MATERNAL MENTAL HEALTH CARE PATHWAY SOUTH LAKES

University Hospitals of Morecambe Bay NHS
NHS Foundation Trust

Midwife Assessment at Booking
Questions to ask see:
MENTAL HEALTH GUIDELINE

If answer yes to previous or current depression / self harm

Ask further questions

Current depressive symptoms and Current or previous contact with mental health services
History of serious self harm
Current plans to self harm
Daily functioning significantly affected

If currently seeing Psychiatrist/other MH practitioner
Ensure informed of pregnancy
If not consider/ discuss referral CMHT via SPA

Liaise with GP / HV
Refer MHMW
Document Cause for concern

Consultant Led

Mild –moderate depression/anxiety
Minimal effect on functioning
managed well in primary care

Consider additional listening visits
Antenatal education re: emotional well-being
Suggest children's centres, voluntary agencies, support groups
No improvement
- Mild to moderate refer First Step
- Mod to severe refer SPA

Liaise with GP/HV
Refer Mental Health Midwife
Document Cause for concern
If Current **Medication**—Fetal Info form

Consultant Led

If no medication

Midwife Led Care

If yes to previous or current Anxiety and/or panic problems

Currently mod to severe, signifi-cantly affecting daily functioning. Affecting woman's ability to access care

If currently seeing Psychiatrist/MH practitioner
Ensure informed of pregnancy
If not consider/ discuss referral via SPA
Management Plan (secondary care)

Liaise with GP and HV
Refer MHMW
Document Cause for Concern

Consultant Led

If yes to previous or current Eating Disorder problem

Currently mod to severe, significantly affecting daily func-tioning and likely to impact on wellbeing during pregnancy

If currently seeing Psychiatrist /CMHT: Ensure informed of pregnancy
If not consider/ discuss referral CMHT via SPA
Management Plan (secondary care)

Liaise with GP and HV
Refer MHMW
Document Cause for Concern

Consultant Led

If yes to previous Bipolar disorder/ Schizophrenia / Puerperal Psychosis

If currently seeing Psychiatrist/CPN
Ensure informed of pregnancy.
If not offer **IMMEDIATE** Referral to CMHT/ Psychiatrist via SPA

Liaise with GP/HV
Refer MHMW
Document Cause for Concern

Early cons appt.
Medication review / Fetal info form

Consultant led

Mental Health **Management Plan**
To be agreed with woman then forwarded to GP, MW, Obstetrician, HV

If yes to anything in your life at present which might make the pregnancy difficult

Ask further questions re: other risk factors i.e. recent stressful life events, lack of social support/close relationship, partners mental health , sexual abuse, substance misuse, domestic abuse, safeguarding issues—signpost to appropriate agencies / consider additional MW support

Morbid fear of vaginal birth requesting caesarean
Ongoing ambivalence re: pregnancy
Previous very traumatic labour or birth

Consider Refer MHMW
Modern Matron/Supervisor offer Support and consider referral to SPA or FS
Document Cause for Concern

Consultant Led

If answers NO to all questions

Normal MW Care
Monitor mental health
Promote positive mental health & wellbeing

If distress develops during pregnancy or postnatal period affecting functioning discuss with GP/HV, con-sider /offer referral to MHMW, FS or SPA as appropriate

Midwife Led Care

KEY:
MW: Midwife
MHMW: Mental Health Midwife
HV: Health Visitor
MH: Mental Health
SPA:: Single Point of Access
CMHT: Community Mental Health Team
FS: First Steps

Author:JF . Adapted by Perinatal Mental Health South Lakes Steering Group—Nov 2010 Review Nov 2013