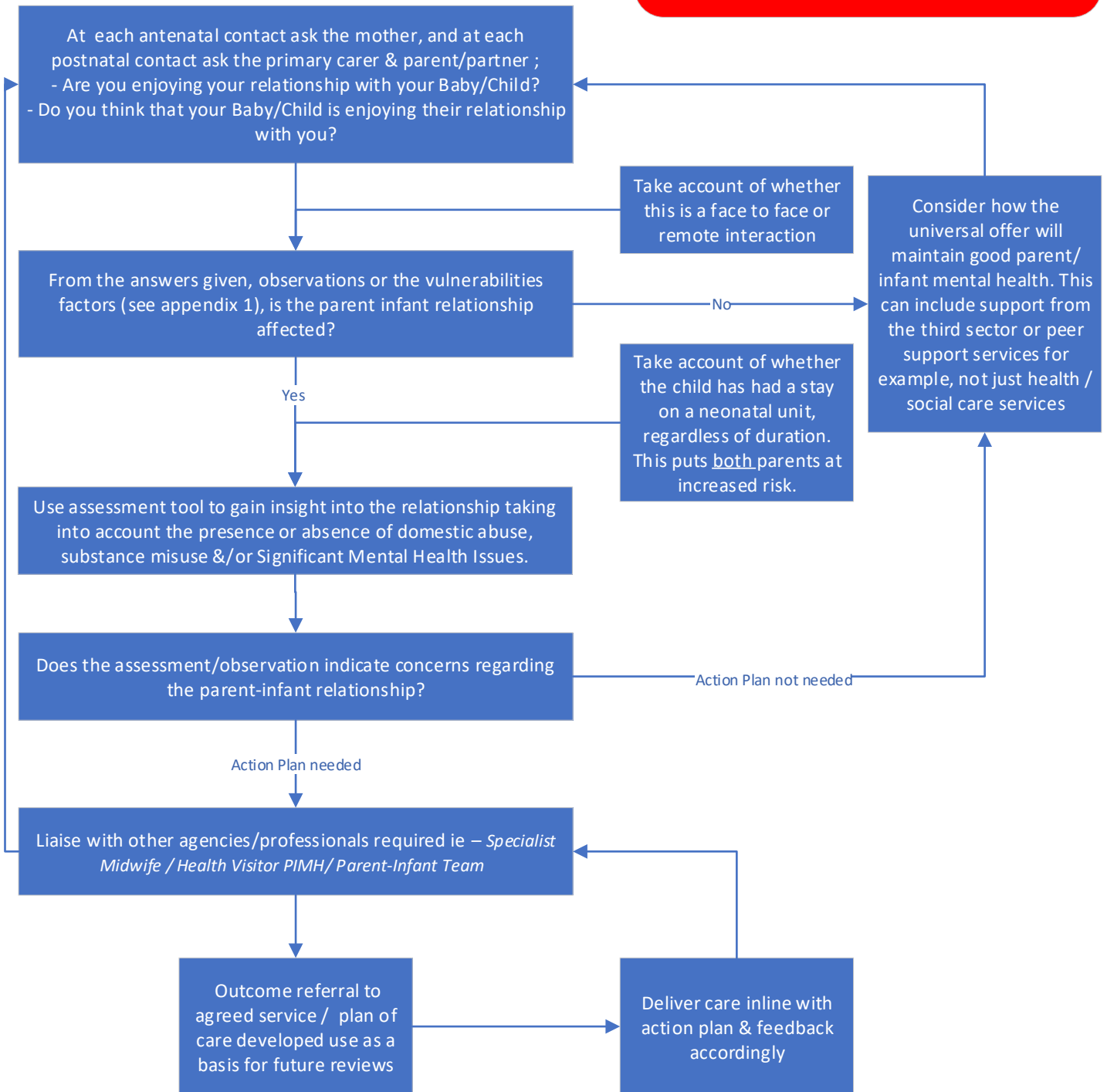


North West Coast Clinical Network High Level Parent Infant Mental Health Assessment Care Pathway (Conception to age 5) V1.0

Always be aware of safeguarding issues that might need further enquiry or immediate action; for example ongoing domestic violence or new partners in the household. If you see them enquire further, follow your organisation's safeguarding processes and refer into social services as necessary.



Appendix 1 – Vulnerability factors to consider when developing the parent-infant mental health care plan.

Factors present in parent <i>M = mother F = father</i>	M	F
History/current alcohol and / or drug misuse	<input type="checkbox"/>	<input type="checkbox"/>
Serious medical condition	<input type="checkbox"/>	<input type="checkbox"/>
History / current anxiety or depression	<input type="checkbox"/>	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	<input type="checkbox"/>
Single teenage parent without family support	<input type="checkbox"/>	<input type="checkbox"/>
Past criminal or young offender record	<input type="checkbox"/>	<input type="checkbox"/>
Previous child in foster care or adopted	<input type="checkbox"/>	<input type="checkbox"/>
Violence reported in family	<input type="checkbox"/>	<input type="checkbox"/>
Acute family crisis or recent significant life stress	<input type="checkbox"/>	<input type="checkbox"/>
On-going lack of support / isolation	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate income / housing	<input type="checkbox"/>	<input type="checkbox"/>
Previous child has behaviour problems	<input type="checkbox"/>	<input type="checkbox"/>
Parental experience of bereavement or loss, including perinatal loss.	<input type="checkbox"/>	<input type="checkbox"/>
Background of abuse, neglect, loss in childhood	<input type="checkbox"/>	<input type="checkbox"/>
Episode of being in care as a child	<input type="checkbox"/>	<input type="checkbox"/>
Chronic maternal stress during pregnancy or ambivalence about the pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Disappointment or unrealistic expectation around the parent-infant relationship	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>	<input type="checkbox"/>

Factors observed in parent-infant relationship	
Negative feelings towards baby	<input type="checkbox"/>
Physically punitive/rough towards baby	<input type="checkbox"/>
Lack of sensitivity to baby's cries or signals	<input type="checkbox"/>
Lack of vocalisation to baby	<input type="checkbox"/>
Lack of eye-to-eye contact	<input type="checkbox"/>
Infant has poor physical care (ie dirty / unkempt)	<input type="checkbox"/>
Does not anticipate or encourage infant development	<input type="checkbox"/>
Lack of consistency in caregiving	<input type="checkbox"/>
Factors observed in infant	
Developmental delays	<input type="checkbox"/>
Exposure to harmful substances in utero	<input type="checkbox"/>
Traumatic birth	<input type="checkbox"/>
Congenital abnormalities/illness	<input type="checkbox"/>
Very difficult temperament / extreme crying / difficult to soothe	<input type="checkbox"/>
Very lethargic / non-responsive / unusually passive	<input type="checkbox"/>
Low birth weight / prematurity	<input type="checkbox"/>
Resists holding / hypersensitive to touch	<input type="checkbox"/>
Failure to thrive / feeding problems / malnutrition	<input type="checkbox"/>
Stay on a neonatal unit regardless of duration	<input type="checkbox"/>