

Maternity, Assisted Conception, Adoption, Perinatal Mental Health and the Armed Forces Community Factsheet

1. Maternity, Assisted Conception, Adoption and Perinatal Mental Health in the AFC

Families within the Armed Forces have some specific needs when accessing services in respect to conception, maternity, perinatal mental health and adoption. Service life and injuries to veterans can need special considerations to be taken into account to ensure no disadvantage, to ensure continuity of care and access to help when needed. The following factsheet should help raise some awareness of the findings through research, NHS briefings, Family Federations and cases that the Armed Forces Network has dealt with.

Author: kate.parkin@nhs.net and with thanks to colleagues within the Sussex and East Surrey Local Maternity System and the Sussex and East Surrey Perinatal Mental Health Clinical Network for their input in the development of this fact sheet.

1.1 Background

There are over 190,000 serving personnel in the British Armed Forces, of which approximately 140,000 are based in the English regions. Serving personnel are all registered with Defence Medical Services (DMS) GP practices; their spouses/partners and dependants usually have to register with a NHS GP practice, although there are a small number of DMS practices that will allow families also to register with them. Military spouses/partners are predominately female reflecting the gender balance in the Armed Forces: just over 10% of serving personnel are women.

The unique circumstances and requirements of a military career - not least the frequent moves within the UK and overseas which can involve long periods of separation - can be very challenging for the partners and families of serving personnel, both in terms of continuity of care and impact on mental health. These challenges can be particularly difficult for female partners when pregnant and in the weeks that follow giving birth.

Armed Forces serving personnel are generally young and the Armed Forces community includes large numbers of female spouses/partners of childbearing age. Military careers can require regular moves of the family home, often far away from family support networks. As a result, vulnerable young women may be at greater risk of social isolation; they may find themselves having to move while pregnant and furthermore, their serving partner may be posted overseas for significant periods of time including during pregnancy, the birth and the postnatal period. Emotional vulnerability may be exacerbated by fears over the safety of their absent partners. There may further challenges for continuity of carer for women who live in one Local Maternity System (LMS) but give birth in another. For example, women from Thorney Island, West Sussex will often give birth within the Hampshire LMS.

The Army Families Federation, an independent organisation that works to improve the quality of life for Army families, reports that common concerns among pregnant spouses include:

- constant uncertainty about whether their partner would be deployed;
- anxiety that their partner would not be present at the birth;
- the time they would be allowed following the birth of their child to bond as a family¹;
- lack of support from spouse and family during pregnancy, the birth and the postnatal period;
- whether in cases of premature labour or other medical emergencies, they would be able easily to contact their spouse and whether they would be allowed to come home; and
- a lack of understanding within the Armed Forces community about perinatal depression.

¹ MOD policy allows for paternity leave with the caveat that leave may be deferred if operational circumstances require this.

A recent literature review² published in January 2019 identified a strong focus on spousal deployment as a risk factor for depressive symptoms and psychological stress during the perinatal period. Other risk factors included a lack of social/emotional support, and increased family-related stressors.

Female members of the Armed Forces may face significant peer pressure to continue in their roles during pregnancy. They are more likely to transition between local maternity services when pregnant – particularly serving naval personnel – who may move from Defence Medical Service health care provision back to local NHS services for their home base where the birth is planned. Some may return to the UK for the birth if posted overseas, particularly if the pregnancy is high risk. Serving women with service-related post-traumatic stress can have this re-triggered by giving birth, even in a relatively straightforward birth.

2. Maternity

The Armed Forces Network has been contacted by families asking for support due to:

- Moving from one area of the country and wanting to know what support was available for the new area they were moving to.
- The need to get a General Practitioner (GP) quickly to ensure a continuity of care, next scan additional needs if there were complications.
- The need to be linked into the local maternity services to ensure they receive the support for the right birth for them.

The individuals, when they know which area they are moving to, can review the National Health Service (NHS) website to choose a GP. If there are any difficulties the local Clinical Commissioning Group (CCG) can provide support to get a GP ahead of moving to ensure the continuity of care. The family should ensure that they are identified as a British Armed Forces family in order to invoke the Armed Forces Covenant, and the practice should work to ensure continuity due to the family moving as a result of a partner being in the services.

The family can contact the new local hospital and self-refer (remembering to state that they are moving due to being an Armed Forces Service Family):

- Brighton and Sussex University Hospital NHS Trust (BSUH)
www.bsuh.nhs.uk/maternity/
- Dartford and Gravesham NHS Trust
www.dgt.nhs.uk/our-services-specialists/a-to-z-of-services/maternity-services/
- East Kent Hospitals University NHS Foundation Trust
www.ekhuft.nhs.uk/patients-and-visitors/services/pregnancy-and-childbirth/
- East Sussex Healthcare NHS Trust (ESHT)
www.esht.nhs.uk/service/maternity/
- Maidstone and Tunbridge Wells NHS Trust
www.mtw.nhs.uk/service/maternity/
- Medway NHS Foundation Trust
www.medway.nhs.uk/services/maternity.htm
- Portsmouth Hospitals NHS Trust
www.porthosp.nhs.uk/departments/Maternity/maternity-services.htm
- Surrey and Sussex Healthcare NHS Trust (SaSH)
www.surreyandsussex.nhs.uk/our-services/a-z-of-services/maternity-services/
- Western Sussex Hospitals NHS Foundation Trust (WSHT)
www.westernsussexhospitals.nhs.uk/services/maternity/

² Godier-McBard LR, Ibbitson L, Hooks C, et al Military spouses with deployed partners are at greater risk of poor perinatal mental health: a scoping review. Journal of the Royal Army Medical Corps Published Online First: 05 January 2019. doi: 10.1136/jramc-2018-001069

3. Assisted Conception

Infertility³ is when a couple can't get pregnant (conceive) despite having regular unprotected sex. If a family have fertility problems, the treatment they are offered will depend on what's causing the problem and what's available from the commissioners for them.

There are 3 main types of fertility treatment:

- medicines
- surgical procedures
- assisted conception – including intrauterine insemination (IUI) and in vitro fertilisation (IVF)

IUI, also known as artificial insemination, involves inserting sperm into the womb via a fine plastic tube passed through the cervix. Sperm is first collected and washed in a fluid. The best-quality specimens – the fastest moving – are selected.

In IVF, the egg is fertilised outside the body. The woman takes fertility medication to encourage her ovaries to produce more eggs than normal.

3.1 Serving Personnel

The current NHS Armed Forces Commissioning Policy on Assisted Conception upholds the National Institute for Health and Care Excellence (NICE) guidelines of three cycles of treatment for couples who meet the eligibility criteria. Whilst Assisted Conception is classed by Defence Medical Services as non-essential elective procedures and, as such, are not required to return military personnel to operational fitness, where possible and practicable, they will facilitate testing of service personnel for fertility issues to ensure they have equal access to this treatment as for any civilian.

On top of this commitment, the Ministry of Defence (MOD) and NHS England have worked together to set out good practice in a Defence Instruction and Notice (DIN 2016DIN01-052 Assisted Conception and Fertility Policy). The MOD recognises that the investigation and diagnosis of fertility issues and any subsequent treatment takes time and, as Armed Forces personnel are more mobile than the majority of the UK population, this can impact on continuity of care and increase the stress associated with the process. Therefore again, where possible and practicable, the MOD will provide up to three years of geographic stability, in the United Kingdom, for military couples accessing assisted conception.

In vitro fertilisation (IVF) is one of several techniques available to help people with fertility problems have a baby. The National Institute for Health and Care Excellence (NICE) has published fertility guidelines that make recommendations about who should have access to IVF treatment on the NHS in England and Wales. If you are considering IVF, you may want to have a look at the links as they provide a lot of useful information:

- **NHS** <https://www.nhs.uk/conditions/ivf/>
- **Fertility Network UK** <https://fertilitynetworkuk.org/>

NHS England⁴ has written a specific [commissioning policy for Armed Forces families](#)⁵, living in England, outlining the pathway and criteria for you to access assisted reproduction methods such as IVF and Intra-Cytoplasmic Sperm Injection (ICSI).

This commissioning policy helps to prevent some of the issues that couples face due to mobility and accessing treatment. To qualify for treatment under the NHS Armed Forces Commissioning policy at least one member of the couple must be in the Regular British Armed Forces with more than six months left to serve. It may be either the regular Servicewoman seeking assistance for themselves

³ <https://www.nhs.uk/conditions/infertility/>

⁴ <https://www.england.nhs.uk/commissioning/policies/ssp/>

⁵ <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/n-sc037.pdf>

or their spouse/partner or Serviceman whose spouse/partner are seeking assistance and includes unmarried or same sex partners. However, couples should be aware there are several other clinical criteria which must be met before funding can be approved for NHS treatment and their doctor can advise further on these.

For a copy of the application form [click here](#).

Want to know more? Contact AFF Health and Additional Needs Specialist, Karen Ross at additionalneeds@aff.org.uk Tel: 07552 861983

- Army Families Federation <https://aff.org.uk/advice/health-and-add/assisted-conception/>
- Royal Navy Families Federation <https://nff.org.uk/assisted-conception/>
- Royal Air Force Families Federation <https://www.raf-ff.org.uk/news/fair-treatment-in-access-to-assisted-conception/>

3.2 Veterans and Reservists

The Clinical Commissioning Groups (CCGs) commission the health service for Veterans, Reservists and their families. They have responsibility for the assisted conception for this community. There are variations on access and quantity for the population that each CCG covers. These members of the Armed Forces community would be treated the same as the rest of the local population as they would not have been disadvantaged through serving in the role as a Reservist.

However, it should be noted that there are exceptions which CCGs should take into account when making any decisions. If a Veteran/Reservist has been injured through serving and this has impacted on their fertility, they should have the same access to treatments as those funded by NHS England (i.e. 3 courses of IVF). The injury could be due to a chemical or physical injury.

The other consideration is where the first marriage has broken down due to the service (it may be due to several moves, injury making the relationship irreparable) and the Veteran/Reservist is in a new relationship and wants to have child with that partner and had a child in the first marriage.

4. Adoption

The MOD recognises that there are a number of Service personnel and their families who are both willing and well suited to adopting a child or children and that there are many children who are waiting to be adopted.

Adoption can be a long process and military life may impact on this process. One reason could be that the families may move with the serving partner. The family may experience difficulties in dealing with a Local Authority (LA), Devolved Administrations or other UK agencies.

The family are entitled to use any adoption service they wish to. Due to the potential difficulties of military life, many Service families prefer to register with [SSAFA's Adoption Agency](#)⁶ because they often better understand the complexities of military life. SSAFA's Adoption Agency is able to act directly for Service families or they can provide assistance in dealing with other adoption agencies.

The Armed Forces Families Federations provide specific information for serving personnel families on adoption and fostering:

- Army Families Federation <https://aff.org.uk/advice/family-life/adoption-and-fostering/>
- Royal Navy Families Federation <https://nff.org.uk/adoption-and-fostering/>
- Royal Air Force Families Federation <https://www.raf-ff.org.uk/>

⁶ <https://www.ssafa.org.uk/get-help/military-families/adoption>

5. Perinatal Mental Health

Poor mental health in the perinatal period is associated with a number of adverse outcomes for the individual and the wider family. The challenges facing female military spouses and female members of the Armed Forces may increase their risk of pre and postnatal mental health problems.⁷ In addition, a female veteran spouse or female veteran may have higher risk due to injury of the veteran whether physical or mental health putting strains on the family in an environment where the culture is often that they should be able to manage and not seek help.

5.1 Army Families Federation Advice on Perinatal Mental Health

The Army Families Federation supports family members of serving personnel until 2 years post discharge from the service. It has a page on mental health and within it (section 3) is information on Postnatal Depression along with some useful contacts. It also has the contact details for the AFF additionalneeds@aff.org.uk or <https://aff.org.uk/advice/health-and-add/mental-health/>

5.2 Specialist Perinatal Mental Health Service

This is a community-based service which supports mothers who are experiencing, or who have previously experienced, severe mental health difficulties during pregnancy or up to a year after birth.

5.2.1 Sussex⁸

The team provides support to women and their families across East Sussex, West Sussex, Brighton & Hove and East Surrey. The following leaflet explains the service in more detail: https://www.sussexpartnership.nhs.uk/sites/default/files/documents/perinatal_service_leaflet_final_v4_for_web.pdf

5.2.2 Kent and Medway

The Mother and Infant Mental Health Service (MIMHS) in Kent and Medway is split between East Kent and West Kent. More information about the service can be viewed via their website: <https://www.kmpt.nhs.uk/our-services/mother-and-infant-mental-health-service-mimhs-east-kent/> <https://www.kmpt.nhs.uk/our-services/mother-and-infant-mental-health-service-mimhs-west-kent-medway-and-swale/>

5.3 IAPT services for Perinatal Mental Health⁹

Having a baby can be joyful, exciting and rewarding. However, it is also common for pregnant women and new parents to experience anxiety, depression or emotional distress. As many as one in five women experience emotional difficulties during pregnancy and in the first year after their baby's birth. This can happen to anyone.

The IAPT service (Improving Access for Psychological Therapies) covers the whole area and offers free, confidential talking therapy for people who have symptoms of anxiety or depression. They give priority to pregnant women and new parents.

It is common for pregnant women and new parents to experience:

- Low mood, sadness and tearfulness
- Anxiety, worry and tension
- Irritability and anger
- Difficult or unexpected feelings towards your pregnancy or baby
- Poor sleep even when your baby sleeps well
- Feeling unable to cope or enjoy anything
- Thoughts that you are not a good enough parent

⁷ Godier-McBard LR, Ibbitson L, Hooks C, et al Military spouses with deployed partners are at greater risk of poor perinatal mental health: a scoping review. Journal of the Royal Army Medical Corps Published Online First: 05 January 2019. doi: 10.1136/jramc-2018-001069 <https://jramc.bmj.com/content/165/5/363.long>

⁸ <https://www.sussexpartnership.nhs.uk/perinatal>

⁹ PMHClinicalNetwork@sussexpartnership.nhs.uk

- Worrying thoughts about your baby
- Anxiety about labour or struggling to come to terms with labour.

Asking for help

It can be difficult to talk about how you are feeling and ask for help. Common reasons for this are:

- Not knowing what is wrong
- Feeling ashamed that you are not enjoying your baby or coping as you believe you should.

Struggling emotionally at this time can happen to anyone.

How an IAPT service can help

IAPT services offer short-term talking therapy to give individuals space to talk. The types of therapy offered will vary depending on the local IAPT service. Partners can also be affected by mental health problems too around a pregnancy, the birth and the postnatal period and may also be able to access IAPT support.

How to contact IAPT

Most IAPT services will accept self-referrals and these can be done by accessing their websites or contacting them directly via phone. If an individual is finding it hard to contact the service themselves, support should be sought from the midwife, health visitor, friends or a family member. GPs can also make the referral and the IAPT teams will offer an assessment and treatment as soon as possible. All IAPT services aim to be flexible and may allow for the new baby to be brought to sessions, with a choice of locations for appointments in accessible space.

Local IAPT Services

Area	Service	Telephone	Website
Brighton and Hove	Brighton and Hove Wellbeing Service	0300 002 0060	www.brightonandhovewellbeing.org
East Sussex (excluding Brighton and Hove)	Health in Mind	0300 003 0130	www.healthinmind.org.uk
Crawley	Time to Talk	01403 620434	www.sussexcommunity.nhs.uk/ttt
Horsham	Time to Talk	01403 620434	www.sussexcommunity.nhs.uk/ttt
Mid Sussex; Burgess Hill, East Grinstead, Haywards Heath	Time to Talk	01444 251084	www.sussexcommunity.nhs.uk/ttt
Adur, Arun, Chancetonbury & Worthing; Henfield, Lancing, Littlehampton, Shoreham, Steyning, Storrington, Worthing	Time to Talk	01903 703540	www.sussexcommunity.nhs.uk/ttt
Bognor, Chichester and Surrounding Area; Arundel, Bognor, Chichester, Loxwood, Manhood Peninsula, Midhurst, Petworth, Pulborough, Southbourne	Time to Talk	01273 265967	www.sussexcommunity.nhs.uk/ttt
East Surrey	DHC Talking Therapies	01483 906392	www.dhctalkingtherapies.co.uk
East Surrey	Ieso Digital Health	0800 074 5560	www.iesohealth.com/surrey (Telephone and online service)
East Surrey Caterham, Oxted, Redhill, Reigate	Think Action	01737 225 370 Text TALK to 82085	www.thinkaction.org.uk
East Surrey Caterham, Dorking, Epsom, Oxted, Redhill, Reigate	Mind Matters NHS	0300 330 5450	www.mindmattersnhs.co.uk
East Surrey Redhill, Reigate, Caterham and across Surrey	Centre for Psychology	01737 306020	www.centreforpsychology.co.uk
Medway	Medway Talking Therapies	0300 029 3000	www.insighthealthcare.org
Kent Deal, Dover, Folkestone, Hythe and Rural	Dover Counselling Centre	01304 204123	www.dovercc.org.uk/

Area	Service	Telephone	Website
Kent <i>Ashford, Canterbury, Dartford, Deal, Gravesham, Swale, Swanley, Thanet</i>	Insight Healthcare	0300 555 5555	www.insighthealthcare.org
Kent <i>Ashford, Deal, Dover, Folkestone, Hythe and Rural, Maidstone and Mid Kent</i>	Thinkaction	0300 012 0012	www.thinkaction.org.uk/
Kent <i>Canterbury, Coastal Kent, Swale</i>	FCS Talking Therapies	01795 591019	https://www.fcstalkingtherapies.org/

6. Early years up to 5 years old

Feedback from Welfare Teams and from other services across the country has identified that those under the age of 5 years may have difficulties adjusting to the house moves and unsettlement in a service family's life. It is an area where further research is required.

Attention deficit disorder (ADD) is a neurological disorder that causes a range of behaviour problems such as difficulty attending to instruction, focusing on schoolwork, keeping up with assignments, following instructions, completing tasks and social interaction

Each type of ADHD is tied to one or more characteristics. ADHD is characterized by inattention and hyperactive-impulsive behaviour. These behaviours often present in the following ways:

- inattention: getting distracted, having poor concentration and organisational skills
- impulsivity: interrupting, taking risks
- hyperactivity: never seeming to slow down, talking and fidgeting, difficulties staying on task

Everyone is different, so it's common for two people to experience the same symptoms in different ways. For example, these behaviours are often different in boys and girls. Boys may be seen as more hyperactive, and girls may be quietly inattentive.

There isn't a simple test that can diagnose ADHD. Children usually display symptoms before the age of 7. However, ADHD shares symptoms with other disorders. A doctor may first try to rule out conditions like depression, anxiety, and certain sleep issues before making a diagnosis.

Healthy Child Programme

Families can access the HCP teams by a variety of routes - themselves, through children's centres, schools or doctor's surgeries. No referral is necessary – any woman who is pregnant will automatically have contact with her health visitor, as should families with young children who move into an area.

Health Visitors/ Healthy Child Programme:

- West Sussex – Sussex Community Foundation Trust
<https://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=22897>
- Brighton & Hove – Sussex Community Foundation Trust
<https://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=16366>
- East Sussex – East Sussex Healthcare Trust
<https://www.esht.nhs.uk/service/health-visiting/healthy-child-programme/>
- Medway Health Visiting Service - 0300 123 3444
https://www.medway.gov.uk/info/200229/child_health
- Kent Health Visiting Service – Kent Community Health Trust
www.kentcht.nhs.uk/service/kent-baby/health-visiting-service/

7. Maternity Voices Partnerships

All areas have a Maternity Voices Partnership (MVP) which is a NHS working group: a team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care. Every woman on the maternity pathway has a chance to have her voice heard about the service she is receiving through an MVP.

Local Contacts - Chairs of Maternity Voices Partnerships:

- Surrey and Sussex Hospital Trust - sash.mvp@gmail.com
 - Western Sussex westsussexmvp@gmail.com
 - Mid Sussex chair.midsussexmslc@gmail.com
 - East Sussex - <https://www.facebook.com/eastsussexmaternityvoices/>
 - Brighton & Hove brightonhovemvp@gmail.com
 - North Kent MVP (Dartford and Gravesham) - NorthKentMVP@gmail.com
 - Medway MVP - medwaymvp@gmail.com
 - West Kent (Maidstone and Tunbridge Wells) MVP - mtw.mvp@gmail.com
 - East Kent MVP - <https://www.facebook.com/MVPEastKent/>
- Or contact comms.kentandmedway@nhs.net