GUIDELINES FOR THE MANAGEMENT OF POST NATAL MENTAL ILLNESS

Mild Illness

Symptoms (constant for 2 weeks)
Low Mood usually improves in company
Exaggerated emotional response – tearful, irritable, sensitive, anxious.

Timing
Usually 3- 6 months post partum

Combination Treatment

Self Help – Bibliotherapy, Internet Groups
Exercise
Listening Visits
Brief CBT
Social Support NCT etc

Close monitoring and review by GP

May require additional treatment with antidepressants

Condition persists or particular concerns

Non Urgent Referral to Primary Care Mental Health Team

Moderate Illness

Symptoms (As for mild, plus 4 of following)
Loss of pleasure and interest.
Loss of confidence
Self reproach or guilt
Impaired concentration
Agitation or slowing up
Sleep disturbance
Decreased appetite
Tension and irritability
Excessive cleanliness
Avoidance/Agoraphobia
Disproportionate Concerns about baby

Timing
Usually within 6 weeks of childbirth

Referral to Primary Care Mental Health Team

If thoughts to harm self or baby urgent referral to GP or GP Out of Hours

Severe Illness

Symptoms as for moderate plus:
Early morning wakening
Diurnal variation of mood – worse in morning
Weight and appetite loss
Marked disinterest in life
Suicidal thoughts or thoughts to harm baby

Psychotic Illness
Hallucinations
Delusions
Confusion
Excitement
Lack of interest

Timing
Usually within 2 weeks

If thoughts to harm self or baby then do not leave mother on own until additional assistance arrives

Emergency Referral to CMHT'S or Crisis Resolution Home Treatment Team plus possible referral for Social Care

Always Consider Attachment Issues
Does mother:
Respond to baby's cues?
Change voice tone when talking to or of baby?
Engage in face to face and physical contact with baby?
Demonstrate ability to comfort baby?
Initiate positive interactions with baby?
Identify positive qualities in baby?

If not present then consideration of referral to CHICC