

Working with trauma and loss in maternal mental health services

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What we will cover...

1

The story of a new service highlighting joint leadership between a Clinical Psychologist and a Specialist Midwife

2

- Trauma Informed Care (TIC) at the front door

3

Thinking about trauma, distress and/or loss on identity, attachment and relationship with pregnancy or children

4

The 'Art of the Possible' for Clinical Psychologists when collaborating with lived experience

Who we are and what we do

- Across C&M we offer **midwifery, psychological therapy and peer support** to women & birthing people, that experience psychological distress in the context of **loss and/or trauma and fear** that has happened because of an experience within a **maternity, Neonatal or reproductive journey**.
- This distress often impacts significantly on their life & their relationships, especially with their pregnancy or babies.



Joint Leadership

Specialist Midwives

- Information and knowledge
- Broker relationships into medical systems
- Trusted professionals for pregnant women
- Support rupture and repair with maternity system (rebuild trust)
- Voice of wider midwifery profession into mental health system

Clinical Psychologists

- Offer reflective capacity within the team and to the wider system (specialist midwives/bereavement midwives)
- Psychological understanding and evidence-based practice
- Practice based-evidence
- Service design
- Clinical supervision
- Accountability to the models we use

What is Perinatal Trauma & Loss?

- 
- **Research and Literature:** Impacts on many aspects of life
 - **National Drivers:** NHS England driven through the LTP
 - **Best Practice Guidance:** Supporting mental healthcare in maternity and neonatal settings.
 - **Maternity Literature:** Better Births, Personalised Care, Ockenden
 - **Voices of Lived Experience:** what is strong, where are the gaps locally.
 - **Matched Care Model:** formulation driven care and intervention with consent and choice for women. Reparative and Empowering.



What is Perinatal Trauma & Loss?

It may include:

- experience of loss of control
- not feeling seen, heard or understood
- racism, absence of culturally responsive care
- fear for baby's safety, fear for own safety
- induction of labour, medical intervention and invasive procedures
- severe pain, complicated and prolonged labour, birth trauma
- premature birth
- an unwell baby baby's stay in SCBU/ NICU

Wide Ranging

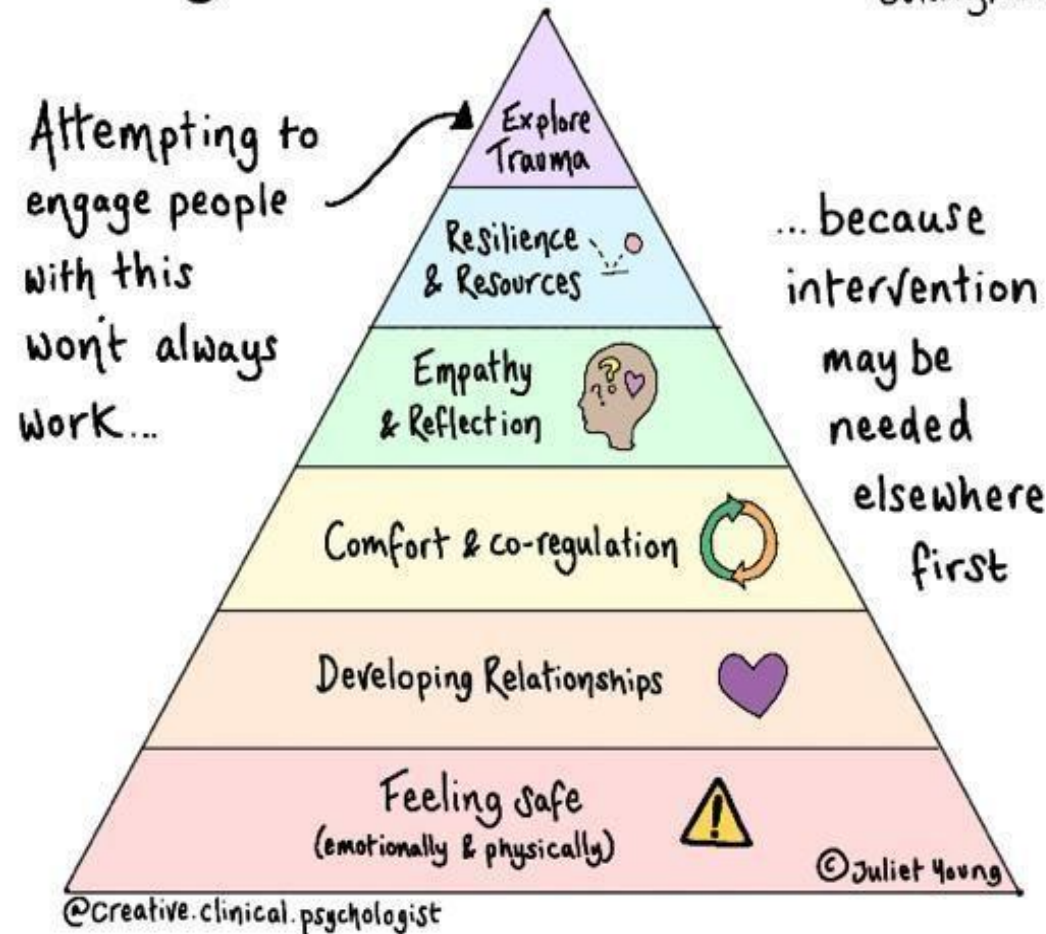
Subjective

- miscarriage(s)
- termination(s)
- still birth and neonatal death
- separation at birth and removal of baby from care of mother from maternity setting
- tokophobia (fear of childbirth)

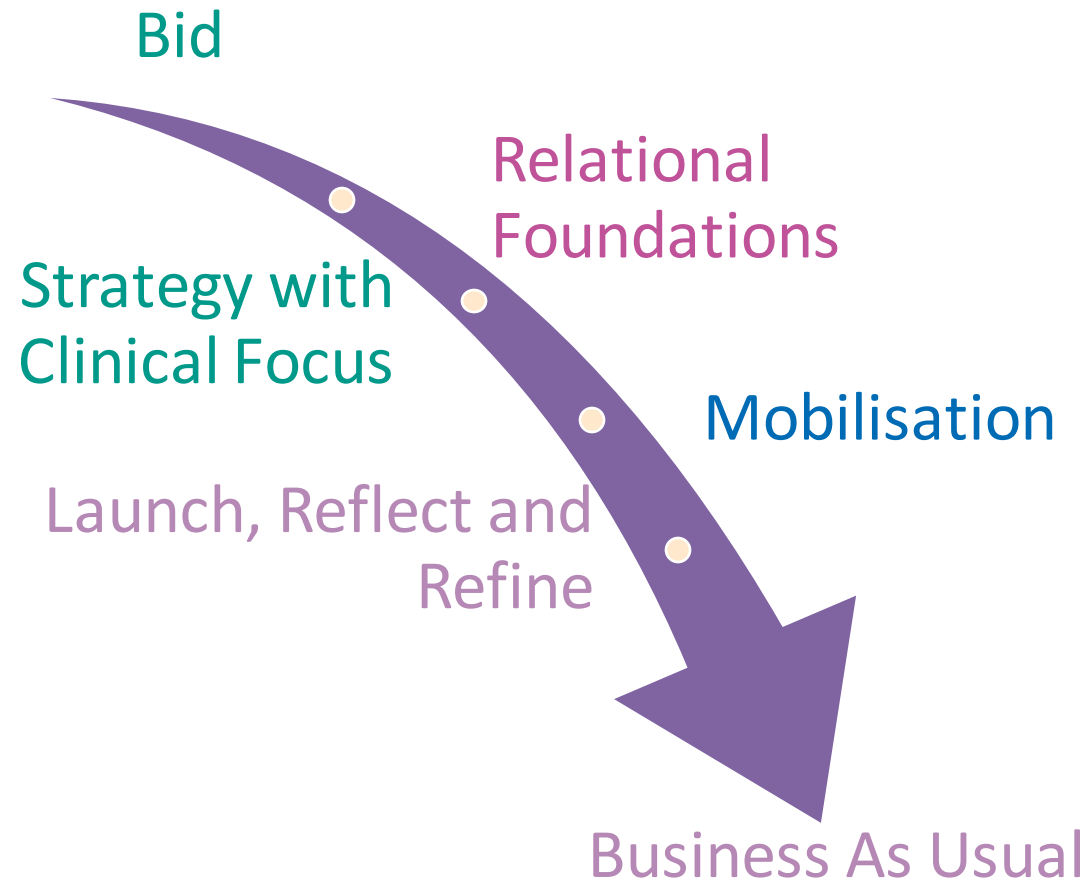
Where are we now?

Pyramid of Need

Golding, 2015



How Clinical Psychologists can lead on regional service developments



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Maternal Mental Health Service Overview

Direct Interventions
with Trauma, Loss
& Distress



*MATCHED CARE
MODEL*

Systems work to
create Trauma
Informed Care
(TIC)



*Teaching, training &
supervision and
reflective practice*

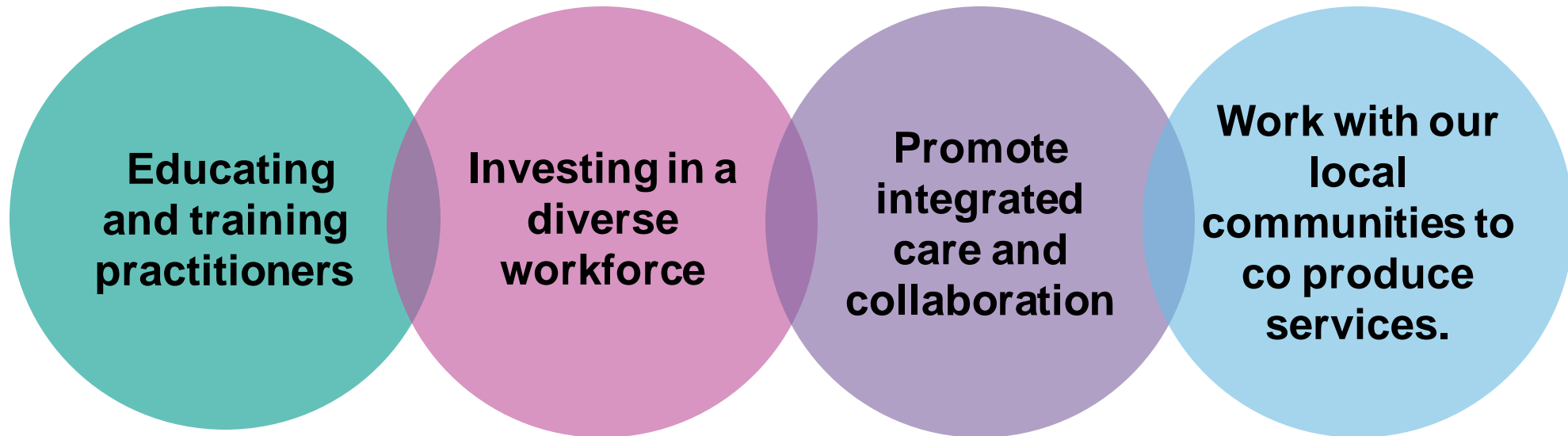


Direct - TIC at the front door...



Indirect - TIC in the system

What we need to do to ensure that services are culturally respectful and provide holistic care?



How we engage & spread the word

- Co-production Advisory Group
- Community events
- Partnerships
- Knowing our community
- Monthly newsletter
- Printed materials/ resources
- Social media
- Webpage



www.merseycare.nhs.uk/mmhs

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Holding early attachment in mind in Adult Mental Health: System

As clinical psychologists

- Draw on systemic thinking
 - Model service in an attachment framework
 - Joint collaboration with midwifery holds us to account
- Informs clinical pathways, e.g. social removal pathway/adapting interventions for loss



Holding early attachment in mind in Adult Mental Health: Trauma

- Trauma assessment – balance of symptoms and attachment
- Outcomes for baby and parent-infant relationship alongside KPIs (adult service)
- What is it like for baby in this trauma journey?
- Seamless care – how do we sequence care to ensure best outcomes. MMHS or perinatal?
- Considering beyond birth into 4 Trimester

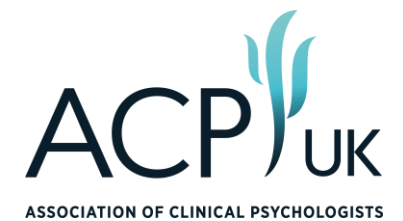


Holding early attachment in mind in Adult Mental Health: Loss

- Supporting women and birthing people to hold all children in mind (lost and alive)
- Parenting while grieving
 - Normalising continuing bonds with lost babies
- Countering threat based shame
 - Social removal
 - CFT for Loss
 - Birth conversations



Introducing Zara



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The 'Art of the Possible' – collaborating with lived experience

- Reducing barriers to access - engagement
- Voice of lived experience
- PSWs – psychological safety
 - Job planning
 - Their vision versus service need
 - Reflective practice/supervision
- Co-production of pathways and resources
 - CAG
 - Workstreams
 - Stakeholder relationships
- Two-way reflection with our community



The 'Art of the Possible': Living Example

What?

CAG: Shaping the MMH service

Why?



To improve the experience of the MMHS for families.

How?

1. represent the community we serve

2. raise up the quieter voices – peer support to each other

3. hold service accountable

4. bring experience, curiosity, challenge, perspective

When?

- Tied in to every part of the MMHS
- Reach out to community groups
- Represented / leading on all workstreams

Thank You & Questions

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