

# Mental Health in the Antenatal and Postnatal Period

## A North West Coast Pathway

### V17.2 March 2026

**Recent significant change in mental state or emergence of new symptoms**

**New thoughts or acts of violent self-harm**

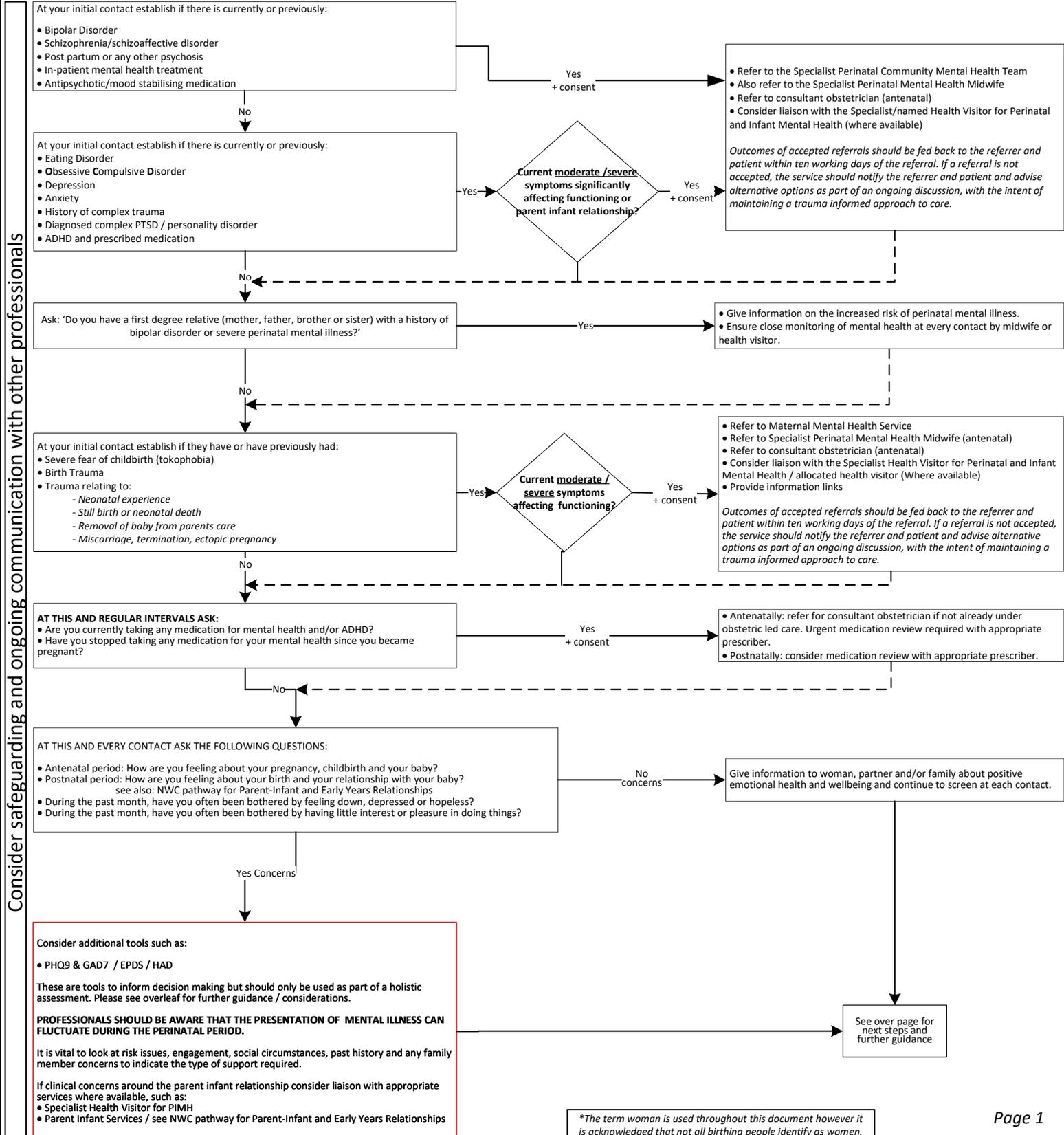
**New and persistent expressions of incompetency as a mother or estrangement from the infant**

**Persistent and severe insomnia.**

**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 (NICE)



Consider safeguarding and ongoing communication with other professionals

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

• Refer to the Specialist Perinatal Community Mental Health Team

• Also refer to the Specialist Perinatal Mental Health Midwife

• Refer to consultant obstetrician (antenatal)

• Consider liaison with the Specialist/named Health Visitor for Perinatal and Infant Mental Health (where available)

*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.*

• Give information on the increased risk of perinatal mental illness.

• Ensure close monitoring of mental health at every contact by midwife or health visitor.

• Refer to Maternal Mental Health Service

• Refer to Specialist Perinatal Mental Health Midwife (antenatal)

• Refer to consultant obstetrician (antenatal)

• Consider liaison with the Specialist Health Visitor for Perinatal and Infant Mental Health / allocated health visitor (Where available)

• Provide information links

*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.*

• Antenatally: refer for consultant obstetrician if not already under obstetric led care. Urgent medication review required with appropriate prescriber.

• Postnatally: consider medication review with appropriate prescriber.

Give information to woman, partner and/or family about positive emotional health and wellbeing and continue to screen at each contact.

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

## Assessment of need

- Assessment tools should be used as part of a holistic approach. If there are positive screening results or clinical concerns, allow sufficient time in the same appointment to offer the woman a compassionate conversation to explore needs, discuss care options, agree next steps and referral to appropriate services (with consent) if indicated.
- Where appropriate the Whooley questions may be self-administered in advance of the booking, 25-28 week and 31-34 week antenatal appointments and 10-14 day postnatal appointment.

## 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.
- A referral to Specialist Perinatal or Maternal Mental Health services may be for consultation between professionals only.
- 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, food insecurity, poor housing, domestic violence – are all of critical importance for women in the perinatal period and should be considered throughout the pathway.
- 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.

## Assessed level of need

## Suggested next steps

<p><b>Moderate - Severe Symptoms</b></p> <ul style="list-style-type: none"> <li>• Significantly impacting on functioning and/or parent-infant relationship</li> <li>• PHQ9 Score = 20–27 / GAD7 Score = 15-21 / HAD Score = 15+ / EPDS Score = 17+</li> </ul>	<ul style="list-style-type: none"> <li>• Referral to specialist perinatal mental health team.</li> <li>• Referral to specialist perinatal mental health midwife / health visitor</li> <li>• Referral to consultant obstetrician</li> <li>• Liaise with GP, Specialist Health Visitor for perinatal and infant mental health or Health Visitor</li> </ul>
<p><b>Moderate – Severe Symptoms</b></p> <ul style="list-style-type: none"> <li>• Trauma or Loss relating to maternity experience.</li> <li>• Significantly impacting on functioning.</li> </ul>	<ul style="list-style-type: none"> <li>• Referral to Maternal Mental Health Service</li> <li>• Referral to specialist perinatal mental health midwife / health visitor</li> </ul>
<p><b>Moderate Symptoms</b></p> <ul style="list-style-type: none"> <li>• <b>Significant impact on functioning and/or parent-infant relationship and/or complexities</b></li> <li>• PHQ9 Score = 10-19 / GAD7 Score = 10-14 / HAD Score = 11-14 / EPDS Score = 13-16</li> </ul>	<ul style="list-style-type: none"> <li>• Referral to specialist perinatal mental health team</li> <li>• Referral to specialist perinatal mental health midwife</li> <li>• Referral to consultant obstetrician</li> <li>• Referral to Specialist Parent Infant Relationship Service (where available)</li> </ul>
<p><b>Moderate Symptoms</b></p> <ul style="list-style-type: none"> <li>• <b>Minimal impact on functioning</b></li> <li>• PHQ9 Score = 10-19 / GAD7 Score = 10-14 / HAD Score = 11-14 / EPDS Score = 13-16</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to NHS Talking Therapies Services. See also <a href="#">NHS Talking Therapies (IAPT) Pathway for clients in the perinatal period.</a></li> <li>• Consider referral to local third sector or community support organisations</li> </ul>
<p><b>Mild Symptoms</b></p> <ul style="list-style-type: none"> <li>• Consider impact on functioning</li> <li>• PHQ9 Score = 5-9 / GAD7 Score = 5-9 / HAD Score = 8-10 / EPDS Score 1-12</li> </ul>	<ul style="list-style-type: none"> <li>• Give additional self-help information</li> <li>• Consider referral to local third sector or community support organisations</li> </ul>
<p><b>If concerns are identified but the woman chooses not to access support offered:</b></p> <ul style="list-style-type: none"> <li>• Document that a referral offered and the choice made by the woman</li> <li>• Consider mental capacity / safeguarding</li> <li>• Increase contacts by community midwives/health visitor to monitor mental health</li> <li>• Liaise with GP and other professional who are involved in individuals care.</li> <li>• Seek support from specialist perinatal mental health midwife/specialist perinatal mental health team</li> <li>• Signpost to perinatal mental health resources</li> <li>• Woman to be made aware that she can be referred at any point in the perinatal period</li> </ul> <p><b>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</b></p>	