1. SUMMARY

1.1 There are a number of current services that attempt to meet the mental health needs of women in the perinatal period (conception to two years old). These are:
   - A primary care pathway for postnatal depression including support from Solutions.
   - A Parent Infant Mental health service within Child and Adolescent mental health services
   - Mental health liaison services provided at Whipps Cross University Hospital

1.2 To enhance current services, NHS Waltham Forest is working in partnership with North East London NHS Foundation Trust (NELFT) and Whipps Cross University Hospital NHS Trust (Whipps Cross) to develop and deliver a bespoke perinatal mental health service to address the needs of women with mental health problems during pregnancy labour and the early postnatal period.
1.3 The purpose of the **Perinatal Mental Health Liaison Service** will be to provide psychiatric assessment and intervention to women during labour and those in the early postnatal period without undue delay, particularly into and out of Whipps Cross. Pregnant women with existing mental health diagnosis would also be targeted by this service to make sure that the person is monitored during pregnancy, childbirth and in the postnatal period, being linked into mental health services as needed.

1.4 Referrals into this service come from primary care (including health visitors), Antenatal services, secondary care services and inpatient wards, including labour wards, see appendix A for Perinatal Care Pathway.

2. **BACKGROUND**

2.1. The **National Institute of Clinical Excellence (NICE)** prefer not to use the term postnatal depression (PND) *per se* as they are concerned that it should not be used as an umbrella term for all mental illness following delivery. Depression at this point can be a first occurrence, can be a recurrence of a depressive condition occurring prior to pregnancy, or be a symptom of a major psychosis such as bipolar disorder. Nevertheless, postnatal depression is a widely recognised concept in the literature, and is considered to be a useful term in many circumstances. The Scottish Intercollegiate Guidelines Network (SIGN) define postnatal depression as any non-psychotic depressive illness of mild to moderate severity occurring during the first postnatal year.

NICE have advised PCTs that services should be developed locally to support women with existing mental health problems who become pregnant and for women who develop mental health needs during pregnancy, whilst giving birth and in the postnatal period. Clinical Guideline 45; Antenatal and postnatal mental health – Clinical management and service guidance, was published by NICE in February 2007 with details of the services and quality standards that should be provided.

2.2. The CEMACH report on “**Saving Mothers lives- Reviewing maternal deaths to make motherhood safer - 2003-2005**”, whilst concentrating on physical aspects that may affect the death rate to new mothers, the report also notes that self harm
and harm to the new born baby are an issue. The report identifies complex situations in pregnancy, childbirth and post natal areas, where issues maybe hampered by

- poor or non-existent team working
- inappropriate delegation to junior staff
- inappropriate or too short consultations by phone
- the lack of sharing of relevant information between health professionals, including between General Practitioners (GPs) and the maternity team
- Poor interpersonal skills.

The report also advised that a mother’s mortality could also be affected by substance misuse, domestic violence, deprivation, unemployment etc. Women newly arrived from the Black African communities also have a 6 times higher mortality rate than white women.

The report recommends in its “Top 10” that extra support and counselling are needed for various groups including women with pre-existing or past mental illness

2.3. In 2007/08 Waltham Forest had 3,993 maternities. Of this, statistics suggest that around 10% of women on average will develop post natal depression (393) and 5% (199) more serious mental health issues which may involve self harm or harm to their baby. Most local women attend Whipps Cross Maternity Services in Leytonstone; however a number of women will attend other local hospitals such as Queens Hospital in Romford

3. THE PERINATAL MENTAL HEALTH LIAISON SERVICE

3.1 The service is for:
- women with existing mental health issues who become pregnant
- women who develop mental health issues during pregnancy, childbirth or in the post natal period
- Women who are Waltham Forest residents or have a Waltham Forest GP
3.2 Aims and Objectives

3.2.1 The service aims to:

- Reduce the negative impact of mental health issues on women and their families during pregnancy, child birth and the post natal period
- Reduce the impact of mental health issues on new born babies and their siblings
- Provide patient centred care and support
- Provide easy and responsive access to services
- Improve the patient journey
- Provide quality services that are good value
- Provide a locally tailored service
- Reduce health inequalities
- Deliver a service that is sensitive to the diversity within Waltham Forest locally

3.2.2 The objectives of the service are to:

- Identify women with existing mental needs and/or predict issues
- Identify women with existing mental health needs when they become pregnant and link into primary care and maternity services to follow their progress
- Connect all women presenting with mental health difficulties into the relevant mental health care they need
- Provide acute psychiatric care to women who develop psychiatric disturbances during pregnancy, during child birth and in the post natal period
- Provide emergency assessment and referral to women from outside the area who present at Whipps Cross. It is expected that the same service will be provided by other boroughs to Waltham Forest residents presenting at other hospitals.
• Fast track to secondary and tertiary specialist mental health services if required
• Support women seamlessly back into the community linking with primary care
• Provide advice and support to partners, family and carers
• To work in partnership with Midwifery, Primary Care, Social Services and Health Visiting by jointly planning services strategically, delivering services and working on a case by case basis as required.

3.3 Referral pathways

3.3.1 Referrals into the service will come from a variety of sources including;
• Primary care – GPs and primary care counselling and support services
• Antenatal services – both community and hospital based services
• Secondary care services
• Inpatient settings – both specific mental health and general and acute wards
• Labour wards
• Midwifery
• Health Visitors

3.3.2 Referrals will be into NELFT’s Psychiatric Liaison Team (PLT) where the specialist perinatal mental health team will be located. This will ensure a discrete service for Waltham Forest and for Whipps Cross.

3.4 Perinatal Service Policy

A draft Perinatal Service Policy has been produced by NELFT to demonstrate how specialist mental health services, maternity services, children’s services and primary care should work together to deliver effective outcomes for women with mental health problems in the perinatal mental health period. NELFT are currently consulting on this policy with a view to it being agreed by all partners by the end of January 2009.
4. HUMAN RESOURCES

4.1 NELFT have recruited to a trust wide specialist service of which the following resources are dedicated to support Waltham Forest families:

- 1 whole time equivalent (wte) Community Psychiatric Nurse
- .5 wte Psychological Practitioner
- .2 wte Consultant Psychiatrist
- .5 wte Administrator
- 1 wte Parent and Infant Mental Health Service (PIMHS) therapist

4.2 Recruitment process/progress. All posts have been recruited to, and the service will be operational from January 2009.

5. RESOURCE ALLOCATION

NHS Waltham Forest has provided £105K of recurrent funding for the development of this service. The PIMHS service is funded by the CAMHS grant held by LBWF children’s services. Whipps Cross are providing all clinical and office space and equipment.

6. HEALTH IMPACT ASSESSMENT and OUTCOMES

To ensure a positive impact for both mother and child, the following outcomes have been identified for this service:

- Reduced psychiatric inpatient admission based on individual client case histories.

- Auditing and promoting adherence to BNF prescribing guidelines for pregnancy and breastfeeding.
• Positive Feedback on patient experience
• Child protection - No/reduce harm to child (evidence of pre and post birth multi-agency planning meetings)
• Reduced Self harm by mothers in the ante and post natal period (includes a comprehensive risk assessment for both mother and unborn child/child)
• Good partnership working with maternity, health visiting and children’s services creating a seamless service
• Seamless referral onto MH specialist services or primary care Patient satisfaction survey annually
• Evidence of compliance to 10 impact changes as recommended by NIMHE Recommendations from CEMACH in “Saving Mothers lives”
• Demonstrate that the Perinatal Service meets NICE Clinical Guideline 45; Antenatal and postnatal mental health – Clinical management and service guidance
• Demonstrate that the Perinatal Service meets NICE Clinical Guideline 45; Antenatal and postnatal mental health – Clinical management and service guidance

7. EQUALITIES IMPACT ASSESSMENT

The perinatal service will provide services to meet the needs of the diverse population in Waltham Forest. Although the service is for women of childbearing age and their child/ren, practitioners must also take into account other family member and carers, with particular sensitivity to cultural and religious beliefs. Links have been made with specialist support services for refugees, asylum seekers and women who have undergone female genital mutilation. Links will also be made with Waltham Forest’s community development workers to ensure an appropriate and culturally sensitive service delivery. Disabled access is available across all clinic locations. A detailed Equalities Impact assessment for each borough will be made by the service co-ordinator in January 2009.
8. CONCLUSION

This innovative service, developed to meet the needs of the diverse community of Waltham Forest, is an example of what can be achieved through effective partnership working and by putting patients at the centre of service delivery.

The partnership is happy to report again to this board with an outcomes focused progress report after the first full year of service delivery, in January 2010.

APPENDICES

Appendix A: Perinatal Care Pathway
Appendix A: Perinatal Care Pathway

PATHWAY OF CARE: Perinatal clinical network for Waltham Forest

Referral in
Primary care services
Antenatal services
Secondary care services
Inpatient wards including labour wards

NELFT Psychiatric Liaison Team (WXUH)

Antenatal period
Specialist inpatient services – mother and baby units – in partnership with commissioners

Secondary care services including Community Recovery Teams

Within 12 months of childbirth, where inpatient treatment is indicated
Specialist inpatient services – mother and baby units – in partnership with commissioners

Postnatal period

Secondary care services including Community Recovery Teams

Primary care services including GPs, Solutions, self help groups and services

Parent and Infant Mental Health Service (PIMHs)

Primary care services including GPs, Solutions, self help groups and services