1. Population Needs

1.1 National/local context and evidence base

1.1.1. Introduction

Perinatal mental health disorders are those that complicate pregnancy and the postpartum year. They include both conditions with their onset at this time and pre-existing conditions that may relapse or recur in pregnancy or the postpartum year.

Psychiatric disorder is a leading cause of maternal death. It has caused 12-15% of all maternal deaths in pregnancy and six months postpartum since 1997.

The separation of mother and infant can have serious effects on the mother-infant relationship and be difficult to reverse. Without appropriate intervention, maternal mental illness can have long-standing effects on infants' cognitive, emotional and social development and well-being.

Women suffer from a range of disorders of differing types and severities both in pregnancy and following delivery. However, there is an increase in the incidence of postpartum serious/severe mental illness and an increased risk of postpartum recurrence in those with a previous history of serious affective disorder. There is also an increased rate of both referral to Adult Mental Health Services and admission to a Psychiatric Unit.
Postpartum serious mental illness has a number of distinctive clinical features including acute onset in the early days and weeks following delivery, rapid deterioration and severe symptoms and behavioural disturbance.

1.1.2. Specialised Perinatal Mental Health Services

Women in pregnancy and the postpartum year who require specialist psychiatric treatment need different facilities and service response from those provided by General Adult Mental Health Services.

Specialised Perinatal Mental Health Services provide In-Patient Mother and Baby Units. They avoid the separation of mother and baby, wherever possible, by joint admission. They enable the treatment and recovery of the mother whilst ensuring the developing relationship with the baby and its physical and emotional wellbeing. Many also provide Specialised Perinatal Outreach and Community Psychiatric Teams who facilitate early discharge, the prevention of relapses and re-admission of discharged in-patients and of high risk (and admission vulnerable) women.

Specialised Services are staffed by clinicians with additional knowledge and skills in the impact of childbirth on maternal psychiatric disorder and the effects of maternal psychiatric disorder and its treatment on the infant both in-utero and after birth.

They work in close collaboration with Maternity and Obstetric Services, respond rapidly to presentations within the maternity context and address the additional risks to both mother and infant of serious perinatal illness.

1.1.3. Incidence

Postpartum Disorders

The epidemiology of postpartum psychiatric disorders and their service uptake is well established (Kendell et al 1987; Oates 1997; Kumar and Robson, 1984; Munk-Olsen, 2009, 2011). 2 per 1000 women delivered will suffer from a postpartum psychosis and are admitted to a Psychiatric Unit. A further 2 per 1000 delivered women will be admitted suffering from other serious/complex disorders. All of these require Specialised Mother and Baby Units. 3% of maternities will be referred to Secondary Psychiatric Services; approximately 1% of maternities women will require Specialised Perinatal Outreach Teams. 10 to 15% of all delivered women will suffer from mild to moderate postnatal depression, the majority of whom will be cared for in Primary Care.

Disorders in Pregnancy

The incidence overall of mental disorders in pregnancy is 15%. The rate of new onset
serious mental illness in pregnancy is reduced. However, women with a previous history of serious illness, even if recovered, are at high risk of recurrence or relapse in pregnancy and after delivery. Proactive, preventative assessment and management will reduce morbidity and the need for admission. There is little national data on the prevalence of these high risk women but it is thought to be approximately 4 per 1000 maternities.

Based on a minimum of 2 admissions per 1000 live births annually and the number of live births for the population of England (approximately 672,000) there will be at least 1300 admissions per year nationally.

It is estimated that 0.25 In-Patient Mother and Baby beds per 1000 live births will be required (if Specialised Perinatal Community Psychiatric Teams are available) or 0.5 per 1000 if no Specialised Teams are provided. A minimum of 168 In-Patient Mother and Baby beds are required in England. Currently there are 122 beds provided by 17 In-Patient Mother and Baby Units.

It is estimated that approximately 3% of maternities will be referred to Psychiatric Services and 1% of maternities will meet the referral criteria for prescribed specialised care and treatment (Mother and Baby Units and Outreach). Based on this and the number of live births for the population of England, there will be approximately 6,700 women with serious mental illness who require the prescribed Perinatal Mental Health Service.

1.1.4. National Policy Initiatives and Evidence Base

The following evidence based national policy initiatives recommend that all women with serious mental illness in late pregnancy and the postpartum period should receive specialist perinatal psychiatric care. If they require admission, these women should be admitted with their babies to a Specialised In-Patient Mother and Baby Unit. They also recommend treatment and management guidelines for perinatal conditions and women of reproductive potential. Their aim is to reduce morbidity and mortality in mother and infants and to improve quality of life and patient satisfaction.

- Centre for Maternal and Child Enquiries – Saving Mothers’ Lives: Reviewing Maternal Deaths
- Royal College of Psychiatrists’ College Centre for Quality Improvement - Quality Network for Perinatal Mental Health Services - Standards for Mother and Baby In-Patient Units (2011)
- The British Association of Psychopharmacology – Evidence-Based Guidelines for Treating Bipolar Disorder (2009)
- Healthy Child Programme – Pregnancy and the First Five Years of Life (2009)
- New Horizons – A Shared Vision for Mental Health (2009)
- Maternity Matters – Choice, Access and Continuity of Care in a Safe Service (2007)
- Royal College of Obstetricians and Gynaecologists (RCOG) Guidelines on Management of Women with Mental Health Issues during Pregnancy and the Postnatal Period (Good Practice No 14) 2011
- Joint Commissioning Panel – Guidelines for the Commissioning of Perinatal Mental Health Services (Royal College of Psychiatrists (RCPsych) 2012)

### 2. Scope

#### 2.1 Aims and objectives of service

**2.1 Aims and objectives of a Perinatal Psychiatric Service (Prescribed Specialised Component)**

The prescribed component of Specialised Perinatal Mental Health Services provide In-Patient Mother and Baby Units and linked Outreach Services. The aim is to:

- Provide timely access to quality care and treatment to women in late pregnancy and the postpartum year that are seriously mentally ill, to ensure that the special needs and additional risks to mothers and infants will be met. This will reduce morbidity and mortality in both, over the short and longer term. The developing relationship between mother and infant will be promoted with short and long term benefits for the infant’s mental health and the mother’s quality of life.
- Prevent avoidable recurrences and relapses and therefore admission in high risk women, to facilitate discharge and prevent relapses and readmissions

**2.1.1 Objectives of the Service**

The Service will ensure that the following objectives are met:

- To ensure that women and their families have timely access to the right level of
• If admission is required, to ensure that this will be to a Specialised In-Patient Mother and Baby Unit without delay so that no woman is unnecessarily separated from her baby.
• To safely and effectively meet the special needs and requirements, both emotional and physical, of mothers and infants.
• To provide specialist medical, nursing, psychological and social care.
• To provide supervision, support, assistance and guidance in the care (both physical and emotional) of the infant whilst the mother is ill.
• To respond in a timely manner to emergency requests for assessment and advice.
• To ensure the integration in a seamless fashion of all components of care through access to discharge from the Service.
• To achieve the earliest resolution of the maternal mental illness whilst promoting the care and developing relationship with the infant.
• To assess and proactively manage high risk women with a prior history of serious mental illness to prevent avoidable recurrences in pregnancy and the postpartum period.

2.2 Service description/care pathway

2.2.1. In-Patient Mother and Baby Units

In-Patient Mother and Baby Units undertake the assessment, care and treatment of women in late pregnancy and the postpartum period with serious mental illness that cannot be safely managed by Specialised Perinatal Community Psychiatric Teams. The infant is admitted with the mother. They provide appropriate facilities, treatments and interventions to meet the special needs of mothers and their infants including both physical and psychological care. They provide support, assistance and supervision to the mother so that the physical and emotional needs of the infant are met and promote the developing mother-infant relationship.

In-Patient Mother and Baby Units provide care for emergency admissions 24 hours a day, 7 days a week (these are the majority of admissions). They are able to care for acute conditions including those detained under the Mental Health Act, without transferring mothers to other in-patient facilities (except in exceptional circumstances). They also accept planned admissions for less urgent but complex cases which cannot be managed in the community or by Adult Mental Health Services.

In order to ensure a safe environment for the care of both mother and infant, In-Patient Mother and Baby Units are separate from other acute admission units, have controlled access and facilities that are not shared by other acute psychiatric admission units. In-Patient Mother and Baby Units will meet these and other Standards of the Royal College of Psychiatrists College Centre for Quality Improvement (CCQI) for In-Patient Mother and Baby Units which are necessary for...
accreditation. These standards can be accessed at the following link:


Each In-Patient Mother and Baby Unit will have a core multi-disciplinary team with specialist knowledge and skills. A typical unit with 6 beds will as a minimum require:

- A designated Consultant Perinatal Psychiatrist available during working hours
- A Ward Manager who has a RMN qualification (contracted to the Unit)
- Two qualified Psychiatric Nursing staff on every shift (contracted to the Unit)
- One specialist Nursery Nurse on daytime shifts (contracted to the Unit)

It is also expected that the multi-disciplinary team will have input from an occupational therapist and clinical psychologist with specialised skills (meeting the RCPsych CCQI standards [web link above]). Mental Health Trusts will be expected to provide usual services such as Clinical Pharmacy, Laboratory Services etc.

Mother and infants should have access to the same professionals and resources that they would have in the community (e.g. midwifery, health visiting, physiotherapy, immunisation etc).

In-Patient Mother and Baby Units will have linked Specialised Outreach Teams to facilitate early discharge and ensure proper follow-up, support and treatment in the community once the mother has been discharged from in-patient care.

2.2.2. Outreach Teams

These Teams are linked to In-Patient Mother and Baby Units to facilitate discharge and prevent avoidable relapses and re-admission.

They also undertake the assessment and treatment of pregnant and postpartum women who have a serious mental illness or who are at high risk of developing such an illness, thereby preventing avoidable relapses and admission.

They provide pre-conception counselling for women with a history of serious mental illness who are considering a pregnancy.

They advise Maternity, Obstetric and Adult Psychiatric Services on the detection, proactive management and prevention of women at high risk of postpartum illness and undertake emergency assessments of women referred for admission.

At a minimum each Outreach Team will, in addition to the staffing of the Mother and Baby Unit, have:

- A Specialist Consultant Perinatal Psychiatrist (1 session per 1000 live births), who may also work on the In-Patient Mother and Baby Unit
- Specialist Outreach Perinatal Psychiatric Nurses contracted to the Service
It is expected that other members of the multi-disciplinary team will work in both the Mother and Baby Unit and Outreach Team.

Outreach Teams will have a base and office accommodation including satellite bases if serving a large geographical area. All clinical staff within these teams will receive education and training in perinatal mental health within three months of appointment and updated on a regular basis. They will be members of the Royal College of Psychiatrists CCQI for Specialised Perinatal Community Psychiatric Teams and adhere to these and other standards.

*Perinatal clinicians will have a contract and job description which specifies their responsibilities to the service. During their contracted hours, they will not have responsibilities to other services. It is expected that the service will be staffed by contracted professionals and that other staff/bank or agency staff are used only in exceptional circumstances.*

2.3 Population covered

2.3.1. Care Pathway

The Service outlined in this Specification is for patients ordinarily already resident in England or otherwise the commissioning responsibility of the NHS in England (as defined in Who Pays?.. establishing the responsible Commissioner and other Department of Health Guidance relating to patients entitled to NHS care or exempt from charges).

Specifically this service is for women in pregnancy and the year postpartum with serious mental illness, together with their infants, who require specialist resources, service response and management as outlined in this Specification.

2.3.1 Access and referral

2.3.1.1. In-Patient Mother and Baby Units

Referrals will be considered from:
- Adult Mental Health Teams, CAMHS and other mental health services
- Internally from Specialised Perinatal Community Psychiatric Teams
- GPs
- Maternity Services and Obstetricians

**Emergency Admissions.**

These are the majority of admissions. The patient will be acutely ill and usually within 12 weeks of childbirth. The patient will be assessed and accepted by a senior clinical
Planned admissions.

These are the minority of admissions. Non-urgent, serious/complex conditions will be assessed by one or more senior clinical member(s) of the In-Patient Mother and Baby Unit or the Outreach Team at a site most suited to the woman’s needs. The potential admission will be discussed with the multidisciplinary team and referrer. Planned admissions also include those at high risk of an early postpartum relapse or recurrence of a pre-existing condition. The planned admission will be part of the patient’s perinatal care plan drawn up by the Specialised Perinatal Mental Health Service.

2.3.1.2. Outreach Teams (prescribed component of the Specialised Mental Health Service)

The Specialised Perinatal Community Psychiatric Team will consider referrals from:
- Mental Health Services
- The extended Primary Care Team, GPs and Health Visitors
- Midwives and Obstetricians

The Service provides written and electronic referral criteria, Care Pathways and Management Guidelines and will provide telephone advice and guidance to referrers.

The Service accepts direct referrals to avoid delay in accessing the correct level in care taking into account the propensity for rapid deterioration in postpartum illness.

The Service accepts emergency, urgent and non-urgent referrals.

Referrals are made to the Service as a whole and not to a named Consultant. Individual patients will have a key worker and named care coordinator.

2.3.2 Discharge and Exit

In-Patient Mother and Baby Units

Women on In-Patient Mother and Baby Units will remain in the care of the Specialised Service until their discharge from In-Patient care. Only in exceptional circumstances (such as a decision to remove their baby from their care) will women be transferred from a Mother and Baby Unit to a General Psychiatric Admission Unit.
Following discharge from an In-Patient Mother and Baby Unit stay, women will be managed by the Outreach Team for a variable period of time, usually not less than 3 months (see below).

**Outreach Teams**

Recently discharged in-patients will remain in the care of the Outreach Team until they no longer require intensive home support, their condition has stabilised and the risk of recurrence and readmission has passed. They will then return to the care of the Specialised Perinatal Community Team/Community Team funded by the CCG(s) until they have recovered and no longer require specialist secondary psychiatric care. At this point, usually before the end of the first postpartum year, they will either be discharged into the care of their general practitioner or if necessary transferred to non-specialised mental health teams to meet their longer term mental health needs.

Women referred to the Outreach Team who have a prior serious psychiatric history and are at high risk of a relapse or recurrence will be monitored and supported by the Outreach Team for at least 3 months following delivery. Once the risk of recurrence and admission has passed, they will either be referred back to their general practitioner or in the case of longer mental health needs, to the appropriate Adult Mental Health Team.

2.4 Any acceptance and exclusion criteria

2.4.1. Acceptance Criteria

2.4.1.1. In-Patient Mother and Baby Units

**Emergency Admissions**

Women in the last trimester of pregnancy or the first 9 months following delivery who are suffering from an acute episode of serious mental illness including:

- Postpartum Psychosis.
- Bipolar Affective Disorder.
- Schizoaffective Disorder and other psychoses.
- Severe Depressive Illness.
- Other serious/complex conditions.
- Mothers with these conditions under the age of 18, if there is significant perinatal mental illness and they are likely to be the infant’s principal carer. In-Patient Mother and Baby Units are suitable for the admission of a young mother but the admission will be managed in collaboration with Child and Adolescent Mental Health Services (CAMHS) and Social Services.

Mothers with Infants between 9 months and 1 year can be admitted to In-Patient
Mother and Baby Units as an emergency but this will be on a case-by-case basis, taking into account the best interests of the infant.

**Planned admissions**

Women with a prior history of serious mental illness and a high risk of postpartum relapse in the first few days following delivery can be admitted following a prior multidisciplinary assessment shortly before or immediately after delivery until the period of risk has passed.

Other cases of serious/complex disorder posing management problems in Adult Mental Health Services that cannot be safely managed in the community and require specialist perinatal assessment and care.

Admissions can be accepted in a planned fashion after a multidisciplinary assessment and discussion with the referrer.

Wherever possible, mothers will be admitted to the nearest In-Patient Mother and Baby Unit. If that is full, then other alternatives units must be accessed.

**2.4.1.2 Outreach Service (the prescribed component of Specialised Perinatal Mental Health Services)**

They provide assessment and care of women in pregnancy and the postpartum year who meet the following criteria:

- Women discharged from Specialist In-Patient Mother and Baby Units
- Women with the following conditions who are at high risk of admission to an In-Patient Mother and Baby Unit (admission vulnerable):
  - Postpartum psychosis; bipolar affective disorder; schizo-affective disorder and other psychoses; serious depressive illness
  - Women with a history of serious mental illness after childbirth or at other times
  - Women who require a high intensity of specialist input because of serious/complex disorder on a weekly or more frequent basis
- Women with a history of serious mental illness who are considering a pregnancy (pre-conception counselling).

**2.4.2 Exclusion criteria**

Women will not be admitted to an **In-Patient Mother and Baby Unit** under the following circumstances:

- For the sole purpose of a parenting assessment unless they are also suffering from, or there is a suspected/potential, serious or complex mental illness.
- Women with severe personality disorder, learning disability or substance misuse unless they are also suffering from, or there is suspected, serious mental illness.
• If there is evidence that the mother will not be capable of independent functioning in caring for her infant in the community without reasonable available support.
• If there is evidence of serious violence/aggressive behaviour that might pose a risk of harm or injury to her own or other babies on the In-Patient Mother and Baby Unit.

Women will not be managed by the prescribed outreach component of Specialised Perinatal Mental Health Service if:

• They are not admission vulnerable
• They are suffering from a condition of mild to moderate severity that does not require the services of the Specialised Perinatal Community Psychiatric Team and/or can be managed effectively in Primary Care
• They are suffering from severe personality disorder, learning disability or substance misuse unless they are also suffering from serious or complex mental illness

2.5 Interdependencies with other services

2.5.1 Co-located Services

Specialised In-Patient Mother and Baby Units will be located on the same site as an Adult Psychiatric Admission Unit to allow for clinical cover and assistance in emergencies.

2.5.2 Interdependent Services

There will be easy access to the following Acute Trust Services preferably co-located with but if not within a short travelling distance:

• A Maternity Unit to allow for the joint care and speedy transfer of pregnant and recently delivered women Neonatal and Paediatric Services including Paediatric A&E.

2.5.3. Related Services.

Close working relationships will be provided between Specialised Perinatal Mental Health Services and:

• Adult Mental Health Services including Crisis and Home Treatment Teams and Out of Hours Services.
• Extended Primary Care Services including Health Visiting.
• Improving Access to Psychological Therapies (IAPT) Services.
• CAMHS Services.

3. Applicable Service Standards
3.1 Applicable national standards e.g. NICE, Royal College

3.1.1

National Institute for Health and Care Excellence (NICE) Guidelines for Antenatal and Postnatal Mental Health

Recommend the provision of Specialised In-Patient Mother and Baby Units and Specialised Perinatal Community Psychiatric Teams for all women requiring secondary psychiatric care in pregnancy or the postpartum year. Women should not be admitted to an Adult Psychiatric Admission Unit without their baby unless there are specific reasons to do so. They also recommend treatment and management guidelines for pregnant and postpartum women and recommendations for service design.

3.1.2 The Royal College of Psychiatrists CCQI Standards for In-Patient Mother and Baby Units.

These are nationally accepted consensus, appraisal and accreditation standards for Specialised Perinatal In-Patient Mother and Baby Units. These set down the minimum requirements for the treatment and management of women with serious postnatal psychiatric disorder who are admitted to Specialised Perinatal In-Patient Mother and Baby Units, the resources and facilities and staffing of In-Patient Mother and Baby Units and the interventions and resources available. For accreditation purposes these are divided into Level 1, 2 and 3. For accreditation, the Unit must meet 100% of Level 1 Standards and 80% of Level 2. Specialised In-Patient Mother and Baby Units will be members of the RCPsych CCQI and be accredited by them.

3.1.3 The Royal College of Psychiatrists CCQI Standards for Specialised Perinatal Community Psychiatric Teams

Are consensus standards for the staffing and function of Specialised Perinatal Community Psychiatric Teams and the care and treatment provided by these Teams. It is an appraisal network. Specialised Perinatal Community Psychiatric Teams will be members of the relevant RCPsych CCQI and undertake annual appraisals. These standards can be accessed using the following link:

http://www.rcpsych.ac.uk/pdf/Perinatal%20Community%20Standards%201st%20edition.pdf

4. Key Service Outcomes
The following are key service outcomes which will be delivered through the commissioning of Specialised Perinatal Mental Health Services:

- All women in late pregnancy or following delivery requiring an emergency psychiatric admission will be admitted directly to an In-Patient Mother and Baby Unit or transferred within 24 hours of admission from an Adult Mental Health Admission Unit.
- All women requiring psychiatric admission are admitted with their infant to an In-Patient Mother and Baby Unit unless there are exceptional reasons not to do so.
- All mothers on an In-Patient Mother and Baby Unit will receive a daily assessment of their need for supervision, support and assistance to ensure that the emotional and physical needs of both mothers and their infants are safely met.
- There will be an improvement in the patient’s quality of life as the result of admission to a Specialised In-Patient Mother and Baby Unit and/or referral to a Specialised Perinatal Community Psychiatric Team.
- There should be a reduction in the numbers of admissions to a Specialised In-Patient Mother and Baby Unit of women with relapse or a recurrence of a pre-existing condition.
- A reduction in the number of in-patient readmissions within 1 month of discharge from the In-Patient Mother and Baby Unit.
- A reduction in delayed discharges from an In-Patient Mother and Baby Unit.
- A reduction in the mean length of stay on an In-Patient Mother and Baby Unit.
- A reduction in the use of The Mental Health Act.
5. Location of Provider Premises

There are 17 In-Patient Mother and Baby Units, 11 of which have integrated Perinatal Community Psychiatric Teams (see Appendix 1)

Appendix 1

In-Patient Mother and Baby Units

- Northumberland, Tyne and Wear NHS FT
- Beadnell Mother and Baby Unit, Morpeth, Northumberland*
- Leeds Partnership NHS FT
- Mother and Baby Unit, The Mount, Leeds*
- Manchester Mental Health and Social Care Trust
- The Anderson Ward, Wythenshawe Hospital, Manchester*
- Nottinghamshire Healthcare NHS Trust
- Margaret Oates Mother and Baby Unit, Queen's Medical Centre, Nottingham*
- Derbyshire Mental Health Services NHS FT
- The Beeches, Derby City General Hospital, Derby*
- Leicestershire Partnership NHS Trust
- Mother and Baby Unit, Glenfield Hospital, Leicester*
- South Staffordshire and Shropshire Healthcare NHS FT
- Brockington Mother and Baby Unit, St George's Hospital, Stafford*
- Birmingham and Solihull Mental Health NHS FT
- Mother and Baby Unit, Queen Elizabeth Hospital, Birmingham*
- Hertfordshire Partnership NHS FT
- Thumbswood Mother and Baby Unit, Queen Elizabeth II Hospital, Welwyn
- North Essex Partnership NHS FT
- Rainbow Mother and Baby Unit, The Linden Centre, Chelmsford, Essex
- East London NHS FT
- Margaret Oates Mother and Baby Unit, Homerton Hospital, London*
- Central and NorthWest London NHS FT
- Coombe Wood Perinatal Mental Health Unit, Coombe Wood, London
- South London and Maudsley NHS FT
- Channi Kumar Mother and Baby Unit, Bethlem Royal Hospital, Kent*
- Avon and Wiltshire Mental Health NHS FT
- New Horizons Mother and Baby Centre, Southmead Hospital, Bristol.
- Hampshire Partnership NHS FT
- Perinatal Services (Mother and Baby Unit), Royal Hampshire County Hospital, Winchester, Hampshire*
- Dorset Healthcare University NHS FT
• Florence House Mother and Baby Unit, Bournemouth
• The Eastbourne Clinic
• The Eastbourne Clinic Mother and Baby Unit, Eastbourne, East Sussex

*Units that have an integrated linked Specialised Perinatal Community Psychiatric Team.
There is variation in their staffing. They have catchment areas smaller than those of the mothers and baby units.