

Written evidence submitted by Dr Ranjana Das, University of Surrey (MRS0088)

[Dr Ranjana Das](#) is Reader at the University of Surrey, working across communication studies and sociology. She has a particular [expertise on maternal](#) and [paternal perinatal mental health](#), the [mental health of migrant mothers](#) and on the role of digital technologies in this context. Most recently she has outlined the [impacts of COVID-19 on perinatal mental health](#) and the turn to digital routes of support.

1. Executive Summary

1.1. This document presents evidence relating to the impacts of COVID-19 on mental health and wellbeing during pregnancy and maternity. COVID-19 socio-economic impacts, social distancing measures and changes to ante-natal and post-natal support services are likely to impact maternal mental health perinatally (before and after childbirth) with short and long-term risks for women, babies and families ([Parent Infant Foundation, 2020](#)).

1.2. The implications of perinatal mental health difficulties for mothers, babies and families is outlined succinctly in NICE guidance on the topic ([NICE, 2018](#)) and perinatal mental ill-health remains the leading cause of maternal suicide in the first year ([MBBRACE, 2020](#)). Many do not find diagnosis or support ([Brugha et al, 2011](#)) when Health Visiting services are struggling owing to [public funding cuts](#).

1.3. COVID-19 heightens pressures across the board during pregnancy and maternity by bringing higher socio-economic risks for women, exacerbated psycho-social risks, maternal isolation, halted routine contact with health-care professionals and familial/peer networks, relationship stresses and heightened maternal anxiety. These are significant sources of additional pressures perinatally.

1.4. In addition, such COVID-19 impacts in pregnancy and maternity will be experienced differently across communities, as evidence already exists that mothers from vulnerable groups and minority communities are at greater risk of poor mental health perinatally. For instance, minority-ethnic mothers face increased risks ([Squires, 2020](#); [Das et al, 2019](#); [Watson, et al, 2019](#)).

1.5. Amidst this, a [rapid digital pivot](#) is starting, with numerous perinatal charity services moving online at speed. These are becoming a much-needed lifeline for many, who, under conditions of COVID-19, are impacted disproportionately by social distancing measures. The efficacy, resourcing, accessibility, security and consequences of this digital move will need research as the pandemic and its impacts unfold.

1.6. Research into COVID-19 and its disproportionate impacts on perinatal mental health, and policy and practice measures to mitigate these impacts, including better funding for pregnancy and maternity services and the charity sector, and training and leadership on digital pathways, needs to happen urgently.

2. COVID-19 impacts on perinatal mental health in pregnancy and maternity

2.1. Existing work on COVID-19 and perinatal matters focus on obstetric, biomedical and physiological impacts of the disease on mothers and infants (c.f. [Chen et al, 2020](#)). The [COVID-19 information pack from the MIDIRS](#) Team (RCOM, 2020) shows, at the time of submitting this document, scant evidence on perinatal mental health, yet many accounts of impactful obstetric changes and experiences. Given the sobering statistics (c.f. [MBRRACE](#), 2020; 2018) on maternal mortality, post-partum psychosis, and diagnosed and undiagnosed postnatal depression, all of which might be significantly impacted by the pandemic and its distancing measures, evidence on the short, mid and long-term mental health impacts of the pandemic on pregnancy and maternity will rapidly begin to accumulate.

2.2. A recent Lancet Position Paper outlines succinctly the possibilities of COVID19 impacts on mental health and sets out multidisciplinary priorities for mental health research in the context of the pandemic ([Holmes et al, 2020](#)). They draw particular attention to the specific and exacerbated needs of vulnerable groups, tying in well to the existing evidence on maternal mental ill-health in vulnerable communities, and in ethnic minority groups ([Das et al, 2019](#)).

2.3. The triangle of (1) COVID-19 socio-economic impacts unequally impacting women ([OECD,2020](#)) (2) change in practices antenatally and during childbirth (MIDIRIS COVID-19 P200, 2020; RCOG, 2020), (3) and social-distancing measures severely restricting women's social support avenues (PIF, 2020) generates significant additional challenges for perinatal mental health. Key sources of social support – including parent and baby groups, feeding support groups, sling libraries, playgroups, drop-in clinics, as well as opportunities to meet friends and families to find practical and emotional support in the post-natal period – have suddenly halted under COVID-19. In addition, those experiencing illness financial strains, relationship difficulties, [domestic abuse](#) and pre-existing mental health problems, face additional risks. There is an urgent need to assess this impact on maternal wellbeing (and thus on mothers, babies and families), to set action in motion which prevents significant long-term harm.

2.4. Professional bodies – the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, and the Royal College of Paediatrics and Child Health have been working on [reassuring those undergoing pregnancy and maternity](#) and their families at such a time.

2.5. Childbirth and the immediate post-birth period are seeing numerous sudden changes under COVID-19 – all of which are likely to be emotionally impactful. The Royal College of Midwives have issued new guidance and support for pregnancy which summarises aptly the many significant changes to antenatal practices and childbirth occurring amidst the pandemic ([RCM, 2020](#)). It will be unsurprising if these necessary changes emerge to have a link to existing occurrences of maternal anxiety, depression or low mood in this period. Indeed, the #ThinkTraumaNow campaign from Birth Better recognises particularly how existing risks of birth trauma ([Make Birth Better, 2019](#)) stand to be exacerbated now ([Make Birth Better, 2020](#)).

2.6. The [Perinatal Mental Health Partnership](#) – in recognition of these specific and disproportionate impacts is running the UK Maternal Mental Health Awareness Week in May with a specific focus on supporting maternal mental health in difficult times.

3. Early emergent evidence on perinatal support and digital support pathways during COVID-19

3.1. In April 2020, the [Pregnancy and Baby Charities network](#) – a representation of UK charities focusing on diverse aspects of pregnancy, babies and parenting – released a [joint statement](#) outlining

the dire necessity of government support for critical services in this sector. Pregnancy and maternity as a phase of life with recognised protected characteristics stand to be disproportionately impacted by the pandemic, and various services risk closure (2020).

3.2. The National Childbirth Trust (NCT) have moved their [suite of antenatal classes online](#) with the aim of supporting pregnancy and maternity at a time of unprecedented turbulence and distress. The NCT have also begun exploring a new way of supporting parents perinatally. “In partnership with Peppy and LCGB, NCT are launching a trial of a [new digital support service](#) to support expectant and new parents through the COVID-19 pandemic. The trial is funded through the Techforce19 programme, an NHSX Covid-19 response initiative supported by PUBLIC and the AHSN Network.”.

3.3. The Institute of Health Visiting have produced guidance in the context of COVID-19 for Health Visiting practice, practitioners, and families in these unprecedented times ([IHV, 2020a](#)), recognising the exacerbation of existing perinatal pressures. For instance, the most routine of postnatal pressures directly impacting maternal wellbeing – for instance infant crying – might lead to heightened impacts during the pandemic, the lockdown and related social distancing measures. Tailored advice on coping with a crying infant during the pandemic, from the Institute of Health Visiting recognises these succinctly ([IHV, 2020b](#)).

3.4. In addition, numerous other charities and third sector organisations are making their best attempts to move services online (see [APP, 2020](#); [Cocoon Family Support, 2020](#); [Bluebell Care, 2020](#) and many others) and to offer more remote support under very trying conditions (see [Maternal Mental Health Alliance, 2020](#) for numerous member organisations which are rapidly adapting to perinatal support during a pandemic). Best Beginnings have collated the many charities across the length and breadth of the UK which are providing online and remote support in pregnancy and maternity ([Best Beginnings, 2020](#)). These reflect both existing and longstanding remote support pathways as well as the rapid response which has occurred across the charity and third sector in relation to the disproportionate impacts of the pandemic on perinatal wellbeing, which also impacts infant and family wellbeing.

3.5. In summary, a combination of online forums, online support and discussion groups, phone-call support and a variety of online drop-ins are emerging as part of the response to COVID-19 impacts perinatally. The following section considers some of the potentials of these and the necessity of ensuring safe, effective, and far-reaching digital support pathways during the pandemic and after it.

4. Recommendations for policies and practice

4.1. Urgent funding is one of the topmost necessities in this context. Pregnancy and maternity services, which have long been impacted by funding reductions, as well as the highly active charity and third sector need urgent funding. Never before has perinatal mental health been as threatened as it is amidst the pandemic, and the impacts of these extend outwards from mothers and parents, to babies, children and families. Resourcing both state and third sector services in this area is an urgent necessity.

4.2. Research is needed equally urgently – both on the perinatal mental health impacts of this pandemic and on mitigating strategies and the role of digital support pathways in such a context. As the Lancet Position Paper on COVID-19 impacts on mental health outlines – “An immediate priority is collecting high-quality data on the mental health effects of the COVID-19 pandemic across the whole population and vulnerable groups....” (Holmes et al, 2020, p 1) which applies entirely to those going through pregnancy and maternity at such a time.

4.3. The rapidity with which digital support pathways have been offered by rapidly adjusting third sector organisations and charities, whilst commendable, must not be interpreted as an indication of these sectors being self-sufficient and somehow not in need of urgent support. The need for supporting this sector is outlined clearly in the position outlined by the Pregnancy and Baby Charities Network (2020) and the government needs to listen to this.

4.4. Training, resourcing and leadership for digital support pathways – so that these can be effective, secure, safe and sustainable and can reach the widest of populations – is fundamental to the success of any digital routes amidst the pandemic, and indeed, beyond. Funding dedicated specially towards a robust development of digital support pathways, away from techno-euphoric or techno-solutionist stances, is key.

4.5. There is an urgent need for a balanced and cautiously-optimistic stance on the potential of digital support in this context. All sectors need to be mindful of valid, longstanding and urgent critiques of numerous digital platforms, large and small, in relation to data and privacy, citizen's rights to their own information and the real possibilities of surveillance of both mothers and babies. Any routes to harnessing undoubtedly useful online support mechanisms must not ignore these questions. It is particularly important, under times of societal stress, heightened time pressures and exacerbated need, that key questions about privacy and security are not left behind or forgotten but engaged with productively. For instance, whilst contact-tracing is an obvious need emerging out of the pandemic, the role of contact-tracing apps need scrutiny ([Mansell, 2020](#)) and [warning bells are ringing](#) about the possibility of large tech platforms exploiting the COVID-19 crisis. These arguments need thought across the board, for any digital 'solution' to societal problems. This does not mean a shunning of any such pathways, but rather a robust and careful engagement with these myriad facets in the development of useful, constructive and fair digital support avenues at a trying time.

4.6. Technology does not always, equally, or proportionately erase social inequalities and divides, and might even exacerbate these. Indeed, digital divides in the UK are narrowing but deepening, suggest the OXIS 2019 report ([Blank et al, 2020](#)). Thus, any routes to support women perinatally amidst the pandemic, and in a post-pandemic context, must bear in mind questions of the digital and data divide, and the many who may be entirely or largely offline.

4.7. There will continue to be new and longstanding perinatal mental health needs in the immediate post-social distancing period, and in a post-pandemic context, and supporting this area is a longstanding issue. Thus, the many ways in which offline support services need strengthening to face the needs of pregnancy, maternity and perinatal mental health after the release of any social distancing measures must be borne carefully in mind.

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