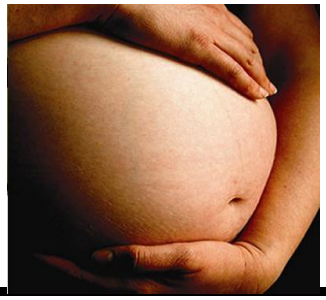
Plymouth Hospitals NHS
NHS Trust

Antenatal Guidelines



No.2 Referral Guidelines for Ante- & Postnatal Mental Health

1. Introduction

Mental health disorders during pregnancy and the postnatal period can have serious consequences for the mother, her infant and other family members. Treatment and care must take into account patient's individual needs and preferences. Good communication is essential, supported by evidence-based information. This guideline is based on NICE clinical guideline 192 (Antenatal and postnatal mental health, NICE 2014, modified June 2015) which should be referred to for further information, including guidance on specific disorders and medications.

Midwives must use interpretation services to ensure that women who do not speak English are not prevented from receiving appropriate care.

2. Aims of the Antenatal and Postnatal Mental Health Referral Pathway

- To identify women during the antenatal and postnatal period who are at risk of developing or have a current mental health problem
- To outline clear pathways of integrated care throughout the antenatal and postnatal period.
- To facilitate the development of documented individualised management plans as appropriate.

3. Prediction and Detection

At a woman's first contact with maternity services, midwives must ask questions about:

- Past or present severe mental illness including schizophrenia, bipolar disorder, psychosis in the postnatal period and severe depression
- Previous treatment by a psychiatrist/specialist mental health team including inpatient care
- A family history of perinatal mental illness

At this point midwives must also ask two questions to identify possible depression:

- 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 Generalized Anxiety Disorder (GAD) scale (GAD):

- 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?

If the woman answers “yes” to either of the questions she should be asked if this is something she needs or wants help with.

These questions should be repeated between 28-36 weeks gestation and at the first community contact during the postnatal period. They can be asked at any time a health care professional becomes concerned.

During the postnatal period midwives must ask about their patient’s emotional health and wellbeing. Midwives must ensure women have appropriate strategies and support in place to manage risk and also observe for signs of maternal mental health problems

4. Onward referral for further assessment and treatment

Midwives must refer women to their GP for further assessment and treatment, with particular reference to any regular medication. Onward referral to appropriate mental health services can then be made by the GP.

Women requiring psychological treatment should normally be seen within 1 month of initial assessment, and no longer than 3 months afterwards. Midwives can make direct referrals to Psychological therapy, ensuring the woman’s GP is aware. Psychological therapies for adults are provided by “Plymouth Options” within Plymouth, “Outlook Southwest” in Cornwall, and via GP surgeries in Devon.

Plymouth Options accept women with:

- Depression
- Anxiety, including generalised anxiety disorder, OCD, PTSD, panic disorder, social phobia, other specific phobias.
- Continuing distress following life crises.
- Adjustment to physical illness/disability.
- Adjustment to life transitions.
- Stress-related difficulties.
- Relationship difficulties.
- Feelings of distress and adjustment around loss and bereavement
- Difficulties in coping with the after effects of traumatic events.

Plymouth Options is not suitable for people with high levels of risk of harm to themselves or others, people who are current clients of secondary and specialist services, or people who have current severe and enduring mental health needs.
Women under 18 must be referred to the local child and adolescent mental health service (CAMHS).

Women who have had previous or current treatment by a local mental health team should be referred back to the team. The CAF (common assessment framework) process can be used to make referrals into services.

A CAF assessment is required (with the woman’s consent) if the family is likely to be vulnerable. Safeguarding procedures must be followed if there are any child protection concerns. The Health Visitor should be included in the CAF assessment.
Urgent inpatient referrals for mental health assessment and treatment should be made to the on-call psychiatrist via the obstetric doctor.

Emergency referral for mental health assessment and treatment, for women at home, should ideally be made via the GP. Alternatively the following services are available;

Plymouth: Monday-Friday 9am-5pm according to patient's GP address and Locality team (see attached Map of Locality team).

- North Team tel. 434447
- East Team tel. 435212
- South Team tel. 435382
- West Team tel. 435249

Plymouth: Out of hours tel.435033 (Home Treatment Crisis Team)

Cornwall: Monday-Friday 9am-5pm
Liskeard tel. 01579 373737 or Bodmin 01208 251300
Cornwall: out of hours North/East tel. 08452 303901 West/South 08452 303900
South Hams/Devon: Monday-Friday 9am-5pm 01822 610159
South Hams/Devon: out of hours 0845 6000388

A clear plan of care must be documented in the hand held pregnancy record. In cases of safeguarding/child protection, the appropriate documentation held in the neonatal section of the maternal hospital case-notes must also be completed. This this will be transferred into the baby's own hospital case-notes following its birth.

5. Clinical Health Psychology Service for Adults (CHPSA)

Referrals will be accepted for pregnant women (inpatients and community), and postnatal obstetric patients. Pregnant women should be referred as early as possible in pregnancy to maximise chances of success.

Referral criteria:

- Psychological distress related to pregnancy
- Tocophobia (fear of pregnancy/childbirth)
- Requests for caesarean section
- Needle phobia/fear of internal examinations
- Poor compliance with treatment
- Difficulties coping with physical problems, e.g. nausea, symphysis pubis dysfunction
- Current post-traumatic stress disorder as a result of previous birth experience
- Bereavement issues related to previous pregnancy loss
- Coping with a high risk pregnancy
- Psychological difficulties relating to previous sexual or physical abuse that have been triggered/exacerbated by pregnancy
- Ambivalence towards pregnancy

Inpatient referrals (red top):

- As above and including significant psychological distress postnatally relating to obstetric issues
- Where psychological consultation, assessment and intervention are required to aid medical and midwifery care on the ward and contribute to discharge planning
- Mothers whose baby is on NNICU and are themselves inpatients, whose difficulties are related to obstetric issues, e.g. traumatic birth

Clinical incidents:

- Women will also be seen where there has been a clinical incident relating to their care in obstetrics or gynaecology.

To refer to the clinical health psychology service for adults (CHPSA), please send a written red top referral including client details, client telephone number, E.D.D., description of psychological problem, history and other relevant factors. tel (4)39083.

6. Considerations re psychotropic medication (i.e. medication used to treat mental health problems)

Seek advice from a specialist if there is uncertainty about risks associated with the fetus (or baby if breastfeeding). The woman should be aware what might happen if her treatment is changed or stopped, particularly if stopped abruptly.

7. Onward Maternity Care

Women with mental health problems must be offered enhanced midwifery care and asked about mental health on all subsequent contacts. The implementation of documented planned care must be monitored, and the safeguarding pathway followed as appropriate. They should be treated in a non-judgmental and compassionate way.

Specialist mental health services should develop a written care plan with the woman, her family, carers and relevant healthcare professionals. This must be communicated in the pregnancy notes and medical notes.

8. Patient information and discussion

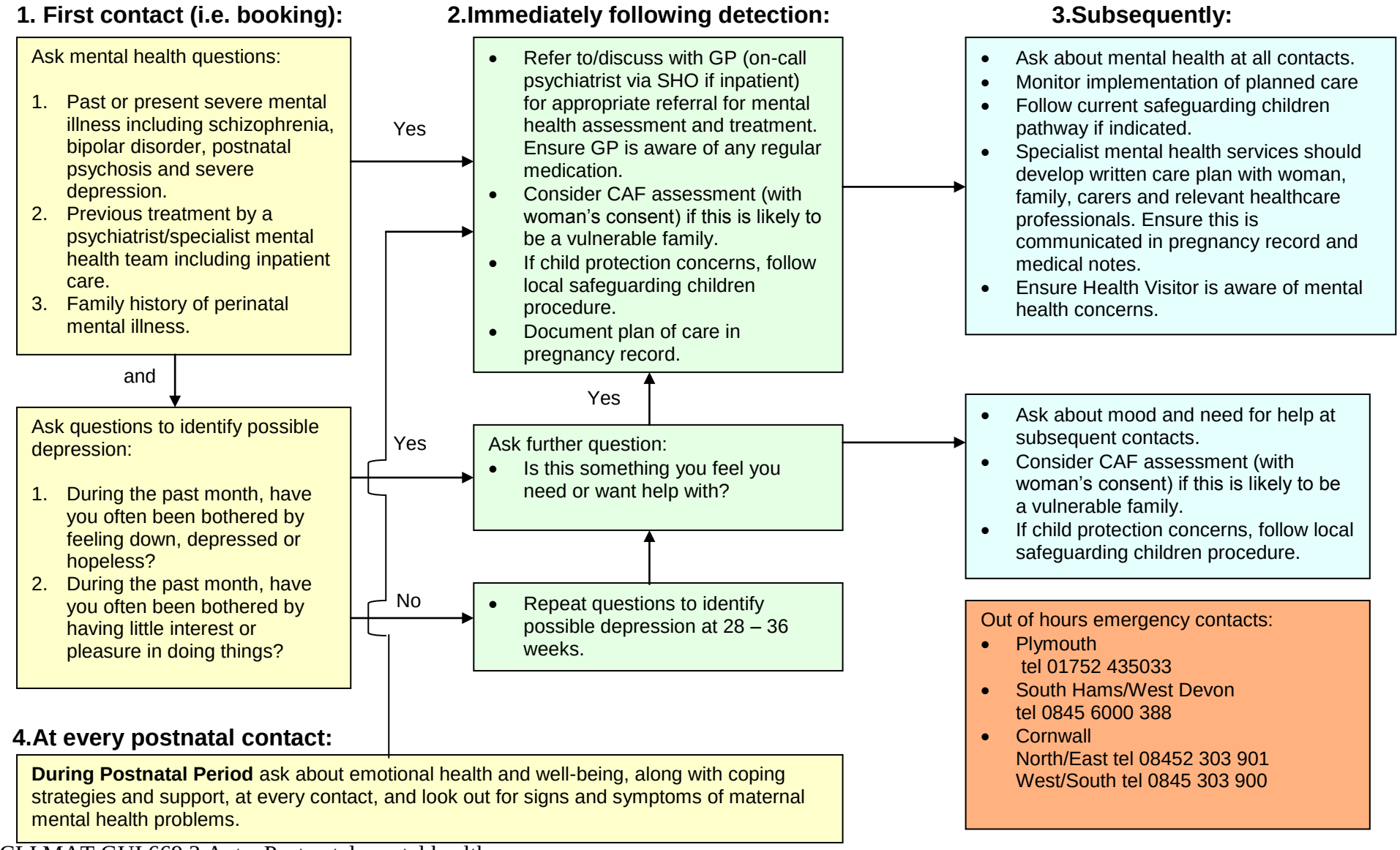
Women must be afforded a documented discussion re: management of care and referral. Where there are communication or language support needs assistance can be obtained via patient advice and liaison service (PALS) and interpretation services

9. Record keeping

It is expected that every episode of care, including referrals between services, be recorded clearly, in chronological order and as contemporaneously as possible by all healthcare professionals as per Hospital Trust Policy. This is in keeping with standards set by professional colleges, i.e. NMC and RCOG. All entries must have the date and time together with signature and printed name

Map of Locality Team

7. Antenatal and Postnatal Mental Health Referral Pathway



Monitoring and Audit

Auditable Standards:
Identification of women during antenatal period who have a current mental health problem, who are at risk of developing a mental health problem or those at risk of exacerbating a pre-existing problem.

Evidence of individualized management plan

Please refer to audit tool, location: 'Maternity on cl2-file11', Guidelines

Reports to:
Clinical Effectiveness Committee – responsible for action plan and implementation of recommendations from audit

Clinical Governance & Risk Management Committee

Frequency of audit:
Annual

Responsible person:

Training requirements

Audit of training needs compliance – please refer to TNA policy

Training needs analysis:
Please refer to 'Training Needs Analysis' guideline together with training attendance database for all staff

Cross references

Antenatal guideline 31: Maternity Hand Held Notes, Hospital Records and Record keeping
Antenatal guideline 44: Guideline Development within the Maternity Services.
Intrapartum guideline15: Management of Cases of Fetal Loss

References

National Institute for Health and Clinical Excellence 2015.
Antenatal and postnatal mental health: clinical management and service guidance
NICE Clinical Guideline 192.

Author	Julie Reynolds	
Work Address	Derriford Maternity Unit	
Version	3	
Changes	Telephone numbers updated. New information re GAD, addition of consideration re medication and changes to record keeping in documents for the unborn baby	
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