

# Perinatal Mental Health Competency Framework for Professionals and Volunteers who support Infant Feeding

## Summary

During pregnancy and the year after birth (the 'perinatal period'), women can be affected by a range of mental health problems. These can be devastating and have a significant impact on women and their families at an important life stage.

It is important that any professionals and volunteers working with women during the perinatal period – whatever their primary role – understand the risks of perinatal mental health problems; how to identify symptoms or risk factors and respond appropriately. This is particularly important for professionals and volunteers who support infant feeding, who work with women – building trusting relationships and providing emotional support - at some of their most vulnerable moments.

This competency framework sets out the knowledge, skills and support that professionals and volunteers who support infant feeding should develop around perinatal and infant mental health, including:

- Understanding perinatal and infant mental health and their relationship with infant feeding.
- Understanding how to empower individual women to make and achieve the feeding choices that are best for them (taking account of their mental health).
- The ability to support women – wherever they are in their feeding journey – in a way that protects and promotes their, and their babies' mental health.

The framework describes competencies for practitioners to work towards. It does not specify the nature of training and development opportunities required to deliver these competencies. These will vary depending on the professionals' prior experience and skills, the nature of their role and the context in which they work. We hope it will provide a useful tool to support commissioner and provider organisations, trainers, managers, professionals and volunteers themselves to consider what more might be done through infant feeding services to support the mental health of new mothers and their babies.

## Introduction

During pregnancy and the year after birth, women can be affected by a range of mental health problems, including depression, anxiety disorders, eating disorders, OCD, bipolar disorder, postpartum psychosis and post-traumatic stress disorder. Some women may experience a mental health problem for the first time in the perinatal period. Others might be affected by an existing mental health problem, and some may have an increased risk of relapse. More than 1 in 10 mothers will develop a perinatal mental health problem. In the UK, mental health problems in pregnant and postnatal women often go unrecognised, undiagnosed and untreated.

Perinatal mental health problems can be frightening, debilitating and isolating. They have significant adverse effects on women's experiences during this important life stage, and can have potentially serious and long-lasting consequences for them and their children.

There are complex relationships between infant feeding and perinatal mental health. When it is going well, breastfeeding can benefit mothers' and babies' mental health.<sup>i</sup> However it is also true that women with mental health problems can be more likely to struggle with feeding,<sup>ii</sup> and conversely, challenges around feeding can be a trigger for mental health problems.<sup>iii</sup>

There is a clear need to ensure that any professionals and volunteers working with women during the perinatal period – whatever their primary role – understand the risks of perinatal mental health problems; how to identify symptoms or risk factors and respond appropriately. Professionals and volunteers who support infant feeding in the NHS, voluntary and private sector work with women at some of their most vulnerable moments, and at a critical time in their and their babies' lives. Because of the trusting relationships that these professionals and volunteers build with women – and the emotional support that they provide – women may disclose mental health problems to these practitioners, or they may be well-placed to identify women who are struggling with poor mental health.

**We believe that high quality infant feeding support promotes and protects perinatal and infant mental health through:**

- Informing, empowering and enabling parents to feed their baby the way they wish to. Reducing the stress that mothers and babies experience if they are facing challenges around feeding.
- Supporting women with breastfeeding, when a woman has decided that this is best for her and her baby, which is associated with benefits for parental mood and wellbeing, and the parent-child relationship.
- Promoting parents' feeding babies in a way that is responsive to babies' needs and cues.
- Providing emotional support and active, non-judgemental listening (including responding to the sense of loss and grief that women can experience when they do not achieve their feeding goals).
- Providing opportunities for parents to meet and connect with a network of peers.
- Normalising parents' experiences and creating a safe space where it is 'ok to not be ok'
- Raising awareness of, and signposting to, other sources of support for the range of issues that a family may be experiencing.

Because of the important role that all members of the infant feeding workforce can play, with respect to mothers' and babies' mental health, we believe that it is important that they all have a good understanding of how to protect and promote parent and infant mental health (within the scope of their role). Therefore we worked together to develop this competency framework, which sets out the knowledge, skills and support that we agree that professional and volunteers who support infant feeding should develop around perinatal and infant mental health.

This competency framework was developed by the Maternal Mental Health Alliance's Mums and Babies in Mind team in partnership with the Association of Breastfeeding Mothers, the Breastfeeding Network, Lactation Consultants of Great Britain, the NCT and a range of local partners and expert practitioners, with input from women with lived experience.<sup>1</sup>

The framework describes competencies for practitioners to work towards. We have not specified how practitioners should develop these competencies – this will depend upon the nature and length of training that they undertake and the individual needs and preferences of the individual and the organisation they are working with. Some of the competencies should be covered during initial training; other parts may be covered in continued professional development and/or supervision. This is the first version of this framework, and we expect it may adapt and evolve as we learn how it works in practice. We have recommended some resources that may be useful to practitioners and/or those developing and delivering training and supervision. However this is not a comprehensive list, and we hope to see it grow and develop over time.

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<sup>1</sup> A full list of the working group involved in developing the competencies is in Annex B.

# THE COMPETENCY FRAMEWORK

## KNOWLEDGE

### Part 1: Knowledge of emotional wellbeing and mental health in the perinatal period

- 1.1. Knowledge of what perinatal mental health is, and its importance.
- 1.2. Knowledge that pregnancy, childbirth and a new baby are times of huge psychological, social and practical adjustment. Knowledge that low levels of anxiety and/or low mood are common in pregnancy and postnatally.
- 1.3. Awareness that there are a range of mental health problems which women may experience during the perinatal period ([see MMHA website and infographic](#)). Knowledge that women may experience new problems during this time, and that pregnancy, childbirth and the early experiences of parenthood might affect an existing mental health problems, and in some the risk of relapse may be increased.
- 1.4. Awareness of the factors in a woman's history and circumstances that may have a negative effect on her, and her baby's mental health, and their relationship (e.g. emotional adversity in childhood, past trauma, domestic abuse, baby loss, traumatic birth experiences). Awareness that these factors may not be disclosed and therefore may not be apparent.
- 1.5. Awareness of the signs and symptoms of perinatal mental health problems, including those that require urgent action, e.g. thoughts of harm to self, others or the baby. Understanding of the appropriate action if a woman discloses mental health problems or if any warning signs are identified.
- 1.6. Understanding of the stigma around perinatal mental health problems and how this limits disclosure and discussion. Understanding of actions that can be taken to overcome this stigma.
- 1.7. Awareness of the important role that partners play in relation to a woman's mental health, and how she feeds her baby. Recognition that partners can also experience perinatal mental health problems, and indeed are more likely to experience such issues if the woman herself is ill.
- 1.8. Awareness that different cultures, communities and faith groups have different attitudes and approaches to mental health, and infant feeding, and that gender and sexuality can also influence experiences of motherhood and engagement with services. These factors may impact on how a woman feels about disclosing or discussing her feelings and experiences, and accessing professionals, services or treatments. Awareness that different women may respond differently to peer support or professional services.
- 1.9. Understanding of the relevant processes within one's own organisation to escalate concerns about a woman's mental health. Knowledge of the range of services available to support women's mental health in the perinatal period in the locality (and online), how women can access these services. Knowledge of where women might go for specialist infant feeding support if they have a mental health problem.

### Part 2: Knowledge of infant mental health

- 2.1. Knowledge of what infant mental health is, and the importance of the parent-infant relationship and its importance for children's social and emotional development. Understanding of the link between perinatal and infant mental health.
- 2.2. Understanding of how parents can support and promote infant mental health, and the importance of sensitive and responsive parenting. Knowledge of how to encourage appropriate expectations of babies, and responsiveness to babies' cues (particularly feeding cues). Understanding that, however a baby is fed, feeding can be a valuable time for the developing parent-infant relationship

### **Part 3: Understanding the relationship between infant feeding and mental health**

- 3.1. Knowledge of how breastfeeding can impact on a woman's wellbeing and mental health. Understanding that evidence shows that when going well, breastfeeding can benefit mothers' and babies' mental health. However, in some cases, challenges around feeding can be a trigger for mental health problems.
- 3.2. Understanding that parents' past and present experiences, circumstances, preferences and mental health problems (and treatment), will influence what kind of feeding works best for them and their baby (breast, bottle or mixed) Understanding of how to empower parents to make the feeding choices that are best for them.
- 3.3. Awareness that some women will have made a decision around their infant feeding plans in pregnancy. Understanding when maternity or mental health professionals might be encouraging women to make such a decision, and ensuring that women have the full information required to support their decision making. Understanding that such a decision may have been difficult and should be respected, yet women have the right to change their mind and should be supported if they do so.
- 3.4. Understanding that having a premature or poorly baby will bring up different needs and issues with regard to feeding choices and options. In these situations, mothers are also more likely to feel anxious and isolated, and will require additional practical and emotional support.
- 3.5. Awareness of the phenomenon described as D-MER (Dysphoric Milk Ejection Reflex) and breastfeeding aversion, whereby breastfeeding may trigger strong reactions in some women.
- 3.6. Understanding that there may be side effects, risks and benefits associated with taking some types of psychotropic medication in pregnancy and during breastfeeding and that these must be weighed up with the support of the GP or specialist mental health professionals. Understanding that there are also risks associated with discontinuing prescribed medication and that medication should never be stopped abruptly without specialist advice. Awareness of local and national sources of support for women making decisions about feeding and medication.

### **Part 4: Understanding how to support the emotional wellbeing of women and babies in relation to their feeding decisions**

- 4.1. Ability to provide appropriate practical and/or emotional support to mothers who decide not to or are unable to breastfeed, including an awareness of the impact that this may have on their mental health. Understanding that providing practical/emotional support to women who decide not to, or are unable to, breastfeed is important to protect their mental health and ensure that women do not feel excluded from services at a time when they may be particularly vulnerable.
- 4.2. Understanding how a woman's previous breastfeeding experiences may impact on her mental health in her next pregnancy and postnatal period. Understanding the value of giving women the opportunity to reflect on and learn from their earlier feeding events with a trained practitioner
- 4.3. Understanding how ending breastfeeding, whether happily or unhappily, can be a challenging time for women with mental health issues and may be a time when extra support is needed.
- 4.4. The ability to reflect on how the nature and content of information and advice around breastfeeding might be a contributing factor in the development or recurrence of perinatal mental health problems, especially for women who decide not to or are unable to breastfeed. Reviewing and reflecting on language and information used, including being careful about what language is used in a support situation, checking how information has been understood and encouraging reflection in a conversation.

- 4.5. Understanding that ongoing stressful feeding experiences for the child – whatever the method – can have a negative impact on the child’s emotional development. In such situations, a family may benefit from additional support – such as specialist psychotherapeutic input.

## SKILLS

- 5.1. Ability to put a woman at ease with a compassionate, empathic and non-judgemental manner and to actively listen, respecting her individual needs and beliefs.
- 5.2. Ability to work in a reflective manner, and demonstrate the capacity to think about the feelings generated by working with mothers, infants, fathers/partners and their relationships.
- 5.3. Self-awareness and the ability to maintain boundaries. An understanding of the impact that working with women – particularly those experiencing mental health problems – can have on one’s own wellbeing, and of the need for self-care.

## FEATURES OF TRAINING AND SUPERVISION

- 6.1. Having received a good quality reflection about one’s own pregnancy, birth, feeding and wider parenting experiences.
- 6.2. Regular, good quality reflective supervision, which allows an opportunity to debrief about their work and reflect on personal circumstances on an ongoing basis.
- 6.3. The ability to talk to and learn from women with different experiences of parenthood and infant feeding (including women with lived experience of mental health problems) as part of training and development.

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<sup>ii</sup> Breastfeeding: Synthesis. In: Tremblay RE, Boivin M, Peters RDeV, eds. *Encyclopaedia on Early Childhood Development* [online]. <http://www.child-encyclopedia.com/breastfeeding/synthesis>. Updated June 2017. Accessed June 6, 2018.

<sup>ii</sup> Dennis, C. L., & McQueen, K. (2009). The relationship between infant-feeding outcomes and postpartum depression: a qualitative systematic review. *Pediatrics*, *123*(4), e736-e751.

<sup>iii</sup> Borra, C., Iacovou, M., & Sevilla, A. (2015). New evidence on breastfeeding and postpartum depression: the importance of understanding women’s intentions. *Maternal and Child Health Journal*, *19*(4), 897-907.

## Annex A: Useful Resources

- The **Maternal Mental Health Alliance Website** (<http://maternalmentalhealthalliance.org/>) contains a range of resources relating to perinatal mental health, and will shortly host a new interactive 'resources hub'.
- The Breastfeeding Network through its Drugs in Breastmilk Service provides a range of **evidence-based and independent factsheets on medication and breastfeeding**: <https://www.breastfeedingnetwork.org.uk/drugs-factsheets/>
- UNICEF have a useful leaflet on how to have **meaningful conversations** about infant feeding during pregnancy and the postnatal period: [https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/10/meaningful\\_conversations.pdf](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/10/meaningful_conversations.pdf)
- The Royal College of GPs have created a **comprehensive toolkit of resources** relating to perinatal mental health: <http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/perinatal-mental-health-toolkit.aspx>
- The RCGP, IHV and DH developed **e-learning for health professionals around perinatal mental health**: <https://www.e-lfh.org.uk/programmes/perinatal-mental-health/>
- Warwick University have developed **online training around the infant mental health** and the importance of the parent-infant relationship: <https://www.futurelearn.com/courses/babies-in-mind>
- Dr Louise Santhanam, GP, The GP Infant Feeding Network, has written a useful **briefing on infant feeding**, wellbeing and perinatal mental health, which can be found here: <https://gpifn.org.uk/maternal-mental-health/>

## Annex B: Working group members

- Agnes Hann, *Research Manager, NCT*
- Annie Raff, *Parent Insight Manager, NCT*
- Amy Brown, *Associate Professor of Public Health, Swansea University*
- Emma Pickett, *Breastfeeding Counsellor and Chair of Association of Breastfeeding Mothers*
- Hannah Leonard, *Project Coordinator, Islington Breastfeeding & Weaning Peer Support Service, The Breastfeeding Network / Whittington Health*
- Helen Wright, *Camden Blossoms Project Coordinator*
- Kathryn Hollins, *Consultant Child, Parent and Family Psychiatrist and Psychotherapist, Independent Practice*
- Louise Santhanam, *GP Infant Feeding Network*
- Natalia Spassova, *Bilingual Maternity Mentor, Bright Beginnings and Camden Blossoms*
- Sally Etheridge, *Deputy Chair, Lactation Consultants of Great Britain*
- Sally Hogg, *Maternal Mental Health Alliance*
- Sarah Twite, *Deputy Coordinator, Islington Breastfeeding & Weaning Peer Support Service, The Breastfeeding Network / Whittington Health*
- Smita Hanciles, *Camden Baby Feeding Team Manager, UNICEF Baby Friendly Initiative Project Lead, Central and North West London NHS Foundation Trust (CNWL)*
- Susy Gilvin, *Volunteer Supervisor for Tower Hamlets, Hackney & Haringey, The Breastfeeding Network / Whittington Health*
- Vanessa Aparicio-Hancox, *Early Parenthood Programme Manager, Manor Gardens Family Centre.*
- Wendy Jones, *Breastfeeding and Medication, Lead Pharmacist and Breastfeeding Supporter on Breastfeeding Network's Drugs in Breastmilk Service*
- Zoe Chadderton, *NIFN London Lead, BfN Supporter, Trainer and Supervisor.*

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