

Gloucestershire's Perinatal & Infant Mental Health Pathway

Women/Birthing People's Journey – Initial Screening Pathway



The Perinatal Mental Health Team are available to give advice/guidance on 01452 894952



If under 18, call
CAHMS Practitioner Advice Line
01452894272 (Mon-Fri, 9-5)
Link to referral form

**Gloucestershire Health and Care NHS
Foundation Trust Contact Centre**
Mon-Sun - 9am-10pm - 0800 015 1499
Out of hours - 0800 169 0398

Antenatal

Midwife

First antenatal contact ask mental health questions and consider mental health of partner

Provide culturally relevant information on MH problems in pregnancy. Follow **NICE clinical guideline [alcohol-CG115, drugs-CG51]** if drug or alcohol misuse is suspected

Midwife

At every routine antenatal appointment repeat mental health questions and consider mental health of partner and potential impact on baby
[NICE, Antenatal and Postnatal mental health. Quality standards [QS115], statement 4. (2016)]

Health Visitor

First targeted antenatal contact **ask mental health questions*** and consider mental health of partner and potential impact on baby
***see PHQ4 in PIMH folder on N:drive**

Midwife

At 36 weeks repeat mental health questions for all women/birthing people and consider mental health of partner and potential impact on baby

Postnatal

Midwife/HV

First postnatal contact ask mental health questions and consider mental health of infant and partner
[NICE, Antenatal and Postnatal mental health. Quality standards [QS115], statement 4. (2016)]

Health Visitor

6-8 week postnatal contact ask mental health questions and consider mental health and wellbeing of infant, partner and siblings

GP

8 week check consider postnatal mental health of mother/birthing people, infant, partner and siblings

Health Visitor

9 month check ask postnatal mental health questions and consider mental health of infant, partner and siblings

Health Visitor

2 year check ask mental health questions and consider mental health of child, partner and siblings

Midwife/HV

Observations outside of formal assessment leading to additional MH questions

Concerns

Concerns

Concerns

Concerns

Concerns

Concerns

Concerns

Refer to **safe guarding procedures** if there are any concerns including domestic violence- call 01452 426565

HV/Midwife

Notify GP of concerns regarding mother/birthing people, partner or child and follow referral pathway.
Consider referral to PMH Team (p.3), discussion with specialist midwife, consider referral to other third sector agencies, e.g. Homestart

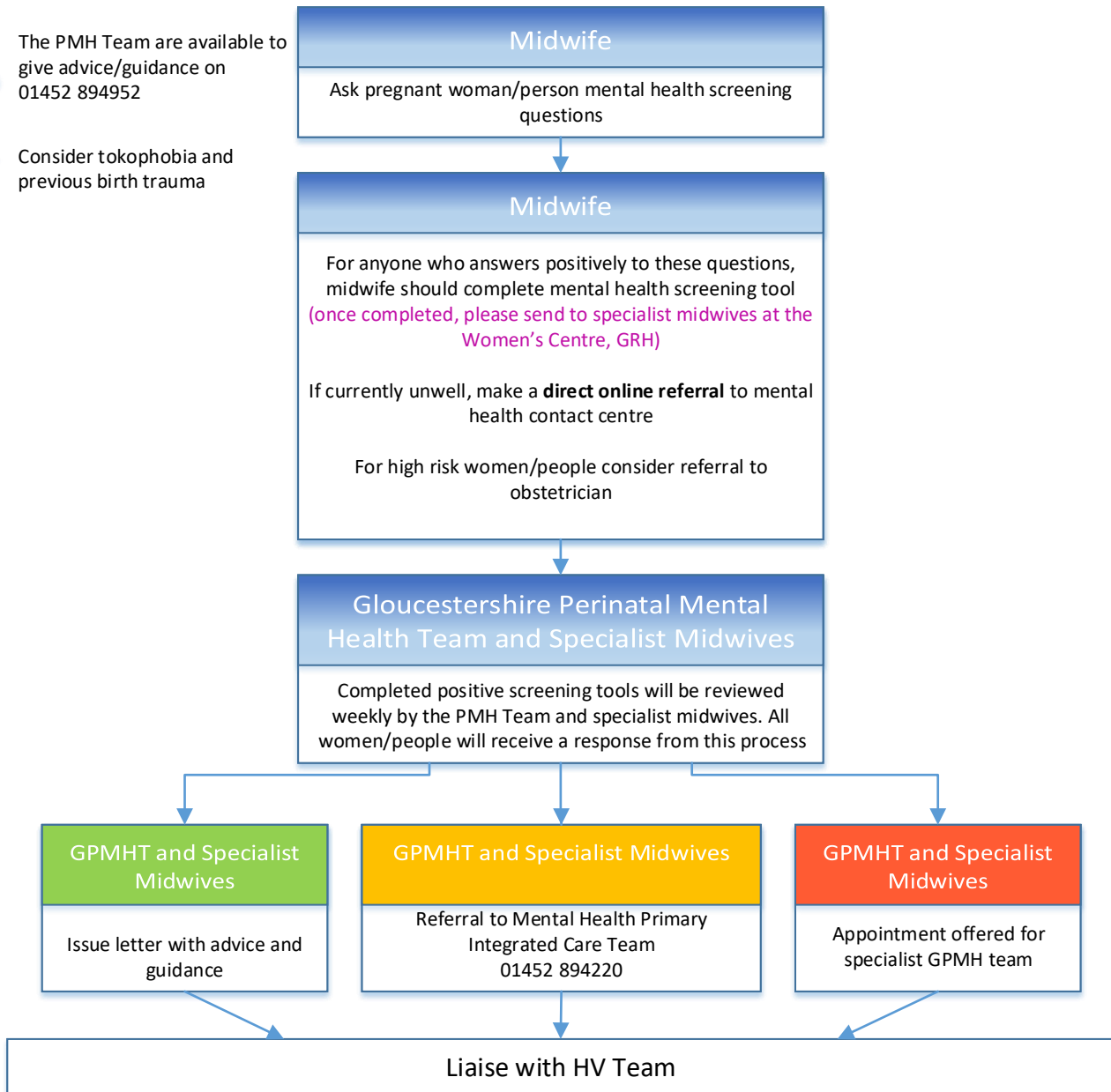
Midwife Antenatal Mental Health Screening



The PMH Team are available to give advice/guidance on 01452 894952



Consider tokophobia and previous birth trauma



Symptom threshold for referral should be lower than usual as this group is at increased risk of a severe post natal episode. Risk increases during pregnancy and **immediately** after birth



A plan should be in place by 32 weeks gestation



Remember high risk women/people should have a referral to a health visitor



Women/people in the perinatal period are given priority access to the Let's Talk service for psychological help for mild to moderate symptoms of depression and anxiety

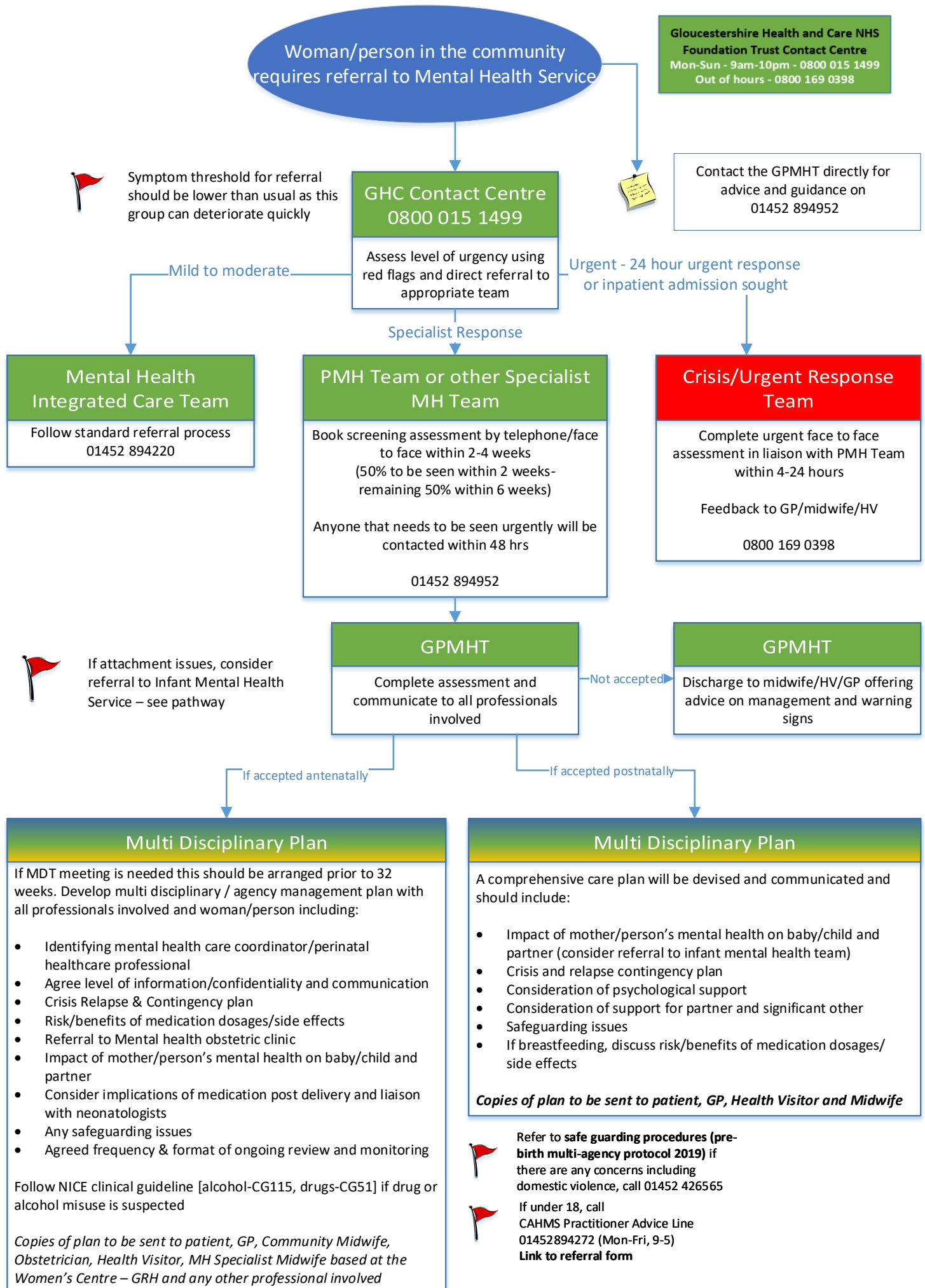


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Refer to **safe guarding procedures (pre-birth multi-agency protocol 2019)** if there are any concerns including domestic violence, call 01452 426565

Referrals into Specialist Mental Health Services



Recent **significant** changes 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.



Perinatal Risk Indicators (Antenatal and Postnatal period)



During COVID-19 it is recommended that if two referrals are received during a pregnancy, this will warrant a special assessment.

Women with a confirmed history of bipolar disorder, schizophrenia, and severe depression, other psychotic disorder, or previous inpatient/crisis care should be referred to the perinatal team; this group is at increased risk of severe postpartum episodes.

Antenatal presentation can be a predictor for post-natal episode of mental ill health; discuss all antenatal presentations with the perinatal team.

High risk period is **1- 10 days** postnatally; threshold should be lower for women up to **10 weeks** postnatally.

Women/people who are presenting with uncharacteristic symptoms and marked changes to normal functioning. This can include symptoms of confusion and general perplexity or unusual or overvalued ideas (ideas that seem out of context or extreme).

If partner, family, friends report significant change in presentation and acting out of character.

Older professional women/people with depression who appear to be functioning at high level.

Well women/people with a history of mental health difficulties considering pregnancy

Well woman/person with history of mental health difficulties considering pregnancy

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GP/Mental Health Team

Provide culturally relevant information on mental health problems in pregnancy and the postnatal period.



Contact the GPMHT directly for advice/guidance on 01452 894952

If history is mild to moderate

If history is severe

MHICT

Assess situation and give advice including continuing with medication/psychological therapies and what the warning signs are and how to respond to these, liaise with GP

GP

Refer to Gloucestershire Health and Care NHS Foundation Trust Contact Centre
0800 015 1499

PMH Team

Offer preconception assessment/advice. If identified as high risk, women/people will be offered as fast track option into the Gloucestershire PMH Team once pregnant.

PMH Team

Communicate outcome of assessment to patient, GP and any other professionals involved



Sodium valproate is contraindicated in women/people of child bearing age, for further information see the Maternal Mental Health section of RiO help link



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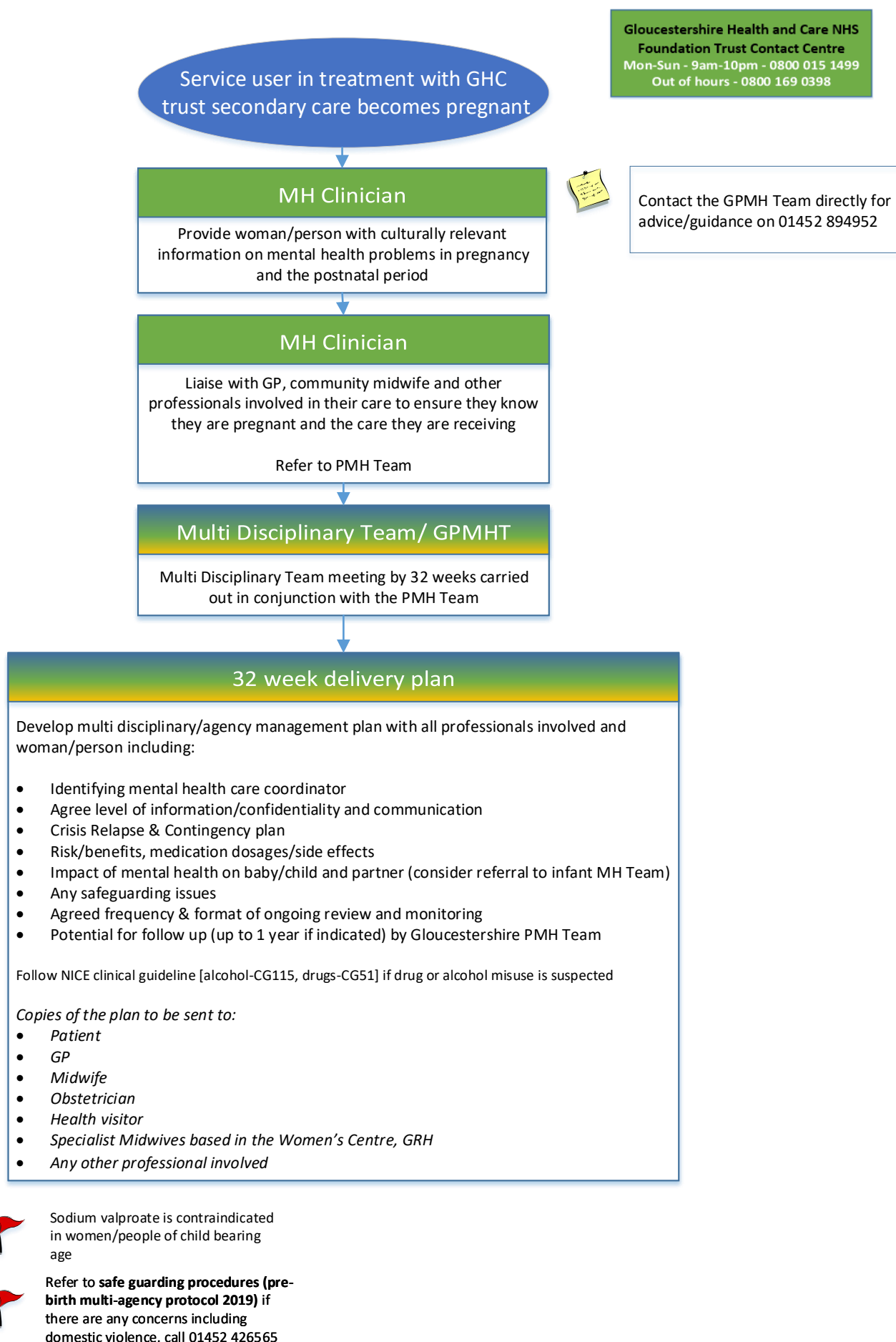


It is not advised to stop medication abruptly, contact the PMH team for advice or your GP

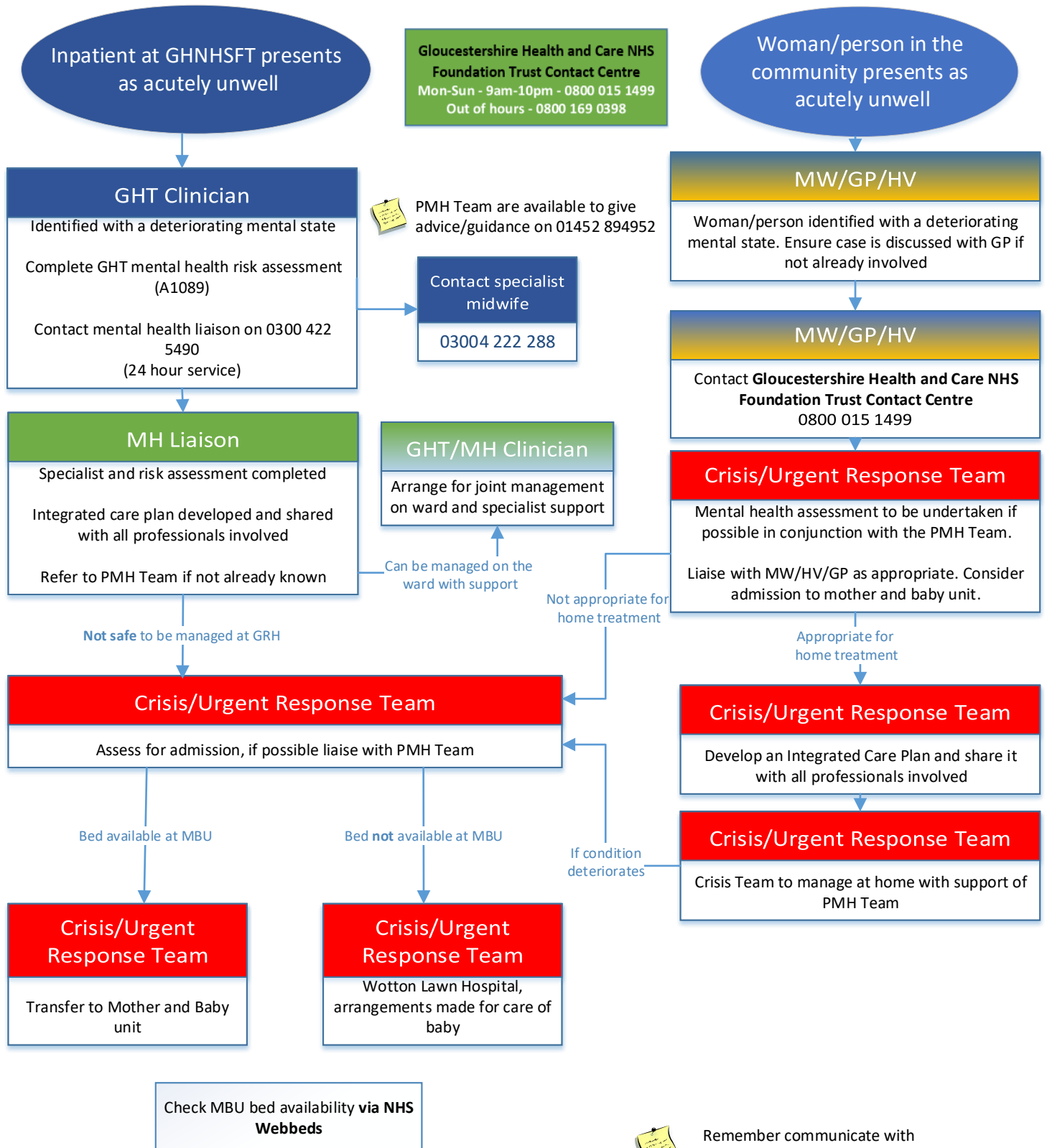


Women on medication should be asked at their annual review if they are considering pregnancy

Women/people currently receiving treatment whilst in secondary mental health care who becomes pregnant



Women/people presenting as acutely unwell



Check MBU bed availability via NHS Webbeds



Refer to **safe guarding procedures (pre-birth multi-agency protocol 2019)** if there are any concerns including domestic violence, call 01452 426565



Remember to inform maternity ghn-tr.pmhmidwives@nhs.net



Remember communicate with health visitor and midwife

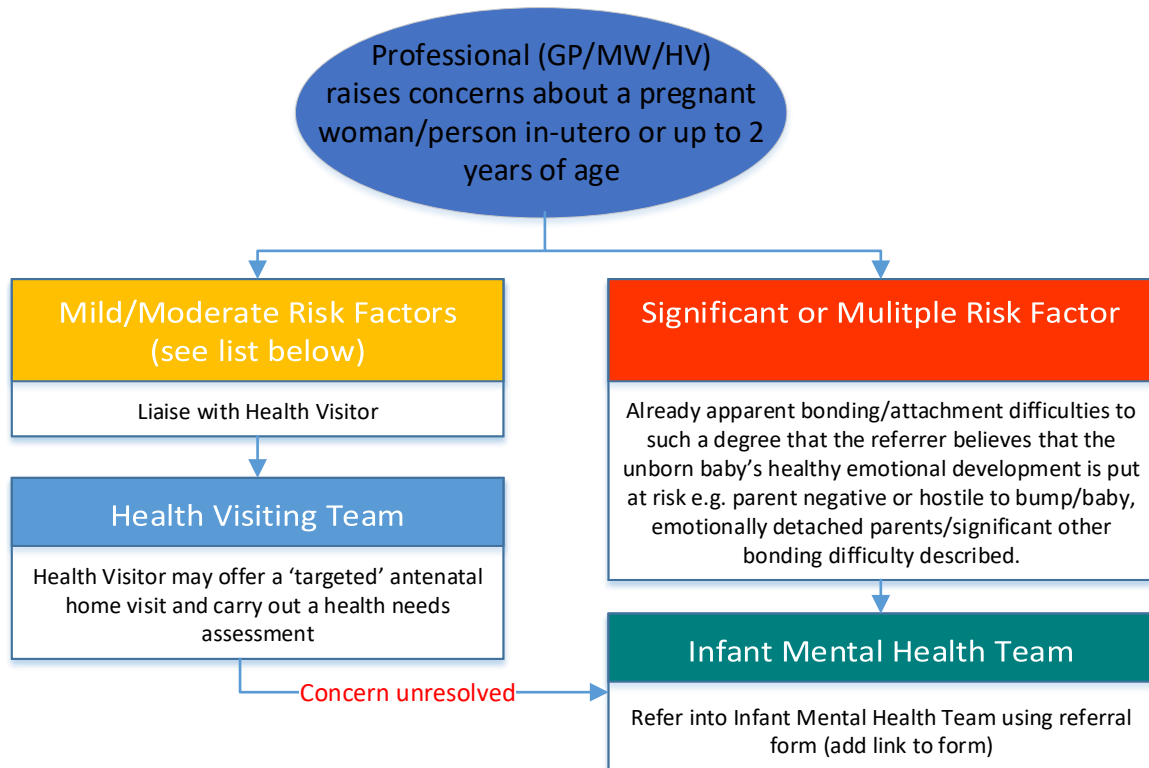


Consideration should be given to the mental health needs of the dad/partner



During the postnatal period a woman/person's mental health can fluctuate widely, therefore symptom threshold for treatment should be lower. Important to listen to views of significant others

Infant Mental Health Antenatal Referral Pathway



Mild/Moderate Risk Factors

Domestic Abuse
Parental/ family history of poor mental health
Parental relationship difficulties
Parental stress
Young Parents

Safeguarding concerns
Parental substance misuse
Single parent
Homelessness
Unwanted baby



The Infant Mental Health Team are available to give advice/guidance on 01242 634050



Refer to **safe guarding procedures (pre-birth multi-agency protocol 2019)** if there are any concerns including domestic violence, call 01452 426565



If under 18, call CAHMS Practitioner Advice Line 01452894272 (Mon-Fri, 9-5)
Link to referral form



If concerned about mother's mental health, contact Specialist Perinatal Mental Health Team on 01452 894952 for advice, or refer via GCHNHSFT Contact Centre 0800 0151 499 (Mon-Fri, 9-5)

Infant Mental Health Postnatal Referral Pathway



The Infant Mental Health Team are available to give advice/guidance on 01242 634050



Refer to **safe guarding procedures (pre-birth multi-agency protocol 2019)** if there are any concerns including domestic violence, call 01452 426565

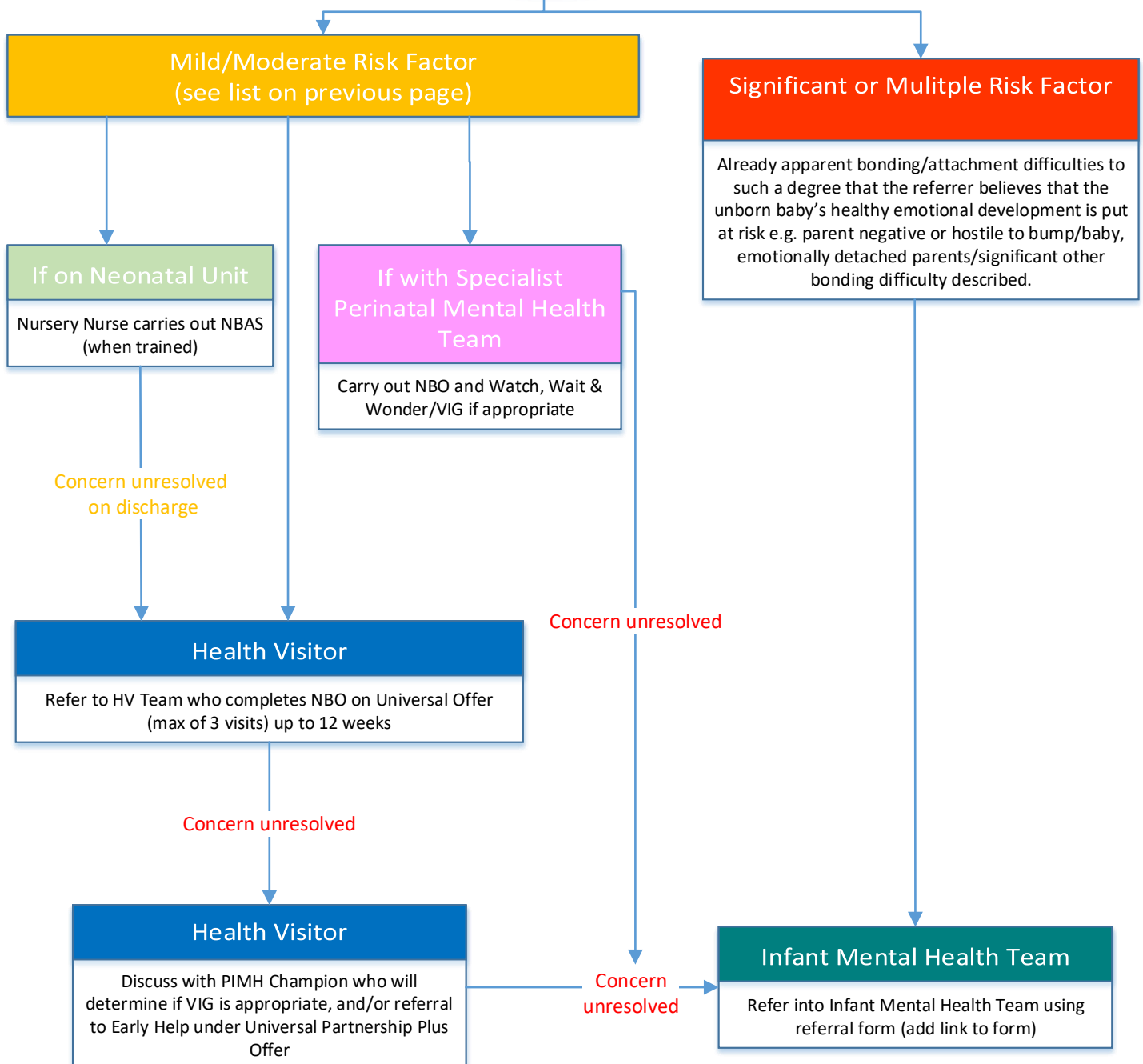


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Link to referral form



If concerned about mother's mental health, contact Specialist Perinatal Mental Health Team on 01452 894952 for advice, or refer via GCHNHSFT Contact Centre 0800 0151 499 (Mon-Fri, 9-5)

Professional (GP/MW/HV/SPMH Team/ Neonatal Nurse) raises concerns about mother/baby relationships



Infant Mental Health Team Referral Pathway



The Infant Mental Health Team are available to give advice and guidance on 01242 634050



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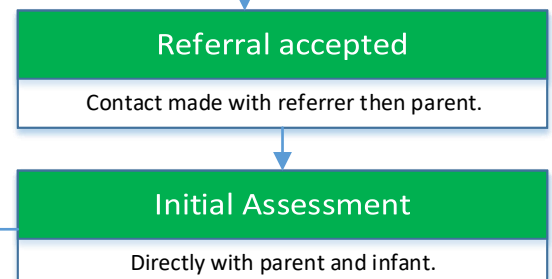
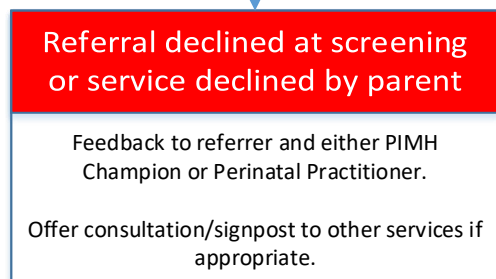


Refer to **safe guarding procedures (pre-birth multi-agency protocol 2019)** if there are any concerns including domestic violence, call 01452 426565



If concerned about mother's mental health, contact Specialist Perinatal Mental Health Team on 01452 894952 for advice, or refer via GCHNHSFT Contact Centre 0800 0151 499 (Mon-Fri, 9-5)

Referral received by
Infant Mental Health Team and
screened at weekly team meeting

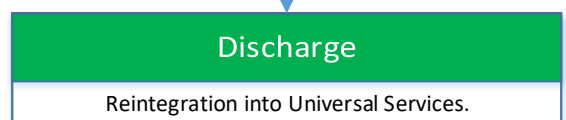
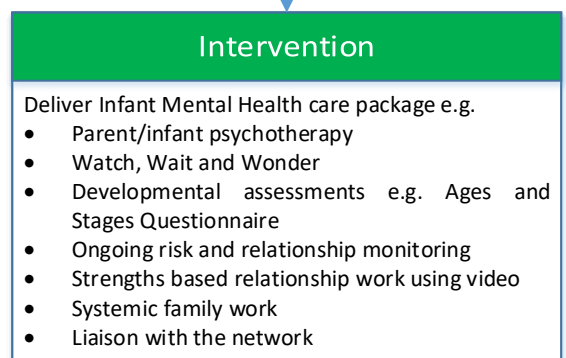


Service declined by parent

No indication for further intervention



Refer to **safe guarding procedures** if there are any concerns including domestic violence, call 01452 426565



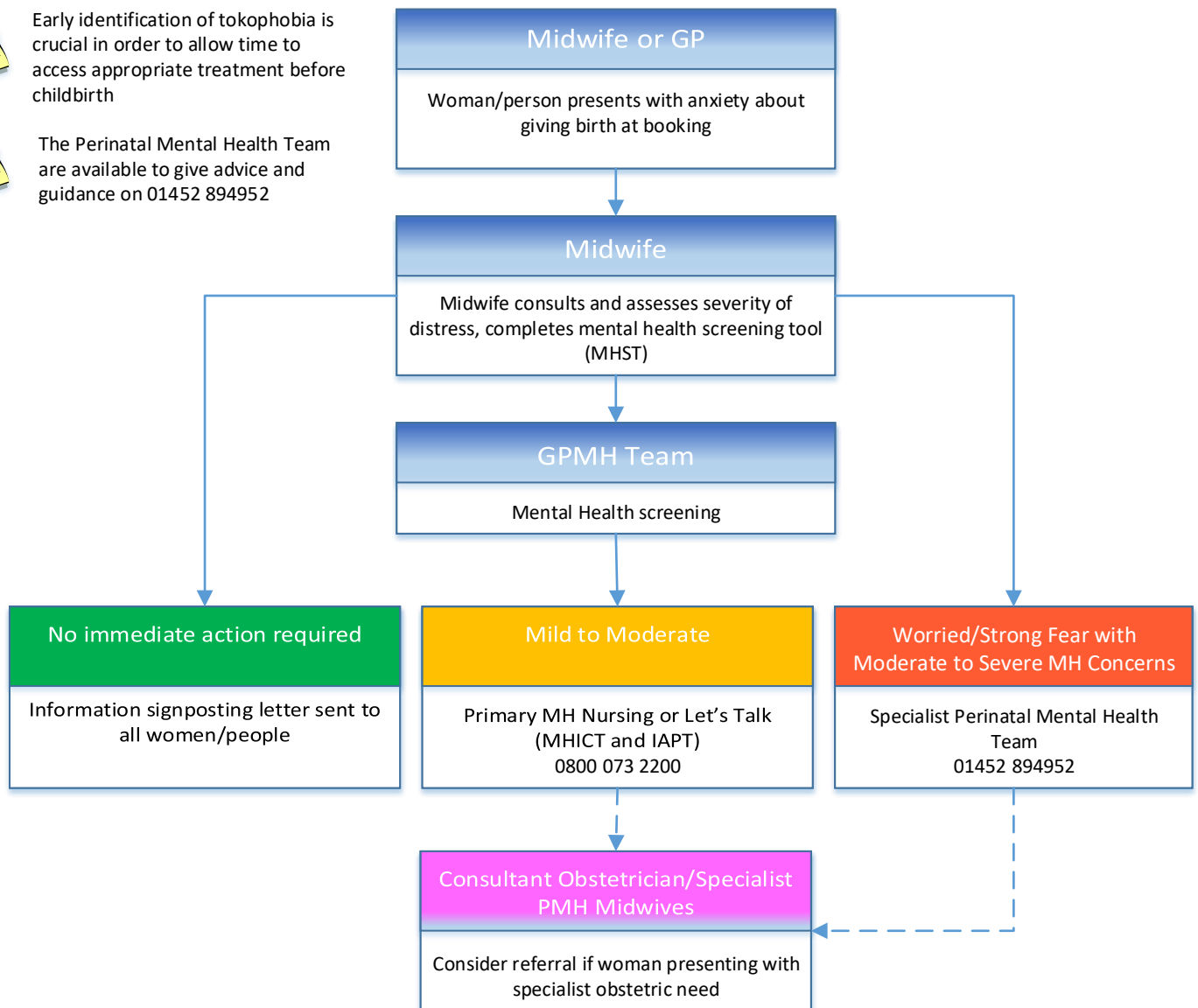
Perinatal Mental Health Referral Pathway for Primary Tokophobia (Fear of birth)

**Gloucestershire Health and Care NHS
Foundation Trust Contact Centre**
Mon-Sun - 9am-10pm - 0800 015 1499
Out of hours - 0800 169 0398

Women/people in the perinatal period are given priority access to the Let's Talk service for psychological help for mild to moderate symptoms of depression and anxiety

Early identification of tokophobia is crucial in order to allow time to access appropriate treatment before childbirth

The Perinatal Mental Health Team are available to give advice and guidance on 01452 894952



Women/people are likely to find it difficult to form a bond with their baby both during pregnancy and postnatally.

Please see the Infant Mental Health Pathway for advice and guidance if you are worried.

Please refer to the Pan London Guidelines and NICE Guidance for more information

For preconception advice follow preconception pathway (p.6)

For referrals later in pregnancy follow referral pathway (p.4)

Refer to **safe guarding procedures (pre-birth multi-agency protocol 2019)** if there are any concerns including domestic violence, call 01452 426565

Perinatal Mental Health Referral Pathway for Secondary Tokophobia (for pregnant women/people) and Birth Trauma

Women/people in the perinatal period are given priority access to the Let's Talk service for psychological help for mild to moderate symptoms of depression and anxiety

Early identification of tokophobia is crucial in order to allow time to access appropriate treatment before childbirth

The Perinatal Mental Health Team are available to give advice and guidance on 01452 894952

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Health Professional

Woman/person presents with anxiety about giving birth and/or birth trauma

antenatal

postnatal

Midwife / Health Visitor

Midwife consults and assesses severity of distress
Complete MH screening tool at booking if woman/person has mental health history

No immediate action required

Information signposting letter sent to all women

Mild to moderate

Primary MH Nursing or Let's Talk (MHICT and IAPT)
0800 073 2200

Worried/strong fear with moderate to severe MH concerns

Specialist Perinatal Mental Health Team
01452 894952
Follow referral pathway
See page 4

Midwife

Consider referral to Obstetric Mental Health Clinic
For advice, contact specialist midwife: 0300 422288

Midwife

Consider referral to joint Perinatal & Obstetric Mental Health Clinic
For advice, contact specialist midwife: 0300 422288

Midwife / Health Visitor

Midwife consults and assesses severity of distress

Mild to moderate

Primary MH Nursing or Let's Talk (MHICT and IAPT)
0800 073 2200

Worried/strong fear with moderate to severe MH concerns

Specialist Perinatal Mental Health Team
01452 894952
Follow referral pathway
See page 4

Consultant Obstetrician/Specialist PMH Midwife

Via midwife consider referral to specialist midwife or obstetrician referral

Women/people may find it difficult to form a bond with their baby both during pregnancy and postnatally.

Please see the Infant Mental Health Pathway for advice and guidance if you are worried.

The risk of self-harm and suicide may be raised once a pregnancy progresses beyond 24 weeks' gestation.

Please refer to the Pan London Guidelines and NICE Guidance for more information

For preconception advice follow preconception pathway (p.6)

Refer to **safe guarding procedures (pre-birth multi-agency protocol 2019)** if there are any concerns including domestic violence, call 01452 426565

Do not offer brief psychological interventions with an explicit focus on 're-living' the trauma to women who have had a traumatic birth.

*All professionals can refer for Birth Reflections via the Women's Centre or community midwife