

Mental Health in the Antenatal and Postnatal Period

A North West Coast Pathway

V17.1 December 2023



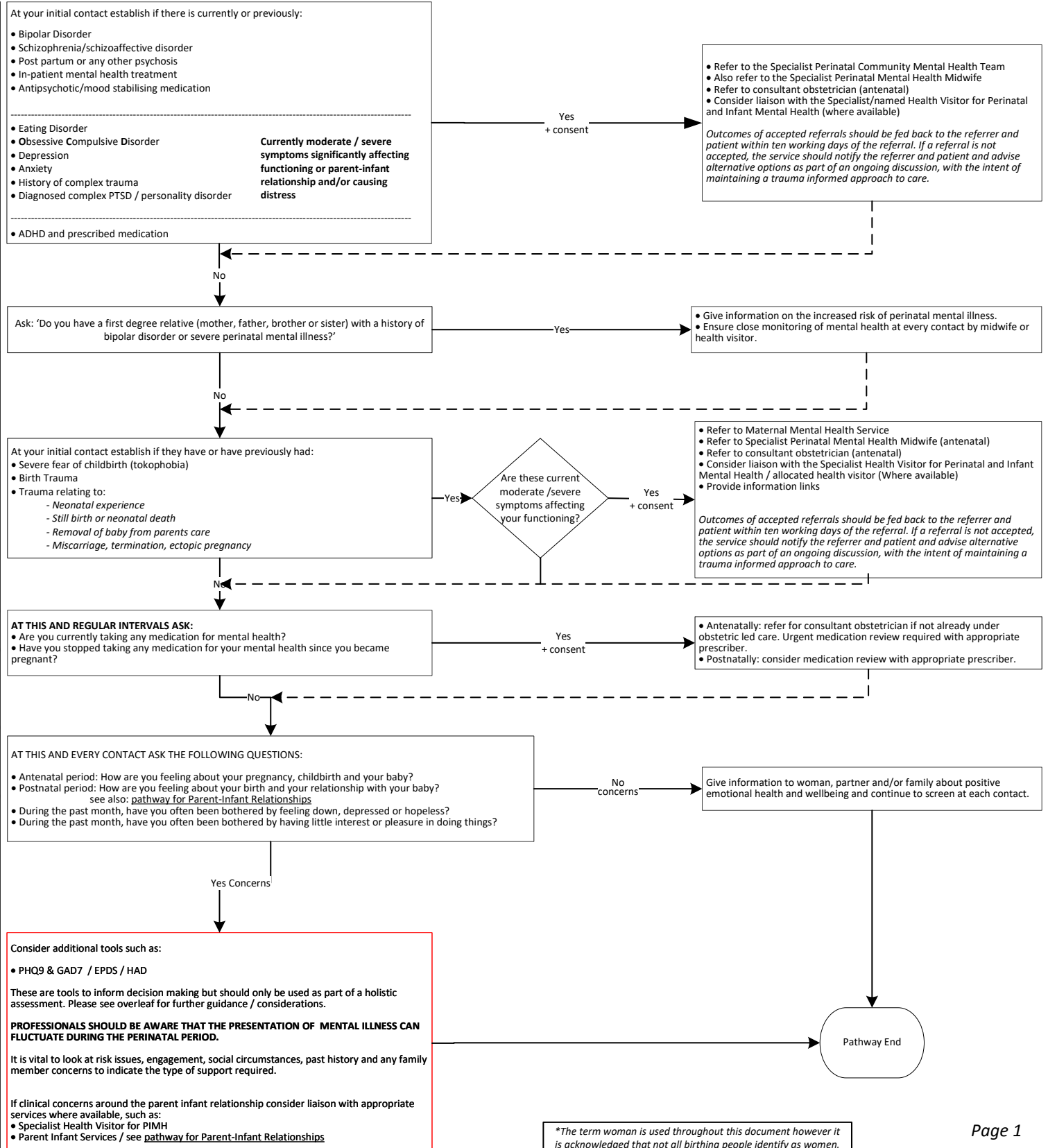
Identifying a red flag requires an **urgent discussion** with Specialist Perinatal Community Mental Health Team. Consider crisis services out of hours.

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 immediate response. In such situations, follow **The NWC Perinatal Psychiatric Emergency Pathway**.

A conversation about the woman's* mental health and wellbeing should be held at every interaction

Consider safeguarding and ongoing communication with other professionals

Consider referral to local and national third sector and community support services.



*The term woman is used throughout this document however it is acknowledged that not all birthing people identify as women.

Referrals

- Referral should be made to **only one** of either the Specialist Perinatal Mental Health Team or the Maternal Mental Health Service.
- **All practitioners are encouraged to contact their local Specialist Perinatal Mental Health Team or Maternal Mental Health Service to discuss referrals in advance if there are any queries around the most appropriate referral route.**
- Retelling traumatic narratives multiple times can be detrimental to mental health. Aim to minimise the number of times women are asked to explain their history to professionals or services.
- Outcomes of accepted referrals should be fed back to the referrer and patient within ten working days of the referral. If a referral is not accepted, the service should notify the referrer and patient and advise alternative options as part of an ongoing discussion, with the intent of maintaining a trauma informed approach to care.
- A referral to Specialist Perinatal or Maternal Mental Health services may be for consultation between professionals only if this is appropriate for the needs of the patient.
- Consent must be gained before a referral is made. In the case of consent not being present but concerns remain, Specialist Perinatal or Maternal Mental Health teams can still be contacted on an advice only basis.

The Perinatal Period

- The perinatal period is from conception to 24 months after birth. Patients can access Perinatal Mental Health Services at any time during this period.
- Maternal Mental Health Services may be accessible during this period or beyond the perinatal period depending on clinical need and local service provision.

Social and cultural considerations

- The social determinants of mental health – poverty, racism, gender disadvantage and other structural inequalities, food insecurity, poor housing, domestic violence – are all of critical importance for women in the perinatal period. At all stages of the pathway, consideration should be given to social context and appropriate referrals actioned.
- People’s cultural backgrounds have a major influence on their day-to-day functioning and how they go about their daily lives. Cultural curiosity and humility is essential to effective decision-making. This may be enhanced by healthcare professionals showing an interest in the background of the woman, to support connection and build better understanding of the woman’s world view in the context of the perinatal period.

The below guidelines should be considered as part of a holistic assessment.

Assessed level of need

Suggested next steps

<p>Moderate - Severe Symptoms</p> <ul style="list-style-type: none"> • Significantly impacting on functioning and/or parent-infant relationship • PHQ9 Score = 20–27 / GAD7 Score = 15-21 / HAD Score = 15+ / EPDS Score = 17+ 	<ul style="list-style-type: none"> • Referral to specialist perinatal mental health team. • Referral to specialist perinatal mental health midwife / health visitor • Referral to consultant obstetrician • Liaise with GP, Specialist Health Visitor for perinatal and infant mental health or Health Visitor
<p>Moderate – Severe Symptoms</p> <ul style="list-style-type: none"> • Trauma or Loss relating to maternity experience. • Significantly impacting on functioning. 	<ul style="list-style-type: none"> • Referral to Maternal Mental Health Service • Referral to specialist perinatal mental health midwife / health visitor
<p>Moderate Symptoms</p> <ul style="list-style-type: none"> • <u>Impacting on functioning and/or parent-infant relationship</u> • PHQ9 Score = 10-19 / GAD7 Score = 10-14 / HAD Score = 11-14 / EPDS Score = 12-16 	<ul style="list-style-type: none"> • Referral to specialist perinatal mental health team • Referral to specialist perinatal mental health midwife • Referral to consultant obstetrician • Referral to Specialist Parent Infant Relationship Service (where available)
<p>Moderate Symptoms</p> <ul style="list-style-type: none"> • <u>Minimal impact on functioning</u> • PHQ9 Score = 10-19 / GAD7 Score = 10-14 / HAD Score = 11-14 / EPDS Score = 12-16 	<ul style="list-style-type: none"> • Refer to NHS Talking Therapies Services. See also <u>NHS Talking Therapies (IAPT) Pathway for clients in the perinatal period.</u> • Consider referral to local third sector or community support organisations
<p>Mild Symptoms</p> <ul style="list-style-type: none"> • Consider impact on functioning • PHQ9 Score = 5-9 / GAD7 Score = 5-9 / HAD Score = 8-10 / EPDS Score 1-11 	<ul style="list-style-type: none"> • Give additional self-help information • Consider referral to local third sector or community support organisations
<p>If concerns are identified but the woman chooses not to access support offered:</p> <ul style="list-style-type: none"> • Document that a referral offered and the choice made by the woman • Consider mental capacity / safeguarding • Increase contacts by community midwives/health visitor to monitor mental health • Liaise with GP and other professional who are involved in individuals care. • Seek support from specialist perinatal mental health midwife/specialist perinatal mental health team • Signpost to perinatal mental health resources • Woman to be made aware that she can be referred at any point in the perinatal period 	
<p>There are multiple complex reasons why women, especially those facing multiple adversity, may not engage with services. This can sometimes indicate a decline in mental health and/or that services are not meeting her needs. Services involved must work collaboratively and assertively to ensure that they can provide accessible individualised care to women</p>	