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Commentary

All Babies Count: Reducing the pressure on new families

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The National Society of Prevention of Cruelty to Children (NSPCC) is the leading children's charity fighting to end child abuse in the UK and Channel Islands. The charity helps children who have been abused and neglected to rebuild their lives, protects those at risk, and finds effective ways of preventing abuse. This is achieved through running and evaluating services for children and their families in 40 centres across the UK, but also through our helpline – ChildLine, and out training, consultancy, policy and research work.

The NSPCC recognises that the perinatal period is a life-stage that involves rapid development for infants, as well as huge change, strain and psychological adaptation for new parents. Whilst it is important to remember that becoming a parent is often a rewarding experience, it can also be associated with high levels of stress and dysfunction, which has the potential to lay the foundations for subsequent family life. To support new families as they transition to parenthood and ensure infants are safe and nurtured, the NSPCC has developed an innovative programme of research, policy and service development. As part of our *All Babies Count* campaign (Cuthbert et al., 2011) we have published a series of spotlight reports which aim to take the early intervention story 'wider and deeper' by reaching new audiences in mental health, the criminal justice system, drug and alcohol treatment, and housing. The campaign also serves to help both front line staff, managers, commissioners and policy makers see the specific contributions they can make to ensure babies get the best possible start in life.

Mental health is a key component running throughout the entire *All Babies Count* spotlight series, which explore complex and pressing social issues in the context of their impact on parental mental health and the capacity of parents to provide their infants with sensitive, responsive and consistent emotional care. Although the work of the NSPCC focuses on supporting families in the UK and Channel Islands, perinatal mental health difficulties are a global public health issue. We aim to work in complement with major international organisations such as the Marcé Society, who are dedicated to supporting research that promotes the well-being of mothers, fathers and their infants in the perinatal period. We feel that our spotlight reports have important messages that will be relevant and important for local, national and international audiences.

In recent years clinical accounts and research in the area of perinatal mental health have been mounting. From universal to mental health services, perinatal care has increasingly been under the spotlight due to the opportunity it provides to break the intergenerational cycle of disadvantage and optimise the onward legacy for infants. With compellingly high rates of prevalence, numerous policy documents and guidelines have been produced for high quality detection and management (i.e. Yonkers et al., 2009; Beyond Blue, 2011; SIGN, 2012; NICE, 2014). Despite encouraging changes in the right direction, provision of perinatal services across developed countries still reflects much disparity in provision and access. Consequently, there are a large number of families whose needs are not being met during this crucial window of opportunity for themselves and their babies.

This article serves as an update on the *All Babies Count* campaign, whilst spelling out new messages for universal services on how they can contribute to improving the well-being of young families.

Perinatal mental health

Our *Spotlight on Perinatal Mental Health* (Hogg, 2013) report highlighted that during pregnancy and the year after birth women can be affected by a range of mental health problems, which can, if not treated quickly and effectively, have adverse consequences for them and their babies. It acknowledges that whilst postnatal depression is the most recognised by the wider public, difficulties can also occur before a baby is born and include a range of problems beyond depression such as anxiety, obsessive compulsive disorder, puerperal psychosis, post-traumatic stress disorder following a distressing birth, and complex loss issues following stillbirth or miscarriage. Depression and anxiety are the most prevalent difficulties and based on a review of epidemiological studies, the report indicates that depending upon symptom severity, and the time-point at which prevalence was determined

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between 7% and 19% of mothers are affected with depression and 8–13% with anxiety across the perinatal period.

Difficulties in the perinatal period are thought to be of particular concern as they are associated with some distinctive clinical features including: acute onset following childbirth; rapid deterioration; increased severity of symptoms and behavioural disturbance; and increased risk of suicidality – as well as having a specific adverse affect on family life and offspring development (Brand and Brennan, 2009). The report recommends a multi-faceted prevention model of early-identification, specialist management and treatment. It asserts that if we are to reduce the harm caused by perinatal mental illnesses, a significant change is needed in our universal services so that health professionals are trained and confident in detecting, discussing and treating mental illnesses. Psychological support provides some of the most consistent evidence base for effective treatment. The report highlighted the need for prompt access to such services, including treatment that addresses maternal need but also the need of the child through infant mental health services and improving parent–child interaction. Universal services provide a valuable role in a family's journey, with extensive research indicating that non-mental health specialists (such as midwives and health visitors) can lead on effective detection and psychological treatment of perinatal mental health difficulties if they are able to access appropriate training (Rahman et al., 2013). Specialist midwives also have a crucial role to play in spearheading this work; offering specialist care, acting as a champions to improve the integration of local care pathways, and improving the knowledge and confidence of their peers (Maternal Mental Health Alliance, 2014).

This Spotlight on Perinatal Mental Health report has been widely cited, feeding into a number of subsequent policy reports – such as an update of the National Institute of Clinical and Health Excellence (NICE) 2014 Antenatal and Postnatal Mental Health Care clinical guideline, and the publication of the first ever report on the Costs of perinatal mental health problems indicating an annual cost of over £8 billion (Bauer et al., 2014). Our hope is that this work will contribute to a culture shift and reprioritization of perinatal mental health.

Fathers and the couple relationship

Historically, when perinatal mental health difficulties have been considered, it has often been in the context of maternal difficulties, with paternal and couple issues often being overlooked. However increasingly society is recognising that whatever your gender, new parenthood is a time of stress and sleeplessness, and dads, like mums, are also more susceptible to anxiety and a decline in emotional well-being during this time. The couple and their potential as a coparenting unit are becoming increasingly valued when considering protective factors to well-being in the perinatal period.

The NSPCC has recognised the importance of ensuring that fathers are engaged throughout the perinatal period, and in 2014, published *All Babies Count*: *The Dad Project* (Hogg, 2014). This report reflected insights gained through service design and customer insight work, which looked at how we could engage dads in services, and improve their access to information, advice and support in order to promote their emotional well-being and their relationships with their children and partners as they make the transition to parenthood so they can achieve better outcomes for their families. The project was informed by existing literature, surveys and focus groups with a range of biological, adoptive and step dads, dads-to-be and men who do not have children, mums, grandparents and others; people of different ethnicities, socio-economic groups, professions, ages and marital statuses, with different family types and different caring responsibilities.

Some particular progress has been made over the last few years in highlighting the crucial and unique role that fathers play in child development. There is a growing body of strong research evidence to indicate when fathers are sensitive, supportive and engaged, it has a hugely positive impact on their baby's life and is linked to a range of social, academic and economic benefits in the future. The reverse of this is also true, when dads have poor emotional well-being, are hostile or detached, this can have a negative impact on their family (Lamb, 2004).

This report describes how many fathers report that they feel isolated during the perinatal period as attention is focused on their partner and new baby. Couples can also experience a decline in the quality of their relationships after the birth of a baby, which can have a negative impact on their emotional well-being and diminished parenting quality – which in turn are linked with subsequent child emotional, behavioural, and academic problems (Feinberg, 2002).

Our research indicated that many dads still do not get the support they need. Gender inequality still exists in early parenthood and health and children's services often still forget to 'think family'. Out of this work we developed 10 key recommendations for anyone working with dads and couples in the perinatal period which included: enquiring after the well-being of both parents at perinatal medical appointments and including feeling about the transition to parenthood in discussions; ensuring dads are explicitly invited to the scan and acknowledged when they are there to engage them in the pregnancy experience; ensuring communications, workspaces and materials convey that dads are equally valuable and welcome; helping mums and dads to understand each other's experiences of pregnancy and new parenthood; teaching mums and dads how to care for a baby (e.g. bathing and nappy changing) and how to recognise their early cues; and encouraging conversations between mums and dads, dads and dads, and wider families and communities to help create supportive networks around new parents.

Although recognising and managing perinatal mental health difficulties in both mothers and fathers, we know that they rarely occur in isolation, and that other difficulties such as drug and alcohol use are often co-morbid and just as important to address to ensure the overall well-being of the family.

Parental drug and alcohol use

Our *Spotlight on drugs and alcohol* (Rayns et al., 2013) report also outlined some promising developments in service provision, with great strides having been made in relation to access to effective treatment for adults. However, relatively little robust research currently exists on interventions for drug and alcohol misusing parents with babies and infants.

Although not all parents who use substances are unable to provide the necessary care for their children, we know that in recent years parental substance misuse has been a factor in up to a quarter of child protection plans, and over 40% of serious case reviews are in relation to parental substance use in the family (Brandon et al., 2012). The precise number of children affected by, or living with, parental alcohol misuse is difficult to establish, although our analysis suggested that parental alcohol misuse is far more prevalent than parental drug misuse (Manning, 2011).

We found that perinatal alcohol use was associated with numerous adverse outcomes for the developing fetus and developing infants due to the direct in-utero effect and its indirect impact on parenting practices. Extensive research indicates that maternal antenatal alcohol use can directly impact on the