

Understanding NICE guidance

Information for people who use NHS services

Mental health problems during pregnancy and after giving birth

NICE 'clinical guidelines' advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive.

This booklet is about the care and treatment of women with mental health problems in the antenatal period (during pregnancy) and in the postnatal period (the first year after giving birth) in the NHS in England and Wales. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence). It is written for women with mental health problems during pregnancy and in the first year after giving birth, and their families and carers. It may also be useful for anyone with an interest in the condition.

The booklet aims to help you understand the care and treatment options that should be available in the NHS. It does not describe mental health problems or the tests or treatments for them in detail. A member of your healthcare team should discuss these with you. There are examples of questions you could ask throughout this booklet to help you with this. Some sources of further information and support are on page 19. Medical terms in bold type are explained in the glossary on pages 17–18.

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The advice in the NICE guideline covers:

- recognising mental health problems during pregnancy and in the first year after giving birth
- the care and treatment (including drugs and psychological treatments) of women who develop a mental health problem during pregnancy or in the first year after giving birth, and women who have a higher chance of developing a problem at this time
- the care and treatment (including drugs and psychological treatments) of women who already had a mental health problem before becoming pregnant
- how families and carers may be able to support women with mental health problems and get support for themselves.

It does not specifically look at:

- the care of women with 'baby blues' in the first few days after giving birth (this is covered in the NICE guideline on postnatal care, which is available from the NICE website at www.nice.org.uk)
- the treatment of physical health problems during pregnancy and in the first year after giving birth
- the treatment of mental health problems at any time other than when planning a pregnancy, during pregnancy and in the first year after giving birth.

Your care

Your treatment and care should take into account your personal needs and preferences, and you have the right to be fully informed and to make decisions in partnership with your healthcare team. If you have or develop a mental health problem while planning a pregnancy, during pregnancy, or in the first year after giving birth, your healthcare team should give you information you can understand and that is relevant to your circumstances. All healthcare professionals should treat you with respect, sensitivity and understanding, and explain the mental health problem and the treatments for it simply and clearly.

The information you get from your healthcare team should include details of the possible benefits and risks of particular treatments, and how the mental health problem and its treatment may affect you, your baby and your other children. Your healthcare team should develop a trusting relationship with you, and with your family and carers if appropriate. They should talk to you about your concerns and what you expect from treatment, and make sure you understand all the issues you discuss.

You can ask any questions you want to and can always change your mind as your treatment progresses or your condition or circumstances change. Your own preference for a particular treatment is important and your healthcare team should support your choice wherever possible.

Your treatment and care, and the information you are given about it, should take account of any religious, ethnic or cultural needs you may have. It should also take into account any additional factors, such as physical or learning disabilities, sight or hearing problems, or difficulties with reading or speaking English. Your healthcare team should be able to arrange an interpreter or an advocate (someone who supports you in asking for what you want) if needed.

If you agree, your family and carers can be involved in decisions about your care. Your healthcare professionals should discuss with you how this should work. Your family and carers also have the right to the information and support they need in their roles as carers.

If people are unable to understand a particular issue or are not able to make decisions for themselves, healthcare professionals should follow the advice that the Department of Health has produced about this. You can find this by going to the Department of Health website (www.dh.gov.uk) and searching for information on 'consent' and 'capacity'.

If you think that your care does not match what is described in this booklet, please talk to a member of your healthcare team.

If you are under 16 and you fully understand the information you are given, you may be able to decide about your own treatment. If there are treatments that you do not want, tell your doctor. If you are too young or you have not fully understood the information about treatments, your parents or carers may also need to agree to treatment. Sometimes parents and doctors may go against your decision if they think it is best for you and your baby.

Mental health problems during pregnancy and after giving birth

Most women go through pregnancy and the first year after giving birth without any mental health problems, but some women do have problems. These are the same as for other people, but they can develop differently at this time.

- Women who already have a mental health problem are more likely to become ill again during pregnancy or in the first year after giving birth than at other times in their life.
- Severe mental illnesses may develop much more quickly and be more serious after giving birth than at other times.
- Sometimes women who have a mental health problem stop taking their medication without talking to their doctor or midwife when they find out that they are pregnant. This can make their illness return or become worse.

If you have a mental health problem during pregnancy or in the first year after giving birth, you may need more urgent care and treatment than usual, because of the possible effects on your baby, your own health and your other children.

Questions you might like to ask your healthcare team

- Can you tell me more about mental health problems during pregnancy and in the first year after giving birth?
- What care is available to me?
- Are there any support organisations in my local area?
- Can you provide any written information for me and for my family and carers?

Recognising mental health problems during pregnancy and after giving birth

Pregnancy and the first year after giving birth are periods of great adjustment. Emotions and social, financial and physical demands can be difficult to manage. You may feel more anxious and 'down' than usual, so healthcare professionals (including your midwife, health visitor and GP) should ask you about your mental health.

When you first see any healthcare professional about having a baby or after your baby is born, they should ask whether you have, or have ever had, a severe mental illness, including **schizophrenia**, **bipolar disorder** or severe **depression**, or if you have had **psychosis** after giving birth. They should also ask about any treatment you have had from a **psychiatrist** or specialist mental health team, including treatment in hospital, and about whether anyone in your family has had mental health problems during pregnancy or after giving birth.

You should also be asked the following questions when you first see someone about your pregnancy, when you first see a midwife, and usually 4–6 weeks and 3–4 months after you have given birth. These questions will help pick up signs of depression.

- During the past month, have you often been bothered by feeling down, depressed or hopeless?
- During the past month, have you often been bothered by having little interest or pleasure in doing things?

Depending on your answers you may also be asked:

- Is this something you feel you need or want help with?

If your answers suggest you may have depression, you may be asked to fill in a questionnaire.

If you, or your midwife or health visitor, think you may have a mental health problem, you should usually be offered a further **assessment** with your GP. If the problem is severe (for example, schizophrenia or bipolar disorder) you should be referred to a specialist mental health service, after discussion with you and your GP.

If you have, or have ever had, a severe mental illness, your healthcare professional should develop with you (and if appropriate, your family and carers) a written care plan in the first 3 months of your pregnancy. The plan should cover treatment and care during pregnancy, giving birth and the first year afterwards, and the need to see specialist mental health services more often. The plan should be given to you and all the healthcare professionals involved in your care, and recorded in your medical notes.

If you have a mental health problem, or have ever had a severe mental illness, you should be asked about your mental health each time you see a healthcare professional about your pregnancy or after your baby is born.

If you do not have a specific mental illness, but you are feeling 'down' or anxious and this is affecting your everyday life, you should be offered support from professionals, voluntary organisations or other services to help manage your feelings during pregnancy and after giving birth.

If you have had depression or **anxiety** before, you may be offered a **psychological treatment**. This is usually either a type called interpersonal psychotherapy or one called cognitive behavioural therapy.

If you have had a traumatic birth

If you have had a traumatic birth, maternity staff and other healthcare professionals should support you if you want to talk about your experience. They should also encourage you to accept help and support from family and friends, and talk about how the birth has affected your partner. But NICE has said that you should not be offered a formal discussion (called a 'debriefing session') with a healthcare professional because there is evidence that these are not helpful. For sources of more information and support, see page 19.

If your baby is stillborn

Although it is a rare event, sometimes babies are stillborn. You should be offered a chance to talk to a healthcare professional if this happens. But it is now considered unhelpful for women to see and hold their babies, unless they particularly wish to do so.

General advice on treating mental health problems during pregnancy and after giving birth

As far as possible you should see the same healthcare professionals at different stages of your pregnancy and after your baby is born. All the healthcare professionals involved in your care should keep each other informed about your mental health problem and its treatment. If you need to go back into hospital for treatment within the first year after giving birth, you should be admitted with your baby to a specialist mother and baby unit if possible.

Helping you to decide about treatment

Treatments for mental health problems during pregnancy and in the first year after giving birth can include psychological treatments and/or medication (drugs). This section is about the general advice NICE has given. For information on your mental health problem, see 'Advice on treating specific mental health problems during pregnancy and after giving birth', which starts on page 10.

Your doctor should discuss with you the risks of treating and not treating your illness at every stage. Taking medication may carry risks for your unborn baby. But if you stop (or don't start) treatment there is a risk that you could become seriously unwell, and this can also be risky for your baby. There is some uncertainty about the risks. The decision whether to take medication will depend partly on the particular drug, and partly on how likely you are to become unwell if you stop (or don't start) taking it. Your doctor will help you to come to a decision.

You should be given written information about the risks and, if possible, audiotapes or notes of your discussions with healthcare professionals.

Some treatments may not be suitable for you, depending on your exact circumstances. If you have questions about the specific treatments and options covered in this booklet, please talk to a member of your healthcare team.

Questions that might help you decide about drug treatments

- Will any treatments make it harder for me to get pregnant?
- Can we discuss the risks for me and my baby in having and not having treatment?
- Can you give me some information about these risks?

Contraception

If you are taking medication for a mental health problem and are at an age when you could become pregnant, your doctor should talk to you about contraception and the risks involved in having a baby. If you are planning to have a baby you should discuss this with your doctor.

Treatment options and planning your care

It is important to treat mental health problems during pregnancy and after giving birth as quickly as possible because of the effect of the mental health problem on you and your baby. If you are offered psychological treatment you should receive it ideally within 1 month and certainly within 3 months.

When discussing treatment options, your doctor should talk to you about:

- how severe any previous mental health problem has been
- the risk of you becoming unwell and whether you are able to cope without treatment
- which treatments have helped you in the past, and your own preferences
- options that enable you to breastfeed if you wish to do so.

Taking medication before and during pregnancy and while breastfeeding

After discussion with your doctor or midwife, you may decide to take medication while planning or during a pregnancy, or while breastfeeding. You should be offered a drug that has the least risk for both you and your baby, and should be started on the lowest possible dose.

There are certain drugs you should not be offered, or may be advised to stop taking, because of possible risks to your baby. You may be offered some drugs for brief periods only. There is more information about the risks with different drugs on pages 15–16.

Questions you could ask about treatments

- Why have you decided to offer me this particular treatment?
- What will the treatment involve?
- Are there any risks for me or my baby associated with this treatment, and if so are there ways of reducing these risks?
- How long will I have to take the medication for?
- Might I have problems when I stop taking the medication?
- Can you tell me about the different types of psychological treatment?
- Are there other treatments I could try instead?

If you were taking medication when you conceived or while breastfeeding

If you were taking lithium, valproate, carbamazepine, lamotrigine or paroxetine at the time you conceived, or in the first 3 months of your pregnancy, you should arrange to see your doctor as soon as possible.

Your doctor should arrange **counselling** if you are unsure about continuing with the pregnancy and should offer to check your unborn baby for possible problems. If you continue with the pregnancy, your newborn baby should be thoroughly assessed.

After your baby is born, your doctor should see him or her regularly to check for problems related to your medication:

- in the first few weeks after birth if you were taking the drugs while you were pregnant
- if you are taking the drugs while breastfeeding.

Sleep problems during pregnancy

If you have problems sleeping during pregnancy, your healthcare professional should advise you on how to get into a good sleep routine (such as relaxing and avoiding caffeine before bed time). If the problem is more serious or long term, you may be offered a low dose of a drug to help you sleep (such as chlorpromazine or amitriptyline).

Advice on treating specific mental health problems during pregnancy and after giving birth

If it appears that treatments described in this booklet are suitable for you, but they are not available, you should talk to your local Patient Advice and Liaison Service (PALS) in the first instance. If they are not able to help you, they should refer you to your local Independent Complaints Advocacy Service.

Treatment for mental health problems during pregnancy and after giving birth will be similar to treatment at other times. Your healthcare professionals should follow the guidelines that NICE has produced on specific mental health problems (see page 20 for details) but should adapt them as explained below.

Anxiety and panic disorder

If you already have anxiety or panic disorder

Your doctor may advise you to stop your medication and offer you a psychological treatment. If you decide to continue taking medication, you may be offered a different drug.

If you develop anxiety or panic disorder while pregnant or after giving birth

If you develop anxiety, your treatment and care will involve psychological treatment.

If you develop **panic disorder**, you may be offered psychological treatment or **self-help**.

Depression

If you are already taking an antidepressant

If you have mild depression, your doctor should advise you to gradually stop taking the **antidepressant**. You may be offered other treatments instead (such as an **exercise programme**, self-help or short-term psychological treatment).

If you have moderate or severe depression, your doctor should discuss treatment options with you. You may be offered psychological treatment instead of, or as well as, the medication (or a different antidepressant).

If you develop depression while pregnant or after giving birth

If you have mild or moderate depression you may be offered treatments such as an exercise programme, self-help, short-term psychological treatments or counselling.

If you have mild depression but you have had severe depression in the past, you may be offered an antidepressant if you prefer not to have psychological treatment or it has not helped you.

If you have moderate depression and have had depression before, or you have severe depression, you may be offered a psychological treatment, or an antidepressant if you prefer. If these treatments do not help you on their own, you may be offered both together.

These treatments usually help, but if they don't, you may be offered a different drug or **electroconvulsive therapy (ECT)**.

Obsessive–compulsive disorder

If you have **obsessive–compulsive disorder (OCD)**, you may be offered psychological treatment instead of, or before, medication. If you carry on taking medication you should be offered a safer drug if needed (see the information about antidepressants on page 15).

If you wish to breastfeed, you should not usually be offered a combination of drugs called clomipramine and citalopram.

Post-traumatic stress disorder

If you are planning a pregnancy or are pregnant and taking an antidepressant for **post-traumatic stress disorder (PTSD)**, you should be offered psychological treatment instead. You should not be offered a drug called olanzapine in addition to other medication.

Eating disorders

Anorexia nervosa

If you have **anorexia nervosa**, your treatment and care should be the same as in the NICE guideline on eating disorders.

Binge eating disorder

If you are taking an antidepressant for **binge eating disorder**, your treatment and care should be the same as the treatment for depression (see page 10).

Bulimia nervosa

If you are taking medication for **bulimia nervosa** while planning a pregnancy or pregnant, your doctor should talk to you about whether to gradually stop taking the medication. If the bulimia continues, your doctor may refer you to a specialist in eating disorders.

If you are breastfeeding and have an episode of bulimia, you should be offered psychological treatment rather than a drug called fluoxetine.

If you are already taking fluoxetine, your doctor should advise you not to breastfeed.

Bipolar disorder

If you become pregnant while taking an **antipsychotic**, your doctor should advise you to continue with it if you are likely to become ill again without it.

If you are planning a pregnancy and you need medication for **mania**, you should be offered a low dose of an antipsychotic.

If you are planning a pregnancy and become depressed after stopping medication, you should usually be offered psychological treatment rather than an antidepressant.

If you have manic episodes during pregnancy

Your doctor may offer you an antipsychotic, or should increase the dose if you are already taking one. If this does not help you and your symptoms are very severe, your doctor may consider **electroconvulsive therapy (ECT)**, lithium or, in rare circumstances, valproate.

If you have depressive episodes during pregnancy

If you have mild depression, you should be offered self-help or short-term psychological treatments.

If you have moderate depression you may be offered a psychological treatment. If you have severe depression you may be offered both medication and a psychological treatment.

After giving birth

If there is a risk that you could have a **manic episode** or develop depression, you should start or restart medication as soon as possible after your baby is born. If you wish to breastfeed, you should be offered a drug that is safe for your baby (usually an antipsychotic).

Schizophrenia

If you are planning a pregnancy or pregnant and taking a type of antipsychotic called an 'atypical', you may be offered a type called a 'typical' instead, such as haloperidol, chlorpromazine or trifluoperazine.

If you are breastfeeding, you should be told that if you have a dose of medication by injection, your baby may show some symptoms (such as trembling, stiffness and restlessness, and changes in breathing and heart rate) several months afterwards because the drug can pass into the breast milk. These symptoms usually get better by themselves.

If you are pregnant and need urgent sedation

If you have a severe mental illness and your behaviour is very disturbed, you may be given medication to help calm you. This should be a benzodiazepine or a low dose of an antipsychotic. You should not be left alone after this has happened.

Questions you could ask about following up on your treatment

- When should I start to feel better and what should I do if I don't start to feel better by then?
- Are there different treatments that I could try?
- Do we need to alter the dose of my current medication?

Supporting families and carers

Healthcare professionals should address the needs of family members and carers of women with mental health problems before and after they give birth. They should consider:

- the welfare of the newborn baby, any other children and other family members
- how the mental health problem is affecting the woman's relationships with family members and carers.

Questions families and carers may like to ask healthcare professionals

- What can I/we do to help and support the woman with a mental health problem?
- Is there any additional support that I/we as carer(s) or our children might benefit from or are entitled to?

Further information about medication

Antidepressants

If you are taking a drug called paroxetine and are planning a pregnancy or pregnant, you should be advised to stop taking it because of a risk of heart problems for your baby.

Your doctor should take into account the risks from the different antidepressants.

- A type called tricyclics are thought to be safer during pregnancy than other antidepressants.
- Fluoxetine is safer during pregnancy than other drugs of a similar type, called SSRIs.
- If you take an SSRI after the fifth month of pregnancy, the risk of problems for your baby increases.
- If you take venlafaxine at high doses there is a risk that you will develop high blood pressure.
- With all antidepressants, there is a risk of your newborn baby having symptoms related to the drug, but these are usually mild and get better by themselves.
- Most antidepressants can pass into the breast milk: levels of imipramine, nortriptyline (tricyclics) and sertraline (an SSRI) are relatively low, but those of fluoxetine and citalopram (also SSRIs) can be high.

Benzodiazepines

You should not usually be offered these drugs if you are pregnant because of risks to your baby (such as cleft palate and muscle weakness), except for a short time if you have severe anxiety or are extremely agitated.

Antipsychotics

Taking antipsychotics can make it harder for you to become pregnant. If tests show that the drug is affecting your hormone levels, you may be offered a different drug.

If you are pregnant or breastfeeding, you should not usually take clozapine because of a risk of a blood disorder for your baby.

Your doctor should check your risk of getting diabetes before offering olanzapine when you are pregnant.

Antipsychotics can have side effects, but you should not usually be offered a type of drug called an anticholinergic drug to help with these. Your doctor should change the dose of the antipsychotic instead.

Valproate

If you take valproate during pregnancy there are serious risks for your baby (such as spina bifida and learning difficulties).

If there is no alternative to valproate, you should be given a low dose and be offered folic acid at a higher than normal dose (5 mg a day).

Lithium

You should not usually be offered lithium if you are pregnant (because of a risk of heart problems for your baby) or breastfeeding (because of high levels in breast milk).

If you are planning a pregnancy, you should be advised to stop taking lithium, unless you are ill or likely to become ill again.

If you become pregnant while taking lithium, you should usually be advised to stop taking it gradually over 4 weeks. But even if you do this, there is still a risk to your baby.

If you are ill, or are likely to become ill again, your doctor may advise you to continue on lithium, or gradually change to an antipsychotic. Another option is to stop taking lithium for a while and start again later in the pregnancy.

If you continue to take lithium, you should be given a lower dose, have regular blood tests and drink plenty of water. You should be advised to have your baby in hospital, where you will need to be monitored during labour.

Carbamazepine and lamotrigine

If you are planning a pregnancy or have an unplanned pregnancy, you should be advised to stop taking these drugs because of risks for your baby (such as spina bifida, heart problems and cleft palate).

You should not usually take these drugs if you are pregnant.

You should not usually take lamotrigine while breastfeeding because of a risk of serious skin problems for your baby.

Glossary

Anorexia nervosa: an illness in which a person keeps their body weight very low by dieting, vomiting or exercising excessively. A fear of being fat or a wish to be thin leads to anxiety about body weight and shape.

Antidepressant: a medicine that helps symptoms of depression.

Antipsychotic: a type of medicine that is sometimes used to treat bipolar disorder and schizophrenia.

Anxiety: feelings of worry or fear that can be difficult to control.

Assessment: a meeting with a healthcare professional, who will ask questions so that he or she can work out what treatment and care would suit a person best. An assessment may involve a physical examination and tests.

Binge eating disorder: an illness in which a person eats excessive amounts of food but does not try to control their weight.

Bipolar disorder: an illness in which a person has periods (or 'episodes') of mania and periods of depression. For this reason, it was once known as 'manic depression'.

Bulimia nervosa: an illness in which a person feels that they have lost control over their eating, and are caught in a cycle of eating large quantities of food and then vomiting or taking laxatives and diuretics in order to lose weight.

Counselling: a short-term psychological treatment that allows people to explore their symptoms and problems with a trained individual. Counsellors will not usually give advice or treatment, but will offer support and guide people to help themselves.

Depression: a mental health problem in which a person feels 'down' and loses pleasure in things they used to enjoy. They may have other symptoms such as feeling tired all the time, sleep problems and thoughts of suicide or harming themselves.

Electroconvulsive therapy (ECT): a procedure used only rarely to treat severe mental illness, such as severe depression and severe mania. ECT is always given in hospital and involves passing a small electric current through the brain. Doctors should fully explain the risks and benefits of this treatment.

Exercise programme: a structured programme of exercise usually lasting 45 minutes to 1 hour and taking place three times a week.

Mania (or manic episode): feelings of elation (extreme happiness or feeling 'high'), or irritability, or both. People with mania also feel over-confident, sleep less than usual, and can take unnecessary risks.

Obsessive–compulsive disorder (OCD): a mental health problem in which a person has obsessions (thoughts, images or impulses that keep coming into their mind and are difficult to get rid of) and compulsions (feelings that they must repeat physical actions or mental processes).

Panic disorder: feelings of panic or anxiety that come and go. People with panic disorder sometimes fear public spaces (this is known as agoraphobia).

Post-traumatic stress disorder (PTSD): a mental health problem in which a person has psychological and physical symptoms after a threatening or distressing event. One of the most common symptoms is repeated and intrusive memories of the event ('flashbacks').

Psychological treatment: a broad term used to describe meeting with a therapist to talk about feelings and moods. This might be a simple treatment such as getting advice on how to cope with symptoms and other problems; or it might be a longer treatment such as cognitive behavioural therapy or interpersonal therapy.

Psychiatrist: a doctor who specialises in treating mental health problems.

Psychosis and **schizophrenia:** severe mental illnesses in which a person has hallucinations (seeing things that are not really there) and delusions (believing things that are not real).

Self-help: a kind of psychological treatment in which a person works through, for example, books or computer programs. Sometimes this is with the support of a healthcare professional.

More information

The organisations below can provide more information and support for women with mental health problems during pregnancy and after giving birth. Please note that NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- Birth Trauma Association, 01264 860380, www.birthtraumaassociation.org.uk
- MAMA Postnatal Depression Helpline, 0845 120 3746 (7pm–10pm weekdays only), www.mama.co.uk
- Mind, 0845 766 0163 (MindinfoLine, 9.15am–5.15pm), www.mind.org.uk
- The National Childbirth Trust, 0870 770 3236, www.nct.org.uk

NHS Direct online (www.nhsdirect.nhs.uk) may be a good starting point for finding out more. Your local Patient Advice and Liaison Service (PALS) may also be able to give you further information and support.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider the best available evidence on the condition and treatments, the views of patients and carers and the experiences of doctors, nurses and other healthcare professionals working in the field. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This booklet and other versions of this guideline aimed at healthcare professionals are available at www.nice.org.uk/CG045

You can order printed copies of this booklet from the NHS Response Line (phone 0870 1555 455 and quote reference N1202).

The NICE website also has information about the guidelines on anxiety, bipolar disorder, depression, obsessive–compulsive disorder, eating disorders, post-traumatic stress disorder and schizophrenia, and about the guideline on postnatal care.