

# Referral to GP/Primary Care/Primary Mental Health Support Services/Community/Adolescent Mental Health Team

## Ask. Assess. Act

Match the care to the need  
Right Care. Right Time. Right People



ASK - How are you feeling today?



Assess - offer further screening using the EPDS and/or GAD-7, professional judgement and discussion with the woman

Level 1

Level 2

Level 3

Level 4

Level 5

Act - 'match' the care to the need  
Right Care Right Time Right People

Universal

Watchful Waiting

Active Listening

GP/PMHSS/  
CMHT/CAMHS

Specialist Perinatal  
Mental Health Services  
Perinatal Mental Health  
Teams & Inpatient  
Provision

Needs assessed by GP

1. **Make time;** consider offering a double appointment. 10 minutes is unlikely to be long enough to assess the woman and provide support. Offer a separate appointment from the 6–8-week neonatal check.
2. **Acknowledge and reassure;** **acknowledge** that the antenatal, perinatal, and postnatal periods can be very difficult mentally as well as physically. **Reassure** the woman that this does not make them a bad parent.
3. **Use open questions;** Consider using open questions that allow the woman to speak freely.
4. **Assess mental health thoroughly;** Take a thorough mental health history, perform a mental state examination including assessment of risk to self (including self-neglect, as well as suicide), and risk to others (remember safeguarding at this point. Think "can this parent parent this child at this time?").
  - a. The Edinburgh Postnatal Depression Scale, PHQ-9, and GAD-7 scales may be helpful if a diagnosis of depression or anxiety is suspected.

5. **Ask about feelings towards the unborn baby or baby, and observe interaction if the infant is present.**
6. **Establish a diagnosis;** Try to establish whether there is a clear mental health diagnosis, and the severity of the diagnosis. NICE guideline CG192 recommends interventions for depression, and anxiety disorders, amongst other mental health problems that may arise.
7. **Agree a management plan.**
  - a. If there is evidence of a current or historic severe mental health disorder, or a history of suicide attempts or self-harm, refer the woman to specialist perinatal mental health services. The safety of the baby is paramount and his/her needs must be assessed immediately prior to a referral to any perinatal mental health team/services.
  - b. **Postnatal psychosis is an emergency; this requires specialist assessment and treatment within 4 hours.**
  - c. If the woman is feeling estranged, hostile, or irritable, towards her unborn or new baby, refer to specialist perinatal mental health services.
  - d. If evidence of mild to moderate mental health disorder, with reference to NICE CG132, and as appropriate, consider:
    - i. **Facilitated self-help**
    - ii. Referral for high intensity psychological intervention e.g. CBT
    - iii. Medication<sup>1,2</sup>
      1. If starting in pregnancy and the postnatal period, consider seeking specialist advice.
      2. Refer to NICE CG192 1.1.12 for prescribing principles.
      3. Discuss breastfeeding, including benefits of breastfeeding, risks of medication when breastfeeding, and risks of stopping any medication to breastfeed. There is evidence that breastfeeding reduces the risk of postnatal depression. Support the woman's choice.
    - iv. Drug / alcohol service referral.
    - v. Crisis team if concern about suicide risk.
    - vi. Safeguarding referrals as needed. The safeguarding of the baby must be priority.
  - e. Be aware of local sources of social support, such as parent and baby groups.
8. **Schedule follow-up;** Plan for follow-up and ongoing support. Agree a date and time to see the woman again. If the woman does not attend as planned, contact them.
9. **Provide a safety net;** make a clear plan for who the woman should contact if her mental health is deteriorating, including contact numbers, and consideration for out-of-hours.
10. **Ensure complete documentation, and timely communication with other healthcare professionals (e.g. MW and HV) involved in the woman's care.**

Local Contact Information incase of this event

<sup>1</sup> If a pregnant woman has taken psychotropic medication with known teratogenic risk at any time in the first trimester, follow the below guidance provided by NICE:

- **Confirm the pregnancy as soon as possible.**
- **Explain that stopping or switching the medication after pregnancy is confirmed may not remove the risk of fetal malformations.**
- **Offer referrals for screening for fetal abnormalities and counselling about continuing the pregnancy.**
- **Explain the need for additional monitoring and the risks to the fetus if the woman continues to take the medication.**
- **Seek advice from a specialist if there is uncertainty about the risks associated with specific drugs.**

<sup>2</sup> Evidence based information on fetal risk from medication is available from the UK teratology information service at [www.uktis.org](http://www.uktis.org)

Information for women about the use of medication during pregnancy is available [www.medicinesinpregnancy.org](http://www.medicinesinpregnancy.org)

<sup>3</sup> Information about the use of medication during breastfeeding is available at <https://www.breastfeedingnetwork.org.uk/detailed-information/drugs-in-breastmilk/>



GIG  
CYMRU  
NHS  
WALES

Rhwydwaith Iechyd  
Meddwl Amenedigol  
Perinatal Mental  
Health Network

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