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**Provision of mental health support and Caesarean birth for women with fear of  
childbirth: a national survey**

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**Dear Editor,**

We found that women with fear of childbirth (FoC) receive varying levels of antenatal care within England. FoC affects affects between 2.5% to 12% of pregnant women (1). These women have longer labours, have a 1.4 to 2.4 times higher Caesarean birth rate (2), and are twice as likely to develop postnatal depression (3).

There has been an emerging consensus that these women may benefit from mental health support, and whilst Caesarean birth has not been shown to independently reduce poor outcomes (4), there is a recognition that some of these women may require an elective Caesarean birth.

In the UK, current National Institute of Health and Clinical Excellence (NICE) guidance states that women with FOC should have access to perinatal mental health support, and Caesarean birth if the patient requests it (5). We conducted a prospective survey of all Maternity Trusts within the National Health Service (NHS) in England (137 Trusts) to establish the level of care that is currently being provided for women with FoC in England. Following piloting of the survey, all Maternity Trusts were contacted by telephone (via calls to the senior consultant antenatal clinic midwife or manager of each Trust). Trusts were contacted in June and July 2015. Any Trusts who were not contactable were followed up by email.

Maternity Trusts were asked if they provided counselling for women with FoC, and if so, who provided this counselling, and whether their Trust allowed for Caesarean birth for these women.

Responses were received from 80% of Maternity trusts within England (109/137).

Responders provided care for over 512,000 births in 2014. There were 28 non-responding trusts. There was no significant difference in numbers of births per unit between responders and non-responders ( $p=0.6$ , two-tailed t-test).

All responding Trusts (109) provided elective Caesarean birth.

A flow diagram of responses concerning provision of mental health support is shown in Figure 1. Of 109 responders, 97% (106) provided mental health support for women with FoC. Of these, 43% provided mental health support by a collaborative team of psychology professionals (mental health nurses, psychologists or psychiatrists) and midwives/obstetricians (a perinatal mental health team). Of those that did not have a perinatal team, 17% of Trusts (18) provided support by referring to a separate psychological services provider. Of these 18 Trusts, 7 provided support by midwives/obstetricians first, with 11 referring directly to psychological services.

Forty percent (42) of Trusts that provided support used midwives and/or obstetricians alone. Of these, in 28 Trusts support was provided by midwives/obstetricians with mental health training. Fourteen Trusts relied on midwives and/or obstetricians without mental health training for the provision of support. Three Trusts did not provide mental health support for women with FoC.

We suggest the variation within England may be due to several factors. Firstly, providing integrated perinatal mental health care for women with FoC requires close co-operation between Maternity and Psychiatric/psychological professionals. These two disciplines have not historically worked closely together and it is likely that the resulting institutional architecture is varied as a result of differing relationships at the start of the process.

Secondly, no new funding was provided following the introduction of the guidelines. This will have exerted pressure on Trusts to provide a minimum level of care that still fulfilled the guidelines, which some may have perceived would be met by providing counselling by untrained staff.

Moreover, variation within counselling provision may also be explained by a lack of consensus around the most efficacious method of counselling – this should be addressed by comparative trials of counselling methods for women with FoC, on a background of an agreed core outcomes set.

**Yours truly,**

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## Figure Legend

Figure 1: Flow diagram of responses concerning mental health support

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