Guideline for Maternal Mental Health Assessment

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1.0 Introduction

Mental health conditions are common during pregnancy and following the birth of a baby and can have serious consequences for the health and wellbeing of the mother and baby. This can have a significant impact on the mother-infant, mother-birth partner-infant bond and wider family relationships.

The latest MBRRACE-UK confidential enquiry into maternal mortality demonstrates that mental health-related causes as a whole, account for nearly 40% of deaths occurring within a year after the end of pregnancy and suicide remains the leading cause of direct deaths.

Depression and anxiety are the most common mental health problems in pregnancy affecting 1 in 10 women / pregnant person. Postnatal Depression affects 10 to 15 in every 100 postnatal women / pregnant person. Post-traumatic stress disorder (PTSD) following a traumatic birth affects approximately 4% of women / pregnant person giving birth each year. Puerperal psychosis is the most severe type of postnatal mental illness and often with mania and/or depressive symptoms, affecting around 1 in 1000 women / pregnant person.

Health professionals will use the guideline and risk assessment tools to identify women / pregnant person at risk of developing or exacerbating mental health problems and follow the referral pathway to support and signpost women / pregnant person for appropriate care.

2.0 Objective

This guideline is to assist health professionals in the prediction, detection and treatment of mental disorders in women / pregnant person during pregnancy and the postnatal period. To ensure that guidance is evidenced based and follows recommendations for best practice when caring for women / pregnant person with mental health conditions during pregnancy, the intrapartum and post-partum period

It will aid health professionals in ensuring women / pregnant person with both new episodes and/or recurrence of pre-existing mental health conditions in pregnancy and the postnatal period are detected, that women / pregnant person are on the correct referral pathway and are receiving the appropriate level of care and support. This includes where emergency support is required.

3.0 Scope

This guideline applies to all staff working within the maternity services in particular those involved in the identification and assessment of risk for women / pregnant person with mental health conditions who are receiving maternity care from Barnsley Hospital NHS Foundation Trust.

4.0 Main body of the document

4.1 Antenatal Care

4.1.1 Midwifery Led Care

Women / pregnant person with a previous history of anxiety or depression that are no longer on treatment and can be booked under midwifery led care.

4.1.2 Shared Care

Women / pregnant person with current mental health conditions/concerns, who have suffered with a previous mental illness antenatally or postnatally or who have stopped their medication less than 1 year ago are booked for shared care.

Women / pregnant person with the following conditions will be booked where possible under the obstetric clinical lead with an interest in mental health

- Previous psychosis
- Previous admission due to mental illness
- Schizophrenia
- Bipolar disorder

Woman / pregnant person who are Midwifery Led Care and who develop a mental health illness in pregnancy will need to be referred for shared care as above.

Some women / pregnant person with ADHD or a diagnosis on the autistic spectrum may be classified as having mental health issues and/or learning difficulties and will require shared care.

As a minimum an individualised management plan should be documented in the woman / pregnant person / pregnant person's maternity record on Electronic patient record (EPR).

4.1.3 First contact

The midwife will complete a mental health assessment with the woman / pregnant person at the first contact using the risk assessment in the workflow for antenatal booking within the maternity records on EPR. This can be repeated at any other time should the midwife have concerns during pregnancy.

If the responses are positive to the following questions -

During the last month have you been bothered by:

- Feeling down, depressed or hopeless
- Having little interest or pleasure in doing things
- Worrying or feeling very anxious about things

Use the PHQ-9 (Depression screening tool) and/or GAD-7 (Anxiety screening tool) score (Appendix 4) to assess the severity of the condition.

4.1.4 Subsequent antenatal visits

At subsequent antenatal contacts the midwife and/or obstetrician should discuss/review the woman / pregnant person's mental health and wellbeing. This should be recorded within the workflow for antenatal assessment within the woman / pregnant person's maternity record on EPR. If there are any new mental health concerns follow the booking pathway as above.

Women / pregnant person with pre-existing mental health issues including medication need to be followed up by the GP/current mental health provider or referred to specialist mental health services as outlined below.

4.1.5 Referrals

Specialist services for women / pregnant person with additional needs include support from the Mental Wellbeing Midwife (tel. 07779445162), this is an 'opt in' service. When women / pregnant person are referred to the Mental Wellbeing Midwife they receive contact via text offering support. If there is no reply within a week a letter is sent out to the women / pregnant person, GP and CMW and it is documented on EPR that there has been no engagement. When women / pregnant person reply to the text, the next available appointment is sent via text message. This offers the option for a face to face, telephone call or video call appointment. If the women / pregnant person do not attend the appointment a voice message and text message are left for the women / pregnant person to contact Mental Wellbeing Midwife if she requires support. This is then documented on the woman /

pregnant person's maternity record on EPR.

Non-urgent referrals are made to Improving Access to Psychological Therapies (IAPT) who offer specialist services for women / pregnant person with anxiety and depression.

The Perinatal Mental Health Service (PMHS) offer specialist services to women / pregnant person affected by moderate to severe mental health problems during pregnancy and 2 years postnatal. This includes care planning and support relating to mental health and the impact on bonding and attachment, specialist advice about the use of mental health medications during pregnancy and whilst breastfeeding, pre-conception advice for women / pregnant person planning a pregnancy who have concerns about their mental health. Urgent referrals (Monday-Friday 9am-5pm) and non-urgent referrals can be made (Please see Appendix 6 for contact number).

Urgent referrals including women / pregnant person with suicidal tendencies are referred to:

- In the community – Single Point of Access for mental health (SPA) this service is if the person is in Crisis (Please see Appendix 1 & Appendix 6 for contact number)
- In hospital – Mental Health Liaison Team (MHLT) (Please see Appendix 1 & Appendix 6 for contact number)

NB: If a women / pregnant person expresses a wish or desire to commit suicide the midwife can use the risk assessment for women / pregnant person with suicidal tendencies (Appendix 5) to determine the woman / pregnant person / pregnant person's / pregnant person's intent and provide further valuable information to SPA or MHLT when making the referral

For any referral made to the Mental Health Services a 'communication form' should be completed to aid information sharing referral form online.

4.1.6 Psychiatric medication

Women / pregnant person who have recently stopped taking their antidepressants or who are on any form of medication in pregnancy will need a review of the suitability of this medication. The woman / pregnant person / pregnant person needs to be referred to the initial prescriber for this review, usually their GP.
Advice can be sought from the hospital pharmacy department to discuss current best practice for taking medication in pregnancy, in the postnatal period and for withdrawal for the baby once born.

Management of women / pregnant person with Bipolar disorders and Schizophrenia has to be coordinated with patient's own GP/Psychiatrist.

4.1.7 Birth Thoughts Service

The service offers all antenatal women / pregnant person the opportunity to discuss previous birth experiences, anxieties in their current pregnancy, birth options or require support with complex choices.

Referral criteria includes tokophobia (fear of birth), increased anxiety around pregnancy, sexual abuse/assault requiring additional support, VBAC (vaginal birth after Caesarean Section) for women / pregnant person showing increased anxiety due to previous difficult birth experience only.

Referrals should be made via email to –
bdg-tr.birththoughtsclinic@nhs.net

4.1.8 Health Visitors

The health visitor will liaise with the community midwife after the 32 - 36 week assessment of the woman / pregnant person has been undertaken and inform the community midwife of any actions taken. The community midwife should then update the woman / pregnant person's maternity record on EPR.

4.2 Postnatal Care

During the postnatal period the midwife will monitor and document the women / pregnant person's emotional state on a daily basis and make appropriate referrals according to the Antenatal and Postnatal Mental Health Pathway.

NB: It is important to consider any underlying complex social issues including safeguarding, substance misuse and domestic violence and ensure good communication between services.

4.2.1 Birth in Mind Service

The Birth in Mind service is an integrated maternity and psychology service available for women / pregnant person wishing to discuss their birth experience. The service offers a 2-step approach –

1. Specialist Midwife 'Childbirth Review' - therapeutic listening service for women / pregnant person who want to talk through their birth experience, review of events giving a factual account, allows expression of feelings and emotions, validate their lived experience and offer discussion on future pregnancies.

2. Psychological support/therapy – for women / pregnant person showing signs of Post-Traumatic Stress Disorder (PTSD) – flash backs, nightmares, reliving events, irrational thoughts.

However eventful or complicated the birth may appear to professionals, given time the majority of women / pregnant person will make sense and meaning from the events with no psychological effect. It is important for women / pregnant person to recognise themselves if the birth was distressing or traumatic.

The childbirth review sessions are offered from 6-8 weeks postnatal (no upper limit), to enable screening for PTSD as a result of their birth experience. This allows time for women / pregnant person to process events and emotions, normal to the transition of childbirth and parenthood. For some women / pregnant person the childbirth review may be enough to help them process and rationalise what has happened. For women / pregnant person experiencing PTSD symptoms as a result of their child birth experience onward referral is made to our integrated psychology team for support, or PMHT, IAPT if more appropriate.

Women / pregnant person are encouraged to self-refer via telephone, email or QR code, referrals can also be made by a health or social care professional on their behalf.

Email bdg-tr.birthinmindservice@nhs.net
Tel 01226 436340 / 07775800557

4.3 Interpreters Services

For women / pregnant person whose first language is not English the trust policy for obtaining an interpreter should be used. This will be recorded in the woman / pregnant person's maternity record on EPR as appropriate.

5.0 Associated documents and references

NICE (2021) Antenatal and postnatal mental health. Clinical Management and Service Guidance. Clinical guideline 192 DOH

PHQ-9 (2005) Dr. R Spitzeretal et al, Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHD)

Mental health in pregnancy: Royal College of psychiatrists

Confidential Enquiry into Maternity and Child Health (2020). Saving mother's lives: Reviewing maternal deaths to make motherhood safer

Brodrick. A and Williamson. E (2020) Listening to women after childbirth. Routledge

6.0 Training and resources

Training will be given as documented in the Maternity Training Needs Analysis. This is updated on an annual basis.

7.0 Monitoring and audit

This guideline will be reviewed within 3 years of authorisation. It may be reviewed within this period if there are any reports, new evidence, guidelines or external standards suggesting a guideline review is required.

The Table below helps to focus the author on the monitoring requirements and must be used for all Trust Approved Documents. Assistance can be obtained from the Clinical Governance and Compliance Manager.

Minimum requirement to be monitored	**Process for monitoring e.g. audit**	**Responsible individual/ group/ committee**	**Frequency of monitoring**	**Responsible individual/ group/ committee for review of results**	**Responsible individual/ group/ committee for development of action plan**	**Responsible individual/group/ committee for monitoring of action plan and Implementation**
Care is delivered in line with this guideline	Review of Datix incident reports related to this guideline and review of appropriate referrals	**M Srinivas / Y Akhtar / M Addy**	**As and when required**	Specialty governance meeting	Specialty governance meeting	Overarching CBU governance meeting

8.0 Equality and Diversity

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This guideline should be implemented with due regard to this commitment.

To ensure that the implementation of this guideline does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This guideline can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this guideline This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

8.1 Recording and Monitoring of Equality & Diversity

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all guidelines will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.

Appendix 1 - Glossary of terms

ADHD – Attention deficit hyperactivity disorder
BHNFT – Barnsley Hospital NHF Foundation Trust
BSARC - Barnsley Sexual Abuse and Rape Crisis
CMHT - Community Mental Health Team
EPR – Electronic Patient Record
GP -General Practitioner
IAPT – Improving access to psychological therapies
IR1 - Incident Report
NHS – National Health Service
NICE – National Institute for Health and Clinical excellence
PMHT – Perinatal Mental Health Service
PTSD – Post Traumatic Stress Disorder
SPA – Single Point of Access

Appendix 2 – Antenatal Mental Health Pathway – see below

Appendix 3 – Postnatal Mental Health Pathway – see below

Appendix 4 – Birth in Mind referral pathway – see below

Appendix 5 – Combined PHQ-9 & GAD-7 tool – see below

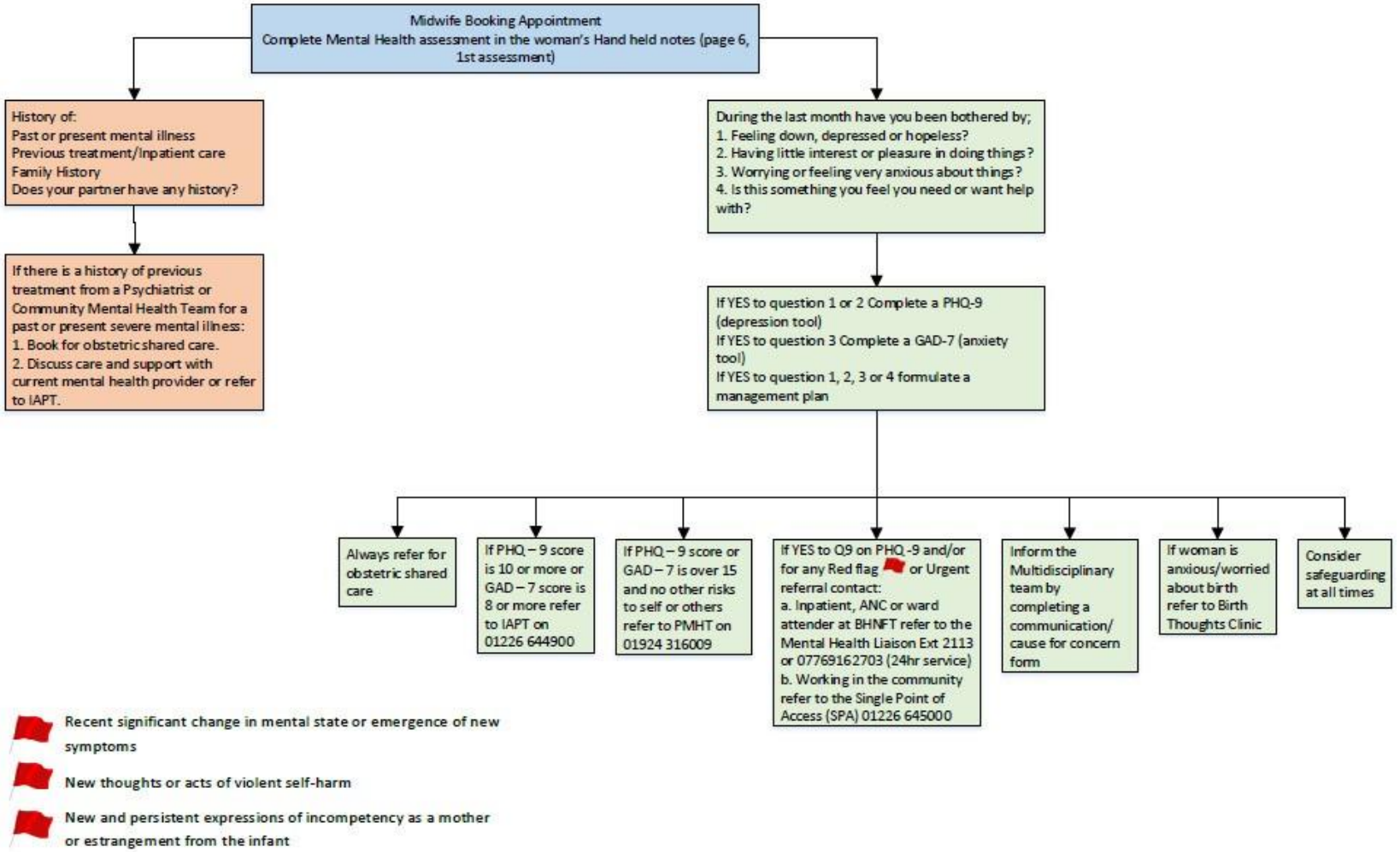
Appendix 6 – Suicide Risk Assessment – see below

Appendix 7 – Contact Numbers – see below

Appendix 2

Antenatal Maternal Mental Health Pathway

NHS
Barnsley Hospital
NHS Foundation Trust



Appendix 3

Post Natal Maternal Mental Health Pathway

Midwife Postnatal appointment

Complete the emotional assessment in the 'Postnatal Care Plan for Mother; maternal daily observation chart'. If concerned consider completion of PHQ-9 or GAD-7. Refer appropriately following the antenatal pathway

Health Visitor Birth Visit (up to 14 days)

Observe for signs of Puerperal Psychosis

If not previously disclosed any risk factors Prediction Questions

General discussion re mental health & wellbeing - if concerned consider completion of PHQ 9 / GAD 7

Risk assessment as necessary

Health Visitor 6 – 8 Week Contact

Ask detection questions ** Risk assessment as necessary

Health Visitor 8 - 12 Month Contact

Ask detection questions ** Risk assessment as necessary

Health Visitor 3 – 4 Month Contact

Ask detection questions ** Risk assessment as necessary

Health Visiting Options following assessment: No problems identified / sub threshold:

Routine care

Referral to children's centers or community groups

'Watchful waiting' – review in 2 weeks

Mild to Moderate:

Listening visits up to a max 8 (only if not accessing other 'therapies') Offer access to guided self help

Referral to IAPT 01226 644900 Referral to GP

Moderate to Severe:

Referral to GP

Referral to secondary mental health services Referral to mental health access team

Prediction questions: *Past history of mental illness; previous treatment / inpatient care; family history – if any of above consider a referral to secondary mental health if mother consents

Detection questions: **1st two questions of PHQ 9 / GAD 7 and complete full assessment if any issues identified

Appendix 4

Birth in Mind referral pathway

Woman appraises / discloses she has had a difficult birth experience and wants to talk about her experience to fill in gaps and make sense of events or is showing signs of emotional distress as a result of her birth experience, beyond the normal emotional response to childbirth.

Is the woman 6 weeks postnatal?

No

Listen to and validate the woman's experience. Refer to / provide Birth in Mind Service poster / leaflet available in discharge pack

Reassure the woman that these feelings after birth are normal and can take up to 6 weeks to resolve. Support provided by CMW / HV / friends & family. If not subsided after 6 weeks refer to Birth in Mind Service (self-referral or professional) either by:

- Email: bdg-tr.birthinmindservice@nhs.net
- Telephone on **07775800557 / 01226436340**

If you have significant concerns about a woman's emotional wellbeing relating to her birth experience prior to 6 weeks postnatal please contact the Birth in Mind to discuss what support might be most helpful.

Note: if urgent mental health support is required please contact the inpatient Mental Health Liaison Team on 07623 903261 or Community Crisis Response Team on 01226 645000.

NOTE:
If referral to Birth in Mind service is made before 6 weeks postnatal and no significant concerns have been raised by the referrer then an appointment will be made for after 6 weeks postnatal or in some cases a 'holding' letter will be sent to the woman explaining that we have received a referral and advise they can contact the service after 6 weeks if feelings have not resolved.

Yes

Advise woman she can self-refer or professional referral either by:

- Email: bdg-tr.birthinmindservice@nhs.net
- Telephone on **07775800557 / 01226436340**
  OR
- Midwife/Health visitor/GP can refer on woman's behalf via above details

Note: There is no upper time limit on when a woman can be seen

Specialist Midwife - Birth in Mind to contact woman within 5 – 10 working days to arrange a Childbirth Review Session

Following Childbirth review the following outcomes will be recorded in the woman's notes on Meditech:

- Summary of discussion
- Details of follow up if relevant / required including:
- Referral to Birth in Mind psychology team (following discussion with team)
- Referral to other service:
  - Light Peer Support
  - IAPT
  - PMHT
  - Other (details provided)
- Follow up with Obstetric Consultant / Paediatric Team / Anaesthetic Team or other relevant service.

Appendix 5

Barnsley Hospital NHS
NHS Foundation Trust

Name: ……

D.O.B……..

Unit No:……..

Gestation: ……

(Depression Tool)

PHQ-9 Questionnaire

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?	Not At All	Several Days	More Than Half The Days	Nearly Every Day
1. Little interest of pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep or staying sleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6 Feeling bad about yourself– or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Total Score (out of 27) ☐

GAD-7 Questionnaire (Anxiety Tool)

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?	Not At All	Sever-al	More Than Half The Days	Nearly Every Day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6 Becoming easily annoyed or irritable	0	1	2	3
7. Feel afraid as if something awful might happen	0	1	2	3

Total Score (out of 21) ☐

Appendix 6

Mental Health Access Team Assessment Tool for Risk of Suicide

In the past two weeks:

1. What kind of thoughts have you had and how often?

2. Have you planned how you will commit suicide/end your life/harm others?
   If the reply is yes to the above question you need to ask if their plans include any children they may have access to:

3. Have you made any actual preparations?

4. Have you had thoughts like this in the past?

5. Have you acted on these thoughts before if so, what happened?

6. If you didn't act on these thoughts before, what stopped you?

7. What has stopped you in the past two weeks of committing suicide or ending your life/harming others?

8. Actions Taken?

Appendix 7

Contact numbers for other relevant services

Urgent Referrals

Inpatient or Out patient attender including ANC and ANDU
Mental Health Liaison Team based at BHNFT – for same day urgent referral (24 hour service, 7 days a week) contact 07623903261

Community
Single Point of Access (SPA) 01226 645000 The phone will be automatically diverted to the Intensive Home Based Treatment Team 24 hour service, 7 days a week if SPA is not available.

24-hour mental health helpline: 0800 183 0558

NHS 111 Service (Freephone, available 24 hours)

Samaritans support line: 116 123 (Freephone, available 24 hours)

Perinatal Mental Health Team 01924 316009 (Monday – Friday 9am-5pm)

Non urgent referrals

IAPT – for current, non-urgent mental illness or for advice and support 01226 644900

Community Mental Health Team – for past or present severe mental illness. For advice and support contact 01226 644900

Bereavement Midwife tel. 07540677431

Barnsley Sexual Abuse and Rape Crisis Services 'BSARCS' tel. 01226 320140

GP surgery

Appendix 8 (must always be the last appendix)
Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author
1	Aug 2011		
2	11 Aug 2014		M Srinivas / Y Akhtar / A Smith
3	11 Apr 2016		M Srinivas / Y Akhtar / A Smith
4	21 May 2018		M Srinivas / Y Akhtar / A Smith
5	7 Mar 2023		M Srinivas / Y Akhtar / M Addy

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date