

Background

- Perinatal mental illnesses affect over 10% of women.
- Maternal suicide is leading cause of direct deaths (MBRRACE-UK, 2021).
- Pregnancy loss (miscarriage, stillbirth, neonatal death, or child removal by social services) significantly increase the risk of maternal mental illness and suicide.
- Women with child custody loss face intense psychological trauma and worsening mental health.
- Disrupted mother-infant bonding, reduced social support, and structural vulnerabilities further compound their risk.

Objectives

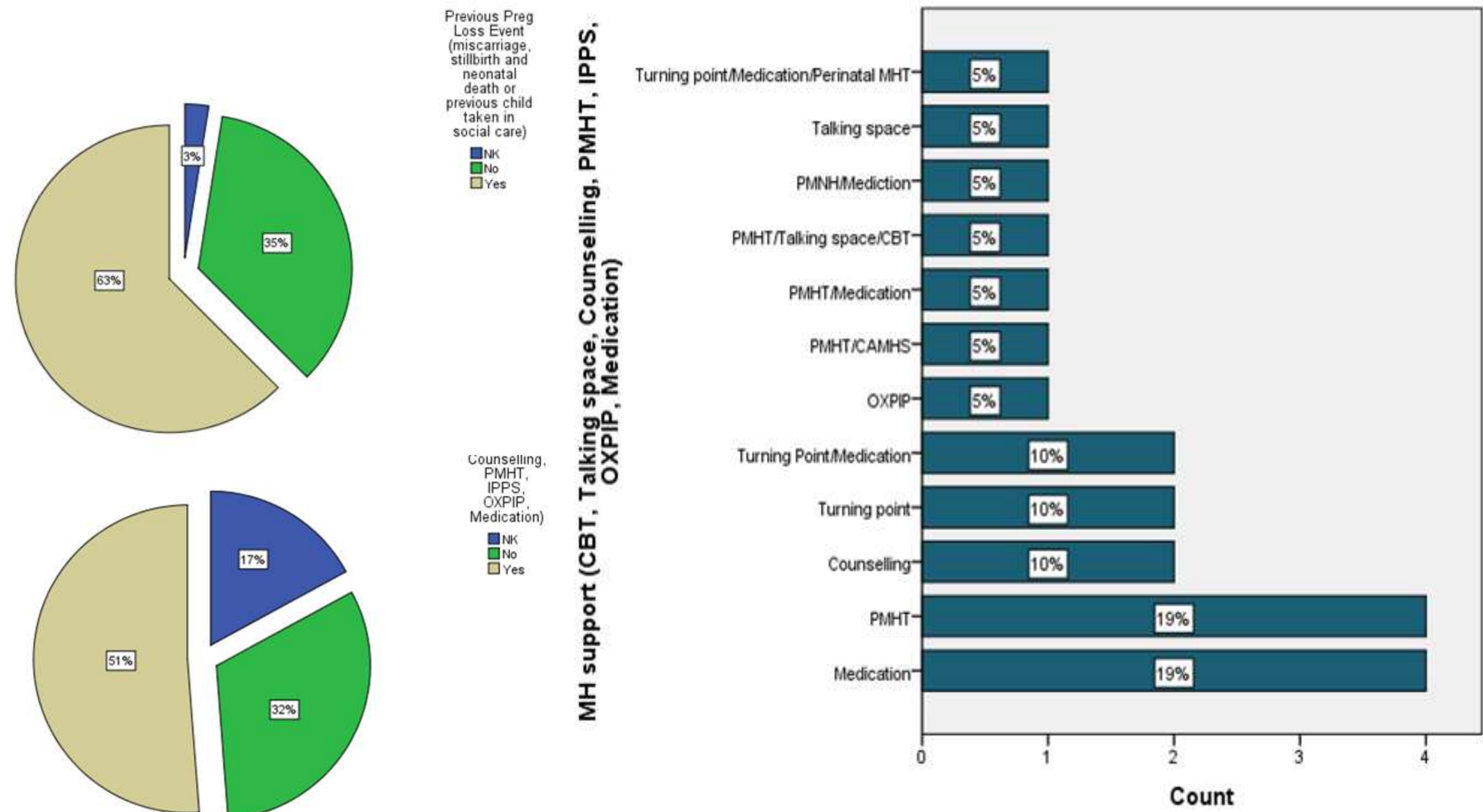
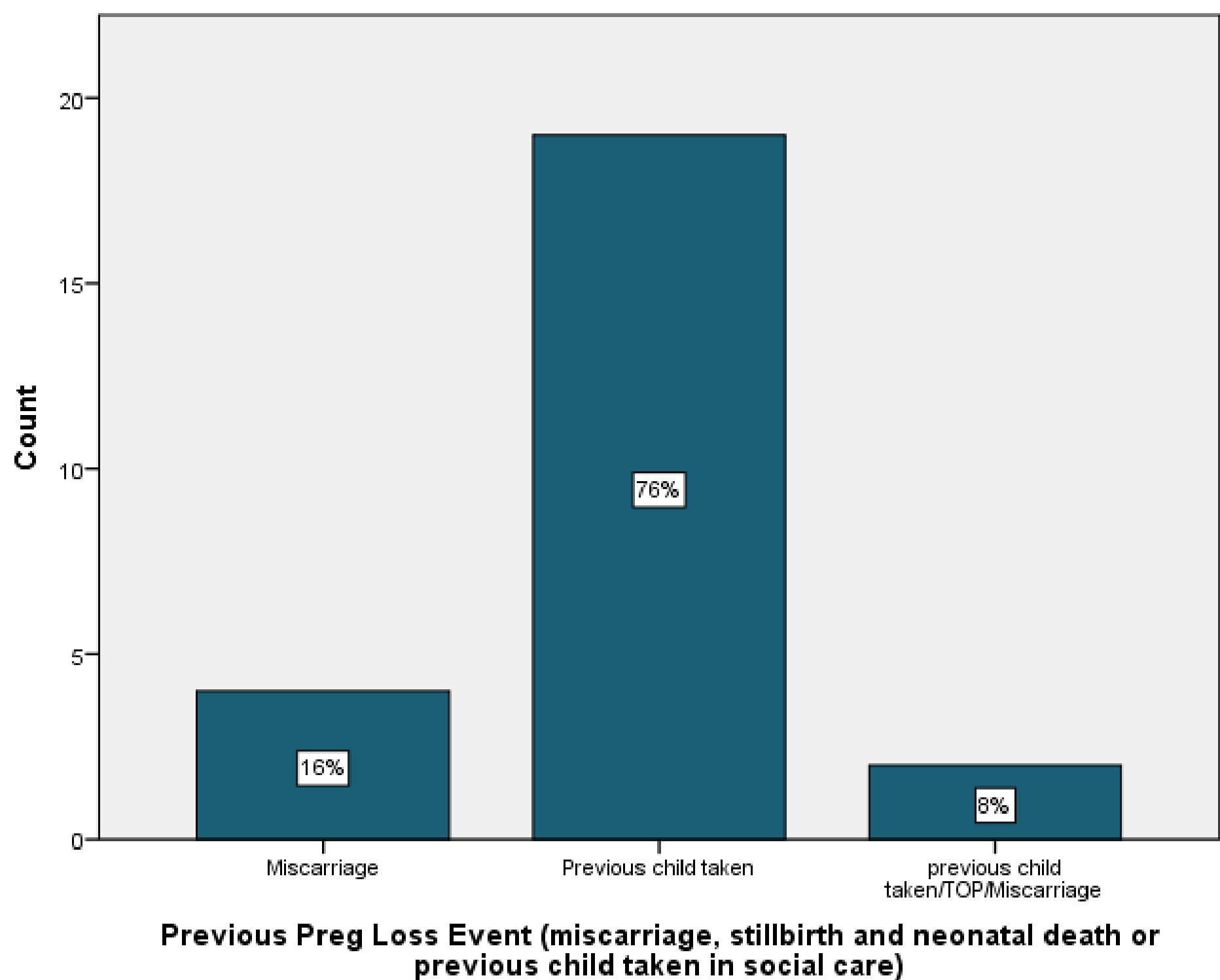
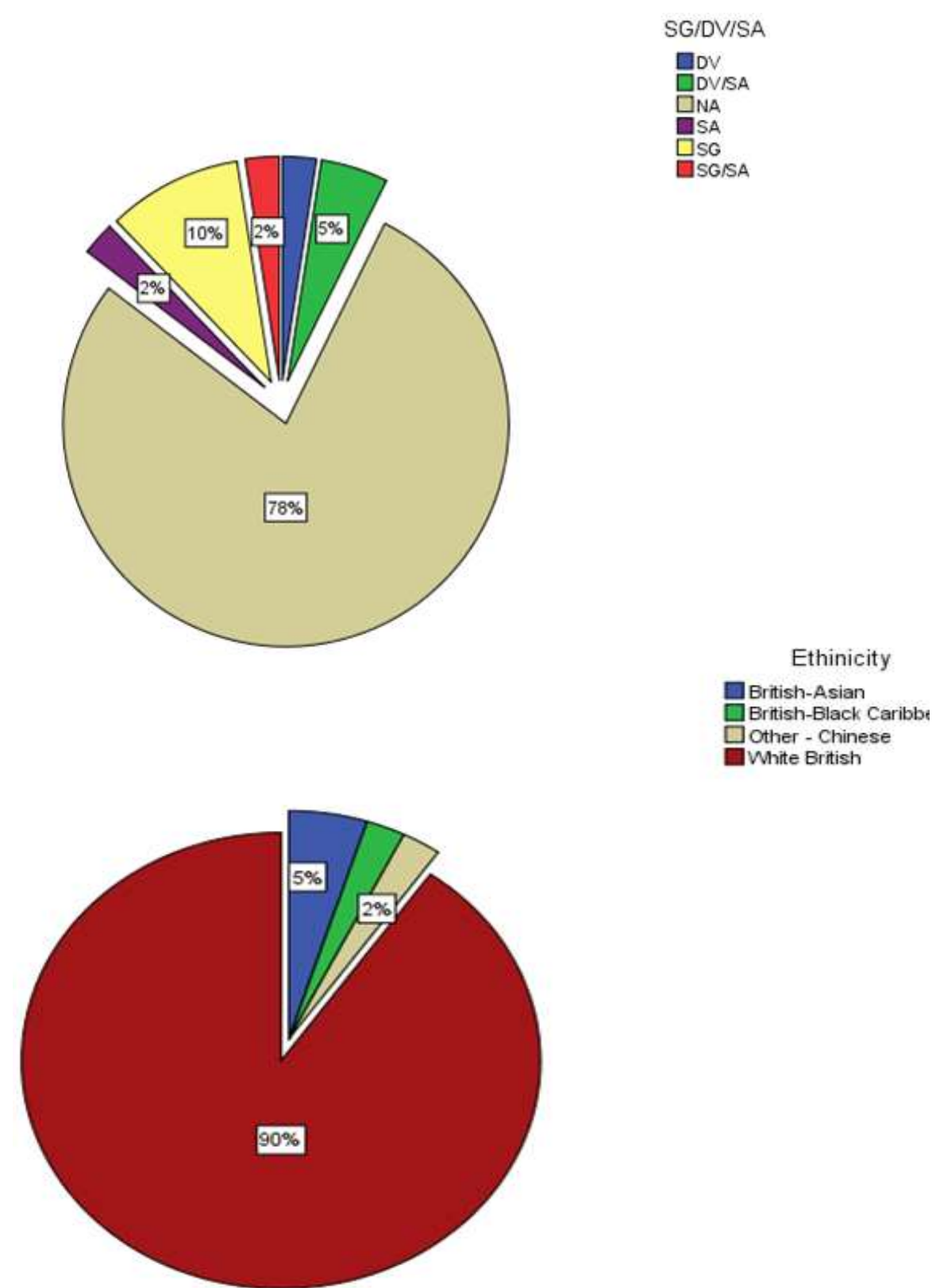
- To analysis of the health outcomes of vulnerable mothers who have their child custody loss.
- To evaluate the mental health outcomes of vulnerable mothers having case proceedings.

Methods

- Design: Retrospective cohort study.
- Population: 41 women under perinatal mental health services (2020–2024).
- Data Collected: Demographics, mental health diagnoses and support, substance and alcohol use, domestic violence and safeguarding concerns, previous pregnancy loss, ED and GP visits within 6 months postpartum.

Results

- Deprivation: 61% lived in areas of extreme deprivation.
- Smoking: 61% were smokers, Alcohol: 21%
- Parity: 34% were primiparous.
- Mental Health:
 - 100% had MH diagnoses; 61% had multiple.
 - 90% of partners; 63% of first-degree relatives had MH.
- Domestic Violence/safeguarding: 22%
- Pregnancy Loss History: 63%
- Previous Children Removed: 76%
- Support:
 - Only 51% accessed specialised MH services.
 - Most reported good partner/family support.
- Postpartum Health-Seeking: No increase in ED/GP visits or overdoses observed in the 6 months post-birth.



Discussion

- **Strong Statistical Associations:**
 - High parity, family history of MH, previous pregnancy loss, previous child custody loss, smoking, alcohol use, substance abuse, postnatal complications.
 - Increased antenatal prescription of medications
 - Suicidal ideation or attempts
- **No Significant Statistical association found with:**
 - Antenatal medical risk factors, mode of delivery, type of substance used, emergency department visits post-custody removal, postnatal medication prescriptions, drug/alcohol use.
- Most effective support: Family and friend support

Conclusions

There is association of multiple vulnerabilities experienced by pregnant mothers who have experienced care proceedings concerning an infant. Although there are multiple specialised agencies that help support women during pregnancy for their mental health needs, sadly, the majority cease to support when there is no baby involved. There is need to offer effective services that support these women to reduce the risk of court proceedings and child removal. PAUSE and HOPE boxes are the different strategies that we recommend have potential to help.