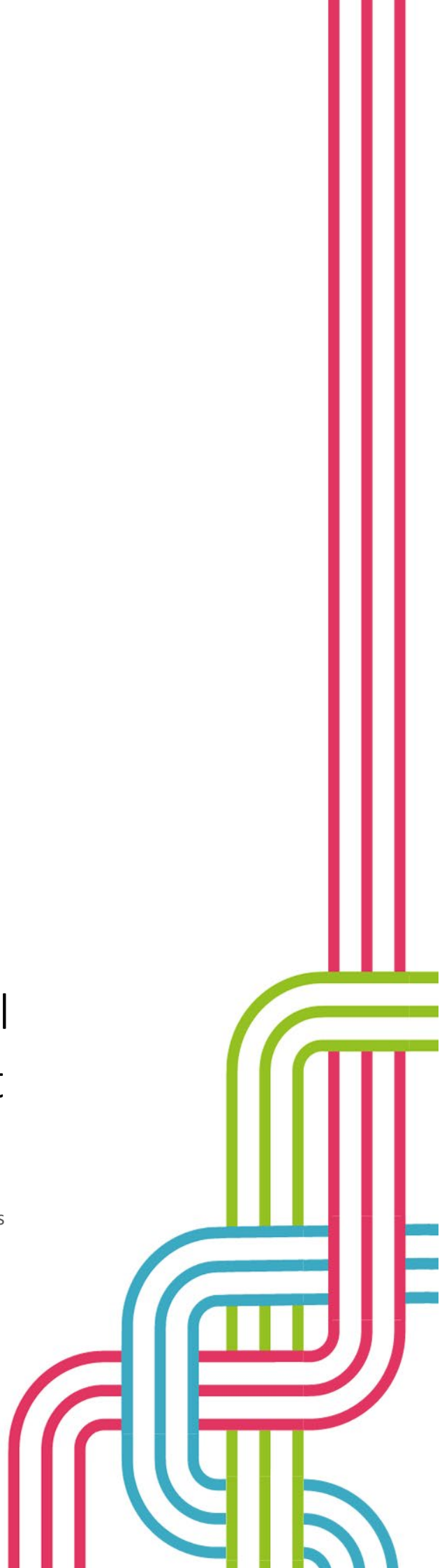
Part of the Suffolk mental health needs assessment

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Contents

5 Key Points	3
Context	3
Type of report	3
Background - geography	3
Background – definitions	3
Scope.....	4
Numbers.....	4
Prevalence of perinatal mental ill health	4
Fathers’ and partners’ mental health.....	6
In Suffolk.....	6
Birth Rates in Suffolk	6
Access to Perinatal Mental Health services in Suffolk	7
Factors affecting perinatal mental health needs in Suffolk.....	8
Changes in population	8
Age of the mother	9
Ethnicity of the mother	10
Deprivation.....	11
Other risk factors.....	11
Domestic abuse related incidents and crimes	11
Children on child protection plans	12
What we do locally.....	13
What help is available in Suffolk?	13
Guidance – What should perinatal mental health services look like?	14
Early recognition and proactive support.....	14
Information provision after the birth.....	15
Communication between care professionals.....	15
Support for partners	15
Data	15
Quality of recorded data	15
Comparisons and analyses.....	16
Further Information	16
Bibliography	16

5 Key Points

1. Perinatal mental ill health can affect up to 27% of mothers and approximately 10% of fathers. (See section below on Scope)
2. There were over 45,000 people in contact with specialist perinatal mental health community services in England in the year to June 2022, an increase of 25% on the previous year. (See section below on Prevalence of perinatal mental ill health)
3. In Suffolk, the population of women of childbearing age has been decreasing over recent years. (See section below on Changes in population)
4. In Suffolk, there was a statistically significantly higher proportion (3.5%) of births to mothers under 20 years of age compared to the average in England (2.9%). Mothers in this age group are more likely to access mental health services. (See section below on Age of the mother)
5. In 2021, the lowest proportion of births (12.5%) were to mothers living in the most deprived areas of Suffolk, whereas in 2014 this had been the highest proportion (24.4%) of births. (See section below on Deprivation)

Context

Type of report

This report is part of a mental health needs assessment in the Suffolk Joint Strategic Needs Assessment. “A health needs assessment is a systematic approach to understanding the needs of a population that can be used as part of the commissioning process to ensure that the most effective support is provided for those in greatest need” (NICE, 2018).

Background - geography

The report covers the Suffolk County Council geography.

[Clinical Commissioning Groups \(CCGs\) ceased to exist on 1 July 2022](#), when Integrated Care Boards (ICBs) were legally established. “Sub-ICB areas” match the geography of CCGs for data analysis. Suffolk is covered by two ICBs: Suffolk and North East Essex (West Suffolk and Ipswich and East Suffolk CCGs or sub-ICB areas), and Norfolk and Waveney (ICB or CCG). These areas are different sizes in terms of geography and population (March 2023)²:

- 1,088,258 Norfolk and Waveney CCG/ICB
- 1,058,560 Suffolk and North East Essex ICB
- 422,283 Ipswich & East Suffolk CCG/sub-ICB
- 265,688 West Suffolk CCG/sub-ICB

Where possible, health information on the Waveney part of Suffolk (including Lowestoft) is given at Primary Care Network (PCN) level. PCNs are groups of GP practices that cover smaller areas than an ICB or CCG.

Note: East Suffolk Lower Tier Local Authority (LTLA) includes the Lowestoft and Waveney area, which is in the Norfolk and Waveney ICB.

Background – definitions

CIPFA nearest neighbours are groups of local authorities created by the Chartered Institute of Public Finance and Accountancy based on statistical similarity in 40 socio-economic measures. These

comparisons can be more informative than comparisons with all authorities in England, for example where rurality may have an impact.

Scope

Mental ill health that occurs during pregnancy or in the first year following childbirth are referred to as perinatal ill health. Perinatal mental ill health can start at this time or may be a pre-existing condition. Perinatal mental ill health affects up to 27% of women and approximately 10% of fathers during the perinatal period. Perinatal mental illness can refer to a number of diagnosable conditions such as anxiety disorders, depression, psychosis, eating disorders or schizophrenia, amongst others.

Perinatal mental ill health can have a wider impact, not only on the parent who is directly affected. They may affect a parent's ability to form a bond with their baby, their parenting style, and their ability to support and care for their partner and other dependents. Perinatal mental ill health is [associated with a range of negative outcomes](#) for the child, including their development. However, these are not inevitable, and the right support and interventions can help reduce the risks for the child. These can include:

- Promoting healthy pregnancies
- Promoting healthy lifestyles
- Primary and secondary prevention
- Early identification
- Timely provision of quality specialist care

Whilst any woman or parent may experience mental ill health during pregnancy and the first year after birth, there are [certain factors that may increase the risk](#). These include:

- [Bereavement, still birth or miscarriage](#)
- History of mental ill health
- Childhood abuse and neglect
- Exposure to violence or other trauma
- Inadequate social support
- Alcohol or drug use
- Poverty
- [Being a migrant](#)
- Unplanned or unwanted pregnancy

A [study into the costs of perinatal mental ill health in 2014](#) estimated that the cost in the UK was £8.1 billion per year when taking into account the cost to health and social care, the public sector and wider society. Of these costs, 72% relate to the impact of perinatal mental ill health on the child. Since then, the UK government and the NHS have made perinatal mental health a key priority with an initial investment of £365 million to support a 5-year plan by the NHS to extend access to specialist perinatal mental health treatment to at least 30,000 additional women per year by 2020/21. In Suffolk, this saw the launch of the [Suffolk Community Perinatal Mental Health Service](#) in 2018.

Numbers

Prevalence of perinatal mental ill health

Up to 27% of expectant and new mums are affected by perinatal mental illness, according to NHS England. The prevalence of some perinatal psychiatric disorders in England in 2017/18 is known and

can be used to estimate the level of need in Suffolk per year (Table 1: Prevalence of perinatal psychiatric disorders in England in 2017/18, and estimated level of need in Suffolk per year, based on birth data from 2021).

Table 1: Prevalence of perinatal psychiatric disorders in England in 2017/18, and estimated level of need in Suffolk per year, based on birth data from 2021

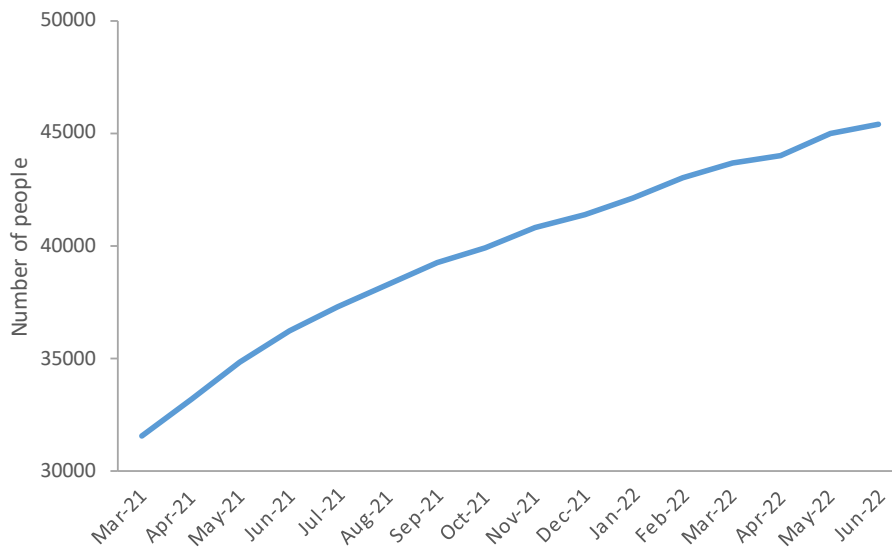
Indicator	Prevalence in England (2017/18) per 1000 maternities	Estimated number of people affected in Suffolk per year (2021)
Postpartum psychosis	1 - 2	11
Chronic serious mental illness	1 - 2	11
Severe postnatal depression	23	163
Mild to moderate depression and/or anxiety	77 - 116	543-814
Post-traumatic stress disorder (PTSD)	23	163
Adjustment disorders and distress	116 - 231	814 - 1628

Sources: [Nomis](#); [OHID Fingertips: Perinatal Mental Health Prevalence](#)

Analysis notes: Prevalence in England per 1000 births was calculated using average [live birth and stillbirth figures for 2017 and 2018](#) in England. These prevalence rates were used to estimate the number of people affected in Suffolk per year, based on live birth and stillbirth figures for 2021.

It was [estimated in 2015](#) that 85% of health localities (Sustainability and Transformation Partnership areas - now ICB areas) either had no specialist perinatal mental health services at all, or had services which were not meeting National Institute for Health and Care Excellence (NICE) guidelines. Since then, there has been significant funding for these services and the [NHS Five Year Forward View for Mental Health](#) set out a plan to provide access to perinatal mental health services for an additional 30,000 women per year by 2020/21. Access to perinatal mental health community services has continued to grow since then, with the number of people in contact with specialist perinatal mental health community services in the year to June 2022 exceeding 45,000 (Figure 1). This may be partly related to the impact of COVID-19 and lockdowns to prevent the spread of the virus in 2020 and 2021.

Figure 1: People in contact with specialist perinatal mental health community services over the previous 12 months (rolling average) in England



Source: [NHS England MHSDS Power BI App](#)

Fathers' and partners' mental health

Expecting and having a baby is a big life change and can affect the mental health of the father or partner as well as the mother. Paternal (and partners') mental health is a subject that is not as widely discussed and reported as maternal mental health. However, [a meta-analysis of literature](#) found that approximately 10% of fathers experienced prenatal or postpartum depression, and [a study of 2,500 fathers](#) in Canada found that 22% of them experienced depression and anxiety in the first year postpartum. In Suffolk, this could affect an estimated 835 – 1,830 fathers per year (estimated based on [2020 number of conceptions in Suffolk](#), 8,327). Such mental illness may impact a partner's ability to support and care for mother and baby and any other dependents, thereby affecting not just them but the family as a whole.

In Suffolk...

Birth Rates in Suffolk

In 2021, there were 7,026 [live births in Suffolk](#) (Figure 2). West Suffolk recorded the highest number of live births of any district (1,896).

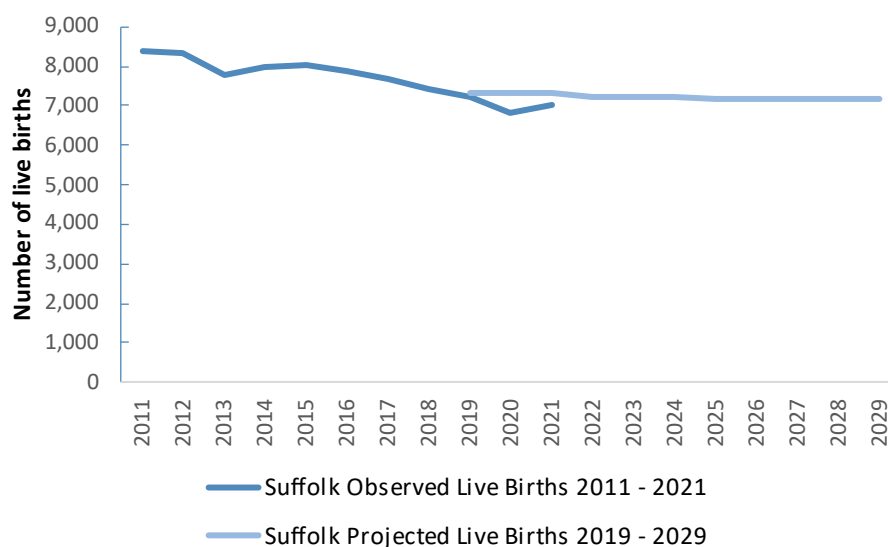
The [total fertility rate](#) is "is the average number of live children that a group of women would have if they experienced the age-specific fertility rates for the calendar year in question throughout their childbearing lifespan." Suffolk's total fertility rate ([birth summary tables](#)) was 1.61 in 2021: England's rate was 1.55. Ipswich and Babergh recorded the highest total fertility rates in Suffolk (each at 1.66), West Suffolk was 1.65, Mid Suffolk was 1.60, and East Suffolk was 1.55.

The [general fertility rate](#) shows "the number of live births divided by the female 15-44 population" (per 1,000). In 2021, Suffolk's general fertility rate (55.3) was statistically significantly similar to England (54.3).

In [Suffolk](#), the [stillbirth rate](#) (number of stillbirths per 1,000 live births and stillbirths) was 2.7 (19 recorded), with East and West Suffolk having the highest rates of 3.7, these figures were not statistically significantly different from England (4.1).

In 2017, 3.5% of live births in Suffolk were to mothers aged under 20, which is statistically significantly higher than the England average (2.9%), while 3.2% live births were to mothers aged 40 or over, statistically significantly lower than England (4.4%) ([Perinatal Mental Health - OHID](#)). The total annual number of births to mothers in Suffolk fell between 2015 and 2017 (Figure 2), as did the number of births to mothers aged under 20 in Suffolk. Internal analysis by Public Health and Communities shows that over 75% births to mothers aged under 20 are to young women aged 19 and 20. Figures for 2020 and 2021 may have been affected by the pandemic and measures to control the spread of COVID-19.

Figure 2: Number of live births in Suffolk



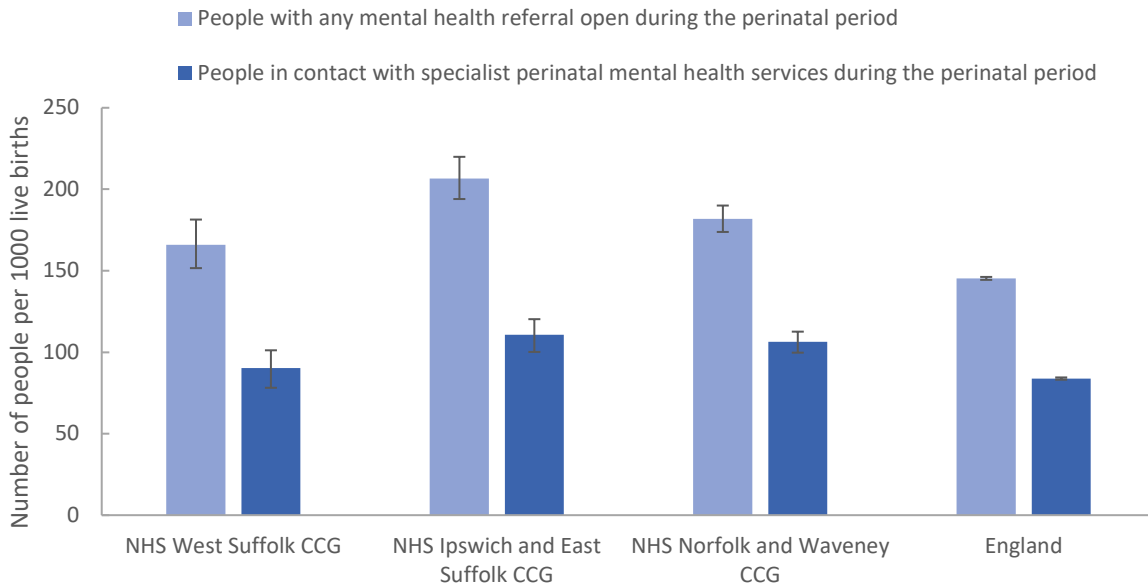
Data sources: [ONS: Population projections incorporating births, deaths and migration for regions and local authorities, 2018;](#) [ONS: Births in England and Wales: summary tables](#)

Access to Perinatal Mental Health services in Suffolk

In [NHS West Suffolk CCG and NHS Ipswich and East Suffolk CCG](#) in the year to June 2022, 570 people aged 16 or over were in contact with specialist community-based perinatal mental health services during their perinatal period, whilst 1,185 had a mental health referral open.

Across the three CCGs serving people in Suffolk in 2021, rates of people with mental health referrals open during the perinatal period were significantly higher than the average in England. Rates of people in contact with specialist perinatal mental health services during the antenatal period were also significantly higher than the England average for people served by NHS Ipswich and East Suffolk CCG and Norfolk and Waveney CCG (Figure 3). This could have a variety of reasons, such as better access to mental health services, or greater need.

Figure 3: Number of people aged 16 and over in contact with mental health services in 2021 during the perinatal period, per 1000 live births recorded in 2021, by CCG



Data Sources: [Nomis](#), [MHSDS Monthly: Women in contact with mental health services who were new or expectant mothers, January 2021 to December 2021](#) (NHS Digital)

Please note: A person in contact with mental health services during their perinatal period in 2021 may or may not have given birth in the same year. Error bars show 95% confidence intervals

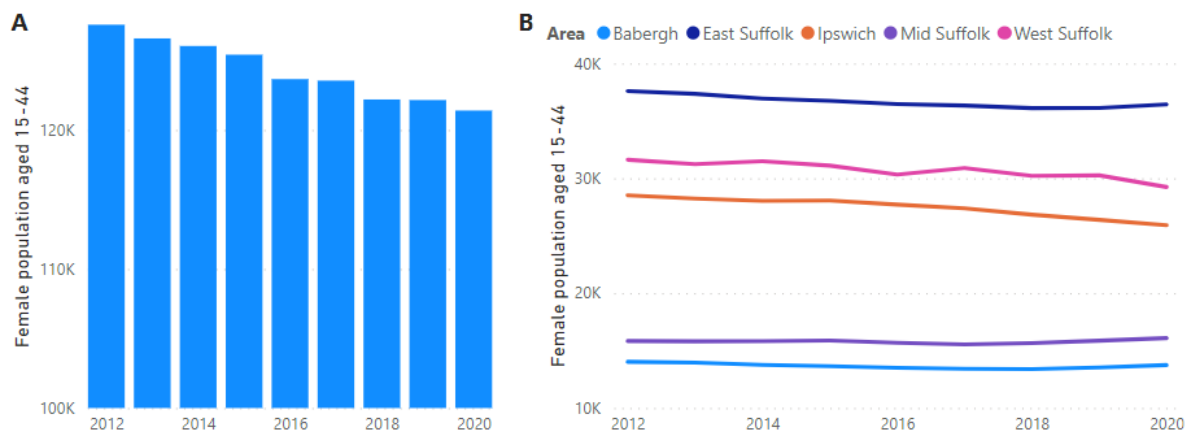
Factors affecting perinatal mental health needs in Suffolk

A number of factors may affect perinatal mental health needs locally. Some of these are discussed below, however this is not a full list.

Changes in population

The population of women of childbearing age (15-44) is a factor in determining the level of perinatal mental health support required in an area. In Suffolk, there has been a steady decline in this population between 2012 and 2020, with figures for 2020 nearly 5% lower than in 2012. More locally, some districts (Ipswich and West Suffolk) have followed this trend, whilst other (Babergh, East Suffolk and Mid Suffolk) have seen their population of females of childbearing age increase in 2020 compared to 2019 (Figure 4).

Figure 4: Number of females of childbearing age (15-44) in Suffolk overall (A) and districts (B)

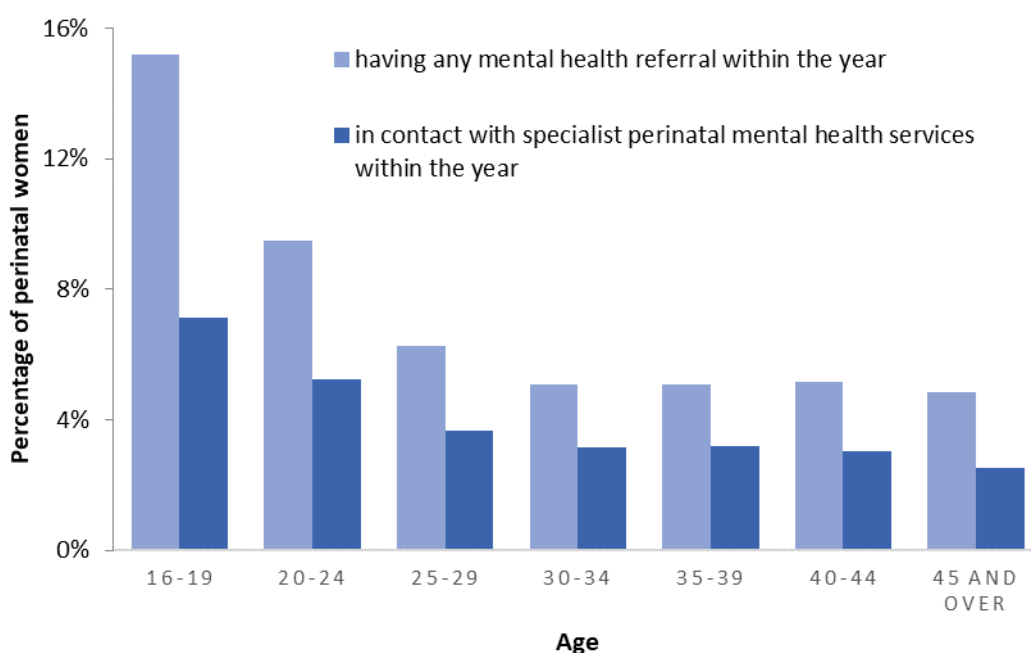


Source: [Suffolk Observatory Data Explorer](#)

Age of the mother

Age can be a factor influencing the likelihood of a woman requiring perinatal mental health services, with young women more likely to be affected by mental ill health. A recent [study of over 500 pregnant women in London](#) found that the group of women under 25 years of age had a prevalence of mental disorder three times higher than the group aged 25 and over. This is reflected in data for England (Figure 5): In the year to June 2022, 15% of women aged 16-19 who were pregnant or within one year of giving birth had an open mental health referral in England, and 7% were in contact with specialist perinatal mental health services. In 2017, 3.5% of the live births were to mothers aged under 20 in Suffolk, which is significantly higher than the England average (2.9%) ([Perinatal Mental Health - OHID \(phe.org.uk\)](#)).

Figure 5: Percentage of people aged 16 or over in England in the period between their booking appointment and 12 months post pregnancy who had contact with a specialist perinatal mental health service or any open mental health referral between July 2021 and June 2022



Source:

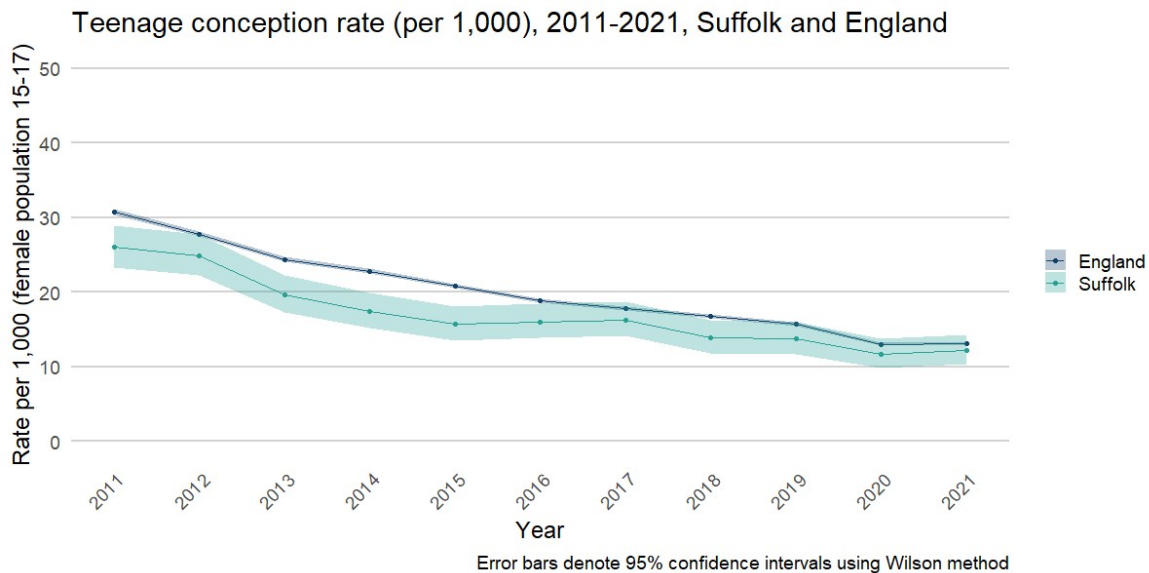
[NHS Digital Mental Health Services Monthly Statistics – Women in contact with mental health services who were new or expectant mothers](#)

[Most teenage pregnancies are unplanned, with around half resulting in an abortion](#) (Royal College of Paediatrics and Child Health, 2021). Evidence suggests that teenage pregnancy is associated with poorer outcomes for parents and children. For example, teenage mothers are less likely to complete their education, more likely to be a single parent, have a higher risk of poor mental health compared to older mothers, and both mother and child are likely to live in long-term poverty. The children of teenage mothers are also more likely to have accidents and behavioural problems (The Nuffield Trust, 2023).

Under 18 conception rates in Suffolk have been declining over the last 20 years and have often been significantly lower than England. There were 143 conceptions in 2020, the lowest number in the last 22 years, and approximately a third of the 439 conceptions recorded in 1998. In 2021, the figure rose slightly to 150. Conceptions may result in a birth or an abortion.

Suffolk's conception rate in 2021 of 12.2 per 1,000 females aged 15-17 years is similar to the national average (13.1 per 1,000) (Figure 6). Within its children's services neighbour group, Cornwall had the highest rate of teenage conceptions (16.1 per 1,000 significantly higher than England) and Dorset had the lowest - 9.2 per 1,000.

Figure 6: Under 18 conception rate per 1,000 females aged 15-17 years, Suffolk and England, 1998-2020



Source: OHID, Perinatal Mental Health Profile, [Perinatal Mental Health - OHID \(phe.org.uk\)](https://perinatalmentalhealth.org.uk) [accessed 10 March 2023]

Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers.

Ethnicity of the mother

Ethnicity can influence how women access services. For example, there may be cultural issues that influence how readily pregnant women and new mothers access services, and language barriers to overcome. A [study of women who gave birth in England in 2017](#) has shown that Black African, Asian and White Other women had significantly lower access to community mental health services, but a higher percentage of involuntary admissions to inpatient services, highlighting inequalities.

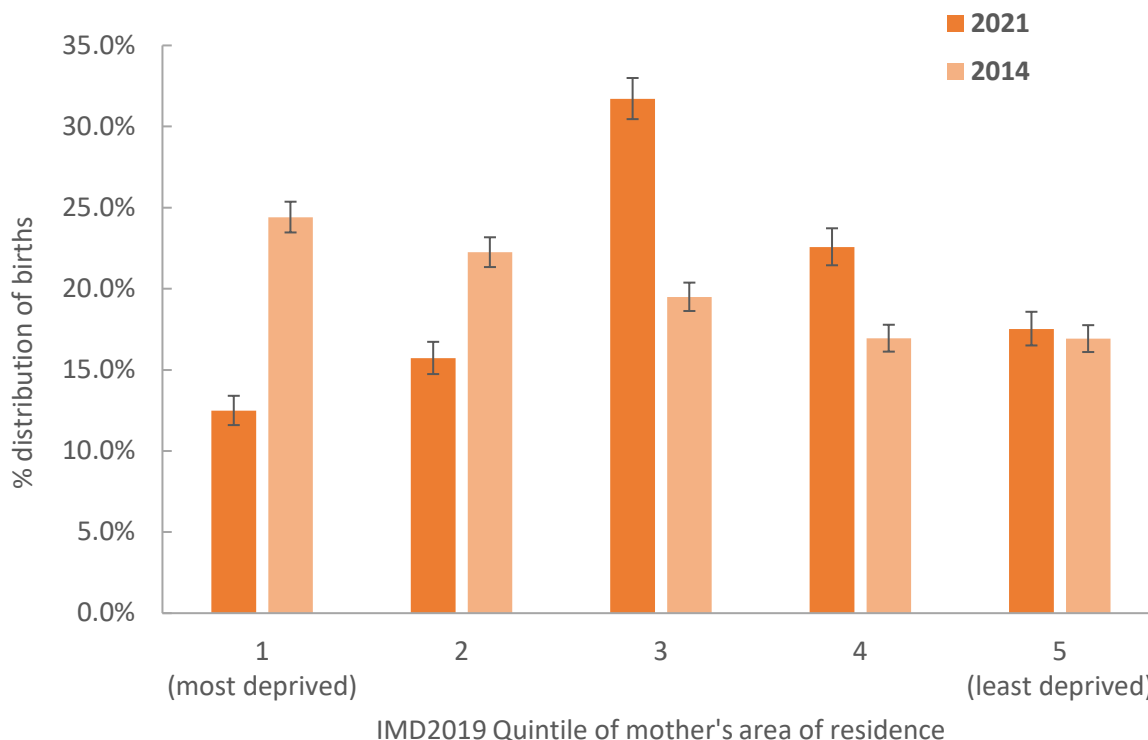
There is disparity in maternal mortality between Black women and White women. Black British mothers are 5 times more likely to die in pregnancy or 6 weeks after childbirth, than White women. Women from minority ethnic groups are also at an increased risk of having a pre-term birth, stillbirth, neonatal death, or a baby born with low birth weight. NHS England has identified maternity as one of five clinical areas of focus: “ensuring continuity of care for 75% of women from Black, Asian and minority ethnic communities and from the most deprived groups”, and this is reflected in the [Suffolk annual public health report 2022](#) on Core20PLUS5.

In Suffolk in 2021, live births where either one or both [parents were born outside of the UK](#) accounted for 26% of the live births, which is significantly lower than in the East of England (32%) and England (35%). However, there is considerable variability within Suffolk, and in Ipswich and West Suffolk this figure was approximately 40%.

Deprivation

Evidence suggests there are differences in access to healthcare services and treatment of conditions by levels of deprivation. The following chart (Figure 7) and table shows the proportion of births (live and stillbirths) in deprived areas (relative to each other) in Suffolk in 2014 compared to 2021. In 2021 there was a statistically significantly lower percentage of births in the most deprived areas of Suffolk, when compared to 2014.

Figure 7: Distribution of births (live and stillbirths) in Suffolk in 2021 and 2014, by IMD2019 quintile of mother's area of residence, and number of births (rounded to nearest 5)



Note: Error bars show 95% confidence intervals.

Source: Office for National Statistics via NHS Digital; birth registrations; Office for National Statistics 2014 (Public Health Birth File); English Indices of Deprivation 2015.

Other risk factors

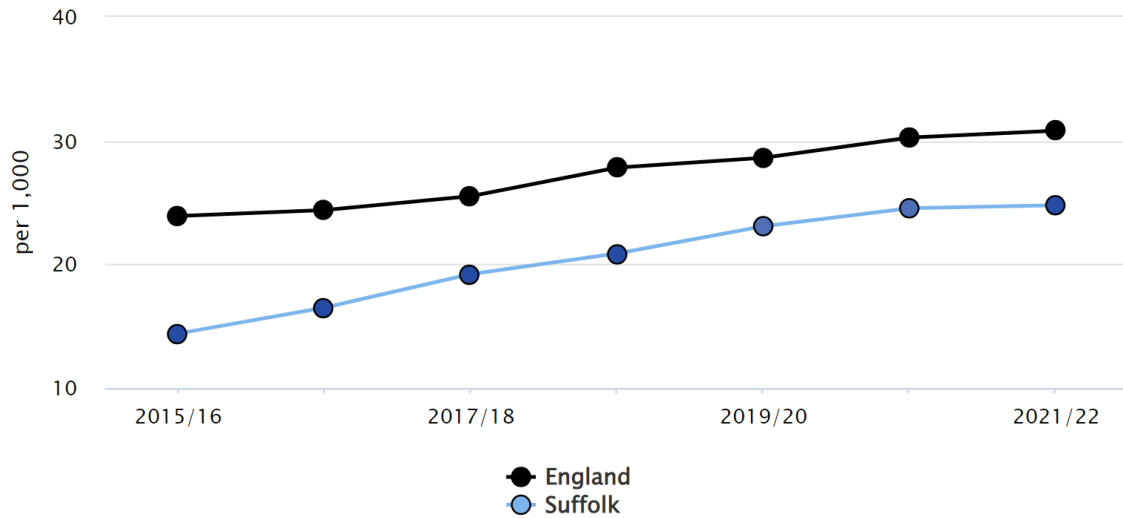
Domestic abuse related incidents and crimes

Violence, including domestic abuse, is a risk factor for perinatal health.

The rate of domestic abuse related incidents and crimes has increased in Suffolk since 2015/16, although this mirrors the national trend (Figure 8). The rate in Suffolk has been consistently below the national average (statistical significance not calculated) and in 2021/22 there were 24.8 incidents recorded per 1,000 people aged 16 and over compared to 30.8 per 1,000 nationally. The range across Suffolk’s CIPFA neighbours was 18.6 per 1,000 in North Yorkshire to 32.1 per 1,000 in Derbyshire.

Figure 8: Domestic abuse related incidents and crimes per 1,000 people aged 16 and over, Suffolk and England, 2015/16 to 2021/22

Quintiles: Low ●●●●● High ○ Not applicable



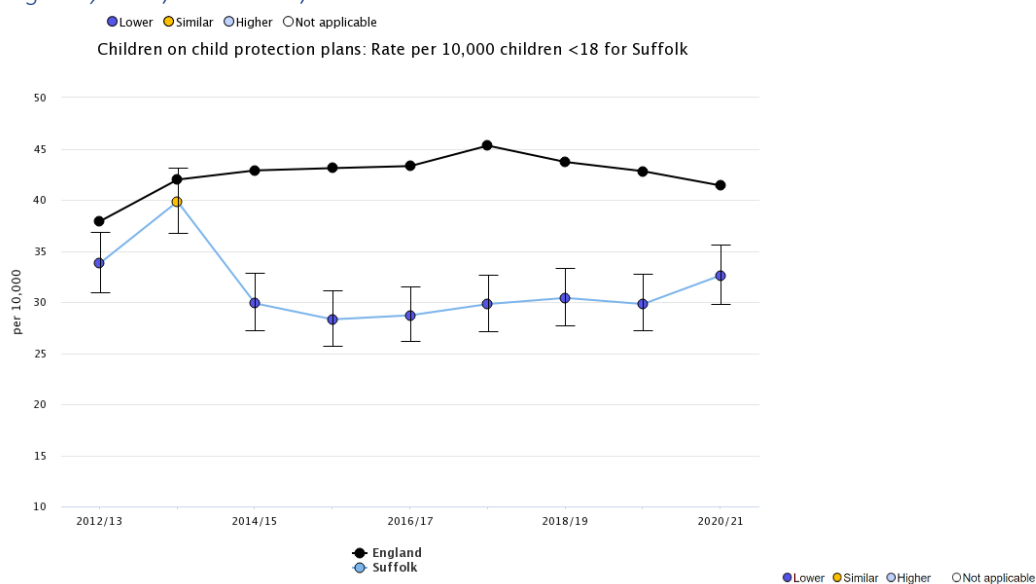
Source: OHID, Perinatal Mental Health Profile, <https://fingertips.phe.org.uk/profile-group/mental-health/profile/perinatal-mental-health/data> Perinatal Mental Health - OHID (phe.org.uk) [accessed 10 March 2023]

Children on child protection plans

Child protection plans outline how a child can be kept safe, what support they and their family might need. A child with a child protection plan will have a primary need of abuse (physical, sexual, or emotional) or neglect.

In 2020/21, there were 498 children with a child protection plan in Suffolk, with the county having a rate of 32.6 per 10,000 children under 18. This rate is statistically significantly similar to the average for Suffolk’s Children’s Services Statistical Neighbour group (35.1 per 10,000) and statistically significantly lower than the national average (41.4 per 10,000). Suffolk’s rate has been consistently statistically significantly below England for the last ten years (Figure 9). The range across Suffolk’s CIPFA neighbours was 21.0 per 10,000 in Devon to 54.2 per 10,000 in Gloucestershire.

Figure 9: Children on child protection plans per 10,000 children aged under 18 years, Suffolk and England, 2012/13 to 2020/21



Source: OHID, Perinatal Mental Health Profile, <https://fingertips.phe.org.uk/profile-group/mental-health/profile/perinatal-mental-health/data> Perinatal Mental Health - OHID (phe.org.uk) [accessed 10 March 2023]

What we do locally

Access to perinatal mental health services is usually through referral by a GP, midwife, health visitor, or other health professional. In their first antenatal, or ‘booking,’ appointment with their midwife (at 6-10 weeks), a review of pre-existing conditions which may affect the health of the pregnancy is undertaken. At this point, patients with a history of mental ill health should be offered support through appropriate pathways. Throughout the pregnancy and after the birth, each midwife or health visitor contact is a further opportunity to assess the mental health of the mother.

What help is available in Suffolk?

Women suffering with poor mental health during pregnancy or after childbirth can speak to their GP, midwife or health visitor, or they can drop into a local [Family Hub](#) centre. Depending on the severity of their condition, they may be directed towards a local parent support group or referred for specialist mental health treatment. An updated source of links and information can be found on Suffolk InfoLink’s [Maternal Mental Health](#) page.

Expecting and new parents can also get information and access support from the Suffolk [Wellbeing](#) service, where they can self-refer to access webinars, peer support and one-to-one counselling sessions.

The [Suffolk Community Perinatal Mental Health Service](#) was launched in 2018 for families from all areas of Suffolk. This is a specialist service which offers targeted help for women with severe mental illness during pregnancy or the first year after childbirth. Access to the service is through referral by a GP or another health professional such as a Health Visitor or Midwife.

The [Lotus Maternal Therapeutic Outreach Team](#) was launched in June 2021 and provides specialist support to women and birthing people who have experienced trauma in the perinatal period, such as birth trauma, fear of childbirth and loss of pregnancy. This is a pilot service which is available to women in Norfolk and Waveney.

Where home treatment is not appropriate, the [Kingfisher Mother and Baby Unit](#) (MBU) at Hellesdon Hospital (Norfolk) offers admissions for mothers and babies, and is available to women living in Suffolk, Norfolk and Cambridgeshire. The MBU team offer ongoing support to patients to help them transition back into daily life after an inpatient stay and can also offer family support.

Specialist perinatal mental health pathways are currently only open to the birthing parent. Partners can access mental health support via their GP or via [self-referral](#) through Suffolk Wellbeing. OneLife Suffolk are heading a campaign for postnatal mental health with a particular focus on fathers, and provide a [website](#) with information and links for support. [Wellbeing Suffolk](#) also offers a workshop for any parent who feel that the stresses of parenting are impacting their wellbeing.

Guidance – What should perinatal mental health services look like?

NICE has published a [quality standard](#) and [clinical guidance](#) for antenatal and postnatal mental health. These guidance documents cover the recognition, assessment, and treatment of “mental health problems” in women who are planning to have a baby, are pregnant, or have had a baby or have been pregnant in the last year.

Key priorities are:

- Before pregnancy, discuss with women with childbearing potential who have a new or existing mental illness how pregnancy and childbirth may affect their mental health, and how their mental illness and its treatment may affect the woman, foetus, baby, and parenting.
- Coordinated care in pregnancy and the postnatal period, including development of an integrated care plan for a woman with a new or existing mental health problem and agreeing the outcomes with the woman.
- Providing information and advice to perinatal women and women planning a pregnancy about their treatment, medication and any risks associated with changes in these.
- Early recognition of mental ill health through inclusion of depression identification questions during wellbeing discussions as part of antenatal and postnatal appointments.
- Any health professional treating mental ill health should understand the specific context in the perinatal period.
- An experienced practitioner should discuss options of seeing, holding, or having mementos of the baby with bereaved women and their partners and family if the baby is stillborn or dies soon after birth. A follow-up appointment should also be offered.

Early recognition and proactive support

The [NICE quality standard statement 4](#) for antenatal and postnatal mental health states that “Women are asked about their emotional wellbeing at each routine antenatal and postnatal contact.” However, in a [survey of mothers](#) in England who had a live birth in early 2021, only 69% of respondents said that they were definitely asked about their mental health during antenatal check-ups, and 17% of respondents felt that they were not given enough support for their mental health during pregnancy.

Similarly, a 2019 analysis of people’s experience of mental health services by [Healthwatch Suffolk](#) noted that “earlier intervention and proactive support [...] in early pregnancy would prevent problems becoming worse.” They found that a third of the respondents noticed a problem with their mental health before the birth, and 53% had experienced a mental health illness before their pregnancy.

Information provision after the birth

In 2021, 95% of [mothers surveyed by the Care Quality Commission](#) said that they had been asked about their mental health by their midwife or health visitor. However, information provision could be improved: Only 56% said that they were definitely given information about any changes they might experience to their mental health after having a baby (question F13), and 21% said they were not told whom they could contact if they needed advice about their mental health after the birth (question F14). In Suffolk, a [benchmark comparison with other participating Trusts in England](#) showed the results for East Suffolk and North Essex NHS Foundation Trust (ESNEFT) on these two questions (F13 and F14) were “worse than expected,” whilst results for West Suffolk NHS Foundation Trust were “about the same as expected”. This comparison does not include all Trusts in England (data for James Paget University Hospitals NHS Foundation Trust were not available) and results should be viewed with caution.

Communication between care professionals

Women with perinatal mental ill health should have a co-ordinated integrated care plan that clearly sets out who is responsible for doing what and identifies how information will be shared between professionals, amongst other things.

However, a 2021 [survey of mothers by the Care Quality Commission](#) found that 26% of respondents said that the midwifery team they saw or spoke to after the birth did not appear to be aware of their medical history, a significant increase since 2019. These were not necessarily women suffering with mental ill health; however, the finding highlights the importance of good communication between health professionals.

Support for partners

The primary focus of perinatal mental health services should rightly be on the mother; however, it is important that fathers and partners are not forgotten. Information on the possible impact of parenthood on mental health should be given to all prospective parents, and partners should be made aware of whom they can contact for help if they develop mental health problems. A [2017 study of fathers' experiences](#) of their own mental health in the perinatal period concluded that there is a need for resources that are “tailored to men, framed around fatherhood, rather than mental health or mental illness.” Another [2019 study](#) of men in London found that “many men did not know if there was any specific mental health support available to fathers,” highlighting the need for better information and signposting.

Data

Quality of recorded data

It is important that the health information recorded about a mother during pregnancy and after birth is accurate and complete, so that any unmet needs can be identified, and optimal care provided. In the year to May 2021, the [data completeness of the Maternity Services Data Set](#) has improved in the East of England region for information that could be relevant to perinatal mental health, such as ethnicity, history of still births and losses before 24 weeks, and whether the mother is deemed to be the subject of complex social factors.

However, some information is [not consistently recorded](#), such as whether or not the mother feels she is supported in the perinatal period by partner, family and friends, and whether she experienced a critical incident during the labour and delivery. In particular, improvements should be made to the completeness of recording of whether or not the recommended questions for prediction and detection of mental health conditions were asked during the booking appointment.

Comparisons and analyses

Data relating to the topic of perinatal mental health is publicly available from several sources including Office for National Statistics, Nomis, Fingertips and NHS Digital. However, the way this data is aggregated can vary, making it difficult to compare and draw conclusions. For instance, yearly data may be aggregated by calendar year of fiscal year and geographies may relate to local authority boundaries or health (ICB) boundaries. Furthermore, datasets may report figures for conceptions, pregnancies, maternities, births (including stillbirths) or live births. Here, we have used various data sources, depending on the topic being considered.

Where possible, statistical significance has been tested using the [PHE Analytical Tools for Public Health](#). Where appropriate, figures have been rounded to the nearest 5.

Further Information

- The impact of the [Covid-19 pandemic](#) and the Cost of Living crisis on mental health have been summarised in the State of Suffolk [Mental Ill Health 2022](#) summary.
- Information and advice on maternal mental health can be accessed through
 - [Healthy Suffolk – Maternal Mental Health](#)
 - [Maternal Mental Health Alliance](#)
- Partners' and other family members' mental health needs: Best practice guidance from [NHS England](#)
- Best practice guidance on Perinatal Mental Health Services (Royal College of Psychiatrists)
 - [Community](#) (2020)
 - [Inpatient](#) (2019)

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