Dear Colleague

This letter authorises the extended use of the following guidance until 1st September 2018:

**NHS Grampian Guidance For Staff Working In The Mental Health Service Involved In The Perinatal Care Of Women With Mental Disorder (Treatment From The Time Of Conception To One Year Following Childbirth)**

The review of this Guideline is currently underway and the updated version will be available later in 2018.

If you have any queries regarding this please do not hesitate to contact the Pharmacy and Medicines Directorate.

Yours sincerely

Sandy Thomson
Interim Chair of the Medicines Guidelines and Policies Group
NHS Grampian Guidance For Staff Working In The Mental Health Service Involved In The Perinatal Care Of Women With Mental Disorder (Treatment From The Time Of Conception To One Year Following Childbirth)

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<th>Co-ordinators:</th>
<th>Consultation Group:</th>
<th>Approver:</th>
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<tr>
<td>Consultant Psychiatrist</td>
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<td>Medicine Guidelines and</td>
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Version 2

Executive Sign-Off

This document has been endorsed by the Director of Pharmacy and Medicines Management

Signature: [Signature]
Title: NHS Grampian Guidance For Staff Working In The Mental Health Service Involved In The Perinatal Care Of Women With Mental Disorder (Treatment From The Time Of Conception To One Year Following Childbirth)

Identifier: NHSG/Guid/PerC_RCH/MGPG661

Replaces: NHSG/Guid/PerC_RCH/MGPG494

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Author: Consultant Psychiatrist, Clinical Pharmacist

Subject: Guidance and information leaflets

Key word(s): Guidance, pregnancy, pregnant, perinatal, mental, health, women, disorder, treatment, conception, one year, birth

Policy application: Mental Health Service NHS Grampian

Purpose: This guidance is for healthcare professionals involved in perinatal care of women of childbearing age who have a mental disorder.

Responsibilities for implementation:

Organisational: Mental Health Service Clinical Management Board and Sector General Managers

Corporate: Senior Managers

Departmental: Heads of Service/Clinical Leads

Area: Line Managers

Hospital/Interface services: Assistant General Managers and Group Clinical Directors

Operational Management Unit: Directorate Service Managers

Policy statement: It is the responsibility of supervisory staff at all levels to ensure that their staff are working to the most up to date and relevant policies, protocols and procedures. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect patient, staff or visitor safety and comfort will be reduced.

Review: This policy will be reviewed at least every two years or sooner if current treatment recommendations change.
This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245.

Responsible for review of this document: Mental Health Operational Medicines Management Group

Responsible for ensuring Registration of this document on the NHS Grampian Information/ Document Silo: Pharmacy and Medicines Directorate

Physical location of the original of this document: Pharmacy and Medicines Directorate

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Responsible for disseminating document as per distribution list: Mental Health Operational Medicines Management Group

Revision History:

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<tr>
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<tr>
<td>March 2014</td>
<td>November 2011</td>
<td>Responsibilities for implementation section updated</td>
<td>Page (ii)</td>
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<tr>
<td>March 2014</td>
<td>November 2011</td>
<td>Puerperal changed to postpartum throughout the document</td>
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<td>November 2011</td>
<td>Additional statement added: 'Polypharmacy should best be avoided'</td>
<td>Page 1, 2nd bullet point</td>
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<td>March 2014</td>
<td>November 2011</td>
<td>Separate sentence added relating to ‘family history’</td>
<td>Page 2 paragraph 2</td>
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<td>November 2011</td>
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March 2014
November 2011

References updated
This guidance is for healthcare professionals involved in perinatal care of women of childbearing age who have a mental disorder.

In planning the perinatal care for women who have mental disorder there are two groups of patients to consider:

A. **Women currently receiving treatment for a mental disorder** who are of childbearing age, who are planning a pregnancy, and who are currently pregnant or who have had a baby in the last twelve months.

B. Women who are currently pregnant or who have had a baby in the last twelve months, and who develop symptoms of a **new episode of mental disorder**.

There are some important **general principles** about prescribing medication for these groups of patients:

- It is good practice to discuss the potential implications of taking psychotropic medication with all women of childbearing age during routine clinical care.
- There are a minority of psychiatric drugs which carry significant and specific risks if prescribed in pregnancy. These include sodium valproate, clozapine and other mood stabilisers. Paroxetine and venlafaxine should not be routinely prescribed. Polypharmacy should best be avoided.
- Information about the risks and benefits of prescribing medication during pregnancy is often complex and difficult to interpret. Patients commonly have a strong preference for whether or not to take medication. It is therefore impossible to produce simple and definite advice for clinicians. Instead, it is a process of identifying and balancing risks for each patient; with the overall policy of prescribing as few medicines and as low a dose as possible before conception, during pregnancy and throughout breastfeeding in order to achieve the desired treatment effect. Teratogenic effects are most likely to occur during the first trimester. Dose tapering may be considered a few weeks prior to expected delivery date to minimise withdrawal effects.
- There are a number of recognised guidelines available for clinicians (references below). In addition, advice on particular cases can be sought locally from colleagues in pharmacy and the specialist perinatal service.
- It is good practice for information to be shared among those involved in delivering clinical care. Correspondence should be routinely copied to colleagues in maternity care, primary care and specialist mental health services. It is also often beneficial for the patient to receive a copy.
Women currently receiving treatment for a mental disorder (Group A)

For patients seen in **maternity services** and **primary care**, it is important to identify those who are ‘at risk’, and who therefore may benefit from specialist psychiatric assessment and treatment. Women may be considered as being ‘at risk’ because of their **diagnosis** and/or their **current treatment**.

Women who have a current diagnosis or past history of **bipolar disorder**, **postpartum psychosis** or **schizophrenia** have a significant risk of relapse during pregnancy, and especially following childbirth. Risk is further increased if there is additional family history, e.g. a first degree relative with a history of postpartum psychosis or bipolar affective disorder. These patients should be seen for assessment by psychiatric services, either by a specialist perinatal service or an adult service. In some cases, it is also appropriate to refer women back to psychiatry who have a history of and/or who are receiving treatment for other diagnoses, and who are not currently receiving specialist psychiatric treatment. These diagnoses include severe depressive disorder, severe anxiety (including OCD), serious eating disorder, significant substance misuse, ADHD, and severe personality disorder.

Women who are planning to conceive, who are pregnant or who are breastfeeding and who are receiving treatment with certain drugs should routinely be assessed by a psychiatrist. These drugs include **antipsychotic drugs**, **mood stabilisers**, **MAOI antidepressants** and **CNS stimulants used for ADHD**.

Women experiencing symptoms of a new mental disorder (Group B)

Symptoms of a possible new mental disorder will be identified initially by staff in maternity and/or primary care services. These can often be successfully managed without referral to psychiatric services. It will be important to establish a diagnosis, assess risk to self and/or others, and to get details of possible past history and family history of mental disorder.

**Criteria for referral to psychiatry** cannot be absolute. The decision will be guided by a number of factors. However, onward referral is recommended if there is evidence of:

- current serious mood disorder
- current psychotic symptoms (abnormal experiences, irrational beliefs)
- evidence of significant current risk to self and/or others
- past history or family history of postpartum psychosis, severe postnatal depression, bipolar affective disorder (manic-depression) and schizophrenia.

In addition to referring patients for assessment, it is often useful to discuss individual cases by telephone, e-mail, etc. Advice about the assessment and treatment of perinatal mental disorders can be accessed from the perinatal mental health service (01224 557520). Advice on the risks of drug treatment in pregnancy and breastfeeding can also be obtained from the NHS Grampian Medicines Information Department (01224 552316). There is also information available from established guidelines (NICE, SIGN, National Teratology Information Service, Royal College of Obstetricians).
References

NICE clinical guideline 45, 2007
Antenatal and postnatal mental health
www.nice.org.uk

SIGN guideline 127 Management of perinatal mood disorders March 2012
www.sign.ac.uk

National Teratology Information Service (information on individual drugs)
www.toxbase.org

Royal College of Obstetricians and Gynaecologists
Good Practice no. 14, June 2011
Management of Women with Mental Health Issues during Pregnancy and the Postnatal Period