

**Referral identification for perinatal mental health care**

**Specialist Mother and Baby Mental Health Service (SMABS) may not take the woman on but will consider referrals on the basis that the woman may be at risk of or experiencing severe mental illness.**

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| Sudden changes in mental state in late pregnancy or early post-partum should be taken seriously and advice sought from the SMABS or FRS. Perinatal referrals to SMABS are accepted from health professionals involved in the care of women during pregnancy and within 12 months of delivery where the woman has a moderate to severe mental health issue or is at high risk of serious post-partum mental illness. Referrals are also accepted for women contemplating a pregnancy who have a diagnosis of psychotic disorder, previous post-partum psychosis or previous severe perinatal mental illness. Maternity services should refer women who fit these criteria even if the woman is already known to mental health services and this service may provide additional input. The service will either provide the care for women who meet the criteria stipulated below or will provide additional input during the perinatal period to women. The service will be work with women with eating disorders and personality disorders when they are involved in secondary care mental health services. Women with primary addiction problems should be referred to their local community addiction team in the first instance. | | |
| **Pre-pregnancy referral for preconception advice (even if well) Please Tick** | |  |
| **pre-existing bipolar disorder** | **Referral to mental health services** | |
| **pre-existing schizophrenia** | **Referral to mental health services** | |
| **pre-existing schizoaffective disorder** | **Referral to mental health services** | |
| **Post-partum psychosis or first degree relative with post-partum psychosis** | **Referral to mental health services** | |
| **Women on valproate, lithium or other anti-epileptic drugs used as a mood stabiliser** | **Referral to mental health services** | |
| **Pregnancy (including if the woman is currently well)** |  | |
| **pre-existing bipolar disorder, pre-existing schizoaffective disorder,**  **pre-existing schizophrenia or other psychosis, previous postpartum psychosis,** | **Referral to mental health services** | |
| **current suicidality, psychosis, severe depressive symptoms, severe anxiety symptoms,**  **severe panic symptoms, severe obsessive-compulsive symptoms** | **Ring First Response with all urgent referrals** | |
| **eating disorders, complex trauma/personality disorders** | **Referral to mental health services** | |
| **severe fear of childbirth, severe birth trauma** | **Referral to mental health services** | |
| **previous inpatient mental health care** | **Referral to mental health service** **Case note review by SMABS** | |
| **Mild to moderate depression or anxiety (OCD, panic, phobia, trauma)**  **UNLESS AND a first degree relative with bipolar disorder or postpartum psychosis**  **OR AND significant change in mental state in late pregnancy** | **GP and/or My Wellbeing College**  **Referral to mental health services**  **Referral to mental health services** | |
| **First degree relative with bipolar disorder or postpartum psychosis in absence of personal illness** | **Careful monitoring by maternity and primary care though**  **pregnancy. If any sudden changes in mental state late**  **pregnancy refer to SECONDARY MENTAL HEALTH TEAM.** | |
| **Post-partum** |  | |
| **current suicidality, psychosis, mania, severe depressive symptoms, severe anxiety symptoms,**  **severe panic symptoms, severe obsessive-compulsive symptoms,** | **Ring First Response with all urgent referrals** | |
| **eating disorders, complex trauma/personality disorders** | **Referral to mental health services** | |
| **severe birth trauma** | **Referral to mental health services** | |
| **Mild to moderate depression or anxiety (OCD, panic, phobia, trauma)**  **UNLESS AND a first degree relative with bipolar disorder or postpartum psychosis**  **OR AND significant change in mental state in late pregnancy/ early post-partum**  **OR AND significant interference with the mother infant relationship** | **GP and/or My Wellbeing College**  **Referral to mental health services**  **Referral to mental health services**  **Referral to mental health services** | |
| **First degree relative with bipolar disorder or postpartum psychosis in absence of personal illness** | **Careful monitoring by maternity and primary care though**  **early post-partum. Refer into SECONDARY MENTAL HEALTH**  **TEAM any sudden changes in mental state.** | |