AIMS For a better birth...

Mental Health Matters

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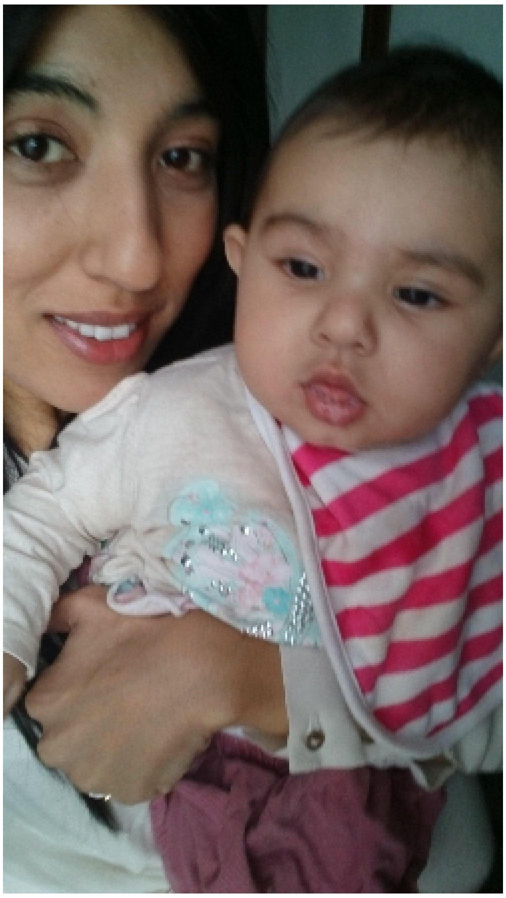
The precise definition of multiple long-term conditions, or multimorbidity, remains debated, and many clinicians are still unaware of the importance of including mental health conditions within this definition. The experience shared by MuM-PreDiCT Parent Advisory Group member Sara Javid highlights why both physical and mental health must be considered when addressing the needs of women of reproductive age.



By Sara Javid

Before I became pregnant, my mental health was already fragile. I had lived with severe anxiety and depression for years and had undertaken talking therapies on a longer basis at least twice. I also had a diagnosis of rheumatoid arthritis (RA), which I was left to self-manage. In order to support myself I took a holistic approach to treatment, I was incredibly physically fit and active daily, I ate well and I managed my sleep hygiene proactively. I am a huge advocate of mental health and encourage people to talk about their worries and also to explore support available to help counter the stigma.

In 2016 I was very excited to find that I was expecting my first baby. I was naturally very maternal and with my physical fitness I hoped that I would be able to manage pregnancy very well. Unfortunately, pregnancy really side swept me. All my usual holistic interventions were paling against the rollercoaster of hormonal fluctuations. As this was my first pregnancy, everything was new. Every week and stage was a learning curve and as every pregnancy is so unique, I was not always able to take learning from friends and colleagues and their experiences, past or present. During the second trimester I had to wear a pelvic girdle belt daily to support my hips and the pain intensified as the baby grew, leading to more pressure on my hips and lower back. I already experienced deep pain in my hips and back due to RA, and I was told by both the GP and the midwife that taking pain killers may pose a risk to the baby and it was my choice if I wanted to use anti-inflammatory medication whilst pregnant. Without any clear guidance, and not wishing to hurt the baby, I really felt I had no choice but to live with pain until the baby was born. I only realised the impact of what the mother ingests, and how it transfers into breastmilk, after the baby was born – somehow this eluded me as a concept, but I wonder if this should be introduced at some point so that first-time mothers can plan for the longer term.

From the second trimester onwards, despite all my planning and desire to challenge my own emotional decline, daily pain, along with existing and enduring mental health issues, made pregnancy a very lonely place. Pain in movement restricted my ability to do things and thus it became a vicious circle feeding the loneliness.

Antenatal appointments focused almost entirely on the physical aspects of pregnancy. While midwives sometimes asked, “How are you feeling in yourself?” it never felt like there was space for a real answer. If I hinted at my worries, the response was often to reassure me briefly and move on. My mental health felt invisible, as if it didn’t matter or didn’t belong in the conversation about maternity care.

Working fulltime meant I wasn’t able to listen to my body’s cues to rest or sleep. I knew a baby was coming so I had something to look forward to, a goal, a deadline to reach and my body and mind could return to its previous state where I could manage things more directly and have control of my symptoms. I don’t know if I am alone with such naivete as a first-time mum because now, on reflection, I realise that having the baby is only the start of tiredness and hard work. Things never go back to as they were before. I worry for others who have more severe mental illness than me, and with more challenges in their social circumstances, as the baby’s arrival and being a new mum can often lead to more acute symptoms, especially if there is little support.

During the birth, I would use the word 'care' very lightly in response to the treatment I received from midwives. I was left alone for a long time; my birthing plan wasn't mentioned or considered. I was, however, given pain relief when asked. I stopped dilating, and no one came in to speak with me or update me until 4 hours had passed, which triggered their routine check to examine my cervix. Following the birth, I needed a few stitches and I was entirely depleted. I can't remember why, but it was decided to stitch my tears without any local anaesthesia and my partner was advised to hold me down during the process. My memories of my first labour are not pleasant at all.

After my baby arrived, things became much worse. Following the birth, the postnatal support was minimal. I had one visit from the midwife and the minimum from the health visitor as I didn't fit into the priority population for ongoing support. I had imagined that professionals might be more attuned to postnatal mental health, but the opposite was true in my experience. Once the physical checks were done, I felt dropped. The reality of caring for a newborn while struggling with anxiety and little social support was crushing. I felt more isolated than I had ever been. The days blurred into nights, and I often felt paralysed by exhaustion and dread. Health visitors asked the questions they were supposed to, but when I admitted I was struggling, I was told I was "just tired" or "all new mums feel like this."

My pain was normalised and minimised.

I struggled to breastfeed, I didn't recognise my post birth body which now stood at 14 stone and eventually, when she had learned to latch on, my baby would stay on the breast for up to 3 hours. This led to back and shoulder pain and I was still healing from the birth. I did pressurise myself to prioritise breastmilk and when I tried to pump, I would achieve an ounce of milk from 40 minutes of expressing. In the end, after two months of trying, I relented and supplemented with formula leading eventually to formula only. Either decision is the right decision for mothers, but some support may have helped me with my personal ambitions to continue breastfeeding. It left me feeling like a failure.

I had a baby who didn't enjoy napping but I learned that walks helped her to sleep. Throughout the seasons that first year, I would walk her in the pram, which, although it helped her to nap, meant that I was more exhausted. She woke at regular intervals throughout the night and it was difficult to settle her to sleep again. She would have bouts of colic and every usual illness, milestone and response was new but deeply stressful.

Unfortunately, living with enduring mental health issues lowers your overall resilience and although I tried my best it never felt enough. I was often weepy, I was consumed by fear: fear that something would go wrong, fear that I wasn't good enough to be a mother, fear that I would collapse under the pressure, that I would accidentally harm the baby. The combination of exhaustion and anxiety led to mistakes and absent mindedness. On one occasion, I left my changing bag by the car as I was taking the baby, the pram and the car seat indoors, and later realised someone had taken it with all my baby's new records and documents all enclosed.

Limited income restricted choices in what I could do even though I heard so many positive stories from others about the Sure Start centres, there were very few play groups available to take my daughter to where I might have been able to make friends with people who were going through similar stages with their baby’s development.

As the months passed, the isolation grew. I didn’t have family nearby or close friends to check in on me, and I felt like I was going through pregnancy and motherhood inside a bubble. The NHS messaging about support for perinatal mental health didn’t translate into what I experienced in reality. Services felt fragmented and disconnected from my actual needs. What I needed was time, listening, continuity of care, and someone to take my anxiety seriously. What I got was a tick-box exercise. I don’t think I realised the perinatal service existed until my baby turned one year old and at that point I was ineligible. It has since extended its eligibility to two years post-partum.

My broken sleep made all my symptoms worse, the GP continued to suggest that this was normal and to self-manage my RA via the over-the-counter medications. In response to my emotional wellbeing I was dismissed as not “unwell enough” to warrant intervention, but also that this was normal, “all new mums are like this”. My thoughts often led to suicidal ideas sometimes with such intense urgency to do something final. I was offered anti-depressants at almost every appointment, but for me, this wasn’t my choice of treatment.

The hardest part was the invisibility — being seen as a mother who ticked the boxes of feeding, changing, and keeping her baby safe, while inside I was falling apart. There was no recognition of how severely anxiety can impact both mother and child, no effort to see beyond the surface. I noticed how the entire perinatal journey focuses entirely on the new baby. The mother’s health is rarely a central consideration – unless of course the pregnancy leads to clinical issues.

Even today, everyday situations other people seem to take in their stride can feel overwhelming to me. Looking back, the lack of social support around me was fundamental to my isolation. I wish I had enjoyed my maternity leave; my poor mental health continued into the early years of childhood for my daughter. I was eventually referred to endocrinologists, and other specialists for further investigations. When all avenues were explored it led to a referral to the chronic fatigue clinic which essentially focused on management.

Mental health services are in crisis, but earlier interventions could provide impactful and life changing support and treatment. Providing integrated services that look at the whole person and their circumstances, offering holistic care and ensuring there is good communication with primary care, could be transformative for people like me. It could completely transform our quality of life, and our skills as parents, nurturing and supporting children to have their healthiest start so they can develop optimally and ultimately become active citizens in our society. We all know about the importance of the first 1000 days, how can we improve services, so they are not so siloed and fragmented but provide continuous joined up care that actually listens to the mother?

Providing timely tailored care will ultimately benefit the patient and the health system and our communities as a whole.

Author Bio: Sara lives in West Yorkshire and has started a charity which supports mums and mums to be and supports the local perinatal mental health team.