

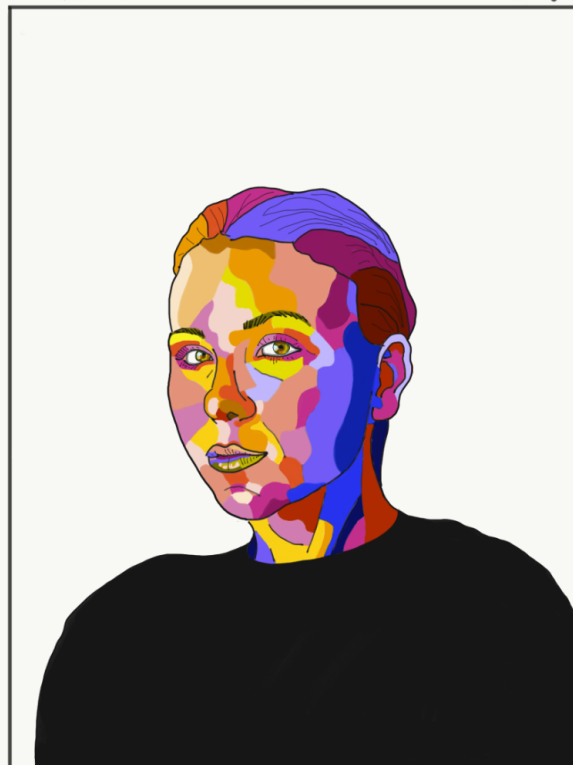
MAKING DECISIONS ABOUT MENTAL HEALTH MEDICATION IN PREGNANCY

BASED ON THE EXPERIENCES OF 12 WOMEN WITH PSYCHOSIS

DILEMMA

WHAT IF I RELAPSE? WILL MY MEDICATION HARM THE BABY? I WANT TO BE A GOOD MUM! NO GUIDELINES! SHOULD I CONTINUE OR STOP? EVERYONE CAN I DOCTOR? ABOUT MY BELIEFS? WEIGH UP RISKS AND BENEFITS. WHAT WILL THINK? TRUST THE WHAT VIEWS AND HOW DO I THE

STRENGTH AND RESPONSIBILITY



DISTRESS

STIGMA ISOLATION MISTRUST GUILT FEAR SELF-DOUBT ANXIETY BLAME JUDGEMENT HELPLESS VULNERABILITY CONFUSION LOSS OF CONTROL FAILURE UNCERTAINTY TORN LONELINESS SHAME SADNESS

ILLUSTRATION BY KATHRYN WATSON

HOW TO PROVIDE BETTER SUPPORT?

EMPATHY
+
UNDERSTANDING

SHARED DECISION MAKING
+
JOINT AGREEMENTS

TRUST
+
LONG-TERM CONTINUITY OF CARE

This illustration is based on co-produced research conducted by peer researchers and other staff from the McPin Foundation and University College London. The paper "Anti-psychotic medication decision making during pregnancy: a co-produced research study" was published in Mental Health Review Journal in June 2019. Registered Charity No: 1117336. Twitter: [@mcpinfoundation](https://twitter.com/mcpinfoundation). Facebook: [/McPinFoundation](https://www.facebook.com/McPinFoundation). Email: contact@mcpin.org.

HOW COULD THE DECISION-MAKING PROCESS BE MADE EASIER?

Health and social care professionals could:

- Help women to manage the stress and emotional impact of making such a difficult decision
- Understand that mental health clinicians exert power not only because they are gatekeepers to medication but also because of their ability to detain under the Mental Health Act and Mental Capacity Act
- Prioritise trust and continuity of care - women who had a history of working with a trusted clinical team were more likely to seek their opinion before deciding
- Know that coming to an agreement on the decision – even with cautions attached – reassures women
- Tell women that they will be supported during and after pregnancy whatever their decision. The process of decision making and the level of agreement reached with clinicians should not affect women's rights to access high standards of care.

Services could:

- Improve training and supervision, including on shared-decision making, for all practitioners involved with women who are pregnant and managing a severe mental illness. Getting support right could have far-reaching benefits for women, their children and their wider families.

NHS Trusts could:

- Invest in specialist perinatal services - women accessing such services provided the most positive accounts.