

**Faculty of Perinatal Psychiatry
Annual Conference**

Monday 25 November 2024

Venue: RCPsych, London E1 8BB

Conference Booklet

Speaker abstracts and biographies

Bipolar medication and management in perinatal period

Dr Marisa Casanova Dias, Consultant Perinatal Psychiatrist, South London and Maudsley NHS Foundation Trust and MRC research Training Fellow

Abstract: In this presentation titled "Bipolar Medication and Management in the Perinatal Period," I will discuss evidence-based methods for treating bipolar disorder during pregnancy and the postpartum period. Managing this condition during such a transformative time, known as the puerperium, poses unique challenges. It is vital to stabilise mood symptoms while minimising risks to the foetus or newborn.

Drawing on insights from my PhD research, I will explore various pharmacological and management strategies. By outlining current guidelines and sharing case studies, this presentation aims to equip clinicians with the insights and tools necessary to improve outcomes for women with bipolar disorder during the perinatal period.

Biography: Dr Marisa Casanova Dias

Dr Marisa Casanova Dias is a perinatal psychiatrist at the Maudsley, London. She holds an MRC Clinical Research Training Fellowship for her PhD on bipolar disorder in the perinatal period at Cardiff University. Marisa worked on policy at the Parliamentary Office of Science and Technology and researched women's mental health at King's College London. She trained at the Maudsley and UCL, earning an MSc in Psychiatric Research.

Marisa was awarded a year-long leadership fellowship at NICE, contributing to the Bipolar Guideline.

Marisa is president of UEMS (European Union of Medical Specialists) Psychiatry Section, Secretary of the Women's Mental Health Section at the European Psychiatric Association and Executive member of the Royal College of Psychiatrists Perinatal Faculty. Marisa was EFPT (European Federation of Psychiatric Trainees) president, starting the EFPT Exchange Programme. She chaired the Education and Training group for Lancet Psychiatry's 'Commission on mental health in Ukraine' and she will be leading the Commission on Women's Mental Health.

**Domestic abuse at the intersection of gender and migration:
challenges facing women in the perinatal period**

Professor Sundari Anitha, Chair in Sociological Studies, University of Sheffield, UK

Abstract: We have long recognised the ways in which domestic violence and abuse is exacerbated during pregnancy and the perinatal period across diverse contexts. The various ways that women's partners or ex-partners– as well as in-laws in some contexts - control and coerce them during pregnancy and the postpartum period is now well documented, as is the mental health impact of domestic violence and abuse. Over the last decade, the lens that has been utilised to understand domestic abuse has expanded beyond a focus on the interpersonal, family and community dynamics to incorporate the role of intersecting social relations of power

based on gender, race, ethnicity, class, (dis)ability, sexuality and citizenship in enhancing vulnerability for particular categories of women. However, we are still in the early stages of exploring the ways in which structural violence of migration and migration policies, practices of migration control and bordering regimes enable and sustain gendered violence in national contexts and across transnational spaces. Conducive contexts for such violence include hostile environment created towards migrants in different parts of the world and bordering processes, policies and practices that are weaponised by perpetrators in countries of destination and origin, with impunity. Based on my research, I will reflect on how - beyond a focus on the particular actions of perpetrators and its impact - bordering practices construct precarity and enhance vulnerability for women during their pregnancy and perinatal period in diverse contexts

Biography: Professor Sundari Anitha

Professor Sundari Anitha is Chair in Sociological Studies at the University of Sheffield, UK. She has researched and published widely across the two areas of violence against women and girls and the intersection of gender, race and ethnicity in employment relations. She previously managed a Women's Aid refuge and worked as a Case Worker for Asha Projects, a 'by and for' refuge for South Asian survivors of domestic violence. She has been active in activism, advocacy and policymaking on violence against women for over 25 years. She currently serves as a trustee of three organisations: Southall Black Sisters, Anti-trafficking and labour exploitation unit (ATLEU) and National Centre for Social Research. She served as a member of the REF 2021 sub-panel 21: Sociology.

A choice of three workshops

1.

The Hidden Half: The Role of Specialist Perinatal Mental Health Services in Supporting Fathers and Partners

Dr Alkis Velivasis, Consultant Perinatal Psychiatrist, North London Partners Specialist Perinatal Mental Health Service.

Kristiana Heapy: Perinatal Clinical Specialist and Team Manager, North London Partners Specialist Perinatal Mental Health Service

Roan Sheehan, Assistant Psychologist, North London Partners Specialist Perinatal Mental Health Service

Overview: This workshop will explore how specialist perinatal mental health services, primarily designed to support mothers, can also keep fathers and partners in mind. We will examine the potential for integrating partners into the care pathway and keeping their mental health in focus within a service that is traditionally mother-centred. **Objectives:** To explore the scope and capacity of specialist perinatal mental health services in supporting fathers and partners, while maintaining their primary focus on mothers. To share insights and reflections from working with fathers and partners, and to explore how these can inform a more unified care pathway for families.

Workshop Format: The session will begin with a brief presentation of a pilot project conducted in the North London Specialist Perinatal Mental Health Service, which offered mental health assessments to fathers and partners. We will discuss insights from the project, highlighting what

worked well and the challenges encountered. This will lead into an open discussion where participants are invited to share their own reflections, experiences, and knowledge. The workshop will conclude with a collaborative discussion to formulate the potential role of specialist perinatal services in supporting fathers and partners.

Biographies:

Dr Alkis Velivasis

Dr Alkis Velivasis is a Consultant Perinatal Psychiatrist with the North London NHS Foundation Trust Specialist Perinatal Mental Health Service. His clinical and research interests focus on preconception and interconception care, as well as paternal mental health. He provides specialized consultations for fathers and partners of women experiencing moderate to severe perinatal mental illness and co-leads a project aimed at improving the support available for paternal mental health within specialist perinatal services. As a strong advocate for this field, he has extensively taught on paternal mental health to a wide range of audiences and stakeholders.

Kristiana Heapy

Kristiana Heapy is the Perinatal Clinical Specialist and Team Manager (social worker) with the North London NHS Foundation Trust Specialist Perinatal Mental Health Service. Kristiana has been heavily involved in

analysing the project's results and is actively contributing to the next steps in developing the pathway within our service.

Roan Sheehan

Roan Sheehan (They/He) Assistant Psychologist – Roan will assist in visually representing the discussion during the workshop, helping to create the evidence related to the objectives.

2.

Melodies for Mums

Dr Mano Manoharan, Consultant Perinatal Psychiatrist, South London and Maudsley NHS Foundation Trust

Lorna Greenwood, Head of Scalability, Breathe Arts Health Research

Objectives: To gain knowledge about this randomised control trial on trialling group singing intervention for patients with mild to moderate postnatal depression. To talk about usefulness of this method which helps in social intervention of postnatal depression.

Workshop format: The session will begin with a brief presentation followed by open discussion.

Biographies:

Dr Mano Manoharan

Dr Mano Manoharan MBBS, MSc in Psychiatry Research, FRCPsych is a Consultant Perinatal Psychiatrist at South London and Maudsley NHS Foundation Trust. She is an Honorary Senior Lecturer at the Institute of

Psychiatry, Psychology, and Neurosciences (IoPPN) at Kings College London. She is currently working with the Royal College of Psychiatrists as a CASC. Examiner and College Assessor. She is Equity Champion for the faculty of perinatal psychiatry at the Royal College of Psychiatrist. She is also joint academic secretary for the faculty of Perinatal Psychiatry at the Royal college of Psychiatrists. Dr Mano Manoharan has a strong research focus, she had been principal investigator for various research projects including “Melodies for mums” a groundbreaking research (Randomised control trial) in trialling group singing interventions for mothers with postnatal depression. Dr Mano Manoharan had been awarded “she inspires award” in 2019. Outside medicine Dr Mano Manoharan loves running, she has completed London marathon 2019, spending time with family and tweeting @csmony.

Lorna Greenwood

Lorna Greenwood is the Head of Scalability - Breathe Arts Health Research. Lorna has worked in the arts for 15 years in various event production, project management and leadership roles. Lorna is experienced in scaling programmes in a sustainable and strategic way for individuals and communities, locally to internationally. She frequently develops and delivers talks and training packages designed to share knowledge with arts and health organisations, local authorities and most notably, the World Health Organization, on programme design, safe delivery models and evaluation. Lorna has led research partnerships with institutions such

as King's College London, co-authoring papers and writing for academic publications and books. Lorna has particular expertise in artist wellbeing, logistics and safeguarding and is Breathe's Mental Health Champion. Lorna has also held roles at music festival promoters, the Music Publishers Association and the international charity ActionAid UK. Lorna has a BSc in Natural Sciences from the University of Bath.

3.

Mother tongue, motherhood and mental wellbeing

Dr Jamila Carey, Consultant Perinatal Psychiatrist, Tri-borough Perinatal Mental Health Services, West London NHS Trust
Second facilitator -TBC

Overview: The Tri-Borough West London Perinatal Mental Health Service serves a population in Ealing, Hounslow and Hammersmith and Fulham which is comprised of more migrant communities and ethnic diversity than the London average. Since 2019, a project group made up of a small team staff volunteers has been working to learn from local under-served communities in order to improve equity of access to perinatal mental health care. Experts by Experience identified the absence of peer narratives of maternal mental illness as a powerful perpetuator of stigma and critical barrier to timely access to treatment. As such, we have focussed on facilitating physical and digital conversations about motherhood and mental illness between women within their own communities. Most recently, we co-produced a powerful set of short films

highlighting service users describing their perinatal experience in their first language.

In this workshop, we will reflect on the highs and lows of our diversity project journey so far, and invite attendees to consider the roles of language, culture, and collective trauma in the provision of maternal mental health care.

Biographies:

Dr Jamila Carey

Dr Jamila Carey is a Consultant Psychiatrist with degrees in Medicine and Health Management from Imperial College, London. She has been working with the Tri-borough West London Perinatal Mental Health Service in the borough of Ealing for over 5 years. She previously worked in adult mental health services across West London and Birmingham/the West Midlands, in particular services which provide tailored care working closely with clients and their families, such as Early Intervention in Psychosis and Assertive Outreach teams. Jamila is passionate about collaborating with local minoritised communities to improve provision and quality of maternal mental health care for all.

Fahima Abdi

Fahima Abdi is newly appointed Peer Support Worker in the Tri-Borough West London Perinatal Mental Health Service, working in Hounslow. She has a Psychology BSc Degree and has previously worked as an ABA tutor

for children with additional behavioural needs. Fahima was previously a service user and then became an Expert by Experience within the West London Perinatal Mental Health Service. In her Perinatal roles she has contributed in campaigns, training and projects. Fahima is extremely passionate about ensuring that the diverse local populations are in a position to receive and advocate for equal and outstanding care like their fellow peers and also breaking barriers and bias within the health sector surrounding diverse communities.

Margaret Oates Research Prize Winner

An Attachment-Informed Psychosocial Intervention for Women with Moderate-Severe Mental Health Conditions

Dr Karyn Ayre, ST5 General Adult Psychiatry Higher Trainee, Clinical Lecturer, University of Edinburgh

Abstract:

Bio: Dr Karyn Ayre

Daksha Emson Prize – Trainees Oral presentations

1. SIGN Guideline- 164 14.1: Eating Disorders in Pregnancy and Postnatal Period by Dr Amritha Sastry
2. Use of transcranial direct current stimulation (tDCS) within a Perinatal Mental Health Service for patients with post-natal depression by Dr David Ibrahim
3. A review of current status of ADHD and ASD assessment and treatment within the Perinatal Mental Health services (PMHS) across Wales by Dr Oluwaseun Adeitan

4. Rate of Bipolar Affective Disorder or Schizoaffective Disorder Diagnosis in Women with a First Presentation to Secondary Care Mental Health Services During the Perinatal Period, Dr Emma Cook

1. SIGN Guideline- 164 14.1: Eating Disorders in Pregnancy and Postnatal Period by Dr Amritha Sastry

Aims and Hypothesis: The primary aim of the audit was to determine whether guidance set out in SIGN 164, 14.1 (relating to pregnancy and eating disorders) is being applied in clinical practice, by gaining insight into staff confidence and awareness of the updated guidelines published in January 2022. A secondary aim was to ascertain staff's interest in training opportunities with a view to improving confidence, supporting best practice and enhancing quality of care. **Background:** Eating Disorders in pregnancy and the postnatal period are important to consider as they can have detrimental effects on the woman and the developing fetus resulting in low birth weight, obstetric complications (premature labour), increased body dissatisfaction and a rapid decrease in BMI postnatally. Eating habits can also improve during pregnancy which may mask symptoms during the postnatal period. **Methods:** A qualitative staff survey was created online to assess awareness, current practice, confidence and application of SIGN 164, 14.1 guidance including 9 different questions. A brief overview of the audit was provided at team meetings and an email invitation to complete the questionnaire was circulated to the Midwifery, Perinatal Mental Health, and Health Visitor teams. Information was

gathered in regard to the domains of staff awareness, confidence and interest in further training. Results: 19 completed questionnaires received. Of the participants involved, the majority of health professionals indicated a lack of knowledge of the guidance, a lack of confidence in enquiring about eating disorders and limited awareness of the barriers patients may experience in disclosing a meaningful history in regards to their Eating Disorder. Conclusions: There is significant scope for improvement in awareness and use of guidance available. Participants will be provided further training and information in regard to these guidelines including being sent the recommendations, full guidelines, audit write up and learning materials via email. Note this was subsequently done following audit in 2023.

2. Use of transcranial direct current stimulation (tDCS) within a Perinatal Mental Health Service for patients with post-natal depression by Dr David Ibrahim

Aims and hypothesis: A post-marketing informed consent service evaluation of the use of tDCS via a portable device within a Perinatal Mental Health Service for patients with a diagnosis of postnatal depression who had either minimal benefit from medication or wanted an alternative to medication whilst breastfeeding. Background: In the first year after birth 15-20% of women will experience depression and 30-50% of these women continue to present with major depression throughout their child's first year of life and beyond. For some women the need for antidepressant medication may be a barrier to breastfeeding and as there is no evidence

that tDCS has any effect on breastmilk, this treatment could prove to be an alternative for patients who would rather not be treated with medication whilst breastfeeding. It could also be used as an adjunct to medication or as an alternative for women who have had minimal benefit from medication. TDCS has been used to good effect in the general population however has not been trialled sufficiently in the perinatal population. The advantages of delivering tDCS via a portable device are that the patient can self-administer at a time of their choosing and remain awake throughout the treatment therefore it is accessible for new parents.

Method: We conducted a service evaluation of the use of tDCS in postnatal women with depression who had not responded adequately to medication or who wanted an alternative to medication whilst breastfeeding. Patients were assessed using the Patient Health Questionnaire (PHQ-9), after a diagnosis of depression was confirmed through a clinical interview. The inclusion and exclusion criteria were assessed, and the patient was offered the treatment if appropriate.

Outcome measure data was collected at baseline and again at the 6-week follow-up point. Self-report measures used were the PHQ-9, the Work and Social Adjustment Scale (WSAS) and the Montgomery-Asberg Depression Rating Scale (MADRS). Results: We analysed 18 data sets which revealed the following: PHQ-9 mean score reduced from 16.4 ± 7.06 at baseline to 5.88 ± 7.94 at week 6 which is a statistically significant improvement ($p < .001$), WSAS scores decreased significantly ($p < .001$) from 21.0 ± 12.7 at baseline to 10.2 ± 12.2 at week 6 and 100% saw an improvement of 5 points or

more on the MADRS-s scale. Conclusions: The results suggest that tDCS treatment is a valuable and acceptable intervention for women who are experiencing postnatal depression.

3. A review of current status of ADHD and ASD assessment and treatment within the Perinatal Mental Health services (PMHS) across Wales by Dr Oluwaseun Adeitan

Aims: To explore the assessment and treatment gap for ADHD and ASD within the PMHS across Wales. Background: The prevalence of ADHD in adult is estimated at 3-4% while that of ASD is estimated at 1.1%. Untreated ADHD and ASD can pose risks both prenatally and postnatally with strong correlation highlighted between untreated ADHD and mental health comorbidities in the perinatal period. The assessment and management of ADHD and ASD within PMHS in the UK faces significant gaps in care. Currently, ADHD and ASD in perinatal women remains underdiagnosed and under-supported in the UK. The National Institute for Health and Care Excellence (NICE) does provide general guidance for ADHD, covering diagnosis and management in adults, which applies in part to perinatal care, but there is a gap in resources specifically addressing perinatal ADHD. The current pathway for diagnosis and treatment of ADHD and ASD within the PMHS includes a referral to the appropriate neurodivergent team or the CMHT. Considering the rising number of individuals awaiting diagnosis and treatment for ADHD and ASD in UK and consequent delays of more than two and a half years average wait time for

a first appointment following an ADHD referral. It is pertinent to explore other pathway for assessment and management within the PMHS.

Method: Using a purposive sampling, data on ADHD and ASD patient was extracted from all caseloads within all seven NHS local health board across Wales. Data captured the number of patients with a formal diagnosis, those requiring an assessment and current wait time for assessment and management. Result: 2-14 patients of the PMHS caseload of each health board had a formal diagnosis of ADHD /ASD. 2-17 patients have either requested for or have been identified by practitioners as having a possible neurodivergent need and required an assessment. 2-17 were on the waiting list for neurodiversity services with an average wait time of 12 months to over 2 years. Conclusion: There are challenges with the current pathway for assessment and management of ADHD and ASD in the perinatal period. These challenges underline the need for systemic changes and highlight the need to deliver inclusive perinatal mental health services, particularly in integrating ADHD and ASD-specific care and providing resources that address both diagnostic and management needs within this critical period for parents and families in order to improve mental health outcomes.

4. Rate of Bipolar Affective Disorder or Schizoaffective Disorder

**Diagnosis in Women with a First Presentation to Secondary Care
Mental Health Services During the Perinatal Period, Dr Emma
Cook**

Aims: To understand bipolar affective or schizoaffective disorder risk in women first presenting to secondary care services in the perinatal period and examine factors influencing this risk. **Background:** The perinatal period is known to increase risk of bipolar affective disorder (BPAD) recurrence. There is growing evidence that the perinatal period increases risk of onset of BPAD. Recent evidence shows for approximately one third of women experiencing a first episode of postpartum psychosis, this is the index episode of a severe mental illness (SMI), typically within the bipolar spectrum. Additionally, growing evidence shows that non-psychotic initial postnatal presentations could be a bipolar disorder index episode.

Methods: Retrospective electronic case register study from the South London and Maudsley NHS Foundation Trust. Anonymised records were included for all women aged 18-64 with an index episode resulting in a first accepted referral between 1/4/2008 and 31/3/2022. Primary outcome was rate of bipolar/schizoaffective disorder diagnosis >28 days after index presentation. Women were stratified into either presentation during pregnancy, postnatally (up to 12 months from delivery), or outside the perinatal period. Results were adjusted for maternal age, ethnicity, and initial diagnosis. **Results:** 82,522 women were included. Overall, 2.7% were diagnosed with bipolar/schizoaffective disorder >28 days from initial presentation. 8,109 (9.8%) presented perinatally, of which 53.7% pregnant/postnatal status was unknown. In the postnatal subgroup, 4.2% later received a bipolar/schizoaffective diagnosis, compared to 2.7% and 2.5% in the non-perinatal and pregnant subgroups respectively ($p=0.000$).

This association remained after age and ethnicity adjustment. Compared to non-perinatal presentations, the odds ratio (OR) of developing bipolar/schizoaffective disorder after presenting postnatally was 1.47 (p=0.001, 95% confidence interval (95%CI) 1.18-1.83) versus 0.82 (p=0.259, 95%CI 0.57-1.16) during pregnancy and 0.72 (p=0.005 95%CI 0.58-0.91) for unknown perinatal status. The trend continued after adjusting for initial diagnosis; OR in the postnatal period was 1.12 (p=0.434). Survival analysis showed sustained postnatal risk. First diagnosis of postpartum psychosis confers significantly greater risk of future bipolar diagnosis (OR 9.83, p=0.000 95%CI 5.70-16.96; comparator - unipolar depression). Conclusions: Women first presenting postnatally had higher risk of future bipolar/schizoaffective disorder diagnosis compared to first presentation in pregnancy or outside the perinatal period, supporting similar previous studies. Presenting with postpartum psychosis had more than nine-fold greater risk of later bipolar diagnosis compared to unipolar depression. Delayed bipolar disorder diagnosis leads to worse long-term outcomes for women. Given the burden of perinatal mental illness, future investigations should prioritise improving early identification and treatment.

Perinatal OCD – Neuroscience and clinical management

Dr Himanshu Tyagi, Medical psychotherapist and Consultant
Neuropsychiatrist, National Hospital for Neurology and Neurosurgery,
Queen Square, University College London Hospitals

Dr Chrissy Jayarajah Consultant Perinatal Psychiatrist and Clinical Lead for
Perinatal Mental Health Services Central and Northwest London NHS

Foundation Trust, RCPSYCH Chair of the Perinatal Sub-speciality advisory committee.

Biography: Dr Chrissy Jayarajah

Dr Chrissy Jayarajah MBBS FRCPSYCH DFRH is a Consultant General Adult and Perinatal Psychiatrist and Clinical Lead for NHS Perinatal Mental Health Services at Central and North West London, and Honorary Senior Fellow at the George Institute for Global Health, Imperial College London. She serves as a scientific advisor for the Maternal OCD Charity and has specialised knowledge in treating severe perinatal OCD, particularly regarding medication safety. Dr Jayarajah's research interests include perinatal OCD and related disorders, maternal perfectionism, and women's reproductive health. Dr Jayarajah has a keen interest in safe prescribing of psychotropic medications during pregnancy and breastfeeding. Her additional qualifications in reproductive and sexual health highlight her focus on family planning and she has written national guidance on preconception for women with mental health concerns.

Biography: Dr Himanshu Tyagi

Dr Himanshu Tyagi PhD FRCPsych is a medical psychotherapist and neuropsychiatrist in the field of obsessive-compulsive and related disorders. His main clinical and research focus is on obsessive-compulsive & related disorders in neuropsychiatric settings. He coordinated the first UK trial investigating Deep Brain Stimulation (DBS) in severe and treatment refractory obsessive-compulsive disorder (OCD) between 2012-2016 at UCL Queen Square Institute of Neurology. He holds a CCT in Psychotherapy

(CBT), a PhD in neuroscience from UCL and was the recipient of Higher Psychiatric Trainee of the Year award from the Royal College of Psychiatrists, UK in 2012 and British Neuropsychiatric Association's Alwyn Lishman prize in 2017. He is also a co-founder and co-chair of the Royal College of Psychiatrists network for Obsessive-Compulsive and Related Disorders (OCARD). At present he runs a specialist national clinic for OCD comorbid with Tourette syndrome at the National Hospital for Neurology and Neurosurgery, Queen Square and leads one of two Specialist inpatient OCD services in England which is based in North London.

Sleep disturbance in the perinatal period

Dr Chiara Petrosellini, Senior Registrar in Obstetrics and Gynaecology, UCLH, PhD Candidate, UCL EGA Institute for Women's Health & UCL Division of Psychiatry

Abstract: Sleep is a fundamental physiological necessity which is almost universally disrupted around childbirth. Pregnancy and the postpartum period are times of extreme change in sleep quantity, quality and pattern. There is increasing recognition that these changes can represent both symptoms and causes of maternal mood and anxiety disorders. This session will provide an overview of what sleep is, how it changes over the course of the perinatal period, and the implications for maternal mental health. A synthesis of the evidence is provided, including some of Chiara's own work in this field.

Biography: Dr Chiara Petrosellini

Dr Chiara Petrosellini trained at University College London, where she obtained a degree in human genetics prior to studying medicine. She is now a Senior Registrar in Obstetrics and Gynaecology and works both in the NHS (University College London Hospital) and the private sector (The Portland Hospital). Alongside her postgraduate training, Chiara has accumulated a breadth of clinical experience in psychiatry including work in perinatal, liaison, forensic and psychiatric intensive care services. She is currently undertaking a PhD exploring the role of sleep disturbance in the aetiology and prediction of Postpartum Psychosis. Other areas of clinical and academic interest include high-risk obstetrics, labour ward management and complex abortion care.

Chiara is particularly passionate about reducing stigma surrounding mental illness and improving its understanding within obstetric services. To this end, she has led on several quality improvement projects and multi-centre collaborations. She curates the annual perinatal mental health conference for the Royal College of Obstetricians and Gynaecologists and is founder of the UK Midwives and Obstetricians Perinatal Mental Health Network.

Perinatal reflections and panel discussion

Liz McDonald, Retired Consultant Perinatal Psychiatrist, former chair of RCPSYCH perinatal faculty

Maddalena Miele, Retired Consultant Perinatal Psychiatrist

Roch Cantwell, Retired Senior Consultant Psychiatrist and Professional Advisor for Perinatal Mental Health, Scottish Government

This session is a panel discussion, with the panel members comprising of inspiring personalities in the field of Perinatal Mental Health who have recently retired to talk about what they have learnt across their career and what they would want to pass on to us.