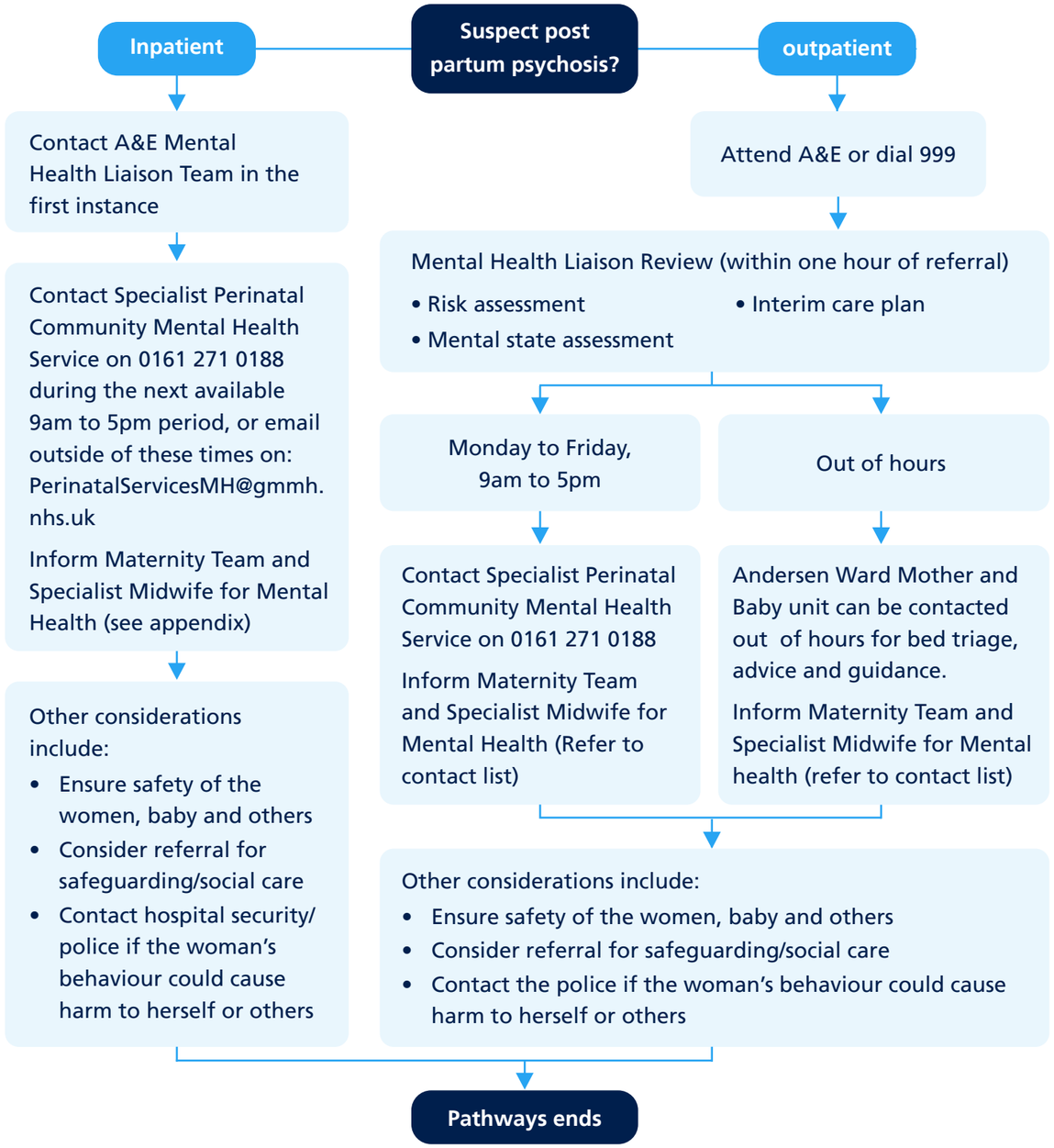
NHS
Greater Manchester
Mental Health
NHS Foundation Trust

Pathway for Perinatal Psychiatric Emergency

Improving Lives

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).



Please note:

In the event of concern for the safety of the woman, baby or others, call the Specialist Perinatal Service on: **0161 271 0188** to discuss with a clinician between the hours of 9am to 5pm, Andersen Ward on **0161 291 6828** outside of these hours or alternatively dial **999**.

Notes for mental health services

For suspected post partum psychosis (PPP):

- 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
- Review most recent routine observations (BP/temp/pulse/resps/bloods) to assist diagnosis

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

Conduct Emergency Assessment or start Mental Health Assessment within four 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 via the link below:

www.gmmh.nhs.uk/mother-and-baby

Once complete, please send to:

AndersenMBU@gmmh.nhs.uk

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.

Perinatal Community Team Referral:

For more information on Perinatal community services and how to refer, please visit:

www.gmmh.nhs.uk/perinatal-community

The Specialist Midwives for Mental Health sit within maternity services and, while they have a specialist interest in perinatal mental health, they are separate from the Specialist Perinatal Service, which operates as a specialist multidisciplinary community team and inpatient Mother and Baby Unit (MBU).

Guidance when assessing for postpartum psychosis

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)	**Restlessness rapid speech disinhibition**	**Confusion**	**Hallucinations and delusions**

It is a psychiatric emergency - you should seek help as quickly as possible.

Do not leave patient unaccompanied. Do not leave the baby unaccompanied. Ensure the baby remains safe and appropriately supervised. Wherever possible, supervision should be provided by the baby's other parent, a family member, or a familiar caregiver known to the baby. If this is not possible, utilise staff supervision until family or support can attend. Where no suitable caregiver or supervision can be identified, escalate immediately to Children's Social Care.

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"

Please see the following pages to ensure the correct medical history and observations are being recorded.

Clinical Presentation that may be indicative of postpartum psychosis (please tick)

- ☐ Recent rapid change in mental state/new symptoms
- ☐ Agitation
- ☐ Suspicious of others
- ☐ Over activity
- ☐ Periods of blankness (staring into space)
- ☐ Marked change in demeanour/personality
- ☐ Unable to sleep when baby sleeps/unable to switch off
- ☐ Other (please state below)
- ☐ Thoughts of violent self harm and/or suicidal ideation (e.g. hanging, heights, trains)
- ☐ Confusion
- ☐ Rapid onset marked mood change (up/down)
- ☐ Bizarre ideas or unusual thoughts (including about baby)
- ☐ Responding to something that is not physically present
- ☐ Unpredictable or impulsive behaviour
- ☐ Very withdrawn, not communicating with family

Other information to consider

Gestation/date of delivery

Current or past history of mental illness?

☐ Yes ☐ No

Past history of psychosis?

☐ Yes ☐ No

Personal/family history of postpartum psychosis?

☐ Yes ☐ No

Current psychotropic medication?

☐ Yes ☐ No

Traumatic birth experience?

☐ Yes ☐ No

Please note:

If a perinatal mental care plan is in place, assess for early warning signs/triggers. Consider engaging with professionals who know the service user.

Suspected Post Partum Psychosis?

Refer to Perinatal Psychiatric Emergency Pathway (if in doubt, refer it in)

☐ Yes ☐ No

Does woman recognise the concerns?

If no, consider Mental Capacity Act

☐ Yes ☐ No

To get involved with GMMH and/or share your views, please visit:
www.gmmh.nhs.uk/get-involved

Please contact us if you require support with this information, including other languages, audiotape, Braille or larger print.

Reference: GMMH817 Date: 23/07/2026 Version: 1.1