



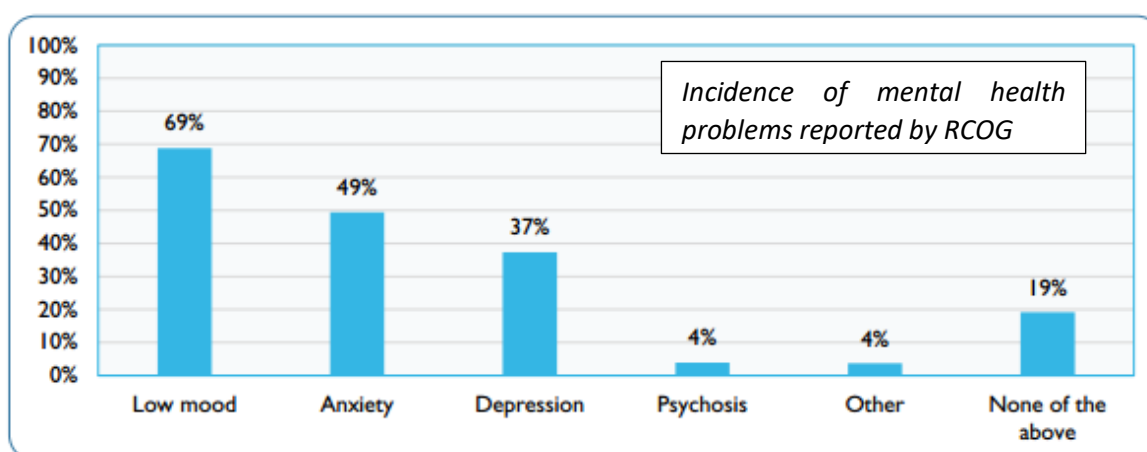
Wendy Jones Blog ; Why Mothers Medication Matters

In a report published this week Feb 2017 “Maternal Mental Health – Women’s Voices” the RCOG (Royal College of Obstetricians and Gynaecologists) said that:



“Some women were given conflicting advice about the continuation of their medication from different doctors. One respondent reported that her perinatal psychologist considered that the benefits of her medication outweighed the risks to the baby, while a crisis team psychiatrist told her that her medication was hurting her baby. She also faced difficulties when trying to obtain her education, with her GP reluctant to prescribe her medication and one pharmacist refusing to fill the prescription.”

This, or similar stories are ones that I hear every day. The incidence of anxiety in mothers after birth of their baby is very common –49% according to RCOG survey whilst depression affects 37%, low mood even more. In this blog I am going to think about anxiety for which I get 2-3 questions each and every day

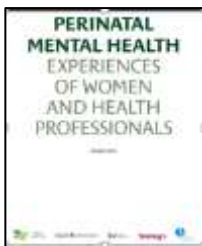


Women who contact me sometimes want to find information on what drugs they might take if they breastfeed before they go to seek professional help. Others, often in a very emotional state have been told that they cannot breastfeed if they take medication and feel they need to decide between feeling better and breastfeeding. How do you make that choice when you are already in a state of panic about being a mum?

The symptoms of anxiety are many and varied:

- Trouble concentrating and remembering things
- Difficulties finishing everyday tasks
- Trouble making decisions
- Difficulty relaxing
- Insomnia
- Exhaustion
- Feelings of extreme uneasiness for prolonged periods of time
- Loss of appetite
- Possible suicidal thoughts
- Anxiety/panic attacks

If we add in the life as a new mum – anxiety over looking after the baby, anxiety over feeding, breastfeeding problems, lack of sleep, exhaustion from too many visitors, pain, perceived or actual negative comments from others. It is tough.

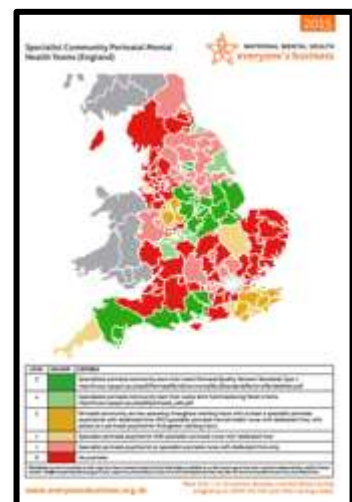


In another study published by the Maternal Mental Health Alliance (<http://everyonesbusiness.org.uk/>) “Perinatal Mental Health; Experiences of Women and Health Professionals”, it is acknowledged that 30% of women never tell a healthcare professional how they feel. One reason given is that they feel ashamed that they are not good mothers and that their babies may be taken away from them.

One mother who contacted me recently told me that her doctor was disparaging that she was feeding an older child. He spent much of the consultation telling her that she needed to give up as her child not only wasn't benefitting from still being breastfed but would be emotionally harmed. She left the surgery feeling so much worse as her mothering had been disparaged and her need for medication or talking therapy ignored. She messaged me for information on drug choices to go back to see another doctor but it would have been all too easy for her to have been left disempowered and still anxious.

It is not uncommon for mothers to be reticent to take medication fearing that their baby will be harmed by the drugs and left with damage in later life. Many of them recognise that it is a symptom of their anxiety but it is a very real fear.

So what does help a new mother with anxiety? In an ideal world rapid access to talking therapies in the form of CBT. The availability of IAPT services was increased a few years ago but is patchy across the UK and now, as with many services, the subject of cuts. The map shows how patchy access to Specialist Community Perinatal Mental Health Teams is. There is inevitably a waiting list to be seen and although priority is given to mothers with babies under 12 months this doesn't represent immediate access. In addition most therapists ask that the baby is left with a friend or relative – not as I was told by one mum because the negative atmosphere of the mother's feelings during therapy would harm the baby emotionally but because his/her presence is distracting to mum and therapist. However, this isn't something possible for everyone. New motherhood can be very isolating let alone for a mother with issues of anxiety for whom getting out at all represents a huge achievement.



Medication wise the ideal prescription is normally an SSRI antidepressant which passes into breastmilk in low levels. Sadly these take up to 4 weeks to be fully effective so in the meantime the mother may need help from a drug like a beta blocker to stop heart palpitations. Drugs like diazepam or lorazepam

in an emergency following a panic attack may be necessary but only occasionally as they may accumulate and sedate the baby. Of the two drugs lorazepam is preferable.

What would I remind doctors to consider if they have a patient who is a new mum describing symptoms of anxiety? First remember that it took a HUGE effort for her to get into your consulting room. Secondly be compassionate – unless you have ever suffered from anxiety you cannot begin to understand how it takes over your life. Above all listen to what she is telling you and don't make assumptions. She may be having breastfeeding difficulties, she may be thinking of stopping, she may find it the only positive part of her life. Your role is to empower her to do what is right for her and not to provide advice based on your feelings/experiences of infant feeding. In your surgery you should have telephone numbers for all the voluntary breastfeeding agencies – who, despite what you may think will help her to carry on or to stop whichever is her decision. Is there a local infant feeding service? Are there drop in groups not just for breastfeeding but also those that support post-natal mental health e.g. PANDAS?

All healthcare professionals working to support women during and after pregnancy should be better trained in the range of perinatal mental health conditions to recognise and respond to potential signs of perinatal mental health problems – from the mild to the severe. This should include an understanding of how to treat and support pregnant and breastfeeding women on medication for their mental health, in line with NICE guidelines. NICE CG 192

The survey found that, among women who had pre-existing mental health problems, there was no consensus from healthcare professionals as to whether or not to stop, reduce, change or continue with medication. Some women on medication for mental health problems before pregnancy told us that they were urged to stop completely, while others were advised to continue. Some respondents had their medication adjusted or were switched onto something that was considered safe for the baby. A number of women reported being given unhelpful advice or no advice at all about their medication.

Some women were given conflicting advice about the continuation of their medication from different doctors. One respondent reported that her perinatal psychologist considered that the benefits of her medication outweighed the risks to the baby, while a crisis team psychiatrist told her that her medication was hurting her baby. She also faced difficulties when trying to obtain her medication, with her GP reluctant to prescribe her medication and one pharmacist refusing to fill the prescription.

These are the findings of the RCOG report. Mothers need consistent, evidence-based information. The data on medication is not available in the BNF (the standard text on GP texts) but is available in specialised sources – LACTMED website, Medications and Mothers Milk by T Hale, Breastfeeding and Medication by W Jones (myself). This is the guidance of NICE PH11 Recommendation 15:

Who is the target population? Hospital doctors, GPs, obstetricians, pharmacists, specialist nurses, dentists and PCT medicine management teams.

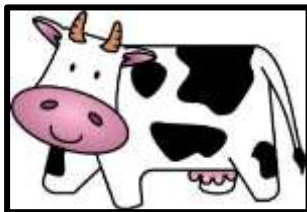
Who should take action? NHS trusts responsible for maternity care and GP surgeries, community health centres, pharmacies and drug and alcohol services.

What action should they take? Ensure health professionals and pharmacists who prescribe or dispense drugs to a breastfeeding mother consult supplementary sources (for example, the Drugs and Lactation Database [LactMed] or seek guidance from the UK Drugs in Lactation Advisory Service.

- Health professionals should discuss the benefits and risks associated with the prescribed medication and encourage the mother to continue breastfeeding, if reasonable to do so. In most cases, it should be possible to identify a suitable medication which is safe to take during breastfeeding by analysing pharmacokinetic and study data. Appendix 5 of the 'British national formulary' should only be used as a guide as it does not contain quantitative data on which to base individual decisions.
- Health professionals should recognise that there may be adverse health consequences for both mother and baby if the mother does not breastfeed. They should also recognise that it may not be easy for the mother to stop breastfeeding abruptly – and that it is difficult to reverse.

So Mothers Medication Matters!

My final thought for tonight is something I keep repeating in presentations (having borrowed it from my daughter who is an IAPT practitioner) – variation in mood is normal. Some days we are full of energy and enthusiasm, other days we are empty of enthusiasm and full of anxiety/low mood. That's normal. It is when this goes on day after day and begins to affect our lives that we need help.



We all ruminate when we are anxious – instead of dismissing our thoughts we keep pulling them back to the surface and chewing them over and over again just as a cow chews the cud. We don't let the thoughts go. We build conversations that might happen, we catastrophize about what MIGHT happen and it will always be the worst possible outcome. We don't love in the moment, we live in the moments which have gone and which we can't therefore change or we live in the future which hasn't happened yet. Life passes all too quickly, especially life with a young baby when every moment should be valued and enjoyed

Oh, cleaning and scrubbing will wait till tomorrow,
 But children grow up, as I've learned to my sorrow.
 So quiet down, cobwebs. Dust, go to sleep.
 I'm rocking my baby. Babies don't keep.



Song for a Fifth Child (Babies Don't Keep)

by Ruth Hulburt Hamilton