

## Integrated perinatal care

### *A standing multidisciplinary team (MDT) around the pregnant woman*

***Without timely intervention the risk of longer term damage to mother and child is increased, leaving more severe problems for other agencies to pick up months or years later.***

***To minimise some falling through the net, midwifery and obstetric teams require regular coordinated support from a range of agencies and specialists.***

- The perinatal period is the best opportunity for preventive intervention, but early identification of problems is complex.
- Hard-pressed midwives are too often stranded with worried or worrying patients and have little guidance on where to send them for extra help:

“how are they to know precisely which social, medical, or mental health provision is correct for the pregnant woman and pending offspring? Moreover, the patient's experience might not be as compartmentalised as the services around her. She could be anxious or afraid yet have somatic symptoms, or physically ill and present with disturbed mood.”<sup>1</sup>

- A weekly perinatal MDT in every major maternity centre covering all aspects – medical/obstetric, dietary/lifestyle, social/domestic, mental health – would discuss cases of concern and ensure that no patient or family in need falls through the net. A key worker is chosen to ensure continuity of care.
- Women and their families can then receive levels of intervention from advice, through support of various kinds to specific treatments or therapies.
- The perinatal MDT includes representatives from midwifery, obstetrics, specialist midwives and counsellors, dietetics, neonatal paediatrics, paediatric mental health, family nurse partnership, local social workers, parent infant psychology, adult mental health, GPs and health visitors.

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## *notes and references on perinatal risk and its management*

- From conception onwards the health and resilience of children is compromised by stress,<sup>2</sup> diet,<sup>3,4</sup> drugs,<sup>5</sup> genes<sup>6</sup> and insecurity in their parents.<sup>7</sup>
- Besides the impact on the mother herself,<sup>8, 9, 10</sup> anxiety and depression during pregnancy<sup>11</sup> and after it have significant long term effects on the child's physical<sup>12</sup> and mental health<sup>13</sup> and on academic performance<sup>14</sup> –particularly in boys<sup>15, 16, 17</sup> – generating huge social costs.<sup>18</sup>
- Pregnancy is a dangerous time for some women.<sup>19,20, 21</sup> The most socially deprived mothers are more likely to have very premature births<sup>22</sup> or perinatal death.<sup>23</sup> Low birthweight leads to poor outcomes;<sup>24</sup> early intervention can reduce that.<sup>25</sup>
- Multiagency<sup>26, 27</sup> collaboration between women's health, social services,<sup>28</sup> primary care, dietetics<sup>29</sup>, neonatal paediatrics, infant, child and adult mental health, parent-infant psychology, family nurse partnership, and other local services is required to intervene effectively at this singular moment in the lifecycle, when attendance at the hospital is usual, and where it is also possible to engage fathers.<sup>30</sup>

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