

# Left unchecked – why maternal mental health matters

March 2023

# Contents

Contents.....	1
Forward .....	2
Introduction.....	3
Headline findings .....	4
Methodology .....	7
Freedom of Information Rrequests .....	7
Survey findings.....	9
Conclusions .....	23

# Forward

**Annie Belasco, Head of charity, PANDAS Foundation (Pre and Postnatal Depression Advice and Support)**

**Perinatal mental illness affects up to 27% of new and expectant mothers, and if left untreated, can have significant and long-lasting effects on a person and their family's mental health.<sup>1</sup>**

As a trusted and leading support service for people who may be experiencing perinatal mental illness, we believe that no one suffering from mental illness should feel they're on their own from conception through to birth and beyond.

From our years of experience and the stories we hear from people we support, we are acutely aware of the current pressures on maternity services, and know only too well the impact of those pressures on people trying to get the support they need for their mental health.

Through our NHS waiting times survey, published in April 2022<sup>2</sup>, we heard from over 1,000 people who sought NHS support for pre and postnatal mental health services. Our findings back up the results of Healthwatch England's research into maternal mental health, highlighting the difficulties people experience in receiving timely, effective pre and postnatal mental health support.

These delays are having a profound impact on mothers' wellbeing, with people's mental health worsening while waiting for treatment, leaving some people struggling to leave the house, bond with their child or experiencing a breakdown in their relationships.

The findings of Healthwatch England's new research, alongside our own work, tell us that people are still struggling to access the right support at the right time. The NHS is not making the most of opportunities to support women with the quality, timely mental health interventions which we know can save lives.

That's why we need to ensure the experiences of those women who were let down by the system contribute to eliminating barriers and improving support for others. This report is an important contribution to ensuring new mothers receive awareness of perinatal illness and mental health support at the time when they may need it most.

## **Inclusive Language:**

At Healthwatch England, we champion inclusivity and equality in all we do as an organisation. Most maternity service users are women. Therefore, we have primarily used the term 'mothers' in this report, but we also recognise the experiences of diverse gender identities. Where we refer to the experiences of birthing parents who do not identify as women, we will use the term birthing parents and their chosen pronouns.

---

<sup>1</sup> NHS England, Perinatal Mental Health, <https://www.england.nhs.uk/mental-health/perinatal/>

<sup>2</sup> Pandas, Key Findings From Our NHS Waiting Times Survey, <https://pandasfoundation.org.uk/latest-news/nhs-waiting-times-survey/>

Within the wider scope of this project, we have commissioned Local Healthwatch to complete 20 qualitative interviews with people who have experienced a pregnancy and mental illness. We chose the Local Healthwatch to complete this work based on their ability to speak with people from ethnic minority groups, parents in same-sex relationships and trans parents (including transgender, non-binary, and other non-cisgender identities).

# Introduction

Recent years have seen multiple shocking systemic failures in maternity services, including at Shrewsbury and Telford NHS Trust. One of the key actions set out by the final report of the Ockenden review, aimed at preventing similar failures in future, emphasised the importance of making mental health support integral to all aspects of maternity service provision.<sup>3</sup>

Perinatal mental illness affects many new and expectant mothers, and if left untreated, can have a devastating impact on women and their families. Maternal mental health checks form a vital part of assessing mothers' wellbeing during the perinatal period, as poor mental health can have a devastating impact on women and their families. Early identification of mental illness and provision of high quality, timely support can save women's lives.

Women's health remains high on the national agenda, with current initiatives including the Women's Health Strategy for England<sup>4</sup> and the NHS Maternity Transformation Programme<sup>5</sup> having ambitious plans to improve maternal mental and physical health.

Yet there is little evidence that things are improving. The 2022 Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE) report told us that in 2020, women were three times more likely to die by suicide during or up to 6 weeks after the end of pregnancy compared to 2017-19, which is equivalent to 1.5 women per 100,000 giving birth.<sup>6</sup>

**Back in 2019, our work<sup>7</sup> sharing the experiences of almost 1,800 women on mental health during their journey to parenthood directly contributed to the introduction of mental health checks in the postnatal consultation for mothers.<sup>8</sup>**

According to this policy all mothers were to receive a postnatal consultation with their GP between six and eight weeks after giving birth. This consultation must take place separately from a postnatal check focused on the baby's health and should cover the mother's physical and mental health, providing an opportunity for referral to specialist services and additional support. To ensure that all new mothers received these consultations, the GP contract was updated to make them mandatory. This was funded by a £12 million investment.

---

<sup>3</sup> [Ockenden review: summary of findings, conclusions and essential actions](#), Donna Ockenden, March 2022

<sup>4</sup> [Women's Health Strategy for England](#), Department for Health and Social Care, July 2022

<sup>5</sup> [Maternity Transformation Programme](#), NHS England,

<sup>6</sup> [Saving lives, improving mothers' care: lessons learned to inform maternity care from the UK and Ireland. Confidential enquiries into maternal deaths and morbidity 2018-20](#), MBRRACE-UK, November 2022

<sup>7</sup> [Mental health and the journey to parenthood](#), Healthwatch England, September 2019

<sup>8</sup> [How your views have helped improve mental health support for future mums](#), Healthwatch England, 9 March 2020

We hoped the introduction of these checks would make a significant positive difference to people's experience of postnatal support. Yet when we looked back at what people told us about maternity services in 2021-22, we found that feedback from patients about maternity care, including support for maternal mental health, was worsening.<sup>9</sup>

Other organisations have also reported that postnatal mental health checks were not taking place: in April 2021, the National Childbirth Trust reported that a quarter of mothers were not asked about their emotional or mental health at their postnatal consultation.<sup>10</sup>

This, along with our broader commitment to track the longer-term impact of policy changes we have called for, led us to carry out this project, taking look at people's experiences of maternity services in 2022.

Crucially, we wanted to know if the changes we helped bring about are improving mental health support for new parents. Through this project, we sought to understand whether postnatal consultations are taking place and whether they provide mothers with a meaningful opportunity to discuss their mental health and access follow-up support from specialist services if needed.

Unfortunately, our findings show that although most women are likely to be invited to a postnatal consultation, these are frequently carried out as a tick-box exercise, where mental health is not treated as a priority or not assessed at all. In the worst cases, GPs dismissed mothers' struggles with mental health or brushed off their concerns as normal.

This, combined with a gap around monitoring compliance of the six to eight-week postnatal checks, means that the £12 million investment is not delivering promised improvements for patients. If the government and the NHS want to deliver on the ambition to ensure that all new parents and babies can access support that is centred around their individual needs and circumstances, they will need to put more effort into ensuring that mental health of new mothers and birthing parents is taken seriously.

This report forms part of our wider maternal mental health workstream, and we will publish additional material based on qualitative interviews conducted by four local Healthwatch later in the year. We are grateful to the parenting organisations and charities, especially PANDAS, Maternal Mental Health Alliance and Mind, who have helped inform this work.

# Headline findings

*We heard from 2,693 people who have had a baby (including nine people who have had a stillbirth) since April 2020.*

**Care in hospital is having an impact on mental health.** Nearly half (42%) of people we heard from experienced negative impacts on their mental health due to the care and support they received during labour.

**Postnatal consultations are not working well for most women.** Only one in five, 22%, of people we heard from were satisfied with the time their GP spent talking to them about their mental health.

---

<sup>9</sup> [What people told us about maternity services](#), Healthwatch England, October 2022

<sup>10</sup> [NCT finds a quarter of mothers are not asked about their mental health](#), National Childbirth Trust, April 2021

**Our evidence indicates that some GP practices are not complying with the requirement to deliver the six-week postnatal consultation.** Sixteen per cent of those we heard from did not have a postnatal appointment at all. This was at a similar level for all three time periods in our self-selecting survey, whether during the pandemic or not.

**Many new mothers and birthing parents are struggling to access the support they need for their mental health.** Two-thirds of our self-selecting sample (1,800) struggled with their mental health during and after pregnancy. Of these, 41% received no support at all.

**There are long waits for maternal mental health referrals.** We heard from 607 people within our sample who were referred to mental health support services. Nearly three in five (58%) of these waited over two weeks for an appointment, and just under one in five (19%) waited over six weeks. Some people told us they waited between six and 18 months or were never contacted.

**Delays in accessing mental health support can have a devastating impact on new parents.** Many people told us that their mental health suffered whilst waiting for treatment. Some struggled to leave the house, bond with their child or experienced a breakdown of relationships.

**First-time mothers are more vulnerable to mental health impacts and are less likely to receive the care they need.** Over a third (35%) of first-time mothers experienced mental health difficulties for the first time; almost half (44%) of these didn't receive any guidance or referrals when experiencing mental health difficulties. This creates a double burden of stressors on first-time mothers.

**A lack of support erodes trust in NHS maternity services.** Several participants stated they would not have another baby due to their traumatic experiences and poor care or would use private healthcare services for future births. It is essential to tackle the issue of care given and support available with mothers' first engagement with the maternal healthcare system, as it will facilitate trust in the longer term. A lack of trust can increase burdens on the healthcare system and the mother herself later down the line. The consequences of not accessing high-quality perinatal mental health care are estimated to cost the NHS and social care £1.2 billion per year.<sup>11</sup>

**There is a gap around monitoring whether the postnatal consultations are taking place in line with best practice guidance.** Neither Integrated Care Board (ICBs) nor NHS Trusts consistently monitor whether the postnatal consultations are taking place. GPs are not always aware of best practice guidance on making these consultations meaningful.

---

<sup>11</sup> [NHS Long Term Plan](#), NHS England, May 2019

# Recommendations at a glance

1. Integrated Care Systems (ICSs) should monitor the delivery of six to eight-week postnatal consultations as part of their primary care commissioning responsibilities.
2. The Medical Licensing Assessment being introduced from 2024 should check understanding of the importance of postnatal mental health and the mental health element of postnatal checks.
3. The section of the GP contract on delivery of postnatal consultations should be updated to include mention of signposting to specialist and community mental health services and point to best practice guidance around carrying out open-ended discussions.
4. As part of its Maternity Transformation Programme, NHS England should consider what additional support and guidance it can provide for GPs to have quality conversations about mental health at the six to eight-week postnatal consultation.
5. Deliver the Long-Term Plan commitments on improving access to specialist community perinatal mental health services.

More detail on these recommendations can be found at the end of the report.



# Methodology

## Freedom of Information Requests

We issued freedom of information requests (FOIs) to:

- **42 Integrated care boards**
- **13 NHS Trusts**
- **30 GP surgeries.**

We received responses from 30 ICBs, ten NHS Trusts and seven GP surgeries.

We aimed to understand whether maternity services are meeting national guidelines and recommendations and to explore the available data on postnatal consultations, use of guidance and referrals to psychological therapies. Please see Appendix 2 for further details.

## National survey

We conducted a national survey on our website from 31 October to 12 December 2022. The survey was distributed through our Healthwatch and wider networks to explore people's experiences of mental health support during the perinatal period. The survey sample was entirely self-selecting.

## The survey covered the following:

- People's experience of maternity services
- Access to and experience of postnatal consultations
- Access to and experience of specialist perinatal services.

A demographic breakdown of our respondents can be found in appendix 1.

# Freedom of Information Requests

To explore what data the NHS holds on postnatal mental health consultations and to help us understand differences in the provision of maternal mental health support across the country, we submitted FOI requests to all 42 ICBs, 12 NHS Trusts and 30 GPs in England in December 2022. Although this sample will not necessarily reflect all ICBs and GPs, it provides a snapshot of how services and commissioners monitor and track postnatal consultations.



## We asked them:

- How many people have given birth in their area, how many people were offered a postnatal consultation, and attended the consultation in each of the last three years.
- How they track compliance that all women are asked about their mental health at the postnatal consultation.
- Whether specific guidance is used at the postnatal consultation, and if so, which guidance was used.
- How many referrals to psychological services were made following the postnatal consultations in each of the last three years.
- In each of the last three years, how many people who were referred to psychological services following the postnatal consultation were and were not assessed within two weeks and how many people started and did not start treatment within four weeks.

Overall, we found that little or no information was collected by ICBs or Trusts on postnatal consultations and subsequent referrals to psychological services, indicating that commissioners are not currently monitoring GP delivery of this service.

Out of 30 responses, six ICBs told us that they do not hold any of the requested information. Seven could only provide the number of births that took place in their ICS. Only one ICB could provide figures for the number of women offered a postnatal consultation in their ICB area. None of the 10 NHS Trusts who responded could provide us with information about postnatal consultations, and three of these, in turn, referred us back to the ICB.

None held information about assessments for mental health support within two weeks or whether people have received that support within four weeks of that need being identified. GPs held better information. All seven GP practices who responded provided data for the number of people registered at their surgery who had given birth in the last three years and confirmed that all people who had given birth were offered a postnatal consultation.

However, the findings suggest that practices are not monitoring whether the postnatal consultations cover maternal mental health.

Two GP practices said that no specific guidance is provided to GPs to complete the consultation and that they are not aware of any guidance for postnatal consultation. Three referred to Arden's template (a clinical decision support system checklist). This checklist does not include any guidance for the postnatal consultation. Only one of the GPs signposted us to NICE guidance on postnatal consultations.<sup>12</sup> And one surgery did not answer this question. None of the surgeries that responded tracked the compliance of the requirement for GPs to ask people about their mental health and general wellbeing as well as physical health at the postnatal consultation.

When asked about referrals to specialist mental health services, three GPs stated that the onus is on the patient to self-refer following the postnatal consultation. Only one practice could confirm that two people had been referred to perinatal mental health services from their surgery in one of the years we asked about. Three practices stated that they do not hold this information.

These findings show that there needs to be more monitoring of whether the six-week postnatal consultation covers maternal mental health. They also indicate that GPs may not be aware of NICE guidance, which gives additional detail on what these consultations should cover.

---

<sup>12</sup> [Postnatal care](#), National Institute for Health and Care Excellence, April 2021

In 2020, £12 million was allocated to fund GPs to carry out this new consultation, focusing on the health and wellbeing of mothers. But currently available data cannot tell us the extent to which this funding is making a difference, while our wider research indicates it isn't meeting people's needs.

While responses from GP practices suggest that mothers are being consistently invited to postnatal consultations, it is not clear that GP practices are aware of [NICE guidance on postnatal care](#), which gives additional detail on what these consultations should cover. Our survey data indicates that mental health isn't consistently assessed. Commissioners also do not appear to monitor whether postnatal consultations are delivered as contracted consistently.

While GP practices should be collecting this data, ICBs should consider how they will monitor the delivery of this service as they prepare to take full responsibility for primary care commissioning from 1 April 2023.

# Survey findings

## Care during and after labour in hospital is having an impact on maternal mental health

---

*"The postnatal ward was absolutely horrible for my mental health." Survey respondent*

---

**Nearly half (43%) of people in our self-selecting survey experienced a negative impact on their mental health as a result of the care and support received during childbirth.**

In the free text responses, 256 participants identified labour aftercare as an issue that ultimately had an impact on their mental health.



Some circumstances facilitate particularly traumatic birth experiences. Although mothers are generally more vulnerable to poor mental health, the evidence from our survey shows that particular events and circumstances can increase the likelihood of experiencing anxiety and

depression after birth. Care received during and after birth is critical in shaping mothers' longer-term experiences of maternity.

---

*I had terrible postnatal anxiety, beginning from my experience immediately after my son's birth. I was forgotten on the ward (I stayed overnight after a C-section), and my son had a misdiagnosed tongue tie, so he cried in hunger all night. My catheter was left in with the bag unchanged for 18 hours. The midwives forgot about us entirely, and I was too exhausted, dehydrated and confused to understand what was happening or to insist on supper. ... I spent the first three months of his life in a spiral of anxiety, afraid to leave the house, and unable to trust healthcare visitors. I also couldn't forgive myself that I had failed him at his most vulnerable. It was a very dark time." Survey respondent*

---

We heard that mothers felt the healthcare team did not listen to them and their concerns, negatively affecting their mental health. They felt deprioritised and often went through experiences they did not want.

---

*"I felt as though I was assaulted during my birth. At one stage, they were putting a "clip" on my son's head, and I asked them (the staff) repeatedly to stop and give me a minute. But they didn't. I have PTSD flashbacks to this. I tried to change positions, but I was told I wasn't allowed. This probably contributed to my tear." Survey respondent*

---

A key reason mothers perceived they were not listened to or forgotten about was a perceived shortage of available staff. Staffing shortages had severe, negative effects on mothers, especially when this was coupled with staff that did not listen to the mother. This resulted in their wishes being ignored, sometimes resulting in a birthing experience that could be traumatic.

---

*"They forced me to have an induction I didn't need despite not having sufficient staff to complete it. I was in labour for six days because they didn't have the staff to move me to the labour ward. They didn't listen to me when I told them my epidural had fallen out. I didn't sleep for six days because of the pain. I was ignored at every stage. I felt like I was being tortured because they were torturing me with their lack of interest and care." Survey respondent*

*"NHS is definitely under-resourced and staff being stretched. The decisions made to intervene with my labour, I believe, were made due to a shortage of beds in the labour ward. Two years later, I am still suffering from mental and physical effects from this intervention." Survey respondent*

---

Another aspect of the staffing shortages meant patients with newborn babies were left on the postpartum ward with little to no staff help and strict restrictions on visiting hours for their partners who could have provided the extra help needed. These restrictions on partner attendance were necessary in the early stages of the pandemic.

However, they should have been revised much sooner. Once they were revised and it was decided partners should be let in, we continue to hear from mothers that partners were not allowed into hospitals. The Care Quality Commission's (CQC) 2022 Maternity survey results showed

a steep drop in the proportion of mothers who reported that a partner or someone close to them could stay with them as much as they wanted, from 74% in 2019 to 41% in 2022.<sup>13</sup>

Our results show that this is still going on with appointments before and after birth in some places. We know staff have been pulled from post-labour wards care to replenish the shortage of midwives on labour wards<sup>14</sup>. However, the deficit left is causing long-term issues; participants in our survey were clear that their mental health was negatively impacted as a direct result of poor care after their babies had been born.

---

“How poor the service was on the postnatal ward... I would have gotten so much more support from my partner at home rather than being dumped in a bay and left to sit naked in my own bodily fluid for another 12 hours after a spinal when I couldn't move myself.” Survey respondent

---

## Six-week postnatal checks are not working well for most women

The birth and immediate post-birth period are a critical moment that clearly impacts the mother's immediate and longer-term mental health. To mediate this impact, enquiries into mental health status have been incorporated into a required GP consultation for mothers, which must occur between six and eight weeks after birth.

These postnatal consultations are an essential point of contact with mothers when they can be vulnerable to experiencing poor mental health. Including mental health checks in the postnatal consultation was implemented as a requirement for mothers as part of the new GP contract brought in in April 2020<sup>15</sup>, as an additional appointment to that for the baby. The postnatal consultation should include a review of the mother's mental health and general wellbeing using open questioning.

Although the majority of mothers and birthing parents (84%) had a postnatal consultation, our findings suggest that they are not working well to identify mental health issues for most people.

**Of those who had a postnatal consultation, only one in five (22%) were satisfied with the amount of time the GP spent talking to them about their mental health.**

This is significantly lower than in the CQC's 2022 maternity survey, which found that 41% of people felt that their GP spent enough time talking to them about their mental health.<sup>16</sup> Whilst our survey is self-selecting, and the CQC's is based on a nationally representative sample, the numbers are well below what the NHS would want to see.

---

<sup>13</sup> [Maternity survey 2022](#), Care Quality Commission, January 2023

<sup>14</sup> [Safe staffing: The impact of staffing shortages in maternity and neonatal care, report of the Baby Loss and Maternity All Party Parliamentary Groups, October 2022](#)

<sup>15</sup> <http://www.england.nhs.uk/wp-content/uploads/2020/03/update-to-the-gp-contract-agreement-v2-update.pdf>

<sup>16</sup> [Maternity survey 2022](#), Care Quality Commission, January 2023



**Just 1 in 5 were happy with the time their GP spent talking to them about their mental health**

Most respondents either felt that the GP did not spend enough time talking to them about their mental health (44%) or said that mental health was not mentioned at all (30%). This compares with the CQC's 2022 maternity survey, which found that 29% of people felt that their GP didn't spend enough time talking to them about their mental health.

---

*"The six to eight-week check-up was pointless. I have had longer chats with the postman." Survey respondent*

---



**1 in 10 participants weren't offered a 6–8 week consultation**

*Our evidence indicates that some GP practices are not complying with the new requirement.*

*Sixteen per cent of those we heard from did not have a postnatal appointment at all; this was at a similar level for all three time periods in our self-selecting survey, whether during the pandemic or not.*

One of the themes we heard about in the qualitative feedback about postnatal appointments is that some GPs are only focused on the health and development of the baby. The mother was often not prioritised, with the mother's postnatal consultation being combined with the baby's and, therefore, the focus being on the child.

As part of the existing contract, GPs were required to provide an appointment at six to eight weeks for child health surveillance. The consultation for mothers and birthing parents should be offered in addition to this appointment but can take place at the same time for ease. Our evidence suggests that the offer for a postnatal consultation for mothers and birthing parents needs to be more consistent.

---

*"My GP practice 'doesn't do' maternal postnatal checks. Only baby ones. This made me feel like I didn't matter, despite everything I'd been through." Survey respondent*

---

People told us that the way GPs asked them about mental health meant they did not feel comfortable enough to discuss their issues. We heard how GP asked questions about mental

health in a closed way, such as 'are you depressed?'. Some got the impression that GPs did not have time or did not want to know. Several people described it as a tick-box exercise.

Of those that did take place, 15% of those we heard from had their appointments over the phone, which they often felt was not enough. Mothers found it hard to verbalise their mental health struggles when the appointment took place over the phone and found it wasn't the right setting to discuss physical and mental health issues. Appointments over the phone can also be missed more easily, especially for a new parent with caring responsibilities.

---

*"I was scheduled for a phone call six-week check-up between 10 and 4 PM. Firstly what good is a phone call? Who was going to tell me that my stitches were inflamed over a phone call, or what assessment was to be made about my mental or physical health over the phone? I missed the phone call because I had a newborn to juggle, and I'd been given such a broad time slot as though I was waiting for a boiler service, and the GP left me a rude voicemail telling me to reschedule if I still wanted a check-up. Of course, I still wanted a check-up. I then had to wait another three weeks for the next GP appointment, again over the phone [...]." Survey respondent*

---

In the worst cases, discussing mental health at postnatal appointments was inappropriate and potentially harmful. Some people told us that the GP was dismissive, for example, brushing symptoms off as 'everyone gets anxious' or telling people to self-refer after revealing that they were suicidal. Poor care from GPs at the postnatal consultation left people feeling unsupported, invalidated and hopeless.

---

*"I wasn't invited to my six-eight week check up until ten weeks. The GP asked me about me. I said my section wound was still weeping, and she said, 'what do you expect'. She also forced me to go on birth control even though I told her I wasn't sexually active and infertile. She then told me I was too old and heavy to go back on the pill. I left and cried all night. Luckily I saw the health visitor the following day, who assured me none of what the GP had said about my child was correct. It's disgusting that she has no idea and could make me feel like that. If I had mental health issues, she would've kicked them right off!" Survey respondent*

---

The failings of care during the immediate and six-week postnatal care can cause potential harm to mothers' trust in the healthcare system. If mothers have little trust in the NHS, this can lead to the worsening of their mental health conditions.

## **Many new mothers and birthing parents are struggling to access the support they need for their mental health.**

---

*"I contacted my GP about possibly suffering from PND and was told to go for a run." Survey respondent*

---

The traumatic experiences discussed above are among many stressors mothers face, leaving them vulnerable to mental health difficulties. This is reflected in that 66% (1803) of our self-selecting sample experienced mental health difficulties whilst pregnant or after birth.

However, our survey found the support to overcome these difficulties to be lacking. Of the 1803 people in our survey who said they experienced problems, 23% (422) were given information on potential mental health support, and 34% (607) were referred to mental health support services.

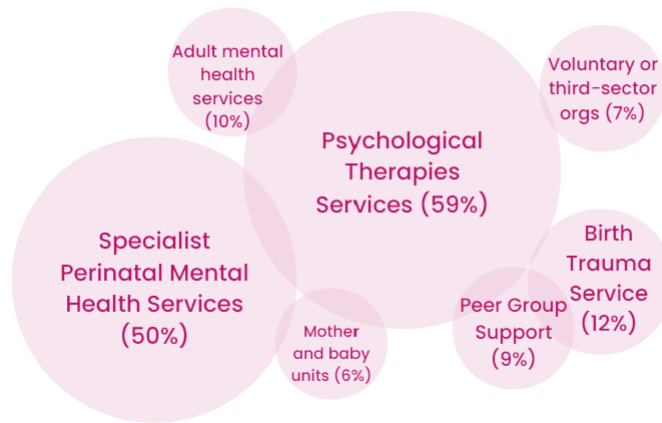


Diagram showing the services people were referred to and the proportion of different services.

These referrals were not always straightforward. Some of our self-selecting participants highlighted that they had to self-advocate for their mental health issues and the need to be referred. Others had their mental health difficulties dismissed, leaving them without the confidence to seek help.

---

*“My health visitor suggested I went for a pizza to overcome the challenges I felt of being isolated and unsupported. Not helpful advice.” Survey respondent*

---

This statistic of 34% does not include people that self-referred to mental health support services or who had to seek private mental health treatment. Mothers that pursued this route often ultimately received good care but had to put a concerted effort into seeking it. We heard that this takes a toll on mental health and requires high time and energy commitments.

---

*“I was referred to the perinatal mental health team multiple times by multiple people (two Health visitors, GP, and a midwife) and was consistently told I wasn't "bad enough" for them to take me on, despite being told by each person I absolutely was a risk to myself and my child. I then went through the standard mental health support. I was only offered their basic CBT over the phone as there wasn't enough support available for anything else. They believed I should be with the perinatal mental health team, which meant I got zero support from anyone and was left to deal with it all myself. I ended up paying a lot for private counselling because I was afraid about what would happen if I didn't.” Survey respondent*

---

# Delays in accessing mental health support can have a devastating impact

---

*"I waited two months for a debrief from maternity services about my traumatic birth. Whilst it was a helpful conversation, it happened far too late, and I'd already suffered anxiety and low moods as a result of the trauma and not being able to process it." Survey respondent*

---

The clinical standard for mental health states that adults and older adults should start to receive help within four weeks of the referral.<sup>17</sup> And NICE guidance on recognising mental health problems in pregnancy and after birth states that when women with known or suspected mental health problems are referred in pregnancy or the postnatal period, they should be assessed for treatment within two weeks of referral. Psychological interventions should be provided within one month of the initial assessment.<sup>18</sup>

Of the 607 people in our survey referred to mental health support services, 58% waited over two weeks for an appointment, and just under one in five (19%) waited over six weeks. This waiting period was detrimental to mothers' mental health.

Some people told us they waited between six and 18 months or were never contacted. This supports PANDAS' finding that 22% of their sample of over 1,000 were still waiting to receive mental health treatment, and only one in ten were seen in under two weeks.<sup>19</sup> Those who could afford it sought private care due to long waiting times, but this is available to only a limited group of people.

---

*"I was let down in regards to receiving therapy for PTSD - long waiting lists, therapists leaving etc. I went private for talking therapy at six months post birth as my symptoms were getting worse." Survey respondent*

*"My maternity experience during and following the birth of my son resulted in PTSD and pelvic organ prolapse. I had to self-refer to mental health support services and see a doctor privately about my physical health condition because of long waiting lists." Survey respondent*

---

## Impacts of waiting for care:

- Nearly half (42%) said their symptoms worsened whilst waiting for treatment, while 45% reported their symptoms remained the same (no improvement).
- The most common symptom experienced by people whilst waiting for mental health support was anxiety, experienced by 88%.
- Over a third (34%) didn't feel able to leave their house.

---

<sup>17</sup> [Mental health clinically-led review of standards](#), NHS England, July 2021

<sup>18</sup> [Antenatal and postnatal mental health: clinical management and service guidance](#), NICE, December 2014, updated February 2020

<sup>19</sup> [Key Findings From Our NHS Waiting Times Survey – PANDAS Foundation UK](#), PANDAS 2022

---



---

*"I spent the first three months of his life in a spiral of anxiety, afraid to leave the house, and unable to trust healthcare visitors. I also couldn't forgive myself that I had failed him at his most vulnerable. It was a very dark time." Survey respondent*

---

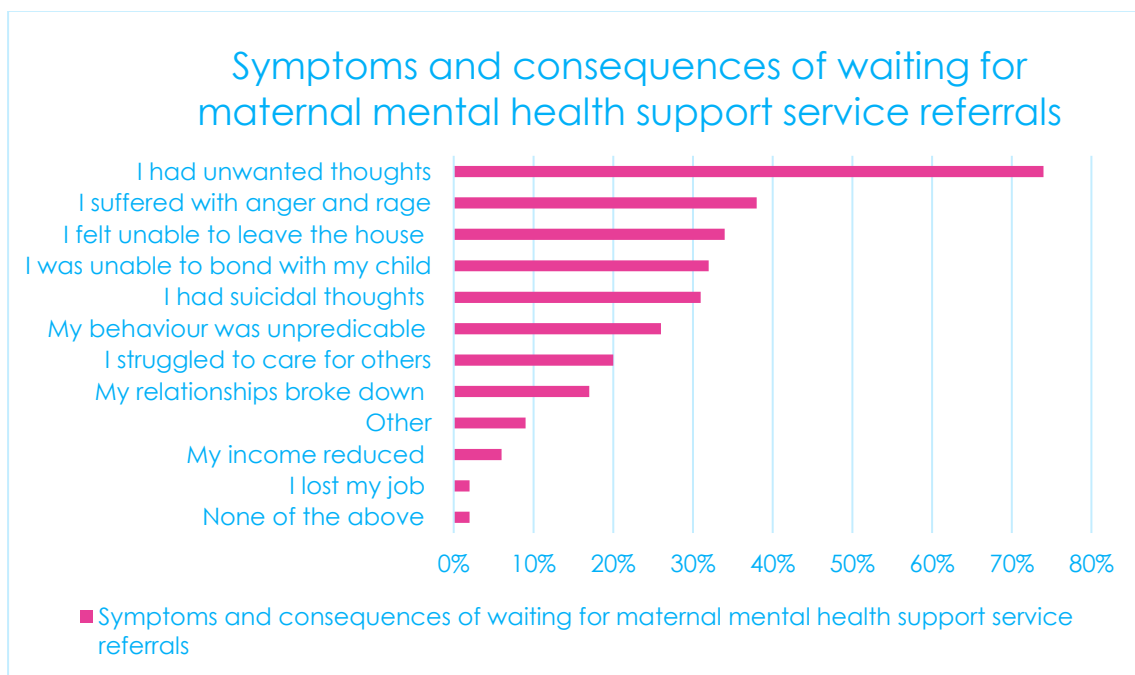
- A third (31%) of our survey participants experienced suicidal thoughts.
- In the first year after pregnancy, maternal suicide is the leading cause of death; it is significant that 31% of mothers who have been referred experience these thoughts whilst waiting for treatment – so waiting periods can be potentially fatal.

The graph below shows the symptoms and consequences experienced by those waiting for treatment for their mental health. Other symptoms include depression, flashbacks, nightmares, shame, hallucinations, panic attacks, disordered eating, loneliness, isolation, dissociation, inability to care for oneself or others, and self-harm.

---

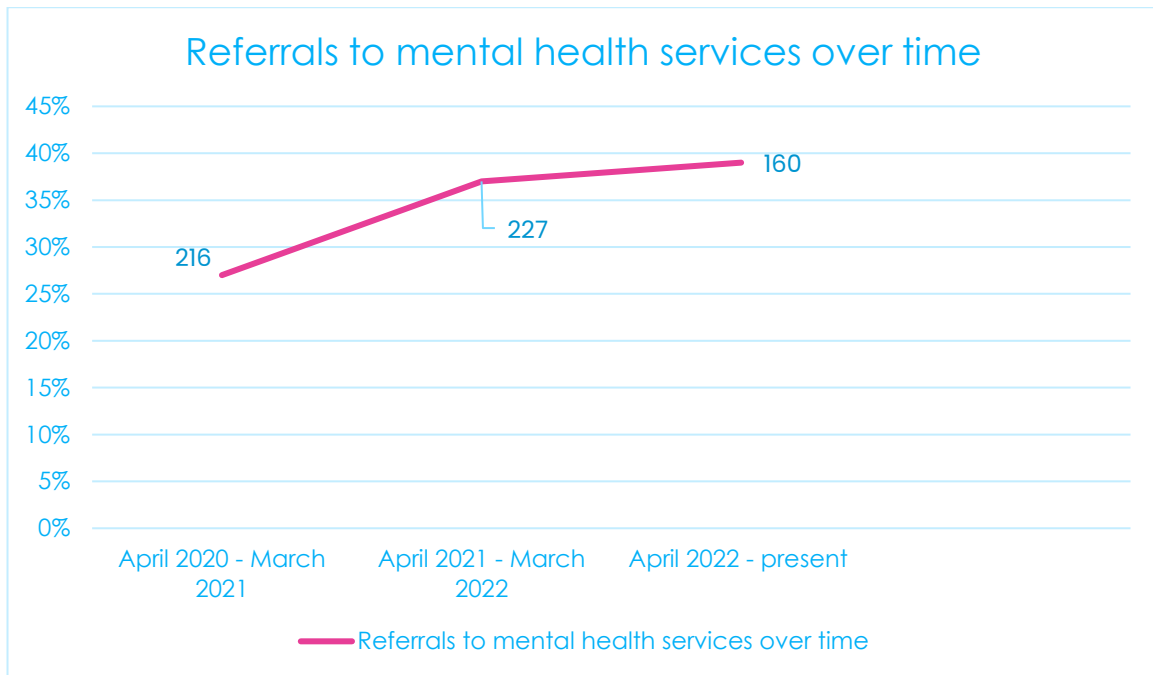
*"I did not get the standard checks from health visitors due to our NICU stay but received one visit when we got home-she advised due to the circumstances and my baby's time in NICU, they would arrange a follow-up. We never heard from them again, and to be honest, by this time, I had lost faith in most professionals linked to this process." Survey respondent*

---



As illustrated in the graph below, within our sample, there was an 11% increase in referrals to mental health services for mothers who gave birth from April 2020-2021 to now and a six per cent increase in information provided on mental health support services.

Therefore, the number of mothers in our self-selecting sample that weren't given any form of follow-up mental health support fell from 51% to 34% over the three-year period. This is positive. The trendline is heading in the right direction. However, under half of the mothers needing mental health support receive referrals. This needs to improve substantially.



## What's the impact of the problem on different groups?

We analysed results by demographics. The only demographic groups that produced statistically significant topic differences were first-time mothers and pandemic/post-pandemic mothers.

### First-time mothers

A group particularly vulnerable to poor mental health outcomes are first-time mothers, compared to those who have previously given birth.

- Over a third (35%) of first-time mothers in our self-selecting sample experienced mental health issues for the first time, compared to 23% of experienced mothers.
- Further, first-time mothers reported a much higher negative impact on their mental health due to the care and support received during birth. Almost half (48%) of first-time mothers we heard from said their care negatively impacted their mental health compared to 32% of experienced mothers.
- Further, a majority (70%) of experienced mothers we heard from agreed that they felt well-informed about care, compared to half (54%) of first-time mothers.
- Similarly, 68% of experienced mothers felt involved in decisions about their care compared to 52% of first-time mothers.

---

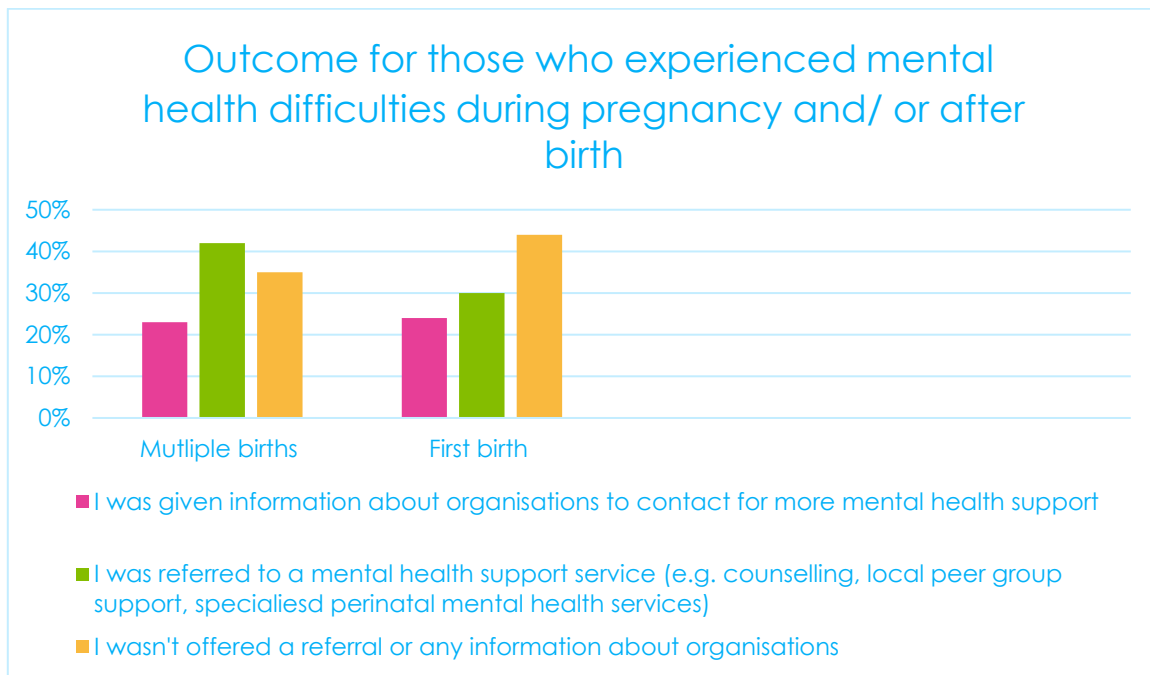
*"I did not receive good care during my birth. I was not listened to and treated like a dramatic first-time mum, which meant me and my baby nearly died. This impacted my mental health in the first few months I was home." Survey respondent*

*"The time spent on the postnatal ward was particularly poor in all forms of support... The impact of this on me as a first-time mum was huge. Due to covid, the curtains were drawn*

*around each bed, which, combined with there not being enough staff, meant that I felt very alone and not at all supported." Survey respondent*

---

Despite the higher likelihood of difficulties faced, first-time mothers in our self-selecting sample were less likely to receive mental health support. The bar chart below shows that almost half (44%) of first-time mothers didn't receive any information about mental health support or were referred to support services, compared to 35% of experienced mothers.



This tells us that people giving birth for the first time experience poorer mental health, partly due to the care they receive. Although our data shows first-time mothers are more vulnerable at this time, it also indicates that they are less likely to receive mental health support, creating a double burden of stressors on them. It is likely these results improve as people have more children, because their knowledge of birth and the maternal healthcare system increases, and they can self-advocate more effectively. For example, this mother knew the system and was able to navigate it to ensure she had the care she needed during birth,

---

*"I wrote out a note explaining my mental health and additional SEN difficulties for the midwives to have when I went into labour, explaining how I deal with things and what to do in certain situations. Because of this, I was placed in a private room; my husband was able to stay with us for the duration of my stay in hospital." Survey respondent*

---

However, some mothers never get to this stage as their first experience of having a child is so difficult that they don't wish to have any more children and go through the process again. It is particularly important to tackle the issue of care given and support available with mothers' first engagement with the maternal healthcare system, as it will facilitate trust in the longer term. A lack of trust can increase burdens on the healthcare system and the mother herself later down the line.

---

*"As a first-time mum, I have never felt so scared and alone. I managed because I knew I had no choice. I have always wanted more children, but the emotional and mental scars left from that experience is a hard one to come to terms with." Survey respondent*

---

---

*"I will only have another baby if I can do so privately." Survey respondent*

---



## **Pandemic mothers**

The results discussed throughout this report all relate to the time period in which they took place.

---

*"It felt like Covid mattered more than me and my baby, despite people being in pubs, bars, restaurants, etc., and lots of life feeling fairly normal." Survey respondent*

---

Our survey asked people to identify in which of three periods they gave birth, split into April 2020-March 2021, April 2021-March 2022 and April 2022 to present. This broadly coincides with the first Covid lockdowns, a second wave of lockdowns and the aftermath of lockdowns. We can show some of the impact of lockdown restrictions on maternal and mental health based on what our survey respondents told us.

---

*"The pandemic was a terrible time for new parents. I was left with no support, and it's had a long-lasting impact. My son only physically met a health visitor for the first time at his two-year check. I had no six-week check. I eventually have found my own private therapy." Survey respondent*

---

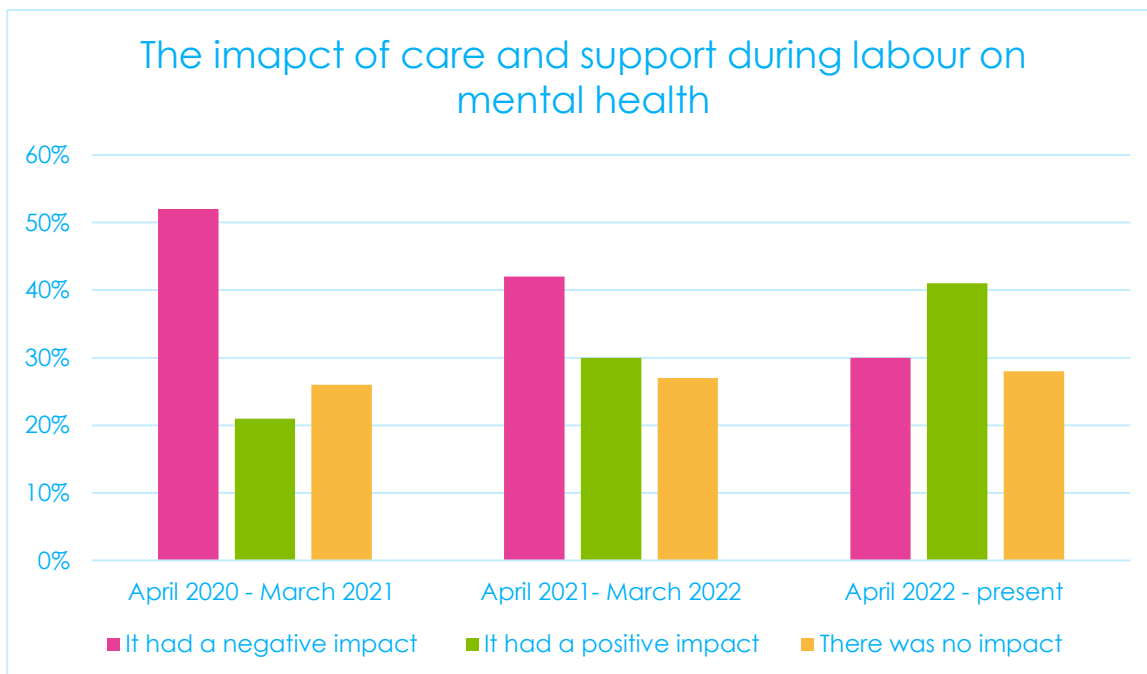
Almost all (88%) of postnatal consultations are now taking place face-to-face, which is 10% higher than during the height of lockdowns.

---

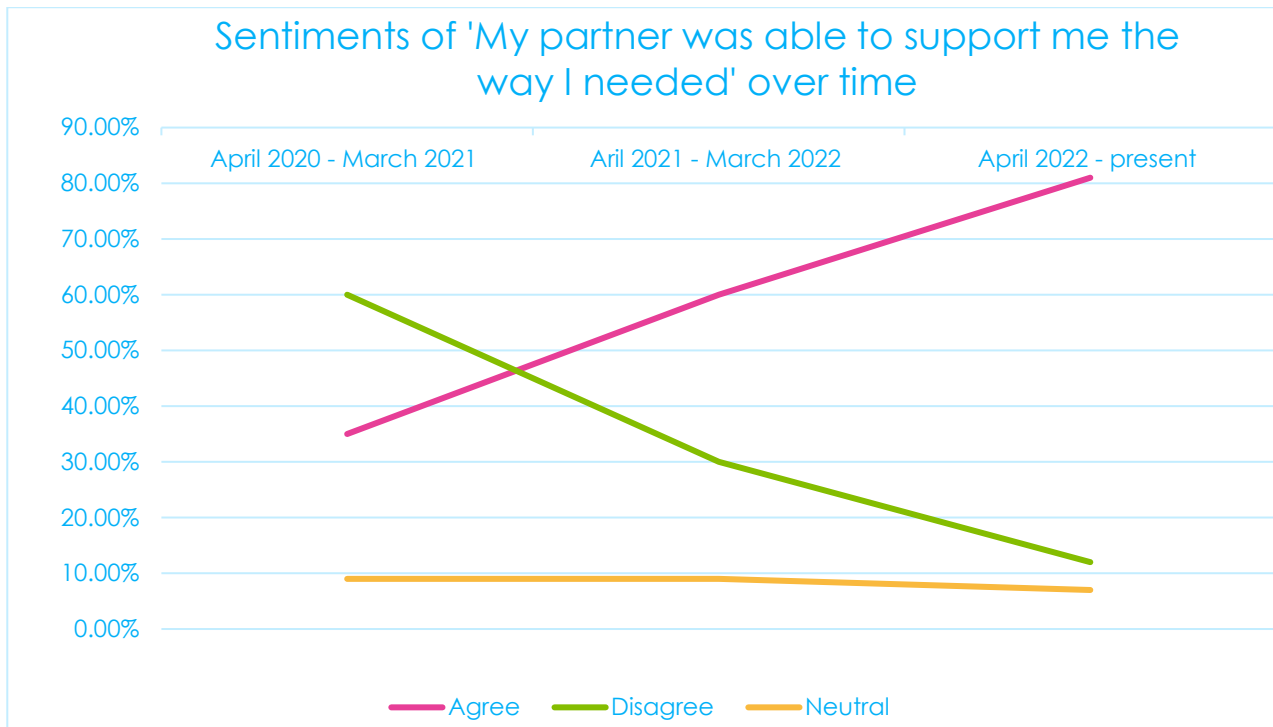
*“The follow-up with your GP should be face to face as over the phone it can never be the same on how you would tell how you are really feeling.” Survey respondent*

---

Based on responses to our survey from mothers who gave birth in three distinct time periods, there has been a change over time in the impact on mental health due to experiences of support in the hospital during and after birth. From mothers giving birth in the initial lockdown period (2020-2021) to now, there has been a 22% reduction in the negative impacts of hospital care on maternal mental health. This suggests lockdown restrictions and Covid-19 pressures on healthcare worsened the traumatic experiences on the post-labour ward.



Whilst Covid restrictions had many impacts on maternal experience, an area that our participants particularly highlighted was the lack of partner support. Partners could not attend appointments with the mother throughout pregnancy and couldn't help care for the mother in hospital. Mothers identified this isolation as directly linked to negative mental health outcomes after birth.




---

*“The care we received was appalling. I was completely restricted, unable to have my husband with me during an induction and after giving birth. My mental health deteriorated as a consequence of experiencing PTSD in such restrictive settings.” Survey respondent*

---

Fortunately, this specific issue is tied to a particular circumstance, and more recently, partners and family members have been able to attend births again. However, it is important to highlight the significance of this restriction and the lasting damage it has had to ensure that in any similar future situation, there is a better infrastructure in place to support mothers throughout their experience.

---

*“Being pregnant and giving birth during the Covid first lockdown was awful. Lack of support, services cut and telephone calls that didn't provide any help. “I had to attend all scans by myself and also had to wait until I was in active labour until my partner was allowed to come in. I suffered badly with anxiety as a result.” Survey respondent*

---

This puts increased pressure on staff; care such as a cup of tea or emotional support, which family could provide, is now expected of hospital staff, who were already under increased pressure due to Covid-19.

---

*“I think my actual labour was manageable, and although there were complications afterwards relating to my physical health, it was the attitude of staff and my experience of being ignored which had a really significant impact upon my first few months of motherhood.” Survey respondent*

---

Due to staff shortages and services shutting down, the Covid-19 lockdowns also affected available mental health support for patients.

---

*"When I was pregnant during lockdown the mental health support was non-existent. At four different midwife appointments, I cried to four different midwives about how I was struggling with my mental health, and it was brushed aside. One midwife's words were 'everyone's anxious at the moment'. Luckily the postnatal mental health support from my health visitor was great. During labour, the staff did the best they could in difficult circumstances, but not having my husband there for most of my labour was very traumatic, and that trauma is still affecting my mental health today. More needs to be done to allow women not to be alone whilst giving birth." Survey respondent*

---

Our survey results show that maternal mental health support has improved over the past three years; referrals to mental health support services increased from 28% to 39%. However, this is still a shockingly low figure, with only a minority being referred, but it indicates the trendline is heading in the right direction.

## Positive feedback

---

*"Midwives are unbelievable in their roles and deserve so much credit for the care they give, positive and mindful language they use and overall support/professionalism." Survey respondent*

---

As indicated above, maternal mental health support has gradually improved. Although most of the feedback we received during this research points towards a difficult state of affairs in publicly funded maternal mental health, there were 183 comments in the free text responses in which mothers alerted us to positive experiences.

Some mothers with a pre-existing mental health condition or a previously difficult experience with birth could advocate for themselves and raise their circumstances with their care team. Whilst sometimes this was ineffective, for several mothers it facilitated the care they needed and improved their experiences of birth, subsequently improving their mental health, as they were listened to and taken seriously.

---

*"I wrote out a note explaining my mental health and additional SEN difficulties for the midwives to have when I went into labour, explaining how I deal with things and what to do in certain situations. Because of this, I was placed in a private room, and my husband was able to stay with us for the duration of my stay in hospital." Survey respondent*

---

Often, all it took for mothers to have a more positive experience of mental health support was for just one healthcare professional in their support team to listen to them and take them seriously. However, mothers were more likely to have positive experiences when there was a continuity of care in place, ensuring mothers felt sufficiently supported and that any changes in their health or mental health may be picked up on.

---

*"I was lucky enough to see the same midwife throughout antenatally and postnatally, which really helped. Having familiar faces and someone who knows you can make such a difference." Survey respondent*

*"The pre-care and aftercare were great. I had the same midwife who really helped me. Also, my GP sat with me and explained so much to me that it stopped me from having any issues with my mental health later on." Survey respondent*

---



# Conclusions

## **Postnatal mental health consultations are not working well for everyone.**

Although six-week postnatal checks were introduced following our 2019 report, this survey has shown that many women are not getting the support they need.

**Only one in five respondents were satisfied with the time their GP spent talking to them about their mental health. Neither ICBs nor NHS Trusts consistently monitor whether the postnatal consultations are taking place. GPs are not always aware of best practice guidance on making these consultations meaningful.<sup>20</sup>**



The wide range of experiences women shared with us also highlighted how unique each person's journey to becoming a parent can be and how important the available support is to meet their individual needs.

By placing greater responsibility on tracking compliance with the postnatal consultation and the use of NICE guidance we would be better able to understand where this commitment is being and not being met.

Gathering this data will help make a case for better resources if this requirement is not being met due to system and workforce pressures.

## **Better communication is needed for people during and after the perinatal period.**

Pregnancy and post-pregnancy can be a very challenging and potentially overwhelming time for many people. Our survey respondents have told us that communication regarding mental health support needs to improve. Knowing where to go and what options are available gives people the power to choose the service that's right for them.

Clearly communicating information regarding mental health support, including signposting to local and national support services at pre and postnatal appointments is vital. We need to see GPs proactively asking people about their mental health, responding quickly when people ask for help and supporting access to specialist perinatal mental health services when needed.

All pre and postnatal appointments should be looked at as an opportunity to provide information about mental health support and give people the space to talk.

## **More training and support are needed for GPs to have quality conversations about mental health.**

Our survey found that mothers had mixed experiences when talking to their GP about mental health problems. Some respondents highlighted how beneficial they found their GP's support and how being given support when they needed it made a difference to them. Others told us that their GP dismissed their concerns.

Getting the right mental health support at the right time is vital for people during the perinatal period. Not getting support or getting poor-quality support can have a devastating impact on mothers, birthing parents and their families.

With current system and workforce pressures, improving access, quality of intervention and communication presents a clear challenge.

Strengthening the GP contract to ensure that clear requirements are set out around the mental health aspect of postnatal consultations could help ensure that these checks are delivered as intended.

Promoting the use of NICE guidance on postnatal care should help GPs to have quality conversations about mental health. At the same time, NHS England can also consider how it can provide further guidance and support for GPs as part of its Maternity Transformation Programme.

We also need to ensure that maternal mental health and perinatal services remain on the government's agenda and a priority in workforce planning and funding budgets.

# Recommendations

Our findings clearly show that six to eight-week postnatal checks are not working well for everyone, with many people struggling to access timely support and others not receiving any support.

Having no access to support or experiencing poor-quality intervention is having a profound effect on some people's wellbeing.

While the introduction of six to eight-week postnatal checks is a good policy which should lead to people receiving the mental health support they need, these consultations are not currently taking place as intended.

**We have made five recommendations to improve the delivery of postnatal consultations to provide a meaningful opportunity for mental health intervention for everyone who needs it.**

Recommendation	Why is this change needed?	Who is responsible for this change?
<p>1. Integrated Care Systems should monitor the delivery of six to eight-week postnatal consultations as part of their primary care commissioning responsibilities.</p>	<p>Since 2020, the standard GP contract has required all GPs to deliver a postnatal consultation for all mothers between six and eight weeks after birth. This consultation must take place in addition to the consultation on the baby's health.</p> <p>NICE guidance is clear that these consultations should include discussing the mother's mental and physical health.</p> <p>Yet our investigations show that GPs are not currently tracking whether mental health is addressed as part of a postnatal consultation, and data on postnatal consultations is not being shared with ICSs.</p> <p>From 1 April 2023, ICSs will have full commissioning responsibilities for primary care services. As part of this responsibility, they should seek to understand the extent to which GP practices deliver on their contract responsibilities and ensure compliance.</p> <p>ICSs should promote the NICE guidance outlining the importance of addressing</p>	<p>Integrated Care Systems</p>

	mental and psychological health during postnatal consultations.	
2. The Medical Licensing Assessment being introduced from 2024 should check understanding of the importance of postnatal mental health and the mental health element of postnatal checks.	The General Medical Council (GMC) will be introducing the Medical Licensing Assessment for the majority of incoming doctors, including all medical students graduating from academic year 2024 to 2025 and onwards. The Women's Health Strategy has committed to ensuring that this assessment will include a number of topics relating to women's health, to encourage a better understanding of women's health among doctors as they start their careers. This assessment should include questions checking new doctors' understanding of the importance of postnatal mental health.	General Medical Council Department of Health and Social Care
3. The section of the GP contract on delivery of postnatal consultations should be updated to include mention of signposting to specialist and community mental health services and point to best practice guidance around carrying out open-ended discussions.	<p>Our respondents have told us that the quality of postnatal consultations needs to improve, even for those who can access them.</p> <p>Many people told us that their mental health was not discussed or not talked about in enough detail at their consultation, with the focus instead being on their physical health or simply focusing on the baby. Often, respondents were not offered a referral or any information about organisations to contact for mental health support by their GP.</p> <p>As part of their contracted delivery of postnatal checks, GPs have an opportunity to provide people with a meaningful discussion on mental health, alongside clear information about mental health support.</p> <p>Strengthening the GP contract to clarify these elements would not place any additional responsibilities on doctors, but would emphasise the importance of the mental health element of postnatal consultations, which is currently often missed.</p>	NHS England Department of Health and Social Care BMA
4. As part of its Maternity Transformation Programme, NHS	Our respondents have told us that when GPs get six-week consultations right, they can really make a vital difference.	NHS England GPs

<p>England should consider what additional support and guidance it can provide for GPs to have quality conversations about mental health at the six to eight-week postnatal consultation.</p>	<p>Yet the feedback from some of our respondents tells us that many people were not given the time they needed to discuss their mental health, options for support were not mentioned, or they experienced dismissive attitudes from health professionals.</p> <p>Improving access to perinatal mental health services is one of the goals of the NHS Maternity Transformation programme. As part of this work, NHS England should consider how it can provide further tailored support to ensure GPs can deliver consistent, quality mental health support as part of postnatal care.</p>	
<p>5. Deliver the Long-Term Plan commitments on improving access to specialist community perinatal mental health services.</p>	<p>As part of the Maternity Transformation Programme, the NHS has invested in four additional mother and baby units since 2016. NHS England needs to continue its work to ensure every ICB has access to specialised community perinatal mental health services, including the development of new Maternal Mental Health Services (MMHS, referred to in the Long Term Plan as 'maternity outreach clinics') for women with moderate to severe or complex mental health needs arising from birth trauma or loss. This will need to be underpinned by longer-term systemic solutions to workforce and staffing issues and considered as part of the NHS Workforce Plan.</p>	<p>NHS England Integrated Care Systems</p>

# Appendix

## Appendix 1 -demographic breakdown of respondents

### DEMOGRAPHICS:

- We heard from 2,693 people who gave birth since April 2020, nine of whom had stillbirths.
- Of these, 1,886 told us about their first birth experience, and 803 had previously given birth at least once.
- Over three in ten (816) respondents had a mental health condition before becoming pregnant.
- Most of our participants (2,635) were between 25 and 49 years old. Forty-three participants were aged 18-24, and three were aged 50-64.
- The majority of participants identified as women (2662). Three participants identified as nonbinary, one as preferring to self-describe and one as a trans man.
- Eighty-six per cent (2,390) identified as heterosexual (straight) women, and seven per cent of the sample identified as queer, lesbian, gay, pansexual or bisexual.
- Two per cent (58) identified as carers, three per cent (94) as having a disability, seven per cent (183) as being neurodivergent, and nine per cent (247) as having a long-term condition. Nearly four in five (79%) identified as having none of the above.
- Thirty-one per cent of those who had mental health difficulties were experiencing them for the first time.
- Just over one in five (22%) respondents had a diagnosed mental health condition before becoming pregnant.

Ethnicity	Count	Percentage
Arab	4	>1%
Asian/Asian British: Any other Asian/Asian British background	12	>1%
Asian/Asian British: Bangladeshi	9	>1%
Asian/Asian British: Chinese	8	>1%
Asian/Asian British: Indian	39	1%
Asian/Asian British: Pakistani	21	1%
Black/Black British: African	8	>1%
Black/Black British: Any other Black/Black British background	2	>1%
Black/Black British: Caribbean	14	1%
Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background	21	1%
Mixed/multiple ethnic groups: Asian and White	25	1%
Mixed/multiple ethnic groups: Black African and White	8	>1%
Mixed/multiple ethnic groups: Black Caribbean and White	12	0%
Prefer not to say	32	1%
White: Any other White background	169	6%
White: British/English/Northern Irish/Scottish/Welsh	2252	84%
White: European	1	0%
White: Gypsy, Traveller or Irish Traveller	2	0%

White: Irish	41	2%
Total	2686	100%

The majority of participants (92%) identified as White.

## Appendix 2: FOI questions

### 1. Postnatal consultation

In line with the requirement brought in in April 2020 for GPs to offer a postnatal consultation six to eight weeks after birth (live and stillbirth), which focuses on the mother's mental health and general wellbeing, please provide the information below:

A – How many women in your (ICB, Trust or GP practice) area have given birth or had a stillbirth each year for the last three full financial years?

o 2019/20

o 2020/21

o 2021/22

B – How many women in your (ICB, Trust or GP practice) area have been offered the six to eight-week postnatal consultation with a GP each year for the last three full financial years?

C – How many women in your (ICB, Trust or GP practice) area have attended the six to eight-week postnatal consultation with a GP each year for the last three full financial years?

### 2. In your (ICB, Trust or GP practice) area,

A – Is there specific guidance given to GPs outlining how to ask about women's mental health and general wellbeing at the six to eight-week postnatal consultation? For example, carrying out a mental health assessment or using open-ended questions.

B – If you answered yes to question 2A, please provide a link or a copy of the guidance.

C – Please provide information about how you track compliance with the requirement that GPs ask all women about their mental health and general wellbeing at the six to eight-week postnatal consultation.

### 3. Referrals to psychological therapies

A – Please provide figures for the total number of referrals to psychological therapy services, including IAPT and other national equivalents, following the six to eight-week postnatal consultation with GP practices in your (ICB, Trust or GP practice) area for the last three full financial years.

o 2019/20

o 2020/21

o 2021/22

B – Please provide the following information for those who were referred to psychological therapy services (including IAPT and other national equivalents) following the six to eight-week postnatal consultation with the GP for the last three full financial years:

- How many women in your (ICB, Trust or GP practice) area have been assessed within two weeks of referral?

- How many women in your (ICB, Trust or GP practice) area have not been assessed within two weeks of referral?

- How many women in your (ICB, Trust or GP practice) area have started treatment within four weeks of assessment?

- How many women in your (ICB, Trust or GP practice) area did not start treatment within four weeks of assessment?



**healthwatch**

Healthwatch England  
National Customer Service Centre  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

[www.healthwatch.co.uk](http://www.healthwatch.co.uk)

t: 03000 683 000

e: [enquiries@healthwatch.co.uk](mailto:enquiries@healthwatch.co.uk)

📱 [@HealthwatchE](https://twitter.com/HealthwatchE)

📘 [Facebook.com/HealthwatchE](https://www.facebook.com/HealthwatchE)