

## Norfolk and Waveney Local Maternity and Neonatal System Guideline for Perinatal Mental Health

### A clinical guideline recommended

<b>For use in:</b>	Norfolk and Waveney Local Maternity and Neonatal System
<b>By:</b>	Obstetricians, Midwives, Paediatricians, Support Staff, Medical and Midwifery Students
<b>For:</b>	Antenatal and postnatal mental health
<b>Division responsible for document:</b>	NNUH: Women's and Children's Services JPUH: Women's, Children and Surgery QEH: Women's and Children's
<b>Key words:</b>	Mental health, depression, anxiety, obsessive compulsive disorder, bipolar disorder, perinatal, pregnancy, psychosis
<b>Names of document authors:</b>	Jodie Yerrell, Emma Wiskin
<b>Job title of document authors:</b>	Better Births Lead Midwife
<b>Name of document author's Line Manager:</b>	Nicola Lovett
<b>Job title of author's Line Manager:</b>	CCG Lead Midwife
<b>Supported by:</b>	Dr Rebecca Horne and Dr Somayya Kajee-Consultant Perinatal Psychiatrists (Norfolk and Suffolk Foundation Trust)
<b>Assessed and approved by the:</b>	Maternity Guidelines Committee
<b>Date of approval:</b>	03/12/2021
<b>Ratified by or reported as approved to (if applicable):</b>	Clinical Safety and Effectiveness Sub-Board
<b>To be reviewed before:</b> This document remains current after this date but will be under review	03/12/2024
<b>To be reviewed by:</b>	Specialist Midwives
<b>Reference and/or Trustdocs ID No:</b>	879
<b>Version No:</b>	3
<b>Compliance links: (is there any NICE related to guidance)</b>	National Institute for Health and Clinical Excellence. (December 2014) Clinical guideline 192: Antenatal and postnatal mental health
<b>If Yes – does the strategy/policy deviate from the recommendations of NICE? If so, why?</b>	No deviation

## Norfolk and Waveney Local Maternity and Neonatal System Guideline for Perinatal Mental Health

### Version and Document Control:

Version Number	Date of Update	Change Description	Author
2	28/05/2021	Revised document for use in Norfolk and Waveney LMNS to reduce need for additional guidelines in each of the Trusts.	Jodie Yerrell, Emma Wiskin
3	03/12/2021	Addition of suspected puerperal psychosis and risk assessment	Jodie Yerrell, Emma Wiskin

### This is a Controlled Document

Printed copies of this document may not be up to date. Please check the hospital intranet for the latest version and destroy all previous versions.

Contents	Page
Quick Reference A Mental Health Pathway Hospital Setting	3
Quick Reference B Mental Health Pathway Community Setting	4
Quick Reference C Appendix use per Trust	5
Objectives, Rationale, Background	6
Glossary, Broad Recommendations	7
Identification of pregnant women with mental health needs	8
Clinical Audit Standards, Summary of development and consultation	14
Distribution list, Training needs, References	15
Appendix 1 – Patient Health Questionnaire	16
Appendix 2 - Generalized Anxiety Disorder	17
Appendix 3 – Mental Health Referral	18
Appendix 4 - Norfolk and Waveney Perinatal Mental Health Team Referral form	21
Appendix 5 – Perinatal Mental Health Team – Professional Referral form	26
Appendix 6 – Perinatal Community Mental Health Referral form	29
Appendix 7 – Integrated Care Plan	31
Appendix 8 - Mental Health Screening	40
Appendix 9 – Monitoring Compliance	41

# Norfolk and Waveney Local Maternity and Neonatal System Guideline for Perinatal Mental Health

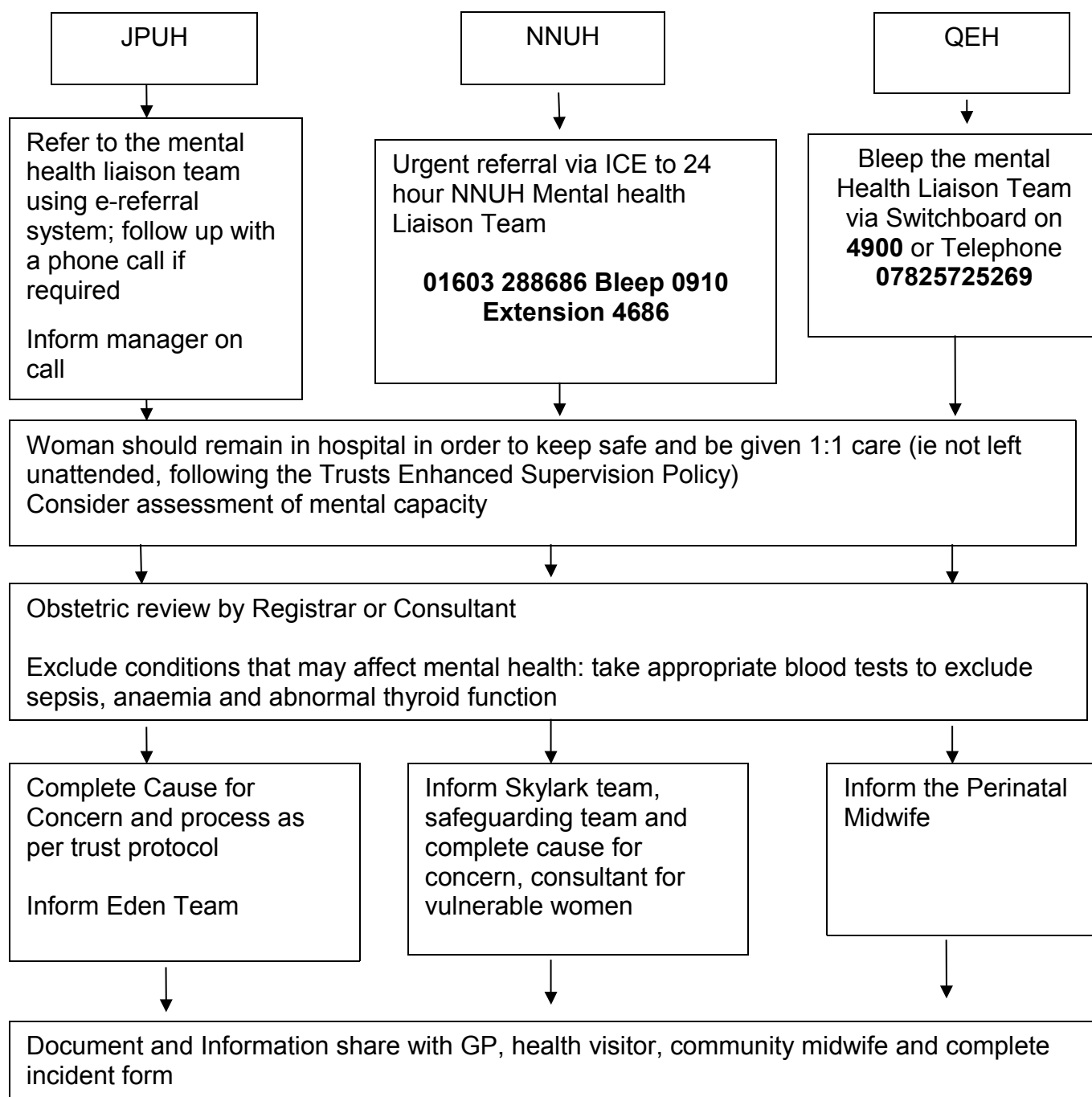
## Quick Reference Guide A

Mental Health Pathway for Women in Crisis in a **Hospital Setting**

**Women presents with emergency symptoms:**

### Suspected puerperal psychosis

Strong suicidal thoughts or with plans  
Hostile thoughts about baby with intent to  
harm the baby or another person

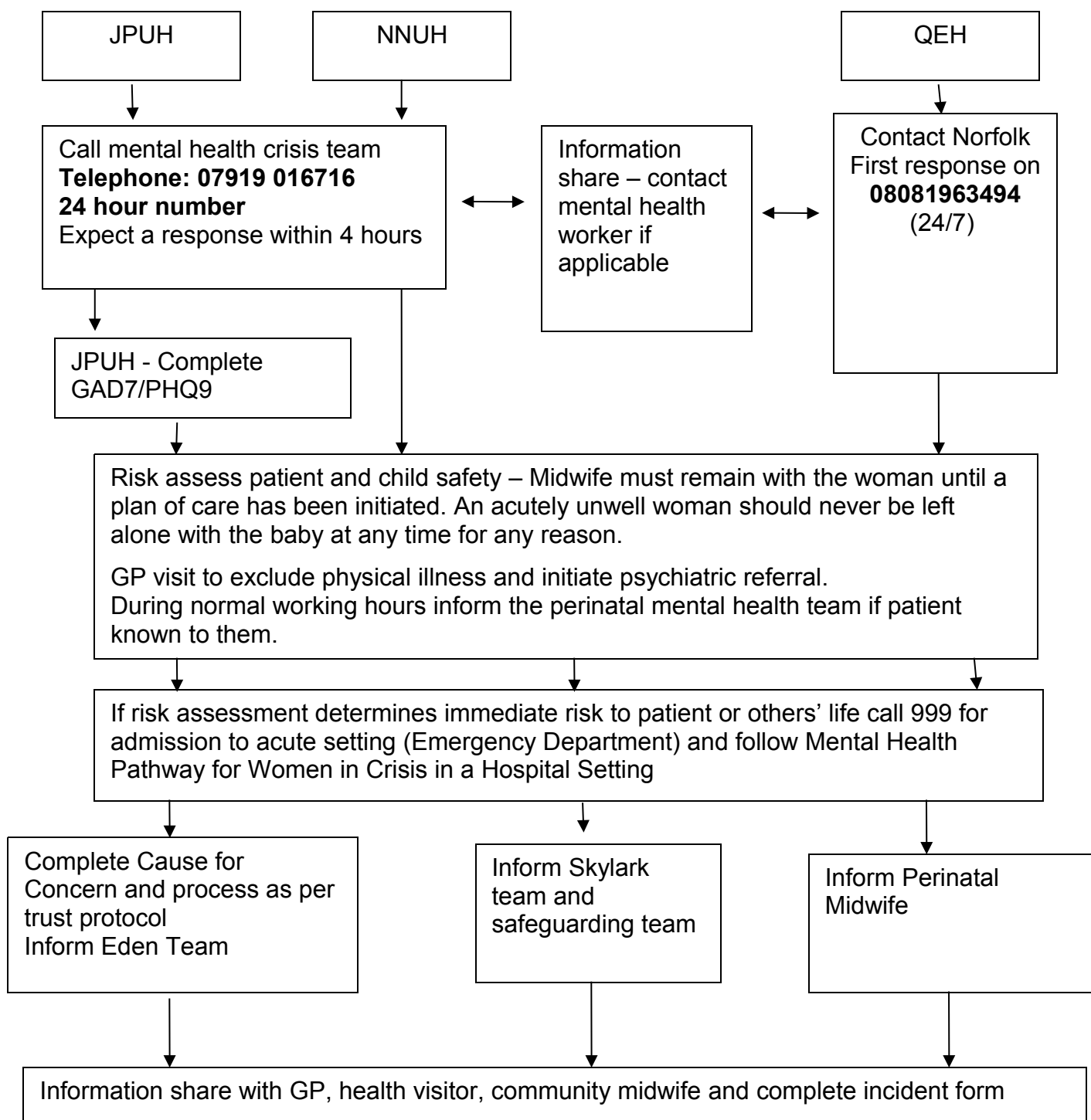


# Norfolk and Waveney Local Maternity and Neonatal System Guideline for Perinatal Mental Health

## Quick Reference Guide B

Mental Health Pathway for Women in Crisis in a **Community Setting**  
**Women presents with emergency symptoms:**  
**Suspected puerperal psychosis**

Strong suicidal thoughts or with plans  
 Hostile thoughts about baby with intent to harm the baby or another person



**Norfolk and Waveney Local Maternity and Neonatal System  
Guideline for Perinatal Mental Health**

**Quick Reference Guide C  
Appendix use per trust**

<b>Appendix Number</b>	<b>Title</b>	<b>Page</b>	<b>JPUH</b>	<b>NNUH</b>	<b>QEH</b>
<b>1</b>	<b>Phq-9</b>	<b>17</b>	√	√	√
<b>2</b>	<b>GAD-7</b>	<b>18</b>	√	√	√
<b>3</b>	<b>Mental Health Referral form</b>	<b>19</b>	√	√	<b>x</b>
<b>4</b>	<b>Norfolk and Waveney perinatal health team referral form</b>	<b>22</b>	√	√	√
<b>5</b>	<b>CPNMH referral blank</b>	<b>27</b>	<b>x</b>	<b>x</b>	√
<b>6</b>	<b>PNMH referral Lincs</b>	<b>31</b>	<b>x</b>	<b>x</b>	√
<b>7</b>	<b>Integrated Care Plan</b>	<b>34</b>	√	√	√
<b>8</b>	<b>LB second Form</b>	<b>44</b>	<b>X</b>	<b>X</b>	√
<b>9</b>	<b>Clinical Audit Standard</b>	<b>47</b>	√	√	√

# Norfolk and Waveney Local Maternity and Neonatal System Guideline for Perinatal Mental Health

## Objectives

To meet the mental health needs of the women during pregnancy and in the postnatal period by:

- Identifying women who are at risk of developing a mental health condition, including maternal red flags.
- Identifying women who have a current mental health condition.
- Identifying women who are at risk of their pre-existing mental health condition being exacerbated during pregnancy and in the postnatal period.
- Outlining the process for accessing local perinatal mental health services.
- Encouraging women to engage with the support strategy within primary health care team.
- Facilitate effective inter-professional communication and development of individual management plans, with all professionals having clearly defined roles and responsibilities.

## Rationale

Effective clinical risk assessment at booking and during the antenatal period can identify women who may be at increased risk of perinatal illness. This guideline identifies the prompt action required when maternal red flags are present. Appropriate intervention and support can minimise the risks to the mother, baby and the family unit.

The QEH covers three counties (Norfolk, Lincolnshire and Cambridgeshire) therefore the relevant referral form should be used for each county which will be found in the appendices.

## Background

Psychiatric disorder during pregnancy and following delivery is common; both new episodes and recurrences of pre-existing conditions. Depression and anxiety are the most common mental health problems during pregnancy and in the first year after childbirth (15-20%). During this time, anxiety disorders, including panic disorder, generalised anxiety disorder (GAD), obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and tocophobia, can occur on their own or can coexist with depression. Psychosis can re-emerge or be exacerbated during pregnancy and the postnatal period. Postpartum psychosis affects between 1 and 2 in 1000 women who have given birth. Women with bipolar I disorder are at particular risk, but postpartum psychosis can occur in women with no previous psychiatric history. Mental health issues during pregnancy and the puerperium are common. Ten per cent of new mothers develop a depressive illness in the first year post delivery and between 3-5% will be suffering from severe depression.

## Norfolk and Waveney Local Maternity and Neonatal System Guideline for Perinatal Mental Health

MBRRACE-UK (2021) report highlighted mental health conditions as the fourth highest cause of direct maternal deaths occurring during or within 42 days of the end of pregnancy. Maternal suicide remains the leading cause of direct deaths occurring during pregnancy or up to a year after the end of pregnancy. Of the women who died between 2016-2018, 13% (28 women) of them were known to have mental health problems. If untreated, women may remain depressed, sometimes for many years, with consequent negative impact not only for the mother but also for other family members.

### Glossary

PTSD	Post-Traumatic Stress Disorder
PD	Personality Disorder
PHQ-9	Patient Health Questionnaire 9
GAD-7	Generalised Anxiety Disorder Assessment Tool
CFC	Cause for Concern
SSRIs	Selective Serotonin Reuptake Inhibitors
ANC	Antenatal Clinic
HV	Health Visitor

### Broad recommendations

#### Preconception

Women who initiate contact with maternity services before they become pregnant should be offered referral to the community perinatal mental health team for preconception counselling if they have a complex or severe mental health problem. Referrals should be made using the referral forms in Appendices 3 and 4.

#### Pregnancy risk factors associated with mental health disorders

- Past or present severe mental illness
- Previous mental health treatment
- A family history of mental health problems
- Women who are involved in child protection case conferences and when there are plans for the removal of the new born
- Unwanted pregnancy, particularly if gestation is too advanced for termination
- Other specific predictors, such as poor relationships with her partner, should not be used for the routine prediction of the development of a mental disorder (NICE 2007)

# Norfolk and Waveney Local Maternity and Neonatal System Guideline for Perinatal Mental Health

## Identification of pregnant women with mental health needs

At a woman’s first contact with the maternity services, healthcare professionals should identify those women who have a current mental health problem, or are at risk of developing a mental health problem.

At the booking antenatal visit, all women should be asked questions about their mental health. If the below are disclosed they should be triaged using the risk assessment tool below: -

Table 1

Conditions requiring monitoring throughout perinatal period with consideration for referral where required:	Conditions requiring referral to mental health services:
<ul style="list-style-type: none"> <li>• Depression not requiring treatment</li> <li>• Mild depression on treatment or seeing a counsellor.</li> <li>• Mild anxiety</li> <li>• Self-limiting postnatal depression</li> <li>• History of self-harm/suicidal thoughts</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate or severe depression/anxiety</li> <li>• Diagnosis of bipolar affective disorder, schizophrenia, borderline personality disorder.</li> <li>• Current psychotic illness</li> <li>• Post-traumatic stress disorder</li> <li>• Obsessive compulsive disorder</li> <li>• Current eating disorder</li> <li>• Current/recent self-harm and or suicidal thoughts</li> <li>• Tocophobia</li> <li>• Postnatal depression requiring medication</li> <li>• Past history of puerperal psychosis</li> <li>• Psychosis in a first degree family member (if presenting with even mild symptoms).</li> </ul>
<p>It is imperative that midwives use their clinical judgement when using this assessment tool. If you are unsure of whether referral to mental health services should be initiated contact the specialist midwifery teams for advice.</p>	

At the booking appointment the midwife should ask the following two questions (known as the Whooley questions) to identify possible depression:



## Norfolk and Waveney Local Maternity and Neonatal System Guideline for Perinatal Mental Health

**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?**

If the woman answers “**yes**” to either of these initial questions, a third question should be asked – **Is this something you feel you need or want help with?**

If the woman then answers “**yes**” to this third question, then consider PHQ9 (Appendix 1) and GAD7 (Appendix 2) screening or discuss with the community perinatal mental health team for advice.

At every antenatal and postnatal contact, all healthcare professionals (midwives, obstetricians, health visitors and GPs) should ask about the women’s mental health, if there are any concerns then she should go on to ask the Whooley questions and follow up as above.

For women where English is not their first language every opportunity should be taken to use translation services to ask the Whooley questions at booking and also during the antenatal and postnatal period.

Language Line: 0845 310 9900 / 0800 169 2694	
James Paget Hospital	Code: L25095 (inpatient); L25096 (outpatient)
Norfolk and Norwich Hospital	Code: L48010
Queen Elizabeth Hospital	Code: L31648

How to access face-to-face translation services: CINTRAN (face to face translation):  
01223 346870

All staff have responsibility to identify record, flag, share, act upon and meet the information and communication support needs of patients, service users, carer’s and parents, where they relate to a disability, impairment or sensory loss.

### **Mental Health Pathway for Women Identified with Moderate-Severe Mental Health Conditions (As per table 1.)**

- Recommend and refer for Consultant Led Care (in the Trusts where joint perinatal clinics are available the named consultant should be the perinatal mental health link consultant obstetrician.)
- Community/continuity midwife to complete cause for concern and process in usual way. At Queen Elizabeth Hospital, Midwives refer to Perinatal Midwife via Badgernet.
- Complete PHQ9 form (Appendix 1) for women presenting with low mood and GAD7 (Appendix 2) for women experiencing generalised anxiety symptoms. The calculated score will inform the professional about the action to be taken. The frequency of which a PHQ9/GAD7 is completed will depend on individual need

## Norfolk and Waveney Local Maternity and Neonatal System Guideline for Perinatal Mental Health

and clinical judgement. These tools allow an assessment of improvement or deterioration in a patient's mental health and will support a referral to mental health services, where required.

- QEH referrals to the PNMHT to be made using County appropriate forms. The Lincolnshire referral needs to have the LB screening tool also attached with it.
- JPUH should complete mental health referral form (Appendix 3) or perinatal mental health referral form (Appendix 4) and email copies to those stated on the form with the PHQ9/GAD7 form/score if required.
- NNUH refer to Perinatal Mental Health Team using Appendix 4
- Ask about medication taken for mental disorder/illness and complete neonatal/fetal alert form (for further details section on neonatal/fetal alert).
- Discuss with the Health Visitor (HV) at monthly meeting. Book a joint assessment with the HV as close to 28 weeks gestation as possible, for analysis of impact of mental health problems on family and parenting capacity. This may take the form of a joint visit to the home or a joint professional discussion – a Pre-Birth Risk Assessment form should be completed.
- Midwives can offer additional support to women and families by signposting women to national/local support groups.
- Advice can be sought from specialist midwifery teams.
- Ask about her mental health at all subsequent contacts (consider Whooley questions) and document the conversation Act on any disclosures as required.
- Document in the maternity records.

### **Integrated Care Plan (See Appendix 5)**

The integrated care plan should;

- Be developed with the woman, her partner, family members, carers and all relevant healthcare professionals
- Include any plans made by specialist mental health services
- Initiated by 32 weeks and an agreed plan finalised by 34 weeks gestation
- The obstetrician will need to plan additional care including assessing the need for additional maternal and/or fetal monitoring.
- This integrated care plan should be documented in the electronic maternity notes and a copy provided to the woman. It is essential that all relevant health and social care professionals (GP, HV) are sent a copy of this plan by email and this will normally be arranged by the perinatal mental health team.

# Norfolk and Waveney Local Maternity and Neonatal System Guideline for Perinatal Mental Health

## Medication Management

For women who are medicated with psychotropic medication (e.g. SSRIs), the usual advice is to remain on this medication as there is a 70% risk of relapse, if the treatment is withdrawn. Women should be on treatment at the minimum effective dose to prevent a relapse of her mental health problems, as the benefit of stable mental health far outweighs the small risk to the fetus.

Specialist advice from a perinatal psychiatrist should be urgently sought if a woman with a history of severe mental illness becomes pregnant and is considering discontinuing medication. This includes women prescribed Lithium, Sodium Valproate, clozapine, antipsychotic medication, mood stabilisers and complex psychiatric medication regimens. Specialist advice can be sought by contacting the perinatal mental health team duty number: 01603 786781

## Neonatal/Fetal Alert

A neonatal/fetal alert should be completed for women who are medicated with any mental health medications. The neonatal/fetal alert should be initiated by the community/continuity midwife at booking or by any professional who comes in to contact with the woman throughout her pregnancy (i.e. Antenatal Clinic). If new medication is commenced in the pregnancy a neonatal/fetal alert should be initiated at the earliest opportunity.

The neonatal/fetal must include all detail, including dose, length of time taken and if the woman has ceased her medication, how long ago and was advice taken. If medication has been ceased due to the pregnancy, advise her about the risks of ceasing medication and advise her to attend the GP for a medication review.

Individualised management plans will be made in line with the Neonatal Abstinence Syndrome guideline.

## Breastfeeding

Women taking most psychotropic medications can breastfeed, but women should be made aware of any risks they are exposing their baby to through breast milk to ensure they are fully informed about their choice of infant feeding. For further information on medication in pregnancy and breast feeding, please refer to the links below;

[www.choiceandmedication.org/nsft](http://www.choiceandmedication.org/nsft)

[www.medicinesinpregnancy.org](http://www.medicinesinpregnancy.org)

[www.breastfeedingnetwork.org.uk/drugs-factsheets](http://www.breastfeedingnetwork.org.uk/drugs-factsheets)

<https://www.ncbi.nlm.nih.gov/books/NBK501922/>

# Norfolk and Waveney Local Maternity and Neonatal System Guideline for Perinatal Mental Health

## Signs of Deteriorating Mental Health

During the antenatal or postnatal period, there may be a fluctuation in a woman's mental health. Symptoms that are suggestive of deteriorating mental health include:-

- Poor sleep pattern
- Sleep deprivation
- Loss of appetite
- Low mood
- Discordant thought
- Hallucinations
- Suicidal thoughts
- Deliberate self-harm
- Bonding difficulties
- Emerging thoughts of inadequacy as a parent

It is recommended that for those women who report these symptoms, advice is sought from a specialist midwife or the community perinatal mental health team (i.e. using the routine number). An increase in professional contact with the woman, in order to monitor well-being, is essential.

## Maternal Red Flags

- **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.**
- **Two episodes during perinatal period of acute anxiety around health (either mother/baby)**



In **crisis** situations or presentation of any red flags or a pregnant or new mothers who expresses suicidal intent please follow quick reference guides A (hospital) and B (community) at the beginning of this guideline.

NB: During the perinatal period a patient's mental health can fluctuate widely and therefore threshold for referral should be lower than that of the normal population.

## Norfolk and Waveney Local Maternity and Neonatal System Guideline for Perinatal Mental Health

### At JPUH

- Ask the woman if she has made plans to commit suicide. If she confirms – urgent referral to the crisis team is required. **Telephone: 07919 016716** (24 hour service). When contact is made by telephone, please then email the referral form (Appendix 3)
- No plans, but suicidal thoughts and previous history of suicide attempt – refer to Access & Assessment Team as semi-urgent (3 day service)
- No plans, but suicidal thoughts and no previous suicide attempt – refer to Access & Assessment Team.
- If a woman indicates she has a low mood, observe body language and presentation. Ask directly if the low mood includes dark thoughts of hurting herself. Has she made a plan to kill herself, has she acted on these thoughts/feelings.
- In less urgent situations where assessment is indicated within 24 hours or routinely (within 28 days) the referral can be emailed to: Access & Assessment Team

### At NNUH

- Ask the woman if she has made plans to commit suicide. If she confirms – urgent referral to the crisis team is required. **Telephone: 07919 016716** (24 hour service).
- Inform Community Perinatal Mental Health Team 01603 786781 (office hours).

### At QEH

- Referral for the above would be via the Bleep number which directly contacts the Mental Health Liaison team.

The midwife and doctor should be mindful of medical conditions that can affect mental wellbeing and take appropriate blood tests to exclude sepsis, anaemia and abnormal thyroid function (FBC and TSH).

A copy of the referral should be added to the maternal record (where possible within the electronic maternity record).

# Norfolk and Waveney Local Maternity and Neonatal System Guideline for Perinatal Mental Health

## Non-Urgent Referrals

The following referral pathways are available for pregnant women who require mental health support:

- GP
- Well Being Service ([www.wellbeingnands.co.uk/norfolk](http://www.wellbeingnands.co.uk/norfolk))
- Mental health team ([aat.referrals@nsft.nhs.uk](mailto:aat.referrals@nsft.nhs.uk) / [aat@gyw.nhs.net](mailto:aat@gyw.nhs.net))
- Perinatal mental health team (01603 786781)
- Specialist midwives (refer to local contact numbers)

For referral perinatal mental health team, please use the referral form in Appendix 4. If you are unsure if a referral is appropriate to the perinatal mental health team, please discuss the case directly with the Perinatal Team on 01603 786781.

JPUH to use Appendix 3 referral form when referring to Mental Health team

## Clinical Audit Standards

The local Maternity services are committed to the philosophy of clinical audit. Therefore the standards contained within this clinical guideline will be subject to continuous audit, with multidisciplinary review of the audit results at shared learning meetings. The results will also be summarised and a list of recommendations formed into an action plan, with a commitment to re-audit within three years, resources permitting.

Audit standards derived from this guideline (Appendix 8):

1. Suitable identification women who have a current mental health illness or who are at risk.
2. Appropriate referrals for women with moderate-severe mental health.
3. Documentation of an integrated plan for all women with a severe mental health condition.
4. Documentary evidence that clear lines of multi-professional communication have been established where appropriate.
5. Training is delivered as identified in the training needs analysis.

## Summary of development and consultation process undertaken before registration and dissemination

During its development it has been circulated for comment to Dr. Rebecca Horne and Dr Somayya Kajee (Consultant Perinatal Psychiatrists at the Norfolk and Suffolk Foundation Trust).

# Norfolk and Waveney Local Maternity and Neonatal System Guideline for Perinatal Mental Health

## Distribution list / dissemination method

The guideline will be available electronically at all 3 acute maternity hospitals within the local maternity neonatal system (LMNS).

This guideline supersedes any previous local or LMNS guidelines.

## Training needs

Mental health training on mandatory training days includes information on maternal mental health disorders, risk assessment methods and referral routes, as well as the child protection issues. It is best practice for the specialist teams to review their training plans together on an annual basis ensuring that training meets the minimum requirements in the perinatal framework.

This will be given to all staff on a yearly basis and also on a bespoke basis where upskilling (i.e. rotation/continuity) needs or individual training needs are identified.

## References / source documents

1. MBRRACE-UK (2021) MBRRACE-UK: Saving Lives, Improving Mothers' Care 2020: Lessons to inform maternity care from the UK and Ireland Confidential Enquiries in Maternal Death and Morbidity 2016-18  
<https://www.npeu.ox.ac.uk/mbrance-uk/reports#mbrance-uk-saving-lives-improving-mothers-care-2020-lessons-to-inform-maternity-care-from-the-uk-and-ireland-confidential-enquiries-in-maternal-death-and-morbidity-2016-18>
2. National Institute for Health and Clinical Excellence. (December 2014) Clinical guideline 192. Antenatal and postnatal mental health.  
[www.nice.org.uk/guidance/cg192](http://www.nice.org.uk/guidance/cg192)
3. Royal College of Obstetrician and Gynaecologists (June 2011) Management of Women with Mental Health Issues during Pregnancy and the Postnatal Period. Good Practice No 14. [www.rcog.org.uk](http://www.rcog.org.uk)
4. National Institute for Health and Clinical Excellence. (2008). Antenatal care: Routine care for the healthy pregnant woman. London: NICE. Available at: [www.nice.org.uk](http://www.nice.org.uk)
5. Royal College of Midwives. (2009). Maternal Mental Health: Guidance for Midwives. London: RCM. Available at: [www.rcm.org.uk](http://www.rcm.org.uk)

## Norfolk and Waveney Local Maternity and Neonatal System Guideline for Perinatal Mental Health

### Appendix 1

#### Patient Health Questionnaire-9 (phq-9)

Over the past 2 weeks how often have you been bothered by any of the following problems?  
(Use a √ to indicate your answer.)

	Not at all = 0	Several days = 1	> half the days = 2	Nearly every day = 3
1. Little pleasure or interest in doing things				
2. Feeling down, depressed or hopeless				
3. Trouble falling or staying asleep or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down				
7. Trouble concentrating on things such as reading or watching television				
8. Moving or speaking so slowly that other people have noticed. Or being so fidgety or restless that you have been moving around a lot more than normal				
9. Thoughts that you would be better off dead or of hurting yourself in some way				
<b>TOTALS</b>				
<b>OVERALL TOTAL</b>				
If you ticked off any of these problems how difficult have they made it for you to do your work, take care of things at home or get along with other people?	Not difficult at all Y / N Somewhat difficult Y / N Very difficult Y / N Extremely difficult Y / N			

#### Score card for severity determination

Total score	Depression severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression



**Norfolk and Waveney Local Maternity and Neonatal System  
Guideline for Perinatal Mental Health**

**Appendix 2**

**Generalized Anxiety Disorder 7- item (GAD-7) scale**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	Over 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's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+	+	+	
Total Score (add your column scores) =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all \_\_\_\_\_

Somewhat difficult \_\_\_\_\_

Very difficult \_\_\_\_\_

Extremely difficult \_\_\_\_\_

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.

**Norfolk and Waveney Local Maternity and Neonatal System  
Guideline for Perinatal Mental Health**

**Appendix 3**

**Mental Health Referral**

**Great Yarmouth and Waveney  
Mental Health Referral Form**

Norfolk and Suffolk **NHS**

NHS Foundation Trust

**CONFIDENTIAL**

This form can be used for all mental health referrals for help please call on <span style="float: right;"><b>Tel: 0300 123 1882</b></span> <i>Please complete all boxes and return to us via <b>Post, Email or Fax: 01493 337959</b></i>	
<b>Patient Information</b>	
<b>NHS No:</b>	
<b>Surname:</b>	<b>First Names:</b>
<b>Gender:</b>	<i>DOB:</i>
<b>Address:</b>	
<b>Telephone:</b>	<b>Ethnic Origin:</b> WB
<b>Mobile:</b>	<i>Email:</i>
<b>Preferred contact:</b> <b>Mobile</b>	<b>Is person aware of referral?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Preferred language:</b>	<b>Interpreter required:</b> No*
<b>Sensory/communication impairment: No    Needs:</b>	
<b>Main reason for referral:</b>	
<b>Precipitants and time course of current episode:</b>	
<b>Relevant mental health history:</b> <i>Existing diagnosis, current services, recent discharge, relapse indicators</i>	

## Norfolk and Waveney Local Maternity and Neonatal System Guideline for Perinatal Mental Health

### **Risk Indicators - IF ANY OF THESE RISKS HAVE BEEN IDENTIFIED, PLEASE GIVE DETAILS BELOW:**

- Suicidal thoughts
- Past suicide attempts/self-harm
- Use of illicit drugs
- Suicidal plans/intent
- Harm to others
- Harmful use of alcohol
- Perceptual/thought disturbance
- Serious self-neglect or vulnerability
- Risk to children or dependents
- Recent suicide attempts/self-harm
- Lack of protective factors or support

**Other agencies informed:** *Police, Social Services*

### **Current or past psychological therapy:**

#### **Is patient motivated to engage with therapy?**

- Yes
- No
- Not known

### **Past and Current Prescribed Medication: Recent changes, response, side effects, compliance**

### **Relevant Medical History: Recent changes, results of investigations, disability, pain and functional impact**

**Norfolk and Waveney Local Maternity and Neonatal System  
Guideline for Perinatal Mental Health**

<b>Date of last physical examination:</b>
---

<p><b>Referrer's opinion of level of urgency</b> <i>(please select one box)</i></p> <p><b>Emergency – 4 hours</b></p> <p><b>**GP to phone 07919 016716**</b>      <input type="checkbox"/> <b>Urgent – 3 working days</b>      Routine – <input type="checkbox"/></p> <p><b>28 days DO NOT USE THIS FORM</b></p> <p><b>Expected outcome of referral</b></p> <p><input type="checkbox"/> Advice only      <input type="checkbox"/> Assessment ongoing      <input type="checkbox"/> Assessment &amp; treatment</p> <p><input type="checkbox"/> Specialist treatment      <input type="checkbox"/> Home/Admission</p>
---

<b>Any additional information pertinent to this referral:</b>
---


<b>Referrer Information</b>			
<b>Referrer:</b>		<i>Job title:</i>	
<b>Referrer Address:</b>			
<b>Signature:</b>		<i>Date:</i>	
<b>Usual GP:</b>			
<b>Surgery:</b>			

***Please send the form via the following methods;***

<p><b>Post to:</b>  <b>Access &amp; Assessment Team Great Yarmouth &amp; Waveney, Oak Tree Centre, Northgate Hospital, Northgate Street, Great Yarmouth, Norfolk, NR30 1BU</b></p>	<p><b>Email to:</b>  <b>wellbeing.gyandw@nhs.net</b></p>	<p><b>Fax:</b>  <b>01493 337959</b></p>
--	--	---

**Norfolk and Waveney Local Maternity and Neonatal System  
Guideline for Perinatal Mental Health**

**Appendix 4**

Norfolk and Suffolk 

NHS Foundation Trust

**Norfolk and Waveney Perinatal Mental Health Team Referral form**

**Norfolk and Waveney Local Maternity and Neonatal System  
Guideline for Perinatal Mental Health**

**Perinatal Community Mental Health Team**

**Confidential**

Duty Worker available Monday - Friday, 1pm – 5pm.

Switchboard Telephone: 01603 786781

**Please return completed forms to either:**

Central and West Norfolk: Single Point of Access    Tel: 0300 790 0371    Email: [aat.referrals@nsft.nhs.uk](mailto:aat.referrals@nsft.nhs.uk)  
 Great Yarmouth and Waveney: Access and Assessment    Tel: 0300 123 1882    Email: [aat.gyw@nhs.net](mailto:aat.gyw@nhs.net)

<b>Date of referral:</b>	
<b>Patient Information</b>	
<b>IMPORTANT:</b> Due to the current restrictions in place due to Covid-19, the majority of our appointments are now taking place via Microsoft Teams (virtual) and WhatsApp. In order to maintain sufficient and effective communication please can you ensure an <u>email address</u> for the patient is provided so we have all means of contact available to us.	
Title	NHS Number
Surname	Date of Birth
First Name	Tel (home)
	Tel (mobile)
	<b>Email</b>

In order to maintain sufficient contact with our patients we may need to contact them by one of the following virtual methods as opposed to physical face to face, please let us know what method the patient would prefer.	WhatsApp  Microsoft Teams
---	---------------------------------

If the service user requires an interpreter, please specify language	
<b>Accessible Information Standards</b>	
Does the service user have additional needs related to:	Please specify below as applicable:
Vision	
Hearing	

Norfolk and Waveney Local Maternity and Neonatal System  
Guideline for Perinatal Mental Health

Appendix 5



## Perinatal Mental Health Team Professional Referral Form

This form is to be used for antenatal, postnatal and preconception referrals from professionals.

Details of referrer <i>(Please print legibly. We cannot accept referrals without referrer details)</i>	Patient details / sticker
<b>Name:</b> Kim Mcallister	<b>Name:</b>
<b>Profession:</b> Specialist Midwife PNMH	<b>DOB:</b>
<b>Address:</b> The Queen Elizabeth Hospital Gayton Road <input type="checkbox"/> Kings Lynn <input type="checkbox"/> <input type="checkbox"/> Norfolk <input type="checkbox"/> PE30 4ET	<b>Address:</b>
<b>Phone number:</b> 07899062329	<b>GP Details:</b>
<b>Date of referral:</b> 23.07.2020	<b>NHS Number:</b> 430 608 4698
<input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Routine  <input checked="" type="checkbox"/> Antenatal <input type="checkbox"/> Postnatal <input type="checkbox"/> Preconception	<b>Phone Number:</b> (Essential as all referrals receive telephone triage): 07733178021
<b>Date patient last seen? Called</b> 05.10.2020	<b>Language Spoken:</b> English

Are these problems:	Current <input type="checkbox"/>	Previous <input type="checkbox"/>	Both <input checked="" type="checkbox"/>
Please provide details:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Norfolk and Waveney Local Maternity and Neonatal System  
Guideline for Perinatal Mental Health**

<b>For Antenatal Referrals</b>			<b>For Postnatal Referrals:</b>		
Hospital baby to be delivered in:			Date of birth of baby:		
Expected date of delivery:			Where was baby born:		
Current gestation:			Mode of delivery:		
Number of previous Pregnancies: 3 Miscarriage: TOP: 3 Live: <input type="checkbox"/>			Number of other children: <input type="checkbox"/>		
Children: (include full names & DOB's)			<input type="checkbox"/>		
First name:	Surname:	Sex:	DOB:	Where living:	Who with:
<input type="checkbox"/>			<input type="checkbox"/>		

<b>Risk Assessment (Please tick all relevant boxes)</b>		
<b>Type of Harm</b>	<b>Current</b>	<b>Past</b>
Harm to Self	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Harm to Others (including unborn and children)	<input type="checkbox"/>	<input type="checkbox"/>
Self-Neglect	<input type="checkbox"/>	<input type="checkbox"/>
Exploitation or vulnerability	<input type="checkbox"/>	<input type="checkbox"/>
Forensic History	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol or substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details: Please see referral above.		

<b>Are they currently open to a mental health team?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If so details:
<b>Have there been any other previous mental health problems, including in the perinatal period?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If so details: See above referral.
<b>Have Children's Social Services been involved?</b> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Both <input type="checkbox"/>
If so details: No
<b>Are there current concerns about physical health?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If so details: Hyperemesis





**Norfolk and Waveney Local Maternity and Neonatal System  
Guideline for Perinatal Mental Health**

<b>Are there any current concerns about social situation?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>If so details:</b>
<b>Is the woman on any psychiatric medication?</b> (please send the referral as urgent if a patient is pregnant and on Sodium Valproate) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>If so details:</b>

**Please email completed referrals to [PerinatalReferrals@cpft.nhs.uk](mailto:PerinatalReferrals@cpft.nhs.uk)**  
**To discuss referrals please call the team on: 0800 952 0060: We operate a duty system from 14 00 – 17 00 every weekday.**

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Norfolk and Waveney Local Maternity System  
for Antenatal and Postnatal Mental Health

Appendix 6

Lincolnshire Partnership   
NHS Foundation Trust

PERINATAL COMMUNITY MENTAL HEALTH REFERRAL FORM

Perinatal Community Mental Health Team  
The Archway Centre, Outer Circle Road,  
Lincoln LN2 4WA

Tel : 01522 340160  
Email : lpn-tr.PerinatalCMHT@nhs.net

Client / Patient Details:

Name:		DOB:		NHS No:	
Address:		Tel No:		Marital status:	
		Ethnicity:		Religion:	
Occupation:		Interpreter required?		Language spoken:	

Details of Referrer:

Name:			
Profession:			
Work Base Address:			
Contact Number:			
Date of Referral:		Signature:	

Name & Contact Details of GP:

Name of GP:		Copy of referral sent to GP?	
Surgery & Address:			
Under Care of the Obstetrician? (Y / N)	Name of Obstetrician:		
	Obstetrician Base:		

Name & Contact Details of any Other Professional Involved: ( eg social worker, health visitor)

Name:		Profession:	
Work Base:			
Contact No:			

Name:		DOB:		NHS No:	
-------	--	------	--	---------	--

**Norfolk and Waveney Local Maternity System  
for Antenatal and Postnatal Mental Health**

**FOR REFERRALS DURING PREGNANCY:**

<b>Total number of pregnancies to date (including current):</b>		<b>Number of existing Children:</b>	
<b>EDD: 17.04.20</b>		<b>Intended Place of Delivery:</b>	

**FOR POSTNATAL REFERRALS:**

<b>Date of Delivery:</b>		<b>Mode of Delivery:</b>	
<b>Name of Baby:</b>		<b>Sex of Baby:</b>	
<b>Method of Feeding:</b>			

**REASON FOR REFERRAL:**

<p><b>Include information in response to the following questions:</b>  <b>What did the woman report as the problem /diagnosis?</b>  <b>When did the problem occur(previously/currently)?</b>  <b>Who did the woman see previously?</b>  <b>Was she an inpatient/outpatient under secondary mental health services?</b></p>	
<b>Algorithm attached:</b>	
<b>Details of current medication:</b>	
<b>Family history of serious mental illness? (please specify):</b>	
<b>Any other relevant information?</b>	

**Please send this form with the algorithm attached to the address at the top of the form. IF URGENT PLEASE PHONE TO DISCUSS WITH PERINATAL CLINICIAN. The referral will be discussed and the Perinatal Mental Health Team will contact you in writing to inform you of the outcome of the referral.**

**Norfolk and Waveney Local Maternity and Neonatal System  
Guideline for Perinatal Mental Health**

**Integr: Appendix 7**

<b>Patient name</b>		<b>NHS Number</b>	
<b>Address</b>		<b>Date of birth (DOB)</b>	
<b>Estimated delivery date</b>		<b>Father of baby (name / DOB)</b>	
<b>MHA status</b>		<b>DOLS status</b>	
<b>Care plan start date</b>		<b>Care plan review date</b>	
<b>CPA OR NON-CPA</b>			
<b>My care coordinator / lead care professional</b>			
<b>Out of hours contact</b>			

<b>Professionals involved</b>		
<b>Name</b>	<b>Role</b>	<b>Contact details</b>
	MH Care Coordinator	
	Midwife	
	Health Visitor	

**Norfolk and Waveney Local Maternity and Neonatal System  
Guideline for Perinatal Mental Health**

**Integrated Care Plan**

<b>My main support network</b>		
<b>Name</b>	<b>Relationship</b>	<b>Contact details</b>

**Personal summary** - *previous children, mental health diagnosis, relevant obstetric history, relationship status.*

--

**My strengths** - *what is working well?*

--

**My worries**

--

**Norfolk and Waveney Local Maternity and Neonatal System  
Guideline for Perinatal Mental Health**

<b>Integrated Care Plan</b>
-----------------------------

<b>How I cope - what can i do to calm myself/triggers?</b>

<b>Support - what others do for me?</b>

<b>Diagnosis / formulation</b>

<b>Medication</b>	
<b>Current</b>	
<b>Plan for medication</b>	
<b>Prescribing and collection details</b> <i>(n/a, pharmacy details, breastfeeding advice)</i>	

Norfolk and Waveney Local Maternity and Neonatal System  
Guideline for Perinatal Mental Health

Integrated Care Plan

**Obstetric plan**

--

**New born plan - *feeding choice, neonatal alert, neonatal abstinence syndrome (72 hours observation for signs of withdrawal)***

--

**Postnatal plan**

--

**Norfolk and Waveney Local Maternity and Neonatal System  
Guideline for Perinatal Mental Health**

**Integrated Care Plan**

<b>Safeguarding plan</b>			
<b>Children's services involvement</b> Yes / No	<b>Section 47</b> Yes / No	<b>Section 17</b> Yes / No	<b>Case conference</b> Yes – date: / No
<b>Current involvement</b>		<b>Allocated social worker</b>	
<b>Historical</b>			
<b>Is a discharge planning meeting required?</b>	Yes / No if yes, attendees required:		
<b>Summary of assessed risks</b>			

<b>My crisis plan</b>	
<b>How do I know when things aren't going well?</b>	
<b>How others might know when things aren't going well?</b>	



**Norfolk and Waveney Local Maternity and Neonatal System  
Guideline for Perinatal Mental Health**

<b>Integrated Care Plan</b>
-----------------------------

<b>What can I do and what has worked well for me in the past?</b>
---

--

<b>What can others do and what has worked well in the past?</b>
---

--

<b>My crisis plan</b>
-----------------------

<b>In the event of ...</b>	<b>What should i do?</b>	<b>What can others do?</b>
----------------------------	--------------------------	----------------------------

--	--	--

**Norfolk and Waveney Local Maternity and Neonatal System  
Guideline for Perinatal Mental Health**

<b>Integrated Care Plan</b>
-----------------------------

<b>Advanced statement in the event of a crisis</b>

<b>Advanced directives</b>			
<b>Advance directive type</b>	<b>Patient statement</b>	<b>Date obtained</b>	<b>Comments</b>

<b>Advance directive type</b>	<b>Patient statement</b>	<b>Date obtained</b>	<b>Comments</b>

<b>Care plan</b>			
<b>My goals</b>	<b>Action and intervention</b>	<b>By whom and by when</b>	<b>How will we know we have met the goals?</b>
<b>To keep mentally stable</b>			
<b>Review</b>			
<b>To attend all antenatal care appointments for clinical need</b>			
<b>Review</b>			

<b>My goals</b>	<b>Action and intervention</b>	<b>By whom and by when</b>	<b>How will we know we have met the goals?</b>
<b>To keep mentally stable</b>			
<b>Review</b>			
<b>To attend all antenatal care appointments for clinical need</b>			
<b>Review</b>			

**Norfolk and Waveney Local Maternity and Neonatal System  
Guideline for Perinatal Mental Health**

<b>Integrated Care Plan</b>
-----------------------------

<b>To keep physical health monitored</b>			
<b>Review</b>			
<b>To engage with health visiting team</b>			
<b>Review</b>			
<b>To discuss contraception</b>			
<b>Review</b>			
<b>To build a healthy relationship with my baby</b>			
<b>Review</b>			
<b>To develop my parenting skills for my child to thrive and grow</b>			
<b>Review</b>			

<b>Needs which cannot be met</b>

**Norfolk and Waveney Local Maternity and Neonatal System  
Guideline for Perinatal Mental Health**

<b>Integrated Care Plan</b>
-----------------------------

<b>Information provided to service user</b>	
<b>I have been offered a copy of my care plan</b>	Yes / no
<b>I have accepted a copy of my care plan</b>	Yes / no
<b>I would like my carer to have a copy of my care plan</b>	Yes / no
<b>I would like my GP to have a copy of my care plan</b>	Yes / no
<b>My signature</b>	
<b>If you do not wish to sign, would you like to give a reason?</b>	
<b>Signed by my carer/parent/guardian (if appropriate)</b>	

# Norfolk and Waveney Local Maternity and Neonatal System Guideline for Perinatal Mental Health

## Appendix 8

DOB:	<b>MENTAL HEALTH SCREENING</b>		
NHS No:			
EDD:			
Start here - circle appropriate boxes:			
<div style="border: 2px solid green; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="text-align: center;"><b>Previous history of mental illness or current symptoms.</b> (including pregnancy and non-pregnancy related)</p> </div>	Yes	Type of treatment received. Check this with GP and / or GP records. Any medication for mental health difficulties in this pregnancy?	
No	No	Yes Psychiatric out patient clinic / Community Team      Psychiatric in-patient	
No further discussion required unless symptoms occur. Check with GP and/or records.		Refer to Perinatal Community Health Team. Inform Community Mental Health Team / Psychiatrist if still under care of other psychiatric team.	
GP anti-depressants	Steps 2 Change / Support / Counselling / Primary Care Mental Health Worker	No Treatment	
No referral required. Inform GP / HV. If mild symptoms see:			
Family history of serious mental illness (in biological first degree relatives with pregnancy and / or non-pregnancy related serious mental illness). [eg Bipolar Disorder, Schizoaffective Disorder, Postpartum Psychosis, Severe Depression, Severe Anxiety, Severe OCD]			
If relevant family history is identified, complete referral form and send to Perinatal Community Mental Health Team with flow chart. The woman may not need to be seen by the Perinatal CMH team. If family history of serious mental illness is identified but the patient is currently well, is she concerned that she may become ill? <b>YES / NO</b>			
<b>Mental Health</b> <b>Whooley Questions:</b>			
	Yes	No	
Past or present mental illness	yes	<input type="checkbox"/>	During the last month have you been bothered by: Feeling down, depressed or hopeless <input type="checkbox"/> <input type="checkbox"/> Having little interest or pleasure in doing things <input type="checkbox"/> <input type="checkbox"/> Feeling worried, nervous or on edge <input type="checkbox"/> <input type="checkbox"/> Not able to stop or control worrying <input type="checkbox"/> <input type="checkbox"/> Is this something you feel you need, or want, help with <input type="checkbox"/> <input type="checkbox"/> Referral required <input type="checkbox"/> <input type="checkbox"/>
Previous treatment/ In-patient care	Yes	<input type="checkbox"/>	
Does your partner have any history	<input type="checkbox"/>	No	
Family History	Yes	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Detail See referral form			
Referral sent: <b>YES / NO</b> Date of referral <b>13.12.2019</b> Signed: _____ Name & R <b>Kim Mcallister</b> Notes: Ask the Whooley questions, about her past history of mental health difficulties and about family history of major mental illness. Telephone Perinatal Community Mental Health Service and discuss with one of our clinicians for advice if you are unsure about criteria for referral or require advice about an individual. Tel: 01522 526827. If previous treatment received in primary care was not effective, discuss with a member of our team as it may be appropriate to refer.			
Top copy to stay in woman's hand held maternity records. Copies to: Perinatal Community Mental Health Team, HV, GP, Midwife. <span style="float: right;">Written March 2015</span>			

**Norfolk and Waveney Local Maternity and Neonatal System  
Guideline for Perinatal Mental Health**

<b>Appendix 9 – Monitoring Compliance</b>					
Element to be monitored	Lead Responsible for monitoring, developing action plan and acting on recommendations	Monitoring Tool / Method of monitoring	Frequency of monitoring	Reporting arrangements	Sharing and disseminating lessons learned and recommended changes in practice as a result of monitoring compliance with this document
Documentation that, as a minimum, the three Whooley questions were used to identify women who have a current mental health illness or who are at risk of developing a mental health illness: <ul style="list-style-type: none"> <li>• During booking appointment</li> <li>• At 36 weeks</li> <li>• During the postnatal period</li> </ul>	Specialist Midwifery Teams in each Trust	Audit of maternity records	Annual	LMNS Perinatal Mental Health Workstream/ Local Risk and Governance structure	LMNS local learning system  Local learning forums – newsletter
Documentation that women identified as having past or present moderate-severe mental illness, including schizophrenia, bipolar disorder, psychosis in the postnatal period or severe depression, have been appropriately referred	Specialist Midwifery Teams in each Trust	Audit of maternity records	Annual	LMNS Perinatal Mental Health Workstream/ Local Risk and Governance structure	
Documentation of an integrated plan for all women with a severe mental health condition	Specialist Midwifery Teams in each Trust	Audit of maternity records	Annual	LMNS Perinatal Mental Health Workstream/ Local Risk and Governance structure	
Documentary evidence that clear lines of communication have been established where appropriate between: <ul style="list-style-type: none"> <li>• Mental Health Services</li> <li>• GP</li> <li>• Health Visitor Services</li> <li>• Translation Services</li> </ul>	Specialist Midwifery Teams in each Trust	Audit of maternity records	Annual	LMNS Perinatal Mental Health Workstream/ Local Risk and Governance structure	
Maternity service's expectations in relation to staff training, as identified in the <u>training needs analysis</u>	Local PDMs in conjunction with specialist midwifery teams	Audit of training records Feedback from staff who attend	Teaching at educational study days	LMNS local learning system	