

# Collaborative Working in the Perinatal Period: an Analogy with the Mother-Baby Dyad

Dr Caroline Pontvert, MD – Consultant Perinatal Psychiatrist; Dr Stephanie Boardman and Dr Jennifer Laing – Clinical Psychologists  
Sarah Redshaw and Pamela Foster – Community Psychiatric Nurses; Monika Kohalmi – Occupational Therapist  
Tonnette Amores – Administrator. **Brent & Harrow Perinatal Community Mental Health Team, CNWL**

Central and North West London   
NHS Foundation Trust

**“There is no such thing as a baby... if you set out to describe a baby, you will find you are describing a baby and someone” (Winnicott, 1947)<sup>1</sup>.**

B&H PCMHT collaborates with a complex multidisciplinary health and social care system and works across different timeframes (both ante- and post-natal) and disciplines. The team works jointly with midwifery and health visiting services, GPs, social services, community and hospital based mental health teams across primary and secondary care levels to ensure that the appropriate support is offered to women, babies and their families during this precious but precarious time. The team offers its expertise and aims to work jointly with professionals from different backgrounds to ensure that the appropriate support is offered during this particular transitional period of time to these women, babies and their families. Each team member has to create collaborative relationships within the team and with colleagues from other organisations. Furthermore, the team exists beyond its members and has to develop partnerships with other services in the perinatal field.

This presentation considers some of the key aspects of collaborative working and frames them within the context of the mother-baby dyad. The aim of this work is to enrich our understanding of effective professional collaborative relationships, enhance our ability to work together, and ultimately improve the quality of care we offer to women and their families.

## Brent & Harrow Perinatal Community Mental Health Team (B&H PCMHT)

- NEW service
- Northwick Park Hospital
- CNWL Perinatal Mental Health Service
- Commissioned by NHS England Perinatal Community Mental Health Services Development Fund
- Multidisciplinary team approach
- **Assess, treat and support women with moderate to severe mental health issues during the perinatal period.**

### HOLDING<sup>2</sup>/CONTAINMENT<sup>3</sup> MANAGEMENT & NETWORK

When a mother creates a “holding environment”, she allows her baby to express emotion while keeping them safe. She handles the infant’s projection of painful, angry, unbearable feelings, returning them to the child in a modified, contained way.

Professionals in a perinatal team need to feel held by their management hierarchy and supported by a network to develop a sense of safety and inner resources to manage this emotionally challenging work without becoming overwhelmed and disintegrated.

### ATTUNEMENT<sup>5</sup> FREE FLOW of INFORMATION

A mother-baby dyad is a dynamic and interactive system relying on the bidirectional flow of information, with the mother and baby both affecting, and being affected by each other. In order to regulate the baby’s internal states, the mother must be engaged in an active dialogue with her baby and be open to their signals and communications.

Much like a baby, a perinatal team also exists within an interactive system which relies upon the free flow of information. Partners in this system rely upon each other to acknowledge, reciprocate, or expand upon their actions, akin to the role of the attuned mother.

Effective collaboration and attunement are characterised by both parties working together to coordinate their actions and intentions.

### REFLEXIVE FUNCTION<sup>4</sup> MENTALISATION of OTHERS’ ACTIONS

Just like a mother must be curious about the mental states driving her baby’s behaviour, a perinatal service working with other services must recognise that other services and agencies are often motivated by different beliefs and responsibilities towards a family. Working within a large network requires mentalising of each other’s actions in order to avoid possible misinterpretations and to facilitate effective collaboration.

Just as a mother must be able to distinguish between her own mental states and those of the baby, professionals must be able to mentalise their own practice before they are able to make meaning in that of others.



## At B&H PCMHT

### WHAT CHALLENGES THESE CAPACITIES

- Health vs social care agenda
- Woman needs vs baby needs
- Different level of knowledge in Perinatal Mental Health
- Cultural representations and misconceptions
- Low level of technological skills – IT issues
- Lack of resources (staff, clinic spaces)
- Important caseload and workload

### WHAT FACILITATES THESE CAPACITIES

- Weekly MDT meeting
- Reflective practice fortnightly within the team, every 3 months with Psych Liaison team
- Monthly supervision with clinical managers
- Monthly psychosocial meeting in maternity
- Workshops / Trainings / Guidelines
- Team email – full time administrator
- Joint sessions with other professionals
- Couple/ Dad / Family sessions

## GOALS

- **RAISE AWARENESS ABOUT PERINATAL MENTAL HEALTH ISSUES AND TREATMENT**
  - **DEBUNK THE MYTHS** with professionals as well as with families
  - **DESTIGMATISE** mothers suffering from perinatal mental health problems
- **CREATE REFERRAL PATHWAYS AND JOINT WORKING PROCESSES**
  - **have a COHERENT MULTIAGENCY APPROACH**
- **ORGANISE MULTIAGENCY REFLECTIVE PRACTICE SESSIONS**
  - **improve MUTUAL UNDERSTANDING**

Bibliography: 1. Winnicott, D.W. (1957). Further thoughts on babies as persons. In J. Hardenberg (Ed.). The child and the outside world: Studies in developing relationships. London: Tavistock (Original work published in 1947) | 2. Winnicott, D.W. (1945). Primitive emotional development. In Through Paediatrics to Psychoanalysis: collected papers (Ch 12). 1958. London: Tavistock | 3. Bion, W.R. (1962). Learning from Experience. London: Heinemann | 4. Fonagy, P., Steele, M., Moran, G., Steele, H. & Higgitt, A. (1991). The capacity for understanding mental states: the reflective self in parent and child and its significance for security of attachment. Infant mental health journal, 13, 200-216 | 5. Stern, D. (1985). The interpersonal world of the infant. A view from psychoanalysis and developmental psychology. London: Basic books