



Dear Colleagues,

We are writing to you at a time when there is the long-awaited hope of a vaccine and a way out of this terrible pandemic. However, we also find ourselves in the middle of restrictions in a 2<sup>nd</sup> lockdown and facing the consequences of this pandemic and the 1<sup>st</sup> lockdown.

The pandemic has brought remarkably difficult, stressful and painful experiences to us all. None of us have been immune. There has been enormous financial hardship, loss of employment, isolation, mental health problems, and close family proximity, all placing undue pressure on us. For families that were already struggling, the pandemic has tipped many into crisis.

Poverty, inadequate housing, substance misuse, domestic violence and poor mental health, all add to this toxic mix.

As we go into the second wave of the virus, we need to learn lessons from the first. We learned last week that since the 1<sup>st</sup> lockdown in March:

- there was an alarming 20% rise in babies being killed or harmed (Ofsted's chief inspector Amanda Spielman)
- 64 babies were deliberately harmed in England 8 of whom died
- Some 40% of the 300 incidents reported involved infants, up a fifth on 2019

Babies can't tell us if there's a problem. Every week, Ofsted is seeing more serious incident notifications about harm to under-ones - the youngest and most vulnerable of all children. This cannot continue, and as we enter a 2<sup>nd</sup> lockdown, we must be alive to the risks around us.

It has been heartening to hear of all the good work that has been done to identify high risk babies during lockdown, such as the children of parents misusing substances, or with serious mental health problems. In these cases, professionals and services understood the risk factors and acted decisively and creatively to give families the help they need.

Everyone having a baby during lockdown has been affected. Women have had to attend antenatal scans alone, restrictions on visiting have impacted on partner presence during early stages of labour and families with babies in neonatal care have greatly suffered. Parents cannot visit together on the neonatal unit, at a time when they need to support each other the most. When parents visit their baby on the unit, they are asked to wear surgical masks when spending time with their baby, even during cuddle time. Tragically, there will be some families who have suffered a perinatal loss where they have lost their baby. Many have struggled to receive the vital support they need to try to understand what has happened; instead they feel alone and isolated with their grief.

In addition to the risks to babies, the COVID-19 pandemic has created a challenging climate for pregnant and postpartum women and their partners. The experience of pregnancy and motherhood can be a psychological trigger for many, and the stress and strain surrounding the COVID-19 situation is likely to cause considerable anxiety and





isolation for many families. As a result, all women, and particularly vulnerable women are likely to be more susceptible to perinatal mental health conditions. We also know many partners who otherwise would have been a great source of support at this time, have also suffered greatly with their mental health. We are seeing presentations of mental health problems in parents that are more acute. Restrictions on access to family or peer support networks will also have significant impact on families, taking away an important source of support and comfort.

We all have a role to play in supporting families. This includes professionals across all communities. More than ever, it is vital that health visitors and other community health practitioners are not diverted to acute care. Health Visitors are at ground zero of infant and child development. The support given by Health Visitors is vital and can never be made up once it has been missed. While we understand the pressures to redeploy staff, we cannot ask this of Health Visitors, who are literally structuring the future of our population.

All our families and babies need us now.

- We need to refer families early to services, before problems get worse.
- The continuing restrictions may hamper face-to-face visits, but any family of concern will be prioritised to be seen in person.
- All services across Greater Manchester are open for business and are fully aware of the heightened risks for parents and babies.
- While babies may be out of sight, they should never be out of mind.

It is absolutely vital that we all keep engaging with families throughout any restrictions. We need to reach out to them and let them know they are not alone; we are here to help and support them.

We have developed a quick reference guide to Greater Manchester Perinatal and Parent Infant Mental Health services for you which is attached.

Stay well and take care

With best wishes

Pauline Sarah

Dr Pauline Lee GM MH&SCP Clinical Lead in PIMH Consultant Clinical Psychologist Dr Sarah Jones Consultant Perinatal Psychiatrist, GMMH Trust Lead for Perinatal Mental Health Services and Clinical Lead, GM MH&SCP Perinatal and Parent-Infant Mental Health