Pathway for Perinatal Psychiatric Emergency

Universal Services

V2.1

Note: in the event of concern for the safety of the woman, baby or others, call the NWAS Health Care Professional Line: 0345 140 0144 to discuss with a clinician. Alternatively dial 999.

Mental Health emergency identified during the perinatal period.

An emergency is an unexpected, time-critical situation that may threaten the life, long-term health or safety of an individual or others and requires an immediate response (NHS England and NHS Improvement, 2018).



- Contact hospital security if the woman's • behaviour could cause harm to herself or others.
- - Contact the police if the woman's behaviour could cause harm to herself or others.

UNIVERSAL PATHWAY ENDS

NOTES FOR MENTAL HEALTH SERVICES

For suspected post partum psychosis (PPP):

- Discuss completed proforma over page •
- Review most recent routine observations (BP / temp / pulse / resps / bloods) to assist diagnosis •
- Seek admission to Mother and Baby Unit / Acute where clinically indicated and safe .
- Aim to keep mum and baby together unless risks posed to baby's safety
- Do not leave patient unaccompanied
- Consider commencing antipsychotic medication •

Regularly Review diagnosis in light of physical health/blood results etc.

Conduct Emergency Assessment or start Mental Health Assessment within 4 hours of referral. If there is any suggestion that this presentation is a suspected or emerging PPP: Treat as if it is PPP, until proven otherwise, whilst excluding differentials (differential diagnoses may include; sepsis/infection/delirium/hyponatraemia)

NB: If there is a history of Bipolar affective disorder/PPP the risk of this presentation being PPP is increased.

Mother and Baby Inpatient Unit referral:

Where admission required: download Universal MBU Referral Form (https://www.nhswebbeds.co.uk/login) and send to preferred MBU. Inform Specialist Perinatal Community Mental Health Service of outcome as soon as possible. MBU beds are centrally commissioned and funded by NHS-England, so permission is not required to seek funding for out of area placements if no local MBU bed is available.



North West Coast Clinical Networks

Proforma for suspected Postpartum Psychosis

Write patient's details or affix identification label Hospital number: Name: Address: Postcode: Date of birth: NHS number:

Postpartum psychosis (or puerperal psychosis) is a severe mental illness. It starts suddenly during the final trimester of pregnancy or in the days or weeks after having a baby. Symptoms vary, and can change rapidly. They can include high mood (mania), depression, confusion, hallucinations and delusions. It is a psychiatric emergency - you should seek help as quickly as possible.

Do not leave patient unaccompanied. See pathway for relevant agency to contact. Inform family of concerns and note their comments. Family will often report subtle changes: "She is just not herself".

Olimical Presentation (simple)	Or station / data of daling my		
Clinical Presentation (circle)	Gestation / date of delivery:		
Recent rapid change in mental state/new symptoms	Current or past history of mental illness Yes/N		Yes/No
Thoughts of violent self harm and/or suicidal ideation	Past history of psychosis		Yes/No
Agitation	Personal / family history of postpartum psychosis Yes/No		
Confusion	postpartum psychosis		
Suspicious of others	Current psychotropic medication		Yes/No
Rapid onset marked mood change (up/down)	Traumatic birth experience		Yes/No
Over activity	If perinatal mental care plan in place assess for early warning signs/triggers. Consider engaging with professionals who know the patient. Concerns of patient and/or family:		
Bizarre ideas or unusual thoughts (including about baby)			
Periods of blankness (staring into space)			
Responding to something that is not physically present			
Marked change in demeanour / personality	Complete investigations (send as urgent)		
Unpredictable or impulsive behaviour	BP	Pulse	
Unable to sleep when baby sleeps / unable to switch off	Temp	Resps	
	FBC	CRP	
Very withdrawn, not communicating with family	LFT	U&E	
Other:	Random Glucose	TFT	
	MSSU	ECG if possible	
Suspected Post Partum Psychosis?Yes/NoRefer to NWC Perinatal Psychiatric Emergency Pathway (over page)Yes/No			
Does woman recognise the concerns and agree to see a mental health practitioner? Yes/No (if no, consider Mental Capacity Act)			

Notes

 The definition of emergency is taken from The Perinatal Mental Health Care Pathways, NHS England and NHS Improvement, 2018:
 Appreciation and credit are given to the Perinatal Mental Health Team at Wirral University Teaching Hospital and the Bristol Specialist Community Perinatal Mental Health Team for the sharing of documents on which the first draft of this pathway and proforma were based.

Signature:

Print name:

Designation:

Date and time: