

**GREATER MANCHESTER PERINATAL &
PARENT-INFANT MENTAL HEALTH (PIMH)
PROGRAMME**



**MATERNITY STANDARDS FOR SPECIALIST
MENTAL HEALTH MIDWIFERY PROVISION**

FINAL Version 1

October 2022

Introduction

Maternity Standards have been developed for specialist mental health midwifery provision to enhance best practice and foster collaborative working across Greater Manchester (GM). In GM, a whole system transformation programme is underway to ensure mental health services and offers are integrating and working together during the perinatal period. Maternity Services are key enablers throughout this transformation.

The GM Perinatal and PIMH whole system pathway model establishes integrated working of:

- Specialist Perinatal Community Mental Health Service (With a target to increase maternity service user access to this service)
- Parent-Infant Mental Health Services
- Adult IAPT (Improving access to psychological therapies) with a perinatal focus
- VCSE services including Volunteer peer support

The perinatal period is often a window of opportunity; Early recognition, prompt assessment and treatment of mental health problems at this time prevents avoidable suffering and isolation, strengthens families, ensures children have a healthy start, has economic benefits and helps to prevent suicide, which is a leading cause of maternal death in the UK.

Greater Manchester Perinatal and Parent Infant Mental Health Service: Championing 1001 Critical Days 2020

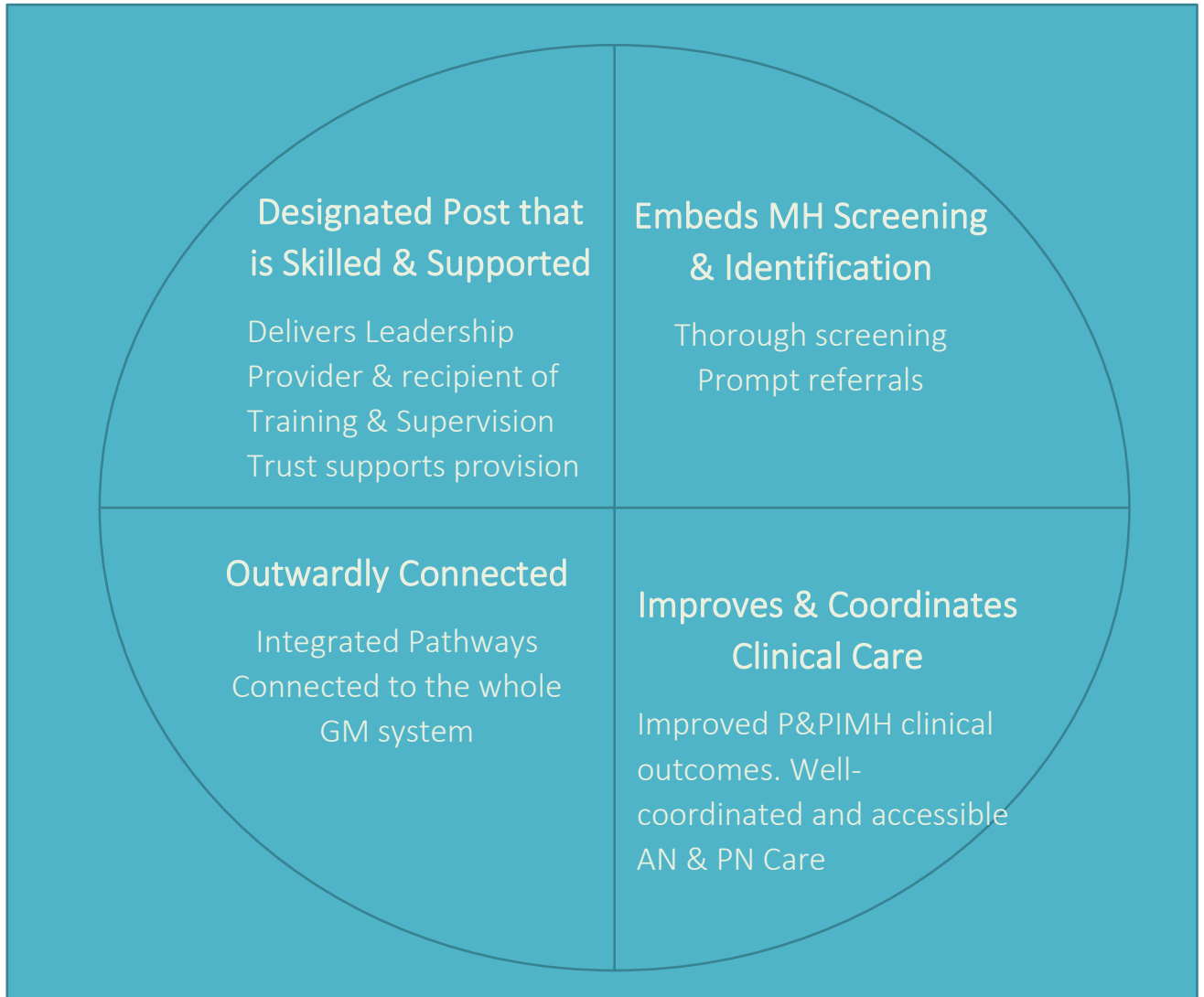
Specialist Mental Health Midwives support and empower their colleagues, reduce the demands on mainstream maternity services, and ensure that families receive the best care.

SPECIALIST MENTAL HEALTH MIDWIVES: What they do and why they matter MMHA

The Standards aim to guide CCG's and Maternity Services in all ten GM Localities to audit their progress in delivering the Maternity elements of the transformation plans, through scoring each standard Red/Amber /Green and from this, developing an action plan.

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Core Elements for Specialist Mental Health Midwifery Standards in Greater Manchester



Standard 1: The Service has a Specialist Mental Health Midwife

Specialist Mental Health Midwives are expert midwives and local champions, who lead work with maternity service commissioners and providers. This ensures that birth parents with perinatal mental health conditions and their families receive the specialist care and support they need during pregnancy and in the postnatal period. They actively promote and protect parent-infant mental health and early relationships. They are appointed to enable the improvement of maternity services.

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Element	R/A/G
<ul style="list-style-type: none"> • There is adequate Specialist MH midwife capacity within the Trust to meet the population it serves. <i>(0.5 WTE per 1000 births (Health Education England) including supportive Mental Health Midwife roles)</i> 	
<ul style="list-style-type: none"> • The Specialist MH midwife is supernumerary. • Their expertise provides top up/ opportunistic antenatal and postnatal care rather than sole named midwife care. • They are responsible for providing extra support and care to some families with more severe mental health problems, in partnership with their own midwife and the specialist perinatal community mental health team (PCMHT). • They are knowledgeable and skilled in supporting parent infant mental health. They offer guidance and support to families to help form early relationships with their unborn baby and act as a point of contact for staff with concerns. 	
<ul style="list-style-type: none"> • The Specialist MH midwife promotes cultural and gender diversity, they ensure the service is aware and practices reflect this. 	
<ul style="list-style-type: none"> • The Specialist MH midwife receives regular supervision from both senior midwives and a specialist perinatal mental health clinician. • The minimum specialist supervision required for a Specialist MH midwife is 1 hour per month. • The Specialist MH midwife has the availability to attend the GM monthly Connect & Reflect sessions. <i>P&PIMH Group Reflection is facilitated on rotation by Greater Manchester service leads (Consultant Psychiatrists, Parent Infant Mental Health Service Psychotherapists and GMMH PCMHT Team Leaders). It is held once a month in each GM cluster.</i> 	
<p>The Specialist MH midwife has access to administrative assistance from clerical staff. <i>Such support will free up critical time which can be used clinically.</i></p>	

Standard 2: Training

The service has a robust well-trained workforce who is equipped to meet the needs of all families.

Element	R/A/G
<ul style="list-style-type: none"> The Specialist MH midwife has dedicated time for learning and development. (Level and format to be detailed in future GM Midwifery workforce training matrix, currently P&PIMH programme offer training whenever funding is available) <p><i>Both knowledge and experience in perinatal mental health and parent infant mental health are required to deliver holistic practice.</i></p>	
<ul style="list-style-type: none"> The Specialist MH midwife has a dedicated time to deliver training to staff. As a minimum they deliver: <ul style="list-style-type: none"> - In house P&PIMH mandatory training (annual update for staff). - Contributes to the delivery of the locality integrated perinatal and parent infant mental health pathway training - iHV Perinatal and Parent Infant Mental Health Multi agency training. <p><i>Coordinating and providing training and guidance will enable the workforce to provide holistic care that optimises mental as well as physical health.</i></p>	
<ul style="list-style-type: none"> Protected time is given for the Specialist MH midwife for service development and planning. 	
<ul style="list-style-type: none"> The Specialist MH midwife has dedicated time provide reflective practice supervision to multidisciplinary and midwifery staff. Midwives with complex mental health cases access monthly supervision from the Specialist MH midwife for MH and/or Named midwife for Safeguarding. Multidisciplinary staff can access the Specialist MH midwife during working hours to arrange supervision on a case-by-case basis. 	

Standard 3: Screening and Referrals

Maternity Services will recognise, assess, and refer parents with mental health conditions in a timely manner.

Element	R/A/G
<ul style="list-style-type: none"> •The GMEC Antenatal and Postnatal Mental Health Guide (Appendix A) is implemented in the maternity system and clinical practice. •The Specialist MH midwife and team are proactive in training staff on how to use the guide, ensuring awareness and its use is promoted. •The Guide is easily accessed/ available in clinical areas. 	
<ul style="list-style-type: none"> •Maternity booking proformas/ notes are up to date with public health questionnaires (PHQ 4) and Parent Infant relationship screening questions (as described in GMEC AN & PN Guide) 	
<ul style="list-style-type: none"> •Specialist MH midwife and multidisciplinary team trains and supports staff in the use of screening tools. Including <ul style="list-style-type: none"> - PHQ-4 (booking screen) - PHQ-9 (depression screen) - GAD-7 (Anxiety screen) - Trauma/ Tokophobia screen (GMEC Guide) - Parent-infant relationship screen 	
<ul style="list-style-type: none"> •The maternity service reflects a trauma informed approach which promotes psychological safety, choice and control¹. •The Specialist MH midwife promotes high quality care for women/ people and their families through leadership, assisting the workforce to: <ul style="list-style-type: none"> - Recognise and understand the impact of psychological trauma and how experiences may present during the perinatal period - Respond to disclosures and tailor care to needs of women/ people and families so that services do not retraumatise individuals - Understand how to best support staff, acknowledging the effects of vicarious trauma and that staff may have their own experiences of trauma, which could impact on their capacity to deliver trauma-informed care 	
<ul style="list-style-type: none"> •There is a robust system in place enabling electronic referral route to Specialist MH midwife. <p><i>This system enables e-referrals into the specialist service which are triaged / actioned regularly and accordingly.</i></p>	

<ul style="list-style-type: none"> • Timely referrals for families meeting criteria for Specialist Perinatal CMHT are completed. • The Maternity service is supporting the GMMH Perinatal Team target, to increase the percentage of maternity patients accessing specialist perinatal services. Achievable through completing/ supporting referrals into perinatal psychiatry (and Maternal Mental Health Clinics in pilot areas). 	
<ul style="list-style-type: none"> • Health Visiting (HV) services are informed of families meeting Amber/ Red criteria (GMEC guide) as early as possible (following their booking appointment). • Maternity services refer to HV using an email/ electronic method. • The HV team are kept up to date with relevant case information throughout the antenatal and postnatal period. <i>Specialist MH midwives can achieve this through joint visiting or email/ telephone communication.</i> 	
<ul style="list-style-type: none"> • Specialist midwives champion the belief that all families who require support from neonatal intensive care are vulnerable, unless we know otherwise <ul style="list-style-type: none"> - Liaison with the neonatal unit to ensure timely mental health support/ referrals. 	

Standard 4: Integrated Pathways are forged with key services

The Specialist MH midwife takes a strategic role with GMMH, SPCMHT, PIMH Teams and Perinatal Infant IAPT to support a fully integrated local offer for birth parents and their partners. This improves the quality, consistency, and coordination of care.

Element	R/A/G
<ul style="list-style-type: none"> • The Specialist MH midwife is an active member of the locality Integrated P&PIMH pathway Steering Group. <i>The existence of clear integrated pathways helps other maternity and multidisciplinary colleagues know how they can help families to access appropriate and timely support. Attendance enables regular review and improvement to these pathways.</i> • Colleagues including Mental health midwifery staff or Matron should attend the steering group in the Specialist MH midwife absence. 	
<ul style="list-style-type: none"> • Specialist MH midwives will link in with the ICS, localities & Early Years colleagues to consider the impact of PIMH and School readiness. • Specialist MH midwife attends and contributes to locality meetings relevant to 	

<p>P&PIMH (including wider collaboration with neonatal pathways).</p> <ul style="list-style-type: none"> • The Specialist MH midwife has accessed GM Speech, Language and Communication Pathway and encourages the workforce to embed principles. 	
<ul style="list-style-type: none"> • Specialist MH midwife liaises with local Parent Infant Mental Health Services providing regular point of contact. • Provides presence and contributions in relevant meetings. • Specialist MH midwife supports staff and families in their referrals to this service. 	
<ul style="list-style-type: none"> • Specialist MH midwife liaises with VCSE services such as Home-Start and Dad Matters. • Specialist MH midwife supports staff and families in their referrals to these services. <p><i>Peer to peer support arranged via VCSE offers enables crucial support for vulnerable families.</i></p>	

Standard 5: Antenatal Clinics

PMH Antenatal clinics are established

Element	R/A/G
<ul style="list-style-type: none"> • Specialist MH Midwives and an Obstetrician with Sp interest have protected time to facilitate Antenatal clinics. 	
<ul style="list-style-type: none"> • Individual care plans are completed and recorded in electronic and handheld pregnancy notes. • This includes completing the Tommy’s Care plan (or Personalised plan) with families - to aid crisis management. 	
<ul style="list-style-type: none"> • Care plans are copied to Health Visiting/ GP/ Social Care/ PCMHT colleagues as required. 	
<ul style="list-style-type: none"> • The Specialist MH midwife attends and supports families in the Perinatal Psychiatry Liaison Clinics. <p><i>Such psychiatric clinics spoke from the MBU where essential MDT care planning and mental health review takes place.</i></p>	
<ul style="list-style-type: none"> • The Specialist MH midwife advocates key P&PIMH themes in their local Antenatal Education content. 	
<ul style="list-style-type: none"> • Specialist MH midwives promote the parent infant relationship • Signposting parents to partner agencies including Dad Matters and proud2parents 	

Standard 6: Postnatal care

Maternity Services will provide well-coordinated postnatal care enabling crucial early identification of vulnerability in both parents and infants. This standard covers the wider midwifery team practice.

Element	R/A/G
<ul style="list-style-type: none"> Care plans are copied/pulled through to the postnatal notes, they are visible and referred to should the family be seen by newly involved professionals or readmitted to hospital in the postnatal period. 	
<ul style="list-style-type: none"> Families with mental health concerns are provided with up to 28 days of postnatal visiting (rather than early discharge on day 10). <ul style="list-style-type: none"> Provision for neonatal families to be considered, ensuring accessible check-ups. 	
<ul style="list-style-type: none"> Enhanced/ Continuity of Care teams case hold families with mental health concerns to assist in the early identification and vulnerability in both parents and infant. 	
<ul style="list-style-type: none"> Families who have mental health concerns receive a joint visit from their named midwife and named health visitor. 	
<ul style="list-style-type: none"> Midwifery staff trained in Neonatal Behavioural Observation (NBO) have protected time to visit vulnerable families. <i>Completing this observation provides crucial insight into parental understanding of new-born behaviour and early relationships.</i> 	
<ul style="list-style-type: none"> Specialist midwives are skilled in identifying concerns within the parent infant relationship; they offer support, appropriate referrals and joint working with local Infant Parenting Services. <i>Identifying concerns early on in the relationship is crucial to support psychological health and mental well-being and development of the infant.</i> Early recognition of paternal MH or co-parent MH problems are identified and midwifery staff are able to screen and signpost to partner agencies. 	

Appendix A: GMEC AN & PN GUIDE

Citation

¹ A good practice guide to support implementation of trauma-informed care in the perinatal period <https://www.england.nhs.uk/wp-content/uploads/2021/02/BBS-TIC-V8.pdf>

Ratification process	
V1 Ratification	This document was ratified by the GMEC SCN Maternity Steering Group on 14/10/2022

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