

'Antenatal and Postnatal Mental Health: Clinical Management and Service Guidance'

A North West Coast Pathway to Support the Implementation of NICE CG192:

(www.nice.org.uk/guidance/cg192)

North West Coast
Strategic Clinical Networks

Antenatal Period

Pre-Conceptual Counselling

All women of child bearing age who:

- Have a past or current history of mental illness
- Are on a psychotropic medication
- Have had a past still birth or neonatal death
- Have a history of traumatic birth experience

Refer to NICE Guideline CG 192 for recommended content of counselling – those responsible:

- GP
- Mental Health Service
- Reproductive Health Service
- Health Visitor
- Genetic Services
- School Nurses

Referrers into Maternity services should seek consent and share information about history of mental health problems.

The following pathway should be followed at the booking-in appointment and all subsequent antenatal visits.

Screening Questions

At a woman's first contact with primary care or her booking visit, and during the early postnatal period, consider asking the following depression identification questions as part of a general discussion about a woman's mental health and wellbeing:

- During the past month, have you often been bothered by feeling down, depressed or hopeless?
- During the past month, have you often been bothered by having little interest or pleasure in doing things?
- During the past month, have you been feeling nervous, anxious or on edge?
- During the past month have you not been able to stop or control worrying?
- Are you on psychotropic medication?
- Have you a past or present history of mental illness?
- Have you a history of treatment in mental health services?

Has the woman had a first degree relative with a history of serious perinatal mental illness?

YES

- Advice and information to woman and her family regarding the increased risk of puerperal illness.
- Letter to GP and all involved professionals of post-natal mental illness

If answered YES to one of more questions above

If answered NO to any of the above

If any indication of concern, ask the woman if she'd like further support

No

Give information leaflet to woman and her partner about positive emotional health and wellbeing and continue to screen at each antenatal contact. However, if seriously concerned, please discuss further with a mental health practitioner

Yes

Consider using the following screening tools:

Hospital Anxiety Disorder (HAD); General Anxiety Disorder (GAD); Edinburgh Post Natal Depression Score (EPNDS); Patient Hospital Questionnaire (PHQ9)

Mild Disorder

- Give information leaflet about positive emotional health and wellbeing
- Give information about self-help materials
- Make specific referrals re: psychosocial needs if required, eg housing, domestic violence support
- Continue to ask screening questions at each appointment
- Consider increasing antenatal visits to offer support

Proposed Scores for Mild Disorder

HAD 8-10
GAD 5
EPNDS 12+
PHQ9 0-9

Moderate Disorder

- Letter to GP asking for review of need for further treatment
- Consider referral to Primary Care Psychological Therapies. If a referral is made, the woman should be seen for assessment within 2 weeks and then receive treatment within 4 weeks of assessment.
- Make specific referrals regarding psychosocial needs if required, eg housing, domestic violence support
- Continue to review at each antenatal appointment and consider the need for integrated care planning on a multiagency basis
- Consider increasing visits to offer support
- Before starting any treatment in pregnancy, discuss with the woman the higher threshold for pharmacological interventions arising from the changing risk-benefit ratio for psychotropic medication at this time and the likely benefits of a psychological intervention.

Proposed Scores for Moderate Disorder

- HAD 11-14 GAD 10 EPNDS 17+ PHQ9 10-14

Severe Illness

- Refer to specialised mental health service dedicated perinatal mental health service if available
- Ensure at least two multiagency planning meetings are arranged
- Ensure birth plan is written by 35 weeks and shared across all agencies in maternity and mental health
- Ensure an integrated care plan is in place, clearly identifying the healthcare professional responsible for co-ordinating interventions and outcomes (see NICE CG192 for further guidance on roles and responsibilities).
- Consider discussion with Mother and Baby Unit
- Care plans should be available in all notes ie maternity and psychiatric

Proposed Scores for Extreme Severe Illness

HAD >15 GAD 15 PHQ9 > 15

The safeguarding of women and infants is integral to this pathway and should be considered at every stage

Postnatal Period

Concern regarding mental health at/or shortly after birth

No

Yes

Continue to review emotional mental health at each contact using the following questions:

- During the past month, have you often been bothered by feeling down, depressed or hopeless?
- During the past month, have you often been bothered by having little interest or pleasure in doing things?
- During the past month, have you been feeling nervous, anxious or on edge?
- During the past month have you not been able to stop or control worrying?
- Are you on psychotropic medication?
- Have you a past or present history of mental illness?
- Have you a history of treatment in mental health services?

Give information leaflet to woman and her partner about positive emotional health and wellbeing and continue to screen at each postnatal contact. However, if seriously concerned, please discuss further with a mental health practitioner

If no concern

If answered YES to one of more questions above

Consider using the following screening tools:
Hospital Anxiety Disorder (HAD); General Anxiety Disorder (GAD); Edinburgh Post Natal Depression Score (EPNDS); Patient Hospital Questionnaire (PHQ9)

Mild Disorder

- Give information leaflet about positive emotional health and wellbeing
- Give information about self-help materials
- Make specific referrals re: psychosocial needs if required eg housing, domestic violence support, Children's Centre
- Consider increasing visits to offer support
- Consider further intervention to improve the mother-baby relationship if there is indication of difficulty
- Discuss effects of medication on breast feeding, if prescribed
- Continue to ask screening questions at each appointment

Proposed Scores for Mild Disorder

HAD 8-10 GAD 5 EPNDS 12+ PHQ9 0-9

Moderate Disorder

- Letter to GP asking for review of need for further treatment
- Consider referral to Primary Care Psychological Therapies
- Make Specific referrals re: psychosocial needs if required eg housing, domestic violence support, Children's Centre
- Consider increasing visits to offer support
- Consider further intervention to improve the mother-baby relationship if indication of difficulty
- Discuss effects of medication on breast feeding if prescribed
- Before starting any treatment in pregnancy, discuss with the woman the higher threshold for pharmacological interventions arising from the changing risk-benefit ratio for psychotropic medication at this time and the likely benefits of a psychological intervention.
- Continue to review at each appointment and consider the need for integrated care planning on a multiagency basis

Proposed Scores for Moderate Disorder

HAD 11-14 PHQ9 10-14 EPNDS 17+ GAD 10

Evidence of Severe Illness

- Professionals should be aware that mental illness can present atypically in the perinatal period and may deteriorate rapidly with escalating risk
- In the first 6 weeks, if the woman is showing signs of agitation, perplexity, restlessness, muddled, expressing ideas of guilt, feelings of numbness/emptiness.

Referral for specialist mental health assessment – initial assessment within 4 hours

- Full mental health assessment including consideration of family concerns
- Undertake risk assessment to infant, woman and wider community
- Document care plan shared with woman and all healthcare professionals involved including GP, midwife and health visitor
- If admission required, admit to Mother and Baby Unit with baby whenever required
- It is important that the woman is monitored closely until symptoms resolved
- If medication is required, consider implications for breast feeding and discuss with mother

The safeguarding of women and infants is integral to this pathway and should be considered at every stage