Milton Keynes University Hospital NHS Foundation Trust

Perinatal Mental Health

Classification:	Guideline
Authors Name:	Joyce Elliot, Emma Mitchener, Gloria Aldridge
Authors Job Title:	Obstetric Consultant, Deputy Head of Midwifery, Perinatal Clinical Nurse Manager
Authors Division:	Women's and Children's Health
Departments/Group this Document applies to:	Maternity

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Guideline to be followed by (target staff): Doctors, midwives, health visitors, and other allied health care professionals

To be read in conjunction with the following documents:

- Antenatal Care Pathway - MIDW/GL/137
- Interpretation, Translation and Accessing information to meet individual needs DOC215
- Maternity Multidisciplinary Confidential Communique MIDW/GL/100
- NICE Guidance CG192 and Quality Statement QS115
- Safeguarding Children Policy ORG/GL/25
- Standard Operating Procedure (SOP) Number: Maternity Confidential Communique
- Maternity Specific Mandatory Training MIDW/GL/142

CQC Fundamental standards:

Regulation 9 – person centred care
Regulation 10 – dignity and respect
Regulation 11 – Need for consent
Regulation 12 – Safe care and treatment
Regulation 13 – Safeguarding service users from abuse and improper treatment
Regulation 17 – Good governance
Regulation 18 – Staffing
Regulation 19 – Fit and proper

Disclaimer –
Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.

The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

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Guideline Statement

This guideline supports the recommendations in the National Institute for Health and Care Excellence (NICE) Guideline CG192 Antenatal and Postnatal Mental Health Clinical Management and Service Guidance (NICE, 2014; last updated April 2018).

Executive Summary

The purpose of this Guideline is to ensure a robust approach to addressing the holistic health needs of Women with mental health conditions in the perinatal period and the impact of these conditions have on the Woman and their family. It also addresses the impact that these conditions have on fetal and child development.

Findings in the recently published NHS Long term Plan identified that 1:4 (25%) of Women/Birthing People experience mental health problems in pregnancy and during the 24 months after giving birth. Examples of these illnesses include;

- Antenatal and Postnatal depression
- Obsessive compulsive disorder
- Post-traumatic stress disorder (PTSD)
- Postpartum psychosis
- Anxiety and depression

Up to one in five Women will experience poor mental health in the perinatal period. The 2017-19 MBRRACE-UK Report identified maternal suicide as then second most common direct cause of death during or up to six weeks after pregnancy and the leading cause from six weeks up to one year after pregnancy. This report emphasizes once again the importance of immediate risk management and the potential for rapid deterioration, particularly postnatally (MBRRACE-UK-Saving Lives, Improving Care 2021- Lay Summary)

The objective of this document is to enable Midwives and Obstetricians to provide an evidenced based service incorporating a care pathway to address the health needs of Women with a Perinatal Mental Health condition. This guideline will also serve as information for Women should they seek to view local Trust guidance.

Abbreviations used
CG – Clinical Guideline
ED – Emergency Department
GAD - Generalised anxiety disorders (7 questions)
GP – General Practitioner
MHHLT - Mental Health Hospital Liaison Team
M-TLC – Maternity – Trauma Loss and Care Service
IAPT - Improving Access to Psychological Therapy
MARF - Multi-Agency Referral Form
MASH - Multi-Agency Safeguarding Hub
MBRRACE - Mothers And Babies Reducing Risks through Audits and Confidential Enquiries across the UK
NICE - National Institute for Health and Care Excellence

PHQ9 - Personal Health Questionnaire (9 questions)
PND - Post-natal depression
PTSD Post-traumatic stress disorder
QS – Quality standard
UCT Urgent Care Team

1.0 Roles and Responsibilities

- All health professionals have a duty of care to Women accessing maternity services to ask depression and anxiety identification questions. This should form part of a general discussion about a Woman's mental health and well-being (NICE 2014, last updated 2018).

- Midwives should be aware of the importance of identifying Women during the antenatal, intrapartum and postnatal period who are at risk of developing a mental health condition or exacerbating a pre-existing condition. These Women should be referred appropriately in line with the Milton Keynes Perinatal Mental Health Pathway (see appendix 1). Midwives should review every Woman's health records and discuss with the GP or relevant health professionals, information pertaining to previous or current mental health disorders.

- Obstetricians are to be aware of the impact of mental health conditions during the antenatal, intrapartum and postnatal period and liaise appropriately with other health care professionals involved.

- Antenatal and Postnatal management plans are to be discussed with the Woman and other appropriate health care professionals involved. A clear plan is to be documented in the Maternal Records and in the Confidential Communiqué, to include names and contact details of professionals involved. Where a mental health birth plan has been made by the community psychiatric nurse or psychiatrist, this will be uploaded to the Maternal Records and the Confidential Communique updated.

2.0 Implementation and dissemination of document

The guideline will be made available on the Trust intranet.

3.0 Processes and procedures

3.1 Antenatal Management

If any Woman is currently prescribed Sodium Valproate for their mental health condition, they are to be referred for urgent consultant obstetric care and referred to the Perinatal Mental Health Team. Medicines containing valproate taken in pregnancy can cause malformations in 11% of babies and developmental disorders in 30–40% of children after birth. Valproate treatment must not be used in girls and Women including in young girls below the age of puberty, unless alternative treatments are not suitable and unless the terms of the pregnancy prevention programme are met and treatment is reviewed by specialists (CG192 and QS115: Statement Number 1).

Medicines & Healthcare products Regulatory Agency advise that women who are taking Valproate and become pregnant should not stop taking their medication unless advised by their doctor.

3.1.1 Recognition and Initial Management

At a Woman's first contact with primary care or her booking visit a full mental health history should be taken and documented thoroughly in eCare. This should include information about any previous and current history of depression, panic attacks, anxiety, eating disorders or other mental health conditions. If the Woman has experienced problems, enquire about the presentation, duration, treatment and frequency of their condition including severe mental health conditions; Bipolar, previous psychosis, Schizophrenia, Postnatal depression and Borderline personality disorder.

A Confidential Communiqué must be commenced and social matrix RAG rating completed, the Perinatal Mental Health Specialist Midwife will support the community midwives to follow the correct pathways and support with advocacy and supervision of the Women in their caseloads. This may at times require liaison with the Named Midwife for Safeguarding.

Family history of mental health conditions in a first degree relative such as Bipolar, Postnatal Depression, and Schizophrenia can increase risks for the Woman, these need to be discussed with her and should be documented in eCare. The Woman's mental and emotional wellbeing should be monitored and documented through out her pregnancy.

The midwife should ask the depression and anxiety identification questions as part of a general discussion about a Woman's mental health and wellbeing:

- During the past month, have you often been bothered by feeling down, depressed or hopeless?
- During the past month, have you often been bothered by having little interest or pleasure in doing things?
- Also consider asking about anxiety using the 2-item Generalised Anxiety Disorder (GAD-2) scale
- Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge.
- Over the last 2 weeks how often have you been bothered by not being able to stop or control worrying? (NICE, 2014)

If the woman answers yes to either of the initial questions also ask, "Is this something you feel you need or want help with?"

- The midwife should discuss support networks available to her and referral to appropriate mental health services. Consider using the Patient Health Questionnaire (PHQ-9) and the Generalised Anxiety Disorder (GAD -7) for further assessment and referral if appropriate (see appendix 2). The PHQ-9 and GAD-7 can be accessed on eCare.

These questions should be asked again during the pregnancy and at each subsequent visit if the Woman has answered positively or required referral to mental health services (see Antenatal Care Pathway). The midwife should ensure a clear management plan is documented in eCare/handheld notes and recorded in the Confidential Communiqué. Women who decline referral or engagement with services should continue to be asked about their mental health at each subsequent visit/appointment. Referral should be offered at each opportunity.

All women should be asked about their emotional wellbeing mental health at each visit during pregnancy and postnatally. If there is any change/deterioration in her mental health the depression and anxiety identification questions above should be asked and referral/monitoring as appropriate.

If the partner of a Woman discloses mental health illness and seeks support, they should be advised to contact their GP for any support and/ or relevant mental health service referrals.

3.1.2 Antenatal Visits

The following should be considered by all healthcare appointments at each antenatal appointment:

- Asking the two depression identification questions and the GAD-2 (see recommendation 1.5.4) as part of a general discussion about her mental health and wellbeing. (NICE CG192, 2014 last updated 2018)
- Using the PHQ9 and GAD 7 as part of monitoring (Appendix 2) or access via ecare.
- If there is deterioration in her mental health, a plan of care should be discussed with the woman and other appropriate health professionals involved in her care including the Health Visitor and GP. This must be documented in eCare and the Confidential Communiqué updated.
- Ensure those who have been referred to another service/agency e.g. Improving Access to Psychological Therapies (IAPT), Urgent Care Team or Early intervention team) have received a contact letter or call and are aware that they need to respond.
- Postnatal mental health and sources of postnatal support should be discussed with all women.
- Parent craft classes should include discussion on antenatal and postnatal mental health.

Individualised mental health care plans should be uploaded to the maternal record in eCare and the Confidential Communiqué.

It is vitally important that women presenting with mental health problems that may impact on her ability to care for herself and/or her child are assessed and appropriately referred to mental health services.

Professionals must assess any potential safeguarding or child protection risk to the Woman and/or Unborn. A Multi – agency Referral Form (MARF) should be completed if there is any safeguarding or child protection risk. The Named Midwife for Safeguarding can support with this process should the community midwife be unclear of the reasoning.

For women whose preferred language is not English an interpreter should be used. The use of partners, friends or family member is not appropriate. (Refer to the Trust Interpreting and Translating Policy and procedure).

Key messages for Women and their families: (MBRRACE-UK- Saving Lives, Improving Care 2021- Lay Summary)

Signs to be aware of – **Red Flag symptoms**;

- Do you have new feelings and thoughts which you have never had before, which make you disturbed or anxious?
- Are you experiencing thoughts of suicide or harming yourself in violent ways?
- Are you feeling incompetent, as though you can't cope, or estranged from your baby? Are these feelings persistent?
- Do you feel you are getting worse, or at risk of getting worse?

Key messages for health professionals:

- Consider previous history, the pattern of symptom development and ongoing stressors.
- The loss of a child, either by miscarriage, stillbirth or neonatal death or a child being taken into care increases vulnerability to mental illness.
- GP, community and maternity services must be joined up in sharing awareness of a Woman's pregnancy and past psychiatric history.
- If the Woman is already known to mental health services, those services should be made aware she is pregnant.
- Ask about domestic abuse clearly and sensitively at the first antenatal appointment or when a woman is alone. If she is always accompanied you may need to create an opportunity to speak with her alone.
- Listen to relatives, particularly if they escalate concerns.
  Women's mental health needs can change and escalate quickly in pregnancy and the postnatal period.

While relatives can provide invaluable support to the woman they should not be given responsibilities beyond their capabilities nor be expected to act as a substitute for effective mental health response

If any of the above **Red Flags** are identified, please refer to mental health services.

Community setting

- Refer to GP or emergency department (ED). In an emergency call ambulance. If the Woman is under the care of the Perinatal Mental Health team – during working Hours contact the team on 01908 724362. Outside of working hours contact hospital Mental Health Liaison team (through switch board) or direct to ED.

Inpatient

- If the Woman is under the care of the Perinatal Mental Health team - during working hours contact the team on 01908 724362. Outside of working hours contact the Hospital Mental Health Liaison Team through switch board. If the Woman is not under the care of Perinatal Mental health Team please contact the Hospital Mental health Liaison Team through the switch board. Please inform the Consultant Obstetrician.

3.1.3 Referral and management

3.1.3.1 Referral

Where a concern regarding the Woman's mental health is identified a referral is indicated to the appropriate mental health services (NICE 2014, last updated 2018). Please refer to appendix 1 for the Milton Keynes Perinatal Mental Health Pathway.

A Mental Health Referral form is to be completed (Appendix 5) and emailed to cnw-tr.mkspa@nhs.net as well as a Confidential Communique commenced and/or updated.

3.1.3.2 Management Plan

(Please use Appendix 3 in support of the management plan information below)

Pre-existing mental health disorders

Women with a previous history of a serious affective disorder or other psychosis should be referred in pregnancy for psychiatric assessment and management even if they are well.

All Women identified with significant mental health disorders should have Consultant Led Care and the lead clinician should be clearly identified within the management plan.

The development of a management plan should involve the Woman, her family, carers (if applicable), and other relevant health care professionals. The management plan should be updated appropriately by all clinicians providing care to cover the antenatal, intrapartum and postnatal periods.

During the antenatal period there should be close liaison between the Perinatal Mental Health Specialist Midwife, the Woman's named Midwife and other relevant Health and Social Care Professionals to ensure the management plan is implemented and reviewed appropriately.

Where an existing mental health condition or current concerns have been identified key health professional should consider a multidisciplinary team meeting at an appropriate point in the pregnancy depending on clinical/social needs. At this point a management plan should be agreed and documented for antenatal, intrapartum and postnatal period.

Where a perinatal mental health birth plan has been made with the Woman and her mental health care team, this plan will be held by the Woman and a copy placed in her Maternity Records on eCare.

Antenatal Depression

Where antenatal depression has been identified the Woman and her partner should be involved at all stages in planning appropriate care (NICE 2014, last updated 2018).

The following should be considered for the referral agency:

- Self-help strategies (guided self-help, computerised cognitive behaviour therapy or exercise)
- Talk for Change referral for assessment and referral to appropriate services; This could be Improving Access for Psychological Therapies (Cognitive Behavioural Therapy/counselling), Perinatal Mental Health Team or another of the mental health services in Milton Keynes – (see Milton Keynes Perinatal Mental Health Pathway appendix 1).
- Support from local children's Centre

Moderate Mental Health

For women with a previous history of moderate mental health problems, and not currently under the care of mental health services, monitor regularly for symptoms throughout pregnancy and the postnatal period, particularly in the first few weeks after childbirth (NICE 2014, last updated 2018).

If there is deterioration in her mental health, discuss a plan to refer to mental health services with the Woman using the Mental Health Referral Form (Appendix 5) and email it to cnw-tr.mkspa@nhs.net

Discuss with the Woman and her family support from other agencies including local Children's Centre or Children and Family Practices should be discussed and considered.

If there are any safeguarding concerns a Multi-Agency Referral Form (MARF) for referral to Children and Family Practices for additional support or to Children's Social Care should be completed.

Severe mental health

Women with severe mental health disorders who are not under the care of mental health services at the beginning of pregnancy should be referred to Talk for Change for assessment and referral to the appropriate mental health service as per Milton Keynes Perinatal Mental Health Pathway (Appendix 1)

Refer to mental health services in discussion with the Woman using the Mental Health Referral form (Appendix 5) and emailing it to cnw-tr.mkspa@nhs.net.

If there are any safeguarding concerns a Multi-Agency Referral Form (MARF) for referral to Children and Family Practices for additional support or to Children's Social Care should be completed.

M-TLC: Maternity-Trauma Loss and Care Service

M-TLC provides assessment, support and psychological care for Women who develop moderate to severe mental health difficulties relating to their maternity experience, it is co-located with the Perinatal Mental Health Service in partnership with Maternity Services. (Appendix 1)

3.2 Postnatal Management

- All Women should be asked the depression and anxiety identification questions again after the birth as it is recognised that even women who have no previous history of mental health disorders can develop postnatal mental health disorders.

- Women who decline referral or engagement with services should continue to be asked about their mental health at each subsequent visit/appointment. Referral should be offered at each opportunity.

- Liaise with the GP and the Health Visitor where concerns are evident.

- If the Woman is under the care of the perinatal mental health team contact them during working hours (Monday to Friday 09:00 to 17:00hrs) on 01908 724 362 for advice. Outside of working hours please advise her to attend Emergency Department (ED) to be reviewed by the hospital mental health liaison team. In an acute mental health emergency, call 999 for an ambulance.

- Women who are an inpatient who are presenting with symptoms of severe mental health issues such as psychosis should be referred to the Mental Health Hospital Liaison Team (MHHLT) through switch board. If the Woman is under the care of the perinatal mental health team contact them during working hours (Monday to Friday 09:00 to 17:00hrs) on 01908 724 362 for advice.

- If patient is in a community setting contact the Urgent Care team during working hours for advice/referral 01908 724365 (Monday – Friday 09:00 – 17:00). Outside of working hours contact Emergency Department for advice/referral for MHHLT, advise the woman to attend ED. Or in an urgent situation, acute mental health crisis, call 999.

3.3 Inpatients

Antenatal or postnatal Women who require inpatient mental health care should continue to be provided with the relevant care and support from their Midwife and the Obstetric Team. The Woman's consultant obstetrician must be informed. If they are not available inform the consultant on-call.

Women who are Obstetric inpatients who require mental health assessment should be referred to the Hospital Mental Health Liaison Team who can be contacted via the hospital site manager.

3.4 Women in the Community

If the Woman is under the care of the perinatal mental health team contact them during working hours (Monday to Friday 09:00 to 17:00hrs) on 01908 724 362 for advice. Outside of working hours please advise her to Emergency Department (ED) to be reviewed by the MHHLT.

3.5 Management of an Acute Mental Health Crisis

If a Woman is exhibiting acute psychotic behaviour or if her thoughts or behaviour gives cause for concern, refer to mental health services. If there is any immediate danger to staff or women call hospital security and/or police. In an acute mental health emergency, call 999.

3.6 Ethnicity and Diversity Identification of Perinatal Mental Health Disorders in Minority Group Clients

Where communication difficulties exist midwifery and medical staff should consider the use of tools and other services to assist communication; using Translation Services when required. Where Women are able to read their chosen language, there are helpful tools to open up discussions. However, they should be used with a formal interpreter present so that further discussion can take place.

3.7 Training

Midwifery staff should attend training on Perinatal Mental Health as per the mandatory training.

3.8 Record Keeping

All communication between health professionals including Midwives, GP and Health Visitor must be documented appropriately.

The management plan should also be recorded in Maternity Records and the Confidential Communiqué. A Confidential Communiqué on eCare should be completed in all cases and where appropriate referral to Children Social Care made.

A copy of the Confidential Communiqué and subsequent updates will be shared with community Health Visiting teams

This information remains confidential and is stored securely by the Trust in accordance with the provisions of the Data Protection Act 2018.

4.0 Statement of evidence/references

References:

Data Protection Act 2018. (c. 12). [Online]. Available from: http://www.legislation.gov.uk/ukpga/2018/12/contents [Accessed 7 March 2019]

Marian Knight, Kathryn Bunch, Derek Tuffnell, Roshni Patel, Judy Shakespeare, Rohit Kotnis, Sara Kenyon, Jennifer J Kurinczuk (Eds.on behalf of MBRRACE-UK (2021) *Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19.* [Online]. Oxford: National Perinatal Epidemiology Unit, University of Oxford. Available from: MBRRACE-UK_Maternal_Report_2021_-_FINAL_-_WEB_VERSION.pdf (ox.ac.uk)

Medicines and Healthcare products Regulatory Agency (2018) *Valproate use by women and girls: Information about the risks of taking valproate medicines during pregnancy. Guidance*. [Online]. Available from: https://www.gov.uk/guidance/valproate-use-by-women-and-girls [Accessed 7 March 2019]

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Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation). [Online]. Available from: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2016.119.01.0001.01.ENG [Accessed 7 March 2019]

Royal College of Psychiatrists (2018) *Withdrawal of, and alternatives to, valproate-containing medicines in girls and women of childbearing potential who have a psychiatric illness.* [PS04/18]. [Online]. Available from: https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps04_18.pdf [Accessed 7 March 2019]

5.0 Governance

5.1 Record of changes to document

Version number: 6.1		**Date:** 06/2018		
Section Number	**Amendment**	**Deletion**	**Addition**	**Reason**
3.1.1	N/A	N/A	Refer partners to GP for mental health support if needed Discuss effects of mental health on the woman and her baby	Compliance with NICE CG192 (baseline assessment action)
Version number: 6		**Date:** 06/2018		

Section Number	Amendment	Deletion	Addition	Reason
	Reviewed and updated			Update

5.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Jill Peet	Midwife			Review by the author	Yes
Jayne Plant	Library	16/11/2018			Yes
Pharmacy	Medications	16/11/2018		Nil comments received	Yes
Obstetric consultants	Obstetrics	16/11/2018		See individual names	Yes
Midwives	Midwifery	16/11/2018		See individual names	Yes
Ed Neale	Obstetrics	16/11/2018	19/11/2018	Approve - comments	Yes
Ghaly Hanna	Obstetrics	16/11/2018	09/12/2018	No comments	Yes
Julie Cooper	Midwife	16/11/2018	28/12/2018	Comments received	Yes
Joanne Caux	Midwife	16/11/2018	23/11/2018	Approve - comments	Yes
Guideline review Group	Obstetrics and midwives	16/11/2018	23/01/2019	Discussed at the group	Yes
Anja Johansen-Bibby	Obstetric Consultant	13.04.2022	14.04.2022	Received by email	Yes
Melissa Davis	Midwifery	26.04.2022		Recommended increased auditable criteria and clarification of current set auditable criteria	
Joyce Elliot	Obstetrics	18.05.2022	18.05.2022	Inclusion of flowchart for Joint Psychiatric.Obstetric /Clinic	Yes
Gloria Aldridge	CNWL	07.06.2022	07.06.2022	Pathway Document and referral form	Yes

5.3 Audit and monitoring check audit advice

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
	Audit of stats relating to : a) Risk assessments b) referrals and documentation	Perinatal Mental Health Midwife	Quarterly	Clinical Improvement Group, Divisional Governance Group, Maternity and Early Years Steering Group, Health Visitors, Community Midwives
	Audit of individualised care plans	Perinatal Mental Health Midwife	Quarterly	Clinical Improvement Group, Divisional Governance Group, Maternity and Early Years Steering Group, Health Visitors, Community Midwives
Equality & Diversity	Audit of organisation of interpreter for perinatal mental health contacts, where indicated	Perinatal Mental Health Midwife	Every 6 months	
	Audit of compliance with referral procedure for identified mental health condition during pregnancy	Perinatal Mental Health Midwife	Every 6 months	

5.4 Equality Impact Assessment

As part of its development, this guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified.

Equality Impact Assessment			
Division	Women's and Children's Health	**Department**	Maternity
Person completing the EqIA	Emma Mitchener	**Contact No.**	01908 997151
Others involved:		**Date of assessment:**	April 2022
Existing guideline/service	Update to an existing guideline	**New guideline/service**	N/A

Will patients, carers, the public or staff be affected by the policy/service?	Staff
If staff, how many/which groups will be effected?	All staff

Protected characteristic	**Any impact?**	**Comments**
Age	No	
Disability	No	
Gender reassignment	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Race	No	
Religion or belief	No	
Sex	No	
Sexual orientation	No	

What consultation method(s) have you carried out?	Obstetric consultants, registrar's, midwives, pharmacy and the library, NICE guidance
How are the changes/amendments to the policies/services communicated?	These will be communicated via internal maternity governance processes.

Appendix 1: Milton Keynes Perinatal Mental Health Pathway

Milton Keynes Perinatal Mental Health Pathway

Based on antenatal and postnatal mental health: clinical management and service guidance (NICE guideline CG192)

Guidance applies to Women who are: planning a pregnancy / currently pregnant / in the first 18 months after having a baby It is important to recognise that Women who have a mental health condition (or are worried that they might have) may be unwilling to disclose or discuss their condition due fear of stigma, negative perceptions of them as a mother or fear that their baby might be taken into care. For Women in the perinatal period there are lower thresholds for 'stepping up care' than the thresholds that would usually be applied. If in doubt seek specialist advice.

Pre-conception- referral should be made for Women:

- Currently receiving care from specialist mental health services
- Have received specialist perinatal mental health care in previous pregnancies
- Have a history of perinatal depression
- Have a history in a close family relation of postpartum psychosis
- Tokophobia (severe fear of childbirth)

Antenatal -referral should be considered for women:

- Mild, moderate or severe mental health problems
- PTSD due to previous birth trauma
- PTSD following pregnancy loss
- High Risk pregnancy

Women may also have co-morbid factors e.g:
Social vulnerability factors i.e. domestic violence
Autism/ learning disability
Drug and alcohol dependency

Post-Natal -referral should be considered for Women:

- Mild, moderate or severe mental health problems
- PTSD following birth trauma
- PTSD following perinatal loss
- High risk pregnancy/birth

Women may also have co-morbid factors e.g.
Social vulnerability factors i.e. domestic violence
Autism/ learning disability
Drug and alcohol dependency

REFERRALS TO IAPT

- Anti-Natal - priority
- Post-Natal – Priority up to age of 2 yrs
- Recent termination/miscarriage/still-born - priority
- Mild to moderate depression
- generalised anxiety disorder
- social anxiety disorder
- panic disorder
- agoraphobia
- obsessive-compulsive disorder (OCD)
- specific phobias (such as heights or small animals)
- PTSD
- health anxiety (hypochondriasis)
- body dysmorphic disorder

IAPT cannot treat issues directly relating to:

- Psychosis
- Personality Disorder
- Anger
- Conditions in the presence of an un-managed substance misuse disorder
- Bipolar affective disorder
- Organic or functional neurological disorders

REFERRALS TO M-TLC
(Maternity - Trauma Loss & Care Service)

M-TLC provides assessment, support and psychological care for Women who develop moderate to severe mental health difficulties relating to their maternity experience, it is co-located with the Perinatal Mental Health Service in partnership with Maternity Services.

Referrals are accepted for Women with the following:

- PTSD following perinatal loss including early miscarriage, recurrent miscarriage, stillbirth, neonatal death, termination of pregnancy for any reason, parent
- PTSD following birth trauma
- Severe fear of childbirth (tokophobia).

REFERRALS TO SPECIALIST PERINATAL MENTAL HEALTH SERVICE

For Women with the following:

- New episodes of serious mental illness during pregnancy and the first postnatal year (where this is safe and appropriate), including:
- Postpartum psychosis, Bipolar Affective Disorder, Serious Affective Disorder and/or other psychoses
- Family history of severe mental illness
- Severe depressive illness.
- Severe anxiety-based disorders
- Severe and/or complex mental illnesses including obsessive compulsive disorder
- Who are well but at high risk of developing a serious postpartum illness, e.g. a history of schizoaffective disorder, bipolar affective disorder or severe depressive illness (postnatal or at other times)
- Previous postpartum psychosis
- Serious anxiety based disorders e.g. OCD and panic disorder
- Eating disorder in conjunction with Eating Disorder specialists

Appendix 2: IAPT Minimum Data Set (Milton Keynes Community Health Services)

Date_____

Name_____ **Id (For Office use)**_____

PHQ-9

Over the last 2 weeks, how often have you been bothered by any of the following problems?		Not at all	Several days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, or hopeless	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
		_____ +	_____ +	_____ +	_____

PHQ9 total score =

Appendix 3:

GAD-7

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it is hard to sit still	0	1	2	3
Becoming easily annoyed or irritable	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3
	____ +	____ +	_____ +	_____

GAD7 total score =

Psychiatric – Obstetric Clinic Pathway

Indicators for suitability for joint clinic review

- **Patient currently under care of secondary mental health services**
- Women presenting with complex psychotropic medication regimes
- Women with a diagnosis of:
  - Psychosis which may include post-partum psychosis
  - Bipolar Affective Disorder
  - Schizophrenia
- Women presenting with complex obstetric risks who have a co-morbid severe and or enduring mental disorder

(Please note this list is not exhaustive and consideration for other presentations can be discussed with the perinatal mental health service

Appointment to be booked by Obstetric Clinic

Perinatal Administrator to inform Obstetric Clinic of patient details for appointment

Patient currently open to Perinatal Mental Health Team Clinic - referral form to be completed via email

(form in appendix in guideline

MKPERINATAL (CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST)

cnw-tr.mkperinatal@nhs.net

Patient currently **open** to Adult MH Services e.g. Mental Health Hub or Rehab and Recovering

MKPERINATAL (CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST)

cnw-tr.mkperinatal@nhs.net

Patient **not known** to Secondary Mental Health Services

Referral to be made using Mental Health Referral form **Please email this form to the MK SPA at** cnw-tr.mkspa@nhs.net.

Please include all relevant mental and obstetric risk information.

(form in appendix of guideline)

Perinatal Mental Health Team to process referral including face to face assessment and book for clinic appointment

Appendix 4: Primary Care Setting – Useful telephone numbers

- Mental Health Urgent Care Team (for referral or telephone advice
  01908 724365
  CNWL Out-of-Hours Urgent Advice Line 0800 0234 650
- Improving Access to Psychological Therapies (IAPT) 01908 725099
- Perinatal Mental Health Team 01908 724362
- Early Intervention in Psychosis Team EIPT 01908 725888
- Rehabilitation and Recovery Team 01908 725777
- Assertive Outreach Team 01908 725888
- Specialist Therapies Team (Queensway) 01908 725800
- MK ACT 01908 295730 (Professional use only) or 08443754307 for service users
- Association for Postnatal Illness 02073860868 or www.apni.org
- Birth Trauma Association, a UK charity offering support to women
  www.birthtraumaassociation.org.uk

Useful numbers for clients

NHS Emergency and urgent care services
111 will provide a source of first-level advice, and should be able to provide a route to specialist help lines such as:

Action on Postpartum Psychosis
A national charity for women and families affected by Postpartum Psychosis (PP).
PP is a severe mental illness which begins suddenly following childbirth. Symptoms include hallucinations and delusions, often with mania, depression or confusion. Over 1400 women experience PP each year in the UK (1 to 2 in every 1000 mothers). An episode of PP can be very frightening for women and their families. Most women go on to make a full recovery, however the journey to full recovery can be long and difficult.
https://www.app-network.org/ Tel: 020 33229900 app@app-network.org
PP Talk support forum: https://app-network.com/pptalk

Association of Postnatal Illness
Helpline: 10am – 2pm – 0207 386 0868 | Email: info@apni.org
Live chat online facility

PANDAS (Pre and Post Natal Depression Advice and Support)
http://www.pandasfoundation.org.uk/
The PANDAS Foundation is here to help support and advise any parent who is experiencing a perinatal mental illness. We are also here to inform and guide family members, carers, friends and employers as to how they can support someone who is suffering.
Available 9 a.m. – 8 p.m. every day

Samaritans
Tel: 116 123 (free to call and will not appear on the phone bill) www.samaritans.org or jo@samaritans.org

NHS Central and North West London NHS Foundation Trust

Appendix 5:
Mental Health Referral Form - Professionals

Please email this form to the MK SPA at cnw-tr.mkspa@nhs.net
Telephone**: 01908 724365**
Address: Westcroft Health Centre, 1 Savill Lane, Westcroft, Milton Keynes, MK4 4EN
Disclaimer **– If this referral is not complete; *it will not be accepted.*** The form will be returned via email for corrections.

IF THE PATIENT/SERVICE USER IS AT IMMINENT OR IMMEDIATE RISK TO THEMSELVES OR OTHERS, PLEASE CALL AHEAD AND GIVE THE RELEVANT RISK INFORMATION OVER THE TELEPHONE. ONCE THIS HAS BEEN DONE, PLEASE SEND IN A COMPLETED REFERRAL FORM.

Referral Priority	**Routine**		**Urgent**		**Emergency**	

Emergency Contact Information:	
Name:	Relationship:
Daytime Telephone:	Mobile Number:
Address:	

Date of Referral:		Date Referral Received:			
Patient Name:		Patient Sex:			
Date of birth:		NHS number**:**			
Hospital number (if known):		Referring GP:			
Patient Address:					
Email Address:		Permission to email:		Yes No	
Daytime Telephone:		Permission to leave an message:		Yes No	
Mobile No:		Text Messaging Reminder for appointments:		Yes No	
Surgery Address:					
GP Tel No:					
Interpreter required?	Yes No	If yes what language?		Ethnicity	

Additional Medical Information			
Veteran	Armed Forces	Perinatal (if pregnant, how many weeks?)	None applicable

Purpose of Referral *(A maximum of one of these boxes MUST be selected)*			
Crisis Management	Early Intervention in Psychosis	Medication Review	Diagnosis
Psychological Therapies	Eating Disorder	Primary Care Plus	Acute Admission

Reason For Referral *(Presenting difficulties, duration, precipitating factors)*
Risk Information/History *(Suicidal intentions/thoughts, previous suicide attempts, self-harming behaviours, risk to others)*

Psychological & Psychiatric History						
Previous episodes/History:						
Medication:						
Other Services involved:	IAPT	CAMHS	EIT	Counselling	The Hub (Previously R&R/AOT/STT)	Other:

FOR GP USE ONLY					
Diagnosis Name:			Diagnosis Code:		
Presenting Problems:					
Depression	Anxiety	General Anxiety Disorder	OCD	Panic	PTSD
Health Anxiety	Phobia (specify):		Other :		