

Referrals to the Maternal Mental Health Service (MMHS), Birth Reflections and Consultant Midwife

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"Currently UHL utilises the terms 'woman' and 'women' within their obstetric and maternity guidelines but these recommendations will also apply to people who do not identify as women but are pregnant or have given birth."

1. Introduction and Who Guideline applies to

This guideline applies to all obstetric, midwifery and psychiatric staff working within maternity services.

UHL related documents:

- [Supporting Birth Outside of Trust Guidance in Low Risk Midwifery Birth Settings UHL Obstetrics Guideline](#) Trust ref: C55/2021
- [Mental Health - Antenatal and Postnatal UHL Obstetric Guideline](#) Trust ref: C18/2011

2. Guideline Standards and Procedures

2.1 Maternal Mental Health Service (MMHS)

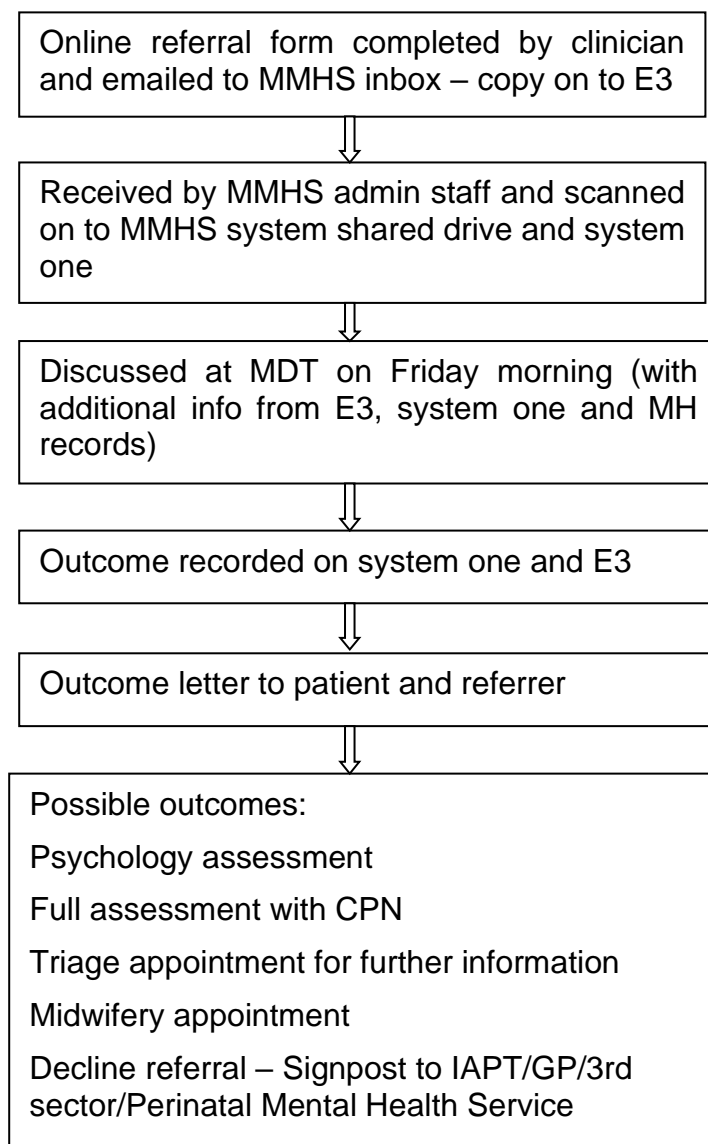
The Maternal Mental Health Service offers specialist support to women experiencing moderate to severe mental health difficulties relating to trauma and loss in pregnancy and childbearing as well as associated phobias. (See listed criteria below)

The team offers assessment and psychological therapies as well as tailored midwifery support. To make a referral the healthcare professional should complete the referral form in [appendix one](#) and email to the address on the form.

The MMHS triages referrals and will support women who meet the following criteria:

- Primary tocophobia (fear of pregnancy and childbirth)
- Secondary tocophobia (significant anxiety relating to pregnancy and childbirth due to a previous birth trauma)
- Trypanophobia (Needle phobia that is impacting on care during pregnancy and childbirth)
- Trauma symptoms related to a recent experience of childbirth (not within first 3 months following delivery)
- Trauma symptoms related to a previous experience of childbirth that have been triggered by a current pregnancy
- A protracted grief reaction following miscarriage, termination, intra uterine fetal death, or neonatal death (not within first 3 months following loss)

2.2 MMHS Referral pathway



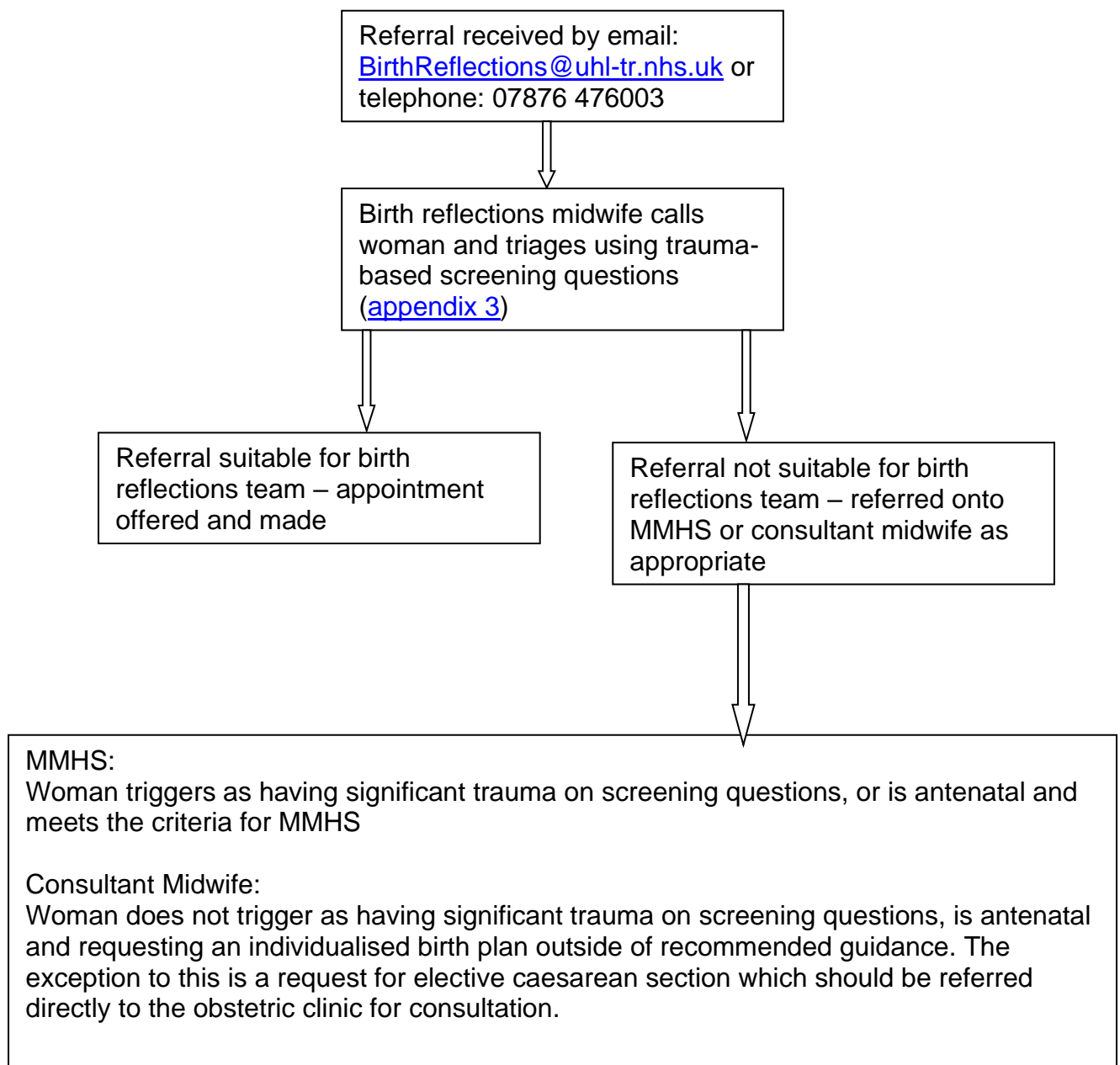
2.3 Birth Reflections Service

The birth reflections team accept referrals from women who are post-birth up to one year, or who are pregnant again and would like to discuss their previous birth experience. Referrals can be made by a healthcare professional or self-referral by the woman/partner themselves.

Care needs to be taken that women with significant trauma do not experience triggers for their trauma and for this reason the referrals are triaged prior to the appointment.

The birth reflections team may make further referrals to other services such as the MMHS, Perinatal Mental Health, obstetric clinic or consultant midwife as appropriate.

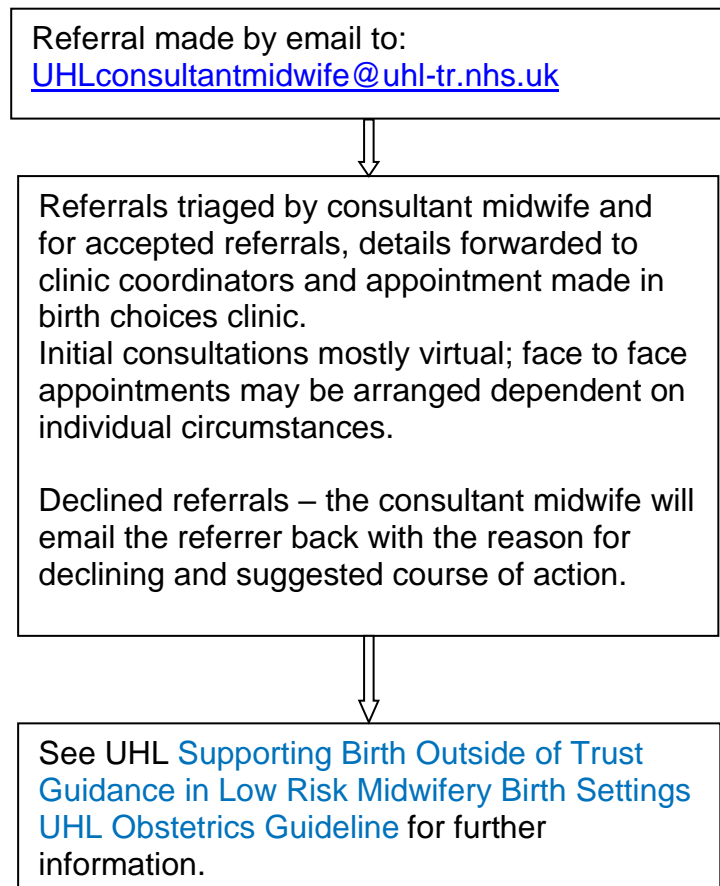
2.4 Birth Reflections Referral Pathway



2.5 Consultant Midwife Referrals

The consultant midwife supports the community, home birth, birth centre and hospital midwives, and obstetricians, in supporting women to make informed decisions about their care and individualising care plans where required. Referrals are accepted via email using the referrals form in appendix two.

Referrals are accepted for women requesting care outside of guidance for birth in a midwife-led setting or women needing support with individualised birth planning. Women requesting maternal request caesarean section should be referred directly to the obstetric antenatal clinic for consultation.



3. Education and Training

Increased awareness of the service and referral processes.

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Referrals to birth reflections service	Audit	Birth reflections MWs	Annual	Maternity governance
Referrals to MMHS	Audit	Specialist MW	Annual	Maternity governance
Referrals to consultant midwife	Audit	Consultant Midwife	Annual	Maternity governance / LW forum

5. Supporting References

Supporting Birth Outside of Trust Guidance in Low Risk Midwifery Birth Settings UHL Obstetrics Guideline Trust ref: C55/2021

Mental Health - Antenatal and Postnatal UHL Obstetric Guideline Trust ref: C18/2011

6. Key Words

Criteria, Mental Health, Referral, Trauma

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

Contact and review details			
Guideline Lead (Name and Title) Helen Fakoya, Consultant Midwife Karen Anstee, Specialist Midwife Maternal Mental Health Floretta Cox, Matron for specialist midwifery/antenatal services and safeguarding			Executive Lead Chief Nurse
Details of Changes made during review:			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
December 2022	1		New document

Appendix One: REFERRAL FOR MATERNAL MENTAL HEALTH SERVICE

The Maternal Mental Health Service offers specialist support to women experiencing moderate to severe mental health difficulties relating to trauma and loss in pregnancy and childbearing as well as associated phobias.(see listed criteria below)

The team offers assessment and psychological therapies as well as tailored midwifery support.

**To make a referral please complete ALL details and email
to:**

MaternalMentalHealthService@leicspart.nhs.uk

... (If all details are not completed it will delay the referral process)

DATE OF REFERRAL

PATIENT CONSENTED: YES ☐ We are unable to consider referrals without patient consent

Please identify reason for referral (tick)

- ☐ Primary tocophobia (fear of pregnancy and childbirth)
- ☐ Secondary tocophobia (significant anxiety relating to pregnancy and childbirth due to a previous birth trauma)
- ☐ Trypanophobia (Needle phobia that is impacting on care during pregnancy and childbirth)
- ☐ Trauma symptoms related to a recent experience of childbirth (not within first 3 months following delivery)
- ☐ Trauma symptoms related to a previous experience of childbirth that have been triggered by a current pregnancy
- ☐ A protracted grief reaction following miscarriage, termination, intra uterine fetal death, or neonatal death (not within first 3 months following loss)

PATIENT DETAILS	
Name:	NHS number: (Not S Number)
Date of Birth:	Address & Postcode:
Telephone:	
Ethnicity:	Estimated Due Date/Delivery Date:
Preferred language:	Place of booking for delivery if applicable:
Interpreter needed: Yes/No	
REFERRER DETAILS	
Name:	G.P. details
Job Title:	Name:
Address and Postcode:	Address and Postcode:
Phone number:	Phone number:
Email:	

CURRENT CONCERNS/REASON FOR REFERRAL : Please include

Previous pregnancy/obstetric history including losses,

Physical trauma symptoms such as nightmares, flashbacks, reluctance to access maternity care.

Has the patient accessed support previously/currently from other agencies?

Appendix Two: Referral to Consultant Midwife

Referral to Consultant Midwife	
Woman's details (Name, NHS number, Hospital number, DOB)	
Contact telephone number	
Email address	
Named midwife	
Named / link Consultant Obstetrician	
Reason for referral & relevant history	
Is an interpreter required? If yes, please provide details.	
If no interpreter required, is the patient happy to have a telephone or video consultation?	
Referrers name and contact number	
Date of referral	

Appendix Three: Trauma Screening Questions

Where a woman scores 6 or more, she should be referred to the Maternal Mental Health Service and should not complete the birth reflections process as it may be a trigger for post-traumatic stress.

Maternal Mental Health Service

Trauma Screening Questionnaire (TSQ)

Please consider the following reactions which sometimes occur after a traumatic event. This questionnaire is concerned with your personal reactions to your most recent birth experience. Please indicate (Yes/No) whether or not you have experienced any of the following **at least twice in the past week**.

1. Upsetting thoughts or memories about the event that have come into your mind against your will	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Upsetting dreams about the event	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Acting or feeling as though the event were happening again	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Feeling upset by reminders of the event	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6. Difficulty falling or staying asleep	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7. Irritability or outbursts of anger	<input type="checkbox"/> No	<input type="checkbox"/> Yes
8. Difficulty concentrating	<input type="checkbox"/> No	<input type="checkbox"/> Yes
9. Heightened awareness of potential dangers to yourself and others	<input type="checkbox"/> No	<input type="checkbox"/> Yes
10. Being jumpy or being startled at something unexpected	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Source: Brewin, C. R., Rose, S., Andrews, B., Green, J., Tata, P., McEvedy, C., ... Foa, E. B. (2002) Brief screening instrument for post-traumatic stress disorder. *British Journal of Psychiatry*, 181, 158-162.