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NHS
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Pan-London Perinatal Mental Health Networks

Pre-birth planning: Best Practice Toolkit for Perinatal
Mental Health Services

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Foreword

There is good evidence that women with severe and complex mental illness, even if they have been well for some time, are more likely to have a recurrence or relapse in pregnancy or after birth.

Women who have experienced an episode of postpartum psychosis – a severe but treatable illness that occurs after having a baby; or women with a diagnosis of bipolar disorder, schizoaffective disorder and other psychotic illnesses, are at significantly higher risk of a serious postpartum episode. The ‘Confidential Enquiries into Maternal Deaths’ (December 2017) have identified suicide as a leading cause and recommend early identification of high risk women and early intervention. Proactive, preventative assessment, care and treatment will reduce morbidity and the need for admission.

This toolkit aims to provide guidance for health care professionals involved in planning the care of women at high risk of severe postnatal illness. To be effective, this requires professionals to work together with women and their families.

A pre-birth planning meeting is key to ensuring everyone has a clear understanding of the care the woman will receive in the weeks surrounding the birth of her baby, so everyone knows what to do and whom to contact if there are concerns.

This toolkit is the work of a multi-disciplinary group, including women with lived experience. We hope that it proves useful for practitioners and that it contributes to improving outcomes for mothers and their babies.

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Executive summary

To ensure that pregnant women who have a current or previous severe mental health problem and their families have the best possible care, support and outcomes, many different professionals need to contribute to their care during the perinatal period. It is important that each woman can be confident that all these professionals have a shared understanding of her and her family during this crucial time, the reasons for any concerns or potential risks and also her strengths. Having a pre-birth planning meeting facilitates this information sharing and the collaborative development of an individualised plan covering all aspects of the woman's care during pregnancy, birth and the postnatal period.

The toolkit is informed by current evidence and national guidelines. The NICE Antenatal and Postnatal Mental Health guidelines (2014) recommend that women who have a current or previous severe mental illness should have a written care plan covering pregnancy, birth and the postnatal period. This should be recorded in all versions of the woman's notes (maternity, primary care and mental health notes) and a copy given to the woman and all involved professionals. This Toolkit is designed to assist professionals who organize and lead pre-birth planning meetings. This should primarily be perinatal mental health professionals, but where these services do not exist, may be general adult mental health professionals or even specialist mental health midwives. The toolkit also contains information useful for women and families and for all the professionals working with them during the perinatal period. It outlines how a pre-birth planning meeting can bring a pregnant woman (and her partner, other family members or carers if she chooses) together with all the involved professionals to develop a comprehensive Perinatal Mental Health Care Plan.

The toolkit includes guidance on:

- Who to invite to the pre-birth planning meeting
- What to discuss at the meeting
- What to include in the Perinatal Mental Health Care Plan

The following resources are included:

- Sample invitation letters for women and families
- An information leaflet about pre-birth planning meetings for women and families
- A template for recording the meeting and the Perinatal Mental Health Care Plan

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1 What is a Pre-birth Planning Meeting?

A pre-birth planning meeting is a multidisciplinary meeting which brings together a pregnant woman and everyone involved in her care. If the woman agrees, her partner, another family member or friend should also be invited. The meeting is usually held between 30 and 32 weeks gestation.

Information is shared at the meeting including:

- A summary of the woman's mental health history and treatment
- Concerns and risks
- The woman and the family's strengths and available support

The Perinatal Mental Health Care Plan is agreed to ensure the woman and her family have the care and support they need during the remainder of the pregnancy, her maternity admission for the birth of her baby and for the early postnatal period (6-8 weeks).

A document summarising the discussions held and the Perinatal Mental Health Care Plan should be sent to the woman and all those invited to the meeting (including those who may have been unable to attend) and filed in her maternity, mental health and primary care notes to ensure a shared understanding between the woman and all professionals involved.

2 Organising the meeting

Women who need a pre-birth planning meeting

A pre-birth planning meeting is essential when a woman has a current or previous serious mental illness including:

- Current or previous psychosis
- Bipolar affective disorder
- Severe depression with a significant impact on the woman's daily functioning

It may also be useful for women with other diagnoses where there are multiple risk factors or complexities involved such as:

- Physical health or obstetric complications
- Complex social difficulties
- Substance misuse
- Forensic history
- Child Protection concerns, children not in the woman's care or planned care proceedings
- Poor engagement with services
- Personality disorder

Who should organise the meeting?

The meeting should be organised by the perinatal mental health team. If there is no perinatal mental health team, the specialist mental health midwife or community mental health team care co-ordinator can organise it.

Planning the meeting with the pregnant woman

- Discuss the purpose of the pre-birth planning meeting with the woman concerned and how this can help to ensure she and her family have the care they need.
- Discuss with her who should be invited to the meeting. It is important to involve those who will be supporting her after her baby is born– this could be her partner, a family member or friend.
- Give, or send, her the pre-birth planning meeting information leaflet (see appendix 1)
- Discuss the venue and timing of the meeting – e.g. does it need to be within the school day if she has older children.
- If the woman does not want to attend or declines to have a pre-birth planning meeting explore the reasons for this with her and consider alternative options if possible (e.g. fewer people attending if she finds large meetings difficult; or agreeing that historical information will be shared with professionals before the meeting if discussing this may be distressing).
- Consider whether a professionals' meeting is needed for women who are not engaging with services. Every effort should be made to involve the woman in decisions about her care, but it is still essential that a Perinatal Mental Health Care

Plan is agreed, even if the woman chooses not to be involved in devising this.

Venue

Take into account the following:

- Number of people invited to the meeting
- Convenient, accessible location for the woman, her family and professionals
- Ensure the venue is child friendly if the woman has to bring young children

Invitations to the meeting

Written invitations should be sent to everyone who needs to be invited to the meeting (*see sample invitation letters in appendix 2*). This should include the following:

- The pregnant woman
- Her partner or other family member or friend with consent
- Community midwife
- Specialist mental health midwife
- Health visitor
- Obstetrician
- GP

The other professionals involved in the woman's care will vary but the following should be invited if involved:

- Consultant Perinatal Psychiatrist
- Specialist perinatal mental health nurse
- Other perinatal mental health professionals e.g. psychologist, OT
- Care coordinator (Community mental health team)
- Consultant Psychiatrist (Community mental health team)
- Psychologist/Psychotherapist
- Maternity safeguarding lead
- Children & Families' Social Worker
- Substance misuse service worker
- Specialist services e.g. eating disorders, learning disabilities, personality disorder service
- Other agencies such as domestic violence services, voluntary organisations
- Independent advocate
- Interpreter

3 Subjects for discussion at the pre-birth planning meeting

INFORMATION TO BE DISCUSSED, SHARED AND CLARIFIED

1. Current pregnancy and obstetric history

- Planned / unplanned pregnancy
- Estimated date of delivery (EDD)
- How does the woman feel about her pregnancy
- Obstetric complications and/or physical health problems
- Planned mode of delivery and any concerns about labour (see [Fear of Childbirth \(Tokophobia\) and Traumatic Experience of Childbirth: Best Practice Toolkit](#))
- Where does she plan to deliver – hospital birth centre, midwife led unit, home – any reason that any of these are not advisable
- Any likelihood of delivering early – e.g. plan for induction of labour due to diabetes or other obstetric reasons; previous premature birth
- Has she attended/arranged to attend antenatal classes
- Does she need 1:1 antenatal education session
- Practical preparations – has she bought/planned to buy what she needs for the baby; if financial difficulties can any local charities provide baby equipment/clothes etc.

2. Mental health history

- Diagnosis
- Summary of mental health history including typical symptoms, pattern of illness, previous postnatal episodes, admissions
- Level of functioning when well
- Engagement with services
- Triggers for relapse
- Treatment and adherence
- Substance misuse history

3. Risk

- Risk to self – self harm, self-neglect
- Risk to others (including risk to unborn and/or other children)
- Risk from others
- Any factors likely to increase risk

4. Relapse indicators

5. Current mental health

- Symptoms
- Impact on functioning

6. Risk of postpartum relapse and plan to address this

- Risk of postpartum psychosis, postnatal depression or other postnatal mental illness
- Information about the disorder –e.g. for postpartum psychosis: high risk period, rapid onset, symptoms, importance of urgent psychiatric assessment

-
- Who will notice if the woman becomes unwell and alert services
 - If the woman lives alone is there a partner, family member or friend who can stay with her (or who she can stay with) in the early postnatal period.
 - Advise family how and when to seek urgent help including out of hours
 - If the woman lives alone, has a high risk of Postpartum Psychosis, and there is nobody to notice if she becomes unwell what are the other options – e.g. Home Treatment Team
 - Discussion about likely care needed if the woman relapses including Home Treatment Team and Mother & Baby Unit (MBU). Explain where nearest MBU is and the other units nearby if this unit has no bed available.

7. Medication

- Current medication
- Risks and benefits of medication in pregnancy and breastfeeding
- Medication changes needed e.g. if worsening symptoms, or changes in response to medication levels (e.g. Lithium level)
- Any monitoring needed- e.g. Lithium levels
- Plan to start medication immediately after birth or if the woman becomes unwell
- Any investigations needed e.g. for women starting antipsychotic medication.
- Any concerns regarding adherence to treatment

8. Feeding

- Plans to breastfeed or bottle feed – consider need for sleep and rest
- Who can support with night feeds
- Importance of professionals respecting the woman's decision
- Importance of professionals not giving conflicting advice about safety of medication in breastfeeding – the woman's treating psychiatrist should give this advice (see *Pan London Perinatal Mental Health Guidance for Newborn Assessment*)

9. Current sources of stress

- E.g. accommodation, relationship difficulties, immigration issues, lack of practical help and support
- What help is needed to address these

10. Other children

- How many children does the woman have
- Do the children live with her
- Who will look after other children when the woman comes into hospital to have her baby

11. Child safeguarding concerns

- Are there any Child Safeguarding concerns – if so has a referral been made to Children's Social Care and has the pre-birth assessment been completed – if not when will this be done and is escalation needed
- Is Pre-birth Child Protection Conference needed / planned – if so is there a date. Is escalation needed.
- Is the unborn and/or other children the subject of a Child in Need or Child Protection Plan?
- Is there concern that this woman may not be able to care for her baby. If so what is

the likely plan. Are there other family members who may be suitable carers. Is a Legal Planning Meeting needed. Is there a plan for a formal parenting assessment. When will the plan be clarified

- Have concerns been identified for the first time at the pre-birth planning meeting and is referral to Social Care needed

12. Adult Safeguarding Concerns

- Are there any adult safeguarding concerns and what has been done/what needs to be done to address these.

13. Support

- Does the woman have a partner? Do they live together?
- Does the partner have any mental health problems or need additional support
- Who else is available for practical and emotional support
- Are any third sector services involved. If not would any of these be helpful.
- Local postnatal support available – e.g. Children’s Centre activities.

14. Professionals and roles

- Explain the roles of all the professionals involved during the remainder of the pregnancy, maternity admission and the early postnatal period
- Will professionals visit individually or try and co-ordinate appointments – need to consider pressures of multiple appointments versus being overwhelmed if too many people visit at once
- Is the woman planning to move during pregnancy, or stay with a family member in another area in the early postnatal period and if so will her care need to be transferred and the Perinatal Mental Health Care Plan shared with professionals in that area?

15. Information

- Does the woman, her partner or other family member need any additional information e.g. about the woman’s mental disorder, Postpartum Psychosis, Postnatal Depression, medication etc. What written information/website links etc. may be useful for them

16. Contraception

- What are the woman’s plans for contraception after birth and does she need any advice regarding options.
- Who will she see and when. Important to ensure contraception starts early enough to avoid unplanned pregnancy. Also important that the woman is aware of the risks associated with an unplanned pregnancy.

17. Strengths

- Help the woman and her family to identify their strengths and what they are doing well, including observations of all professionals involved in care.

All the information discussed is used to inform the Perinatal Mental Health Care Plan:

PERINATAL MENTAL HEALTH CARE PLAN

The responsibility for formulating, distributing and monitoring the care plan is held by the perinatal mental health team. If there is no perinatal mental health team, the specialist mental health midwife or community mental health team care co-ordinator can organise it. Discuss and agree the plan for the remainder of pregnancy, maternity admission for the birth and for the early postnatal period.

ANTENATAL

Plan for the remainder of the pregnancy

1. Antenatal care

2. Antenatal classes

3. Frequency of contact with professionals

4. Psychiatric medication

5. Psychological intervention

6. Information to be sent to the woman, her partner or family *e.g. about postnatal mental disorder, medication*

7. Referrals to other services *e.g. third sector services for additional support; maternity, mental health and health visiting services in another area if the woman plans to stay with family or to move before or immediately after the birth*

8. Information sharing *e.g. with another maternity services, Liaison Psychiatry or Perinatal Mental Health Service if there is a possibility that the woman may deliver in another maternity unit*

9. Information needed or aspects of the postnatal plan to be clarified *e.g. who will care for other children when the woman is admitted; who can stay with the woman in the first few weeks after birth when she has a high risk of relapse; any aspects of children's Social Care plans; does the woman need advice re contraception.*

MATERNITY ADMISSION FOR THE BIRTH

Plan for the maternity admission for delivery until the woman is discharged home

(A small number of women will plan a home birth and in that case a similar plan will be made for labour and the first 24 hours at home)

1. How will the woman get to hospital when she is in labour

2. Who will be looking after her other children during her maternity admission

3. Which professionals should be informed that she has been admitted *in labour, or for a planned induction of labour or Caesarean Section: e.g. perinatal mental health team, specialist mental health midwife, safeguarding midwife, children's social worker, care co-ordinator*

4. Any specific needs during labour

- Plan to deliver in midwife led unit or labour ward

-
- Women with a history of sexual abuse may request female only staff
 - Women with PTSD may need professionals to be aware of what may trigger flashbacks
 - Link to birth plan for labour – pain relief etc.
 - Instructions regarding medication e.g. Lithium is often stopped at the onset of labour and hydration is important
 - Medication for any acute behavioural disturbance in labour

5. Care and support on the postnatal ward immediately after birth

- Does the woman need an individual room to ensure she has a calm environment and has as much sleep and rest as possible (e.g. when sleep deprivation can trigger relapse)
- Is there a plan for the woman's partner or a family member to stay on the postnatal ward with her to support her in caring for her baby
- Is 1:1 supervision needed due to concerns about the woman's current mental health (e.g. women who are psychiatric admissions) or due to significant safeguarding concerns). Can this be provided by an RMN (registered mental health nurse), maternity support worker, healthcare assistant or a family member. Who will organise this (e.g. maternity or mental health inpatient ward).

6. Psychiatric medication

- What medication will the woman take after birth – is this the same as medication taken in pregnancy or is she starting new medication
- Should she bring her own medication to hospital with her or will this be prescribed in hospital?
- Are any investigations or monitoring needed – e.g. for women on Lithium
- Any monitoring the baby will need (e.g. for Neonatal Adaptation Syndrome)
- Emergency medication for acute behavioural disturbance e.g. Lorazepam

7. Feeding

- Woman's preference to breastfeed or bottle-feed?
- Any concerns about breastfeeding and medication?
- Importance of supporting her to feed her baby in way she chooses. Professionals on the labour/postnatal ward should be aware of the decision she has made and not give contradictory advice about safety of medication in breastfeeding. Staff should not put pressure on her to breastfeed if that is not the right decision for her.

8. Neonatology review

- If a woman is prescribed psychiatric medication the neonatology team should be informed of this and her baby should be seen for a neonatal check within the first 24 hours
- The woman should be given a letter from the clinician completing the newborn examination informing them of symptoms to be aware of any further action that needs to take place.

9. Psychiatric review

- Does the woman need to remain on the ward for a review of her mental health before she is discharged? Who will see her: the perinatal mental health team? Liaison psychiatry team? Her care co-ordinator? Is this essential or only needed if

there are concerns about her mental health at the time?

10. Urgent concerns

- If there is any urgent concern about the woman's mental health during labour or the rest of her maternity admission who should maternity staff contact for urgent review? Perinatal mental health team? Liaison psychiatry team? Include contact numbers.
- What medication can be given e.g. Lorazepam
- What should be done – e.g. move the woman to an individual room with 1:1 care if this is not already in place

11. Informing professionals that the woman has given birth and when she will be discharged

Who do maternity staff need to inform that the woman has given birth and when she is discharged – mental health professionals, social worker, health visitor etc.

12. Discharge planning

- Where will the woman be discharged to? If she is staying with a relative does this change the professionals who will see her at home in the early postnatal period/ Have the relevant maternity, mental health and health visiting teams been informed and has relevant information been shared?
- Is a discharge meeting needed on the postnatal ward before the woman goes home with her baby? *(This is not necessarily needed if there has been a pre-birth planning meeting, unless there are likely to be significant changes in her circumstances between the pre-birth planning meeting and the birth. The social worker may request a discharge planning meeting if the baby is the subject of Child Protection Plan or if there are planned care proceedings).* What decisions need to be made at the meeting?
- Is it likely the woman may need psychiatric admission after birth? If she is already an inpatient on an acute ward or Mother & Baby Unit will ward keep a bed for her. Is there any need to consider prophylactic MBU admission? Who will refer and what is the alternative if no bed is available?

POSTNATAL PERIOD

Plans for the first 6-8 weeks after birth

1. Professionals visits

- Midwives to visit until 28 days postnatal
- Health visitor – first visit at 10-14 days postnatal
- Perinatal mental health nurse – weekly visits
- Psychiatrist
- Care co-ordinator
- Social worker (if involved)
- Is Home Treatment Team needed?
- Other

(Agree which professional will take responsibility for co-ordinating professionals visits)

2. Support from family

-
- What can family members do to help? E.g. night feeds, cooking, taking other children to school
 - How can family help the woman to develop confidence in caring for her baby (NB importance of supporting but not taking over)

3. Medication

- Medication and any changes needed
- Any monitoring e.g. Lithium level

4. Psychological interventions

5. Supporting the woman to care for her baby

- Is the woman likely to need help in her relationship with her baby – who will help
- Children's centre or other local postnatal activities
- For women who have little support from friends or family would referral to any third sector agencies be helpful

6. Physical health

- Planned review by GP or secondary care for any physical health needs
- Inform the woman that she can attend maternity triage if needed until 6 weeks postnatal
- 6 week postnatal check

7. CRISIS PLAN: What to do if there are signs/symptoms of relapse

- Advise the woman and her family to ask for help if there are any concerns
- How can the family access help and advice in working hour and outside working hours? Include contact numbers
- Who might visit – e.g. Crisis/ Home Treatment Team. Circumstances in which the woman should go to A&E or the family should call 999
- What should non-mental health professionals do if they have concerns?
- If the woman becomes unwell and needs admission where will this be? How will Mother& Baby Unit be accessed? Are there any reasons a woman may not be suitable for MBU (e.g. history of significant physical aggression when unwell; or (rarely) if she is not likely to be the primary carer for her baby?)

8. Contraception

- What contraception is the woman planning to use to avoid an unplanned pregnancy
- Who does she need to see and when in order to organise this

9. Review Care Plan

- Planned review of care – date
- Review if there is any significant change

The discussion and plan should be documented and copies sent to the woman and all those invited to the meeting (including professionals unable to attend). The attached template (Appendix 3) can be used. The plan should be recorded in all versions of the woman's notes including her maternity, mental health and primary care notes. A copy should be sent to the neonatologist when the woman has taken psychiatric medication during pregnancy.

REFERENCES

The Toolkit is based on recommendations from the following Guidelines and Standards:

- NICE CG192: Antenatal and Postnatal Mental Health: Clinical management and service guidance (2014)
- Perinatal quality network for perinatal mental health services. Service standards 3rd edition: perinatal community mental health services. Royal College of Psychiatrists (2016)
- Management of women with mental health issues during pregnancy and the postnatal period. Royal College of Obstetricians and Gynaecologists: Good practice No.14 (2011)
- Knight M, Tuffnell D, Kenyon S et al. (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care - Surveillance of maternal deaths in the UK 2011-13 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-13. Oxford: National Perinatal Epidemiology Unit, University of Oxford (2015)
- Pan-London Perinatal Mental Health Network – Perinatal Mental Health Care Pathway (2015)
- Pan London Perinatal Mental Health Network: Guidance for Newborn Assessment. Pan London Perinatal Mental Health Network and the London Neonatal Operational Delivery Network (June 2017)
- Pan-London Perinatal Mental Health Network: Fear of Childbirth (Tokophobia) and Traumatic Experience of Childbirth: Best Practice Toolkit (January 2018)

APPENDICES

Appendix 1 - Leaflet for women and families

PERINATAL MENTAL HEALTH PRE-BIRTH PLANNING MEETING

What is a pre-birth planning meeting?

A pre-birth planning meeting brings you and your family together with all of the professionals involved in your care. The meeting is held to plan the support that you and your family may need during and after your pregnancy.

When will the meeting happen?

Your pre-birth planning meeting will be held when you are about 32 weeks pregnant.

Who will be invited?

- You and others you choose to invite – this may include your partner, members of your family or close friends. You can also be supported by an independent advocate if you want one. They can help you express your needs and views. Ask your doctor or midwife for information about local advocacy services.
- Members of the Perinatal Mental Health Team and other professionals involved in your care - these may include your: midwife, obstetrician, care co-ordinator, psychiatrist, health visitor, GP, children & families social worker.
- The list of people invited to the meeting will be discussed with you before the meeting is arranged.

What will be discussed?

The discussion is likely to include the following:

Care for your mental health

- Your current mental health, how your illness has affected you in the past and support or treatment that you find helpful.
- Whether you have experienced mental health difficulties during or after previous pregnancies.
- Your current medication and whether any changes will need to be made during pregnancy or breastfeeding.
- Your current support networks (including professionals and family/friends).

Your Pregnancy

- How your pregnancy is progressing and whether you have any concerns.
- Whether you are getting the antenatal care you need.
- Whether you have been told about antenatal classes, and if not how you can access these.
- How you will get to hospital when you are in labour and who will be with you during your labour.
- If you have other children, who will care for them while you are in hospital

Your care when you come into hospital to have your baby

- Whether you need any extra support during this time.
- Whether there need to be any changes to your medication at this time.
- The professionals who will see you in hospital.

Care for you and your baby when you first go home

- The help and support you may need when you first go home with your baby.
- Care for your mental health when you have had your baby.
- Professionals who may visit you at home.
- Outpatient appointments.
- Who you and your family can contact for help and advice if you have any concerns.

Other professionals or services which may be involved in your care

- Children & families social services may carry out a pre-birth visit to help you to plan any additional support your family would need if you experience difficulties.
- Your health visitor can visit before your baby is born to explain how she might be able to support you.
- Your health visitor and midwife can give you information about local postnatal support groups and support available in Children's Centres.

Other areas which may be addressed include:

- Housing
- Benefits
- Whether you need an interpreter

What will be written at this meeting?

Notes are taken at this meeting of the issues discussed and decisions about care and support you may need. These notes will be written up into a plan. You will be given a chance to comment on this plan and whether it meets your needs. The plan will be sent to any other family members you choose and to the professionals invited to the meeting. You will be asked to put your copy of the plan into your handheld maternity notes. A copy will be kept in your mental health records, maternity records and your GP records.

What if I don't want to attend?

We will aim to make the meeting supportive and useful for you and will always enable you to bring your family members, friends or an independent advocate for support.

We would always prefer you to be at the meeting so we can support you to make your own decisions about the care you might need. Sometimes, if you really do not want to come to the meeting, the professionals may meet to consider how we can work together to support you and your family. In that case you will be given the opportunity to comment on decisions made at the meeting and whether your needs for support are being met.

Appendix 2: Invitation letter to the pregnant woman

Dear ...

The Perinatal Mental Health Team organises a Perinatal Mental Health pre-birth planning meeting for women we have seen, when you are around 32 weeks pregnant. This is to ensure that there is a clear plan for your mental health during the rest of your pregnancy, the time when you come into hospital to have your baby and the early weeks after the birth of your baby. It is important that all of the professionals involved in your care work with you and your family at this time to ensure you have the best possible care.

I enclose a leaflet that explains more about the meeting.

I would like to invite you and any family members/or a person the supports you, to your pre-birth planning meeting which will be held on:

Date:

Time:

Location:

I would be grateful if you could phone on the above number to confirm if you are able to attend. If you are not able to attend, we will offer an alternative time which is convenient for you.

If you have any questions about the meeting a member of the team would be happy to discuss these with you.

Yours sincerely,

Administrator

Appendix 3: Invitation letter to professionals

Dear

Re: Name:

DOB:

Address:

NHS NO:

The Perinatal Mental Health Team is organising a perinatal mental health pre-birth planning meeting for **X**. This is to ensure that there is a clear plan of care for her mental health during the remainder of her pregnancy, the time when she comes in to hospital to deliver and the early postnatal period. It is important that all of the professionals involved in **X** care work with her and her family at this time to ensure she has the best possible care.

I would like to invite you to the pre-birth planning meeting which will be held on:

Date:

Time:

Location:

I would be grateful if you could contact me on the number above to confirm your attendance. If you are unable to attend it would be helpful if another of member of your team could attend.

I enclose an information leaflet. If you have any questions about this meeting a member of the team will be happy to discuss these with you.

Yours sincerely

Team Administrator

Appendix 4: Template for Recording the Pre-Birth Planning Meeting and Perinatal Mental Health Care Plan

Record of Perinatal Mental Health Pre- Birth Planning Meeting and Perinatal Mental Health Care Plan

Name:		DOB:
Address:		Tel:
NHS No:		
Date of meeting:		
Professionals involved:	Contact details	Attended meeting? Yes/no
Community midwife		
Consultant Obstetrician		
Specialist mental health midwife		
Health Visitor		
GP		
Consultant Perinatal Psychiatrist		
Perinatal Mental Health Nurse		
Community Mental Health Team – Consultant Psychiatrist		
Community Mental Health Team – care co-ordinator		
Social Worker		
Other		
Partner, family or friends who can be contacted		
Name	Relationship	Contact number
<i>Details of anyone who should not be contacted</i>		
Pregnancy		
Estimated Delivery Date:		
Maternity Service:		

Mental Health
Diagnosis
Mental Health History
Relapse Indicators
Risk of Postnatal Mental Illness
Risk
To self:
To others:
From others:
Strengths and protective factors
Current Psychiatric Medication
Current sources of stress
Other children
Number of children:
Support
Partner:
Family support:
Other:
Safeguarding concerns
Previous concerns:
Current concerns:
<i>State if there is a current Child in Need or Child Protection Plan and/or a separate</i>

<i>Safeguarding Plan which professionals should refer to</i>
Plan:
Contraception
Plans for contraception:
Other
PERINATAL MENTAL HEALTH CARE PLAN
ANTENATAL
MATERNITY ADMISSION FOR BIRTH
POSTNATAL
DISCHARGE PLANNING (including information provided to woman)

CRISIS PLAN				
What helps in a crisis?				
Let.....know how I'm feeling				
Contact:				
Community mental health team – number – opening hours				
Perinatal Mental Health Team – number – opening hours				
24 hour support line				
Crisis team				
Attend A&E				
If admission is needed this should be to a psychiatric Mother & Baby Unit (<i>unless exclusion criteria apply</i>). The nearest MBU is..... contact details. If no MBU bed is available.....				
Minutes	and	plan	written	by:
Date:				
If you or any of the professionals involved in your care have any questions about this information or the plan please contact our team administrator on.....				

This Toolkit is linked to an e-learning module: Pre-birth Planning. The module includes clinical examples and draft Records of Perinatal Mental Health pre-birth planning meeting and Perinatal Mental Health Care Plans