

Antenatal and Postnatal Mental Health Pathway

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

Presentations which should prompt an emergency/urgent psychiatric assessment:



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

Referral to Specialist Perinatal Community Mental Health Team (office hours), Crisis Resolution & Home Treatment Team (out of hours) or Mental Health Liaison (in-patient).

Use the My Pregnancy & Post Birth Wellbeing Plan (PPWP) to discuss mental health and wellbeing. Offer Brazelton observation postnatally.

At your initial contact establish if the woman has or has previously had:

- Bipolar disorder
- Schizophrenia or other psychotic disorder
- Previous post-partum or other psychosis
- Current suicidality (call Specialist Perinatal Community Mental Health Team for advice before referring)
- Severe depression
- Severe anxiety
- Severe Obsessive Compulsive Disorder symptoms
- Eating disorder (current)

Yes

- Refer into the **Specialist Perinatal Community Mental Health Team**
- Refer to Specialist Perinatal Mental Health Midwife
- Consider liaison with the Specialist Health Visitor for Perinatal and Infant Mental Health

No

At the initial contact establish if the woman has or has previously had:

- Post Traumatic Stress Disorder (current)
- Pre-existing personality disorder
- Previous inpatient MH care or under the care of home treatment team (call Specialist Perinatal Community Mental health team for advice)
- Severe fear of childbirth (tokophobia)
- Taking anti-psychotic or mood stabilising medication or stopped within 12 months

Yes

- Refer to Specialist Perinatal Mental Health Midwife
- Consider liaison with the Specialist Health Visitor for Perinatal and Infant Mental Health

No

At the initial contact establish:

Does the woman have a first degree relative (mother, father, brother or sister) with bipolar or severe perinatal mental illness?

Yes

- **Ensure close monitoring of mental health by Midwife and Health Visitor**
- Give information to woman and her family on the increased risk of perinatal mental illness

No

Establish is the woman currently taking psychotropic medication?

Yes

- Refer to local NHS Trust policy.
- Refer for consultant lead obstetric care (antenatally).
- Offer decision aids (see overleaf) to support discussion around woman's mental health, treatment and pregnancy.

No

AT THIS AND ALL SUBSEQUENT CONTACTS ASK THE WHOOLEY QUESTIONS AND REVISIT THE PPWP PLAN. Refer to local policy.

- 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?
- **Antenatal** period: How are you feeling about your pregnancy, childbirth and your baby?
- **Postnatal** period: How are you feeling about the birth and your relationship with your baby?

No concerns

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

Yes / clinical concerns

Complete the Patient Health Questionnaire (PHQ9) and General Anxiety Disorder (GAD7). These are tools to inform decision making but should only be used as part of a holistic assessment. **Please see overleaf** for scoring thresholds and next steps.

PROFESSIONALS SHOULD BE AWARE THAT THE PRESENTATION OF MENTAL ILLNESS CAN FLUCTUATE DURING THE PERINATAL PERIOD.

It is vital to look at risk issues, engagement, social circumstances and past history to indicate the type of support required.

If clinical concerns around the parent infant relationship consider liaison with Specialist Health Visitor for Perinatal and Infant Mental Health.

Pathway End

Due to increased vulnerability to mental illness, enquire has the woman experienced miscarriage, stillbirth, neonatal death or a child being taken into care. If yes, the woman may require additional monitoring and support by midwife and health visitor.

CONSIDER SAFEGUARDING & ONGOING COMMUNICATION WITH OTHER PROFESSIONALS

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A North West Coast Pathway
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North West Coast
Strategic Clinical Networks

GAD7 and PHQ9 scoring thresholds and next steps

Mild GAD 5-9 PHQ9 5-9	Mild Symptoms <ul style="list-style-type: none">• Give additional self-help information - e.g. RCGP Perinatal Mental Health Toolkit (see below)• Consider increasing contacts to offer support (ensure liaison with named midwife and/or health visitor)• Consider self-referral to GP• Before commencing or making any changes to mental health medication offer decision aid (see RCGP Perinatal Mental Health Toolkit – see below)• Postnatally: consider offering New-born Behavioural Observations (NBO) / Neonatal Behavioural Assessment Scale (NBAS)
Moderate GAD 10-14 PHQ9 10-14	Moderate Symptoms <ul style="list-style-type: none">• Refer to GP – facilitate appointment and communication with GP• Signpost/Facilitate referral to Psychological Therapies and/or refer to Mental Health services for comprehensive mental health assessment, highlighting perinatal status• Give additional self-help information - e.g. RCGP Perinatal Mental Health Toolkit (see below)• Consider increasing contacts to offer support (ensure liaison with named midwife and/or health visitor)• Consider referral to Parent-Infant Mental Health services (if available)• Before commencing or making any changes to mental health medication offer decision aid (see RCGP Perinatal Mental Health Toolkit/ Choices and Medication resource – see below)• Enquire about engagement with services at next routine contact• Postnatally: consider offering New-born Behavioural Observations (NBO) / Neonatal Behavioural Assessment Scale (NBAS)
Moderate to Severe PHQ9 15-19	Moderate/Severe Illness <ul style="list-style-type: none">• Refer to Mental Health services for comprehensive mental health assessment, highlighting perinatal status• Refer to GP – facilitate appointment and communication with GP• Give additional self-help information - e.g. RCGP Perinatal Mental Health Toolkit (see below)• Consider increasing contacts to offer support (ensure liaison with named midwife and/or health visitor)• Consider referral to Parent-Infant Mental Health services (if available)• Before commencing or making any changes to mental health medication offer decision aid (see RCGP Perinatal Mental Health Toolkit/ Choices and Medication resource – see below)• Enquire about engagement with services at next routine contact• Postnatally: consider offering New-born Behavioural Observations (NBO) / Neonatal Behavioural Assessment Scale (NBAS)
Severe GAD 15+ PHQ9 20-27	Severe Illness <ul style="list-style-type: none">• Refer to Specialist Perinatal Mental Health Services, Specialist Perinatal Mental Health Midwife and Consultant Obstetrician• If Out of Hours refer to Crisis Resolution and Home Treatment Team or Mental Health Liaison – inpatient/outpatient• Liaise with Specialist Health Visitor - Perinatal & Infant Mental Health (if available)• Consider referral to Parent-Infant Mental Health services (if available)• Liaise with GP, maternity, health visiting and other services involved in care• Give additional self-help information - e.g. RCGP Perinatal Mental Health Toolkit (see below)• Consider increasing contacts to offer support (ensure liaison with named midwife and/or health visitor)• Before commencing or making any changes to mental health medication, offer decision aid (see RCGP Perinatal Mental Health Toolkit or Choices and Medication resource – see below)• Enquire about engagement with services at each contact• Postnatally: consider offering New-born Behavioural Observations (NBO) / Neonatal Behavioural Assessment Scale (NBAS)

References, resources and further information

This pathway has been written to support:
NICE CG192: www.nice.org.uk/guidance/cg192
and the findings of MBRRACE: www.npeu.ox.ac.uk/mbrrace-uk

Further information on the use of GAD in pregnancy: bmjopen.bmj.com/content/8/9/e023766

RCGP Perinatal Mental Health Toolkit – self help information, decision aids and other information:
www.rcgp.org.uk/clinical-and-research/resources/toolkits/perinatal-mental-health-toolkit.aspx

Choice and Medication website – a public facing website providing information used in a mental health setting:
www.choiceandmedication.org/lancashirecaretrust/

LactMed – information on medication and breastfeeding:
toxnet.nlm.nih.gov/newtoxnet/lactmed.htm

Best Uses of Medicines in Pregnancy (BUMPs):
www.medicinesinpregnancy.org/Medicine--pregnancy/

Information and leaflets from the Royal College of Psychiatrists:
www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing