

Up to **1 in 4** women experience poor mental health during pregnancy or in the 24 months after giving birth ¹

Perinatal mental health in Westminster

This factsheet was developed by the Public Health team to help strengthen local understanding of perinatal mental health.

The perinatal period is the time between the start of pregnancy until 24 months after birth. Using 2021 census statistics, around **5,741** women living in Westminster are in the perinatal period at any one time. We estimate that of these **1,435 (25%)** may experience poor perinatal mental health.²

Good emotional wellbeing and mental health is not purely the absence of mental health conditions but the ability to flourish where individuals can utilise their capabilities, navigate challenges with resilience, and actively engage in their communities, and feel a sense of wellbeing.

Many women experience temporary emotional changes, the so called "baby blues", shortly after birth. These symptoms, characterised by tearfulness and sensitivity, typically begin around two days after delivery and can last for hours or up to several days. Supportive care from loved ones is usually sufficient to manage symptoms. If these feelings persist beyond a week, it may be indicative of developing poor postnatal mental health.

Poor perinatal emotional wellbeing and mental health can negatively impact maternal physical health and parent-child bonding. Children of affected mothers may be at higher risk of developmental delays, emotional and behavioural problems, and adverse physical health outcomes.

Common perinatal mental health conditions include 3:

- perinatal depression
- perinatal anxiety
- perinatal obsessive-compulsive disorder (OCD)
- postpartum psychosis
- postpartum post-traumatic stress disorder (PTSD).

Sadly, nearly 40% of deaths of women occurring between six weeks and a year after the end of pregnancy in the UK can be attributed to mental health conditions.⁴



Anyone can develop perinatal mental health problems, but the risk is higher for some groups:

Miscarriage, stillbirth and neonatal death

Bereavement by miscarriage, stillbirth or neonatal death increases the likelihood of mental health problems in both parents. An estimated one in five pregnancies ends in miscarriage.⁵ In 2022, Westminster had a stillbirth rates of three per 1000 births, lower than the London and national average. In 2021, in England and Wales, the neonatal death rate was one per 370 live births.⁶

Violence against women

Experiencing violence increases the risk of poor perinatal health. Violence against women in pregnancy is underreported and as much as **30% of domestic abuse starts in pregnancy.**^{7 8}

In 2021/22 in London, the Metropolitan Police recorded almost 15% more domestic abuse related incidents and crimes than the England average.⁸

History of poor mental health

People with a **personal or family history of mental health problems** have an increased risk of poor mental health during the perinatal period.

Over 1 in 4 (28%) residents in Westminster reported feeling high levels of anxiety the day before. 1 in 16 have a GP diagnosis of depression.⁹

Women who have previously experienced severe perinatal mental illness in the past have around a **50% chance recurrence in a future pregnancy.**¹⁰



Migrant women

In 2022, **81%** of babies born in Westminster had at least one parent who was born outside the UK. ¹¹



Migrant women experience a greater rate of poor perinatal mental health, it is estimated:

- **One in four** experience perinatal depression
- **One in five** experience perinatal anxiety
- **One in 11** experience perinatal PTSD

The likelihood of poor perinatal mental health is **higher in those who have been forcibly displaced** compared to those who have migrated for economic purposes.¹²

Socioeconomic disadvantage

People with socioeconomic disadvantage are more likely to experience perinatal mental illness. There are significant financial disparities within the borough. Specifically, areas like Queens Park and Mozart Estate (Queens Park), Lisson Green Estate (Church Street), Warwick and Brindley Road Estates (Westbourne) and Churchill Gardens (Pimlico South) suffer from increased levels of deprivation. ⁹

Living in lower quality, insecure and cramped accommodation is linked to maternal depression and poor child health outcomes. In addition, living in poverty is a particular risk factor for mothers under 25 years of age, where the current cost of living crisis is likely to add additional pressures. ¹³



Ethnicity

Women from global majority groups experience a higher rate of mental health problems during the perinatal period, which may be exacerbated by socioeconomic disadvantage.¹⁴

Women of Indian and Pakistani ethnicity are twice as likely to experience significant psychological distress in the perinatal period compared to white women.¹⁵

Compared to white women, **global majority women are half as likely to be asked about their mental health** at their antenatal booking appointment. ¹⁶ They are less likely to receive timely care for perinatal mental health conditions. In 2021, 46.6% of women living in Westminster aged 15 to 44 were from global majority groups. ^{16, 17}

Adverse events

Women who experienced recent highly stressful events (e.g. bereavement, unemployment, divorce) or previous childhood trauma were more likely to have symptoms of poor mental health in the perinatal period. ¹⁸

Disability

When adjusting for age, Westminster has a lower-than-average proportion of residents with a disability that impacts their daily activity.¹⁷

Women with a physical disability may be more likely to experience new onset mental health conditions perinatally than women with no disabilities. One in three pregnant women with a learning disability report moderate to severe levels of stress, anxiety and depression. ¹⁹

Protective factors

Feeling well supported by family and friends, positive childbirth experiences, and financial ability to pay for essentials are all protective against poor perinatal mental health. ²⁰

Being physically active during pregnancy and breastfeeding may both be associated with reduced likelihood of postnatal depression. ²⁰



City living



Women living in cities and urban areas appear to be at lower risk for poor perinatal mental health than woman in rural areas.²¹

Maternal age

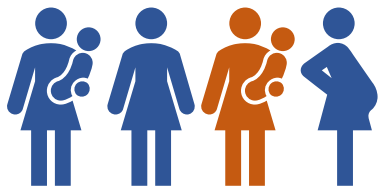
Young maternal age is associated with increased risk of perinatal depression and anxiety. In 2021, Westminster had the lowest rate of births to mothers under the age of 20 in London, and the second lowest in the country at 0.43%. ¹⁷

Level of education

Lower levels of education are associated with an increased risk of developing mental health problems in the perinatal period.²²



The average level of educational qualification in Westminster is significantly higher than the England average.²³



Perinatal mental health in Kensington and Chelsea

This factsheet was developed by the Public Health team to help strengthen local understanding of perinatal mental health.

The perinatal period is the time between the start of pregnancy until 24 months after birth. Using 2021 statistics, around **4,078** women living in Kensington and Chelsea are in the perinatal period at any one time. We estimate that of these **1020** (25%) may experience poor perinatal mental health. ²

Up to **1 in 4** women experience poor mental health during pregnancy or in the 24 months after giving birth ¹

Good emotional wellbeing and mental health is not purely the absence of mental health conditions but the ability to flourish where individuals can utilise their capabilities, navigate challenges with resilience, and actively engage in their communities, and feel a sense of wellbeing.

Many women experience temporary emotional changes, the so called "baby blues", shortly after birth. These symptoms, characterised by tearfulness and sensitivity, typically begin around two days after delivery and can last for hours or up to several days. Supportive care from loved ones is usually sufficient to manage symptoms. If these feelings persist beyond a week, it may be indicative of developing poor postnatal mental health.

Poor perinatal emotional wellbeing and mental health can negatively impact maternal physical health and parent-child bonding. Children of affected mothers may be at higher risk of developmental delays, emotional and behavioural problems, and adverse physical health outcomes.

Sadly, nearly 40% of deaths of women occurring between six weeks and a year after the end of pregnancy in the UK can be attributed to mental health conditions.⁴

Anyone can develop perinatal mental health problems, but the risk is higher for some groups:

Miscarriage, stillbirth and neonatal death

Bereavement by miscarriage, stillbirth or neonatal death increases the likelihood of mental health problems in both parents. An estimated one in five pregnancies ends in miscarriage.⁵ In 2022, Kensington and Chelsea had a stillbirth rates of 1.4 per 1000 births, lower than the London and national average. Nationally, in 2021, the neonatal death rate was one per 370 live births.⁶

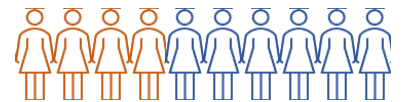
Violence against women

Experiencing violence increases the risk of poor perinatal health. Violence against women in pregnancy is underreported and as much as **30% of domestic abuse starts in pregnancy.** ^{7 8}

In 2021/22 in London, the Metropolitan Police recorded almost 15% more domestic abuse related incidents and crimes than the England average.⁸

Common perinatal mental health conditions include: ³

- perinatal depression
- perinatal anxiety
- perinatal OCD
- postpartum psychosis
- postpartum PTSD.



History of poor mental health

People with a **personal or family history of mental health problems** have an increased risk of poor mental health during the perinatal period.

1 in 4 (25%) residents in Kensington and Chelsea reported feeling high levels of anxiety the day before. 1 in 12 have a GP diagnosis of depression. ⁹

Women who have previously experienced severe perinatal mental illness in the past have around a **50% chance recurrence in a future pregnancy.** ¹⁰



Migrant women

In 2022, **76.9%** of babies born in Kensington and Chelsea had at least one parent who was born outside the UK. ¹¹

Migrant women experience a greater rate of poor perinatal mental health, it is estimated:

- **One in four** experience perinatal depression
- **One in five** experience perinatal anxiety
- **One in 11** experience perinatal PTSD

The likelihood of poor perinatal mental health is **higher in those who have been forcibly displaced** compared to those who have migrated for economic purposes. ¹²

Socioeconomic disadvantage

People with socioeconomic disadvantage are more likely to experience perinatal mental illness. Kensington and Chelsea is an area of huge social and cultural diversity, which includes significant differences in income, employment, and skills levels. Three of most deprived wards in London are in RBKC. These are Golborne, Notting Dale and Dalgarno, with Golborne being the most deprived ward in London. ⁹

Living in lower quality, insecure and cramped accommodation is linked to maternal depression and poor child health outcomes. In addition, living in poverty is a particular risk factor for mothers under 25 years of age, where the current cost of living crisis is likely to add additional pressures. ¹³



Ethnicity

Black, Asian and minority ethnic women experience a higher rate of mental health problems during the perinatal period, which may be exacerbated by socioeconomic disadvantage. ¹⁴

Women of Indian and Pakistani ethnicity are twice as likely to experience significant psychological distress in the perinatal period compared to white women. ¹⁵

Compared to white women, **Black, Asian and minority ethnic women are half as likely to be asked about their mental health** at their antenatal appointment and less likely to receive timely care. ^{16,17}

In 2021, 46.6% of women living in Kensington and Chelsea aged 15 to 44 were from BAME communities.



Adverse events

Women who experienced recent highly stressful events (e.g. bereavement, unemployment, divorce) or previous childhood trauma were more likely to have symptoms of poor mental health in the perinatal period. ¹⁸

Disability

When adjusting for age, Kensington and Chelsea has a lower-than-average proportion of residents with a disability that impacts their daily activity. ¹⁷

Women with a physical disability may be more likely to experience new mental health conditions perinatally than women with no disabilities. One in three pregnant women with a learning disability report moderate to severe levels of stress, anxiety and depression. ¹⁹

Protective factors

Feeling well supported by family and friends, positive childbirth experiences, and financial ability to pay for essentials are all protective against poor perinatal mental health. ²⁰

Being physically active during pregnancy and breastfeeding may both be associated with reduced likelihood of postnatal depression. ²⁰



City living



Women living in cities and urban areas appear to be at lower risk for poor perinatal mental health than woman in rural areas. ²¹

Maternal age

Young maternal age is associated with increased risk of perinatal depression and anxiety. In 2021, 0.48% of births in Kensington and Chelsea were to mothers under the age of 20, lower than the London average of 1.16%, and an England average of 2.19% ¹⁷

Level of education

Lower levels of education are associated with an increased risk of developing mental health problems in the perinatal period. ²²



The average level of educational qualification in Kensington and Chelsea is significantly higher than the England average. ²³

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