

# An Open Letter to the Media and to Northern Ireland Health Minister, Robin Swann

## **Provision of Specialist Care for Mothers with Severe Perinatal Mental Illness in Northern Ireland**

In May 2022, an inquest into the tragic death of Orlaith Quinn due to postpartum psychosis stated that her death was “both foreseeable and preventable”. Coroner Maria Dougan recommended that a specialist mental health Mother and Baby Unit (MBU) should be established in Northern Ireland as a matter of urgency.

All political parties in Northern Ireland co-signed an historic [Consensus Statement](#) in 2019 calling for the improvement of perinatal mental health services. Yet funding has not been identified to meet the urgent need for an MBU so that women suffering from acute perinatal mental illness right now can be treated without being separated from their babies.

Following the [2020 Mental Health Action Plan](#), in January 2021 the Department of Health in Northern Ireland announced funding for perinatal mental health specialist teams across the whole of Northern Ireland, yet to date not all trusts, for varying reasons, have a working service.

### **The importance of Mother and Baby Units**

10-20% of women are affected by mental health problems in the perinatal period. [Data from England](#) suggests that around 3% of these women require hospital admission due to the severity of their perinatal mental illness.

At present, women in Northern Ireland who need hospital treatment are primarily admitted without their babies to general adult psychiatry wards. This separation is distressing for mothers and families, can impact mother–infant bonding and often prolongs a woman’s recovery. Staff in general adult psychiatry services will have little, or no training in perinatal mental health, or in the physical health needs of a new mother.

In contrast, MBUs are staffed by a multidisciplinary team with specialist skills in perinatal and infant mental health. Care is focused on supporting bonding, maintaining relationships with the wider family and promoting recovery through access to psychological therapies and occupational therapy. Women can be supported to breastfeed, if they choose to, and have access to specialist psychiatrists with knowledge on safe prescribing for breastfeeding mothers.

A survey of over 200 women carried out by Action on Postpartum Psychosis (APP) found that, compared to those admitted to general psychiatric units, women admitted to MBUs:

are more satisfied with care; have shorter time to full recovery; and feel safer, better informed, more confident in staff, more supported with their recovery, more recovered on discharge, and more confident with their baby. APP's qualitative work shows that some women feel lifelong anger and trauma where treatment has required separation from their baby.

[The NICE standards](#) for antenatal and postnatal mental health outline in their development statement that both specialist perinatal mental health community services and inpatient psychiatric mother and baby units are available to support women who have a mental health problem in pregnancy or the postnatal period. The rationale for the developmental statement highlights that maternal death including suicide continues to be a significant cause of maternal mortality in the UK. In addition, MBRRACE Maternal Report 2021 states that maternal suicide is still the leading cause of death in women in the post-partum period, 1 year after giving birth.

The lack of MBU beds in Northern Ireland represents a significant disparity with other UK nations. There are currently 12 beds in Scotland (2 MBUs), 6 beds in Wales (1 MBU) and 151 in England (19 MBUs).

### **Call to action**

In 2017, the [Regulation and Quality Improvement Authority](#) stated: 'The Department of Health should work collaboratively with all key stakeholders to develop and progress a model for a single regional Mother and Baby Unit in Northern Ireland.'

The Public Health Agency is currently working on a business plan for an MBU for Northern Ireland. We call on you as Health Minister to ensure this plan is urgently implemented. We also would ask you to ensure there is no further delay in the support and set-up of all specialist perinatal mental health teams. While we recognise the huge strain the health system is under, we cannot wait for another recommendation from the Coroner for an MBU to be prioritised.

Yours sincerely,

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Tanya Hughes, Director, Ballybeen Women's Centre  
Betty Carlisle, CEO, Shankill Women's Centre  
Donna McAnenny, Center Co-ordinator (Job Share), Waterside Women's Centre  
Bernie O'Neill, Manager, Magherafelt Women's Group Ltd.  
Ruth McKeever, Director, Chrysalis Women's Centre  
Catherine Bennett, Operational Director, Niamh Louise Foundation  
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Karen Murray, Director, Royal College of Midwives  
Catherine Muldoon, Breastavil Coordinator  
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Paddy Kelly, Director, Children's Law Centre  
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Michelle Bradley, Chief Executive, The Parent Rooms  
Eleanor Jordan, Chief Executive, Windsor Women's Centre  
Alison McNulty, CEO, Tiny Life  
Lisa Archibald - Families Voices Forum  
Gillian Kansanaho - Metal for Life NI  
Micheál Mowen - Oak Healthy Living Centre





Chrysalis Women's Centre



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