

Maternal Mental Health Pathway

Unique Identifier	NMP200/SSM/103 – v01.00
Document Type	Guideline
Risk of non-compliance	may result in significant harm to the patient/DHB
Function	Clinical Practice, Patient Care
User Group(s)	Auckland DHB only
<ul style="list-style-type: none"> • Organisation(s) 	Auckland District Health Board
<ul style="list-style-type: none"> • Directorate(s) 	Women’s Health
<ul style="list-style-type: none"> • Department(s) 	Maternity, Maternal Mental Health Service
<ul style="list-style-type: none"> • Used for which patients? 	All maternity women who reside in the ADHB catchment area
<ul style="list-style-type: none"> • Used by which staff? 	All clinicians in maternity including access holder lead maternity carers (LMCs)
<ul style="list-style-type: none"> • Excluded 	n/a
Keywords	n/a
Author	Coordinator - Maternity Quality and Safety Programme
Authorisation	
<ul style="list-style-type: none"> • Owner 	Service Clinical Director (SCD) - Secondary Maternity Services
<ul style="list-style-type: none"> • Delegate / Issuer 	Service Clinical Director (SCD) - Secondary Maternity Services
Edited by	Document Control
First issued	29 October 2019
This version issued	29 October 2019 - issued
Review frequency	3 yearly

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1. Purpose of guideline

This guideline establishes the pathway for recommended best practice for identifying and treating women with mental health conditions during pregnancy and during the first postnatal year, within Auckland District Health Board (Auckland DHB). A brief referral guidance is also provided for care of women excluded from the pathway.

2. Principles and goals

To identify women with mental health conditions and provide collaborative care that ensures optimal outcomes for mothers, babies and their whānau.

3. Screening for mental health conditions

The Lead Maternity Carer (LMC) should screen for mental health conditions at least once in pregnancy (as early as possible) and again at 10-14 days postpartum. Verbal consent should be obtained before screening.

Initial screening should ask:

- About past or present history of severe mental health conditions, including schizophrenia, bipolar disorder, psychosis in the postnatal period, or severe depression.
- About any treatment by a psychiatrist or specialist mental-health team, including any inpatient care.

The verbal 2-3 question screening tool is a quick way to assess whether further assessment is required. Subsequent screening may be required if there are any changes in social or emotional wellbeing.

Verbal 2-3 question screening tool

Reason for screening	Ask these questions
Initial	About past or present history of severe mental health conditions, including schizophrenia, bipolar disorder, psychosis in the postnatal period, or severe depression. About any treatment by a psychiatrist or specialist mental-health team, including any inpatient care.
Depression	During the past month, have you often been bothered by feeling down, depressed or hopeless? During the past month, have you often been bothered by little interest or pleasure in doing things?
Anxiety	During the past month have you been bothered by not being able to stop or control worrying?
Alcohol and drug problems	Have you used drugs or drunk more than you meant to in the last year?
Family violence	Have you been hurt or frightened by someone close to you in the last year?

Reason for screening	Ask these questions
	Have you felt controlled or criticised in your relationship?
	Have you been made to do anything sexual that you did not want to do?
<p>It is important to screen for family violence, as signs and symptoms of abuse can present similarly.</p> <p>Note: Other social issues, such as grief and loss, development disorders, relationship conflict, or situational stressors can have an effect on a person’s mental state but does not mean they have a mental health condition.</p>	

If a woman responds positively to a screening question, further clinical assessment is advised (with the woman’s consent). The practitioner could consider using one of the following tools:

- Edinburgh Postnatal Depression Scale (EPDS) (see [Appendix 5](#))
- Patient Health Questionnaire (PHQ-9) <https://depression.org.nz/is-it-depression-anxiety/self-test/>
- Kessler Psychological Distress Scale 10 (K10) <https://www.healthnavigator.org.nz/tools/d/depression-scale-kessler-10/>
- Case-finding and Help Assessment Tool (CHAT) <https://bpac.org.nz/magazine/2009/adultdep/images/CHAT.png>
- Hospital Anxiety Depression Scale (HADS). <https://www.svri.org/sites/default/files/attachments/2016-01-13/HADS.pdf>

Ensure the woman has access to list of additional resources ([Appendix 2](#)).

If mental health concerns are identified, there is an agreed referral pathway ([Appendix 1](#)) that can assist you to find the appropriate level of support for the woman.

4. Aronui Ora Maternal Mental Health (MMH) service

4.1 Staffing

Aronui Ora Maternal Mental Health is a multidisciplinary team comprised of psychiatrists, psychiatric nurses, social workers, occupational therapists and psychologists. The leadership team is comprised of a Clinical Team Leader, Lead Clinician and Clinical Coordinator.

4.2 Functions

- Pre-pregnancy consultations for women with complex or severe mental health conditions, who are planning a pregnancy.
- Specialist assessment and treatment to address mental health needs related to the experience of pregnancy, childbirth and parenting.
- Shared care with Community Mental Health Centre (CMHC), and Maori, Pasifika, Alcohol and other Drug (AOD) and adolescent services as appropriate.
- Consultation with primary care in management of mild-to-moderate mental health needs related to pregnancy, childbirth and parenting.
- Shared care with Adult Mental Health Services, supporting people with long-standing mental health issues.

- Access to groups, for example Dealing with Distress, and Circle of Security Parenting Group.
- Access to inpatient Mother Baby Unit (MBU).
- Highly targeted respite. Note: admission to MBU and respite facility cannot occur outside of working hours.
- Education and liaison to the secondary sector (including midwife training).
- Advice and consultation for Auckland DHB mental health staff working with women who are pregnant or have recently delivered.

4.3 Referral criteria

- The woman's permanent address must fall within the Auckland DHB boundaries.
- The woman is more than 13 weeks in an ongoing pregnancy (second trimester), or up to one year postpartum.
- The woman is:
 - Experiencing an episode of mental health condition related to the perinatal period
 - Has a pre-existing mental health condition that is impacting on her pregnancy or parenting
 - Has had previous severe postpartum depression or psychosis, or
 - Is currently a client of a CMHC and requires specialist consultation.
- Pre-pregnancy consultations are offered for women with existing, or identified at high risk of, mental health conditions.

4.4 Exclusions

The service does not see women with miscarriage, termination of pregnancy, stillbirth, or if the child is not in the care of the parents. In these cases, the LMC or GP may refer the woman to a CMHC at Taylor Centre, St Luke's CMHC, Manaaki House or Cornwall House. Contact details and boundaries at: <http://www.adhb.health.nz/our-services/a-z-services/community-mental-health/>.

If the woman requires urgent assessment of their mental state when there are concerns for her or others safety contact Liaison Psychiatric (inpatient) or the urgent response team (outpatient) as per [Appendix 1](#).

If the woman lives outside the ADHB catchment area, refer to:

- Waitemata DHB area:
<https://www.waitematadhb.govt.nz/hospitals-clinics/clinics-services/maternity-services/maternal-mental-health-service/>
- Counties Manukau DHB area:
<https://www.countiesmanukau.health.nz/our-services/a-z/whakatupu-ora-infant-mental-health/>.

4.5 Referral process

- All referrals must be written.
- Fax to 09 630 9957.
- Send an e-referral via Concerto (Auckland DHB elective referrals).

4.6 Management considerations

- A multi-disciplinary approach will be used, with a keyworker assigned, and will include relevant services such as cultural advisors.

- The woman and her whānau, and her LMC, will be included in the decision-making process.
- The referrer and woman will be made aware of any waiting times and the date and time of appointment.

4.7 Service delivery

- Clients may be seen at Greenlane Clinical Centre (GCC) or their homes or other agreed location. The service also covers the Waiheke Island population. Note: Home visits are not made to Waiheke; clients can be supported to attend appointments at GCC.

4.8 Identification and documentation

Women with an identified mental health condition should have their MMH support plan uploaded to 3M ChartView at approximately 32-40 weeks and highlighted on their risk sheet on HealthWare. MMH post-assessment and discharge letters will be available on Concerto.

5. Function of other support services

5.1 Women's Health Social Work Team

The Women's Health Social Work Team provides support across all areas of Women's Health at Auckland DHB. One aspect of the service is to provide assessment and support for maternity women (inpatients and in the community) who are experiencing emotional distress which impacts on their mental wellbeing. This may involve therapeutic support, counselling, practical assistance and linking with resources and services.

Referrals can be emailed/faxed to the WH Social Work Team for:

- Child protection (which includes adolescents 13 years or older)
- Risk-taking behaviour
- Suicidal ideation and suicide attempts
- Drug and alcohol abuse
- Family violence safety planning and support
- Pregnancy loss and baby loss support
- Pregnancy decision-making counselling
- Previous difficult birth experience
- Social problems.

5.2 Aranga Tētēkura maternal and infant support and wellbeing

Aranga Tētēkura is an inter-professional advisory forum that brings together the right individuals and services to promote the best possible outcomes for women, their babies and whānau/family.

Referral to the service is appropriate when there are identified social complexities which may impact on mother or baby's optimal health and development. These include:

- Transient lifestyle
- Family violence concerns
- Drug and alcohol concerns (either parent or partner)
- Criminality or offending behaviour concerns for either parent or partner
- Parenting ability or life skills

- Cognitive impairment
- Teenage parents.

The team includes the Aranga Tētēkura Coordinator, Auckland DHB Community Midwifery team Charge Midwife, Auckland DHB Women's Health Social Work Practice Supervisor, Ananui Ora coordinator, Oranga Tamariki/Auckland DHB liaison, and LMC. Individualised women's plans will be available on Concerto and highlighted on the risk plan in HealthWare.

If there is concern about the woman's ability to provide informed consent ensure that adequate arrangements are in place to cover acute admissions and/or birth.

5.3 Community Alcohol and Drug Service (CADS) Pregnancy and Parental Service (PPS)

CADS provides assessment, information, and support to pregnant women and parents of children under three years old. They are a mobile team and can meet with clients in the community.

Services provided:

- Assist women to access antenatal care, alcohol or other drug treatment, parenting support and other community and health services.
- Work on client's behalf to reduce judgment and stigma they might experience from other services.
- Work with client to identify and achieve goals to improve outcomes for their children.
- Work with whānau and friends in a way that will support client.
- Coordinate services to work together so client needs are best met.

6. Associated documents

- Referral-Maternal Mental Health Pathway
- Referral-Maternal Mental Health – Acceptance Criteria

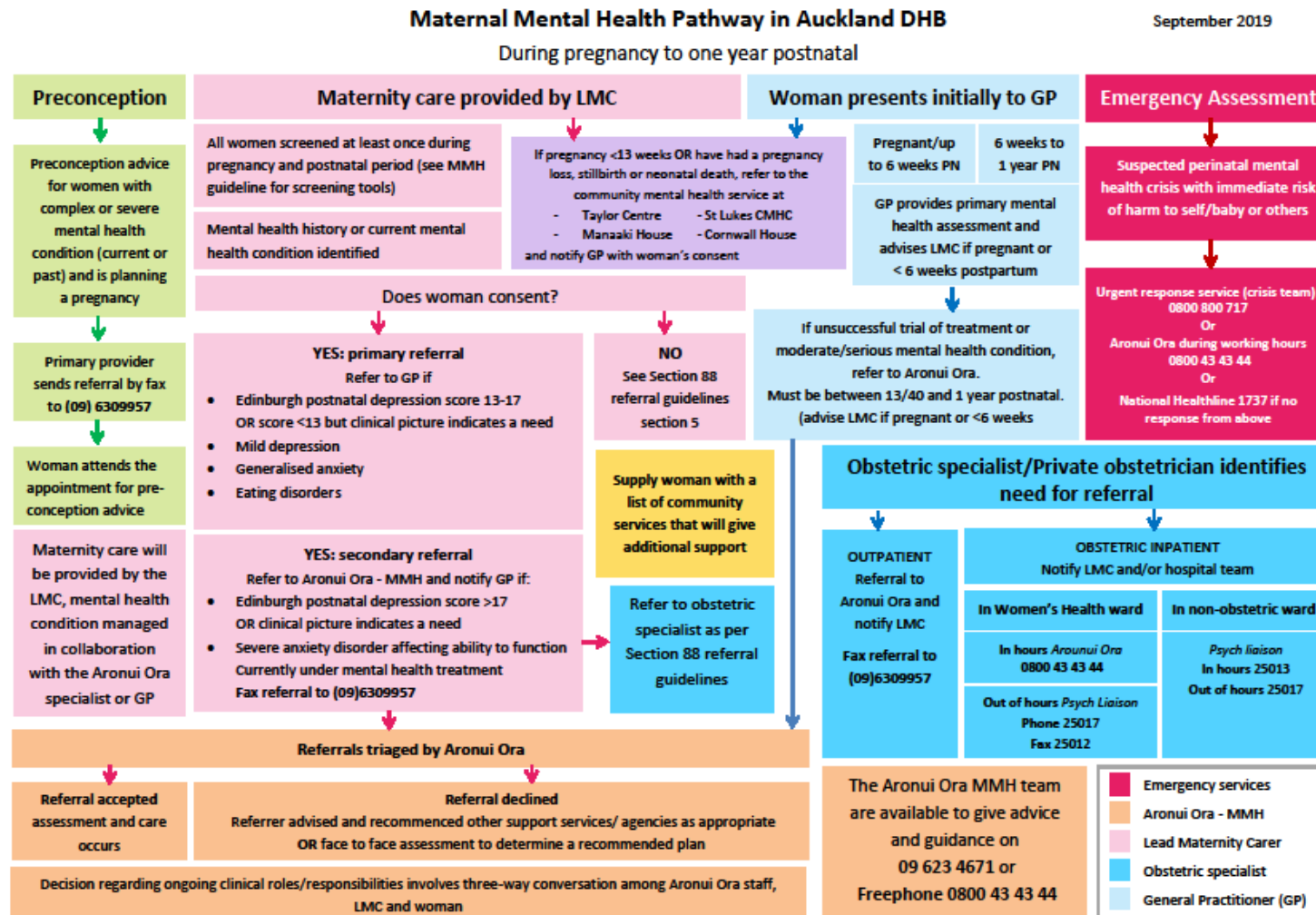
7. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

8. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed **before** the scheduled date, they should contact the owner or [Document Control](#) without delay.

Appendix 1: Maternal mental health pathway in Auckland DHB



Appendix 2: Additional resources for women

New Zealand online resources

www.depression.org.nz	Depression website with John Kirwan
www.mentalhealth.org.nz	Mental Health Foundation website
www.mothershelpers.co.nz	Provides support for mothers with antenatal and postnatal anxiety and depression. Also provides perinatal depression recovery course
www.pada.nz	Aims to eliminate the stigma around perinatal mental health in New Zealand, PADA was formerly the Perinatal Mental Health New Zealand Trust (PMHNZ)
www.skylight.org.nz	National trust supporting children, young people, and whānau to navigate through times of trauma
www.raisingchildren.org.nz	Excellent New Zealand site with information on all aspects of parenting and children's development. Has a section on PND
www.parentscentre.org.nz	Good sections on mental health
www.matatini.co.nz	Māori mental health website
www.postnataldistress.org.nz	Auckland-based support website and groups
www.tabs.org.nz	Trauma and birth stress PTSD after childbirth
www.calm.auckland.ac.nz	Computer-assisted learning for the mind by Auckland University
www.beatingtheblues.co.nz	Beating the Blues® is available as part of treatment through GPs
www.cherish.org.nz	Cherish Trust is a not-for-profit organisation providing support over the telephone and offering support in a group setting in different areas of Auckland
www.sands.org.nz	Voluntary, parent-run, non-profit organisation set up to support parents and families who have experienced the death of a baby.
www.talkingworks.co.nz	Connecting you with professional counsellors in New Zealand

International online resources

www.raisingchildren.net.au	Excellent Australian site with information on all aspects of parenting and children's development. Has a section on PND
www.beyondblue.org.au	Australian site on depression with a section on PND
www.mindthebump.org.au	An app which is a meditation tool designed to help women and couples support their emotional and mental wellbeing during pregnancy and after birth.



Appendix 3: Clinical features of common maternal mental health conditions

Term	Definition
Signs and symptoms of depression	Irritability or anger Hopelessness Feelings of guilt and despair Loss of interest in activities you once enjoyed Difficulties concentrating at work Lack of motivation Disinterest in socialising Aches and pains with seemingly no direct cause Daytime sleepiness and fatigue Insomnia Appetite changes Weight changes Problems with self-esteem Sleep disturbance Negative thoughts about pregnancy or fetus; regret of pregnancy Reduced productivity Feelings of worthlessness Increased sensitivities Excessive worrying.
Severity of depression	Based on intensity of symptoms and impact on function. Episodes of major depression last an average of six months or longer. They lead to impaired functioning. Diagnosis is especially crucial in severe depression, and it may even be time-sensitive. Presence of these indicate likely severe depression: Delusions Hallucinations Neglect of personal care Thoughts of harm to baby or other children Suicidal thoughts or behaviours.
Generalised anxiety disorder	When people worry about a number of things on most days for six or more months. It usually affects young adults and women more than men. The anxiety is about a wide range of situations and issues, not just one specific event. It can be hard to control it and finds its way into all parts of daily life. Anxiety can cause physical symptoms like: Pain Pounding heart Stomach cramps. For some people these physical symptoms are their main concern.

Term	Definition
	Anxiety disorders include: Phobias Obsessive Compulsive Disorder (OCD) Post-traumatic Stress Disorder (PTSD) Panic Disorder.
Severe anxiety disorder	When anxiety is severe or there all the time, it makes it hard to cope with daily life. The feelings: Are quite intense Last for weeks, months, or can keep going up and down over many years Negatively affect thoughts (whakaaro), behaviour and general health Leave you feeling distressed and not enjoying life.

Appendix 4: Contact details

Team	Contact Details
Women’s Health Social Work Team	<p>Weekday duty social worker 8.30am–4pm Phone: 021 893 912</p> <p>Weekend on call Friday 5pm-Monday 8am Public holidays on call: 8am-6pm Phone: internal contact the hospital operator on ‘0 External 09 307 4949 Request to speak to the on-call Social Work Supervisor for Women’s and Children’s Health</p> <p>Email for referrals/enquiries: womenshealthswk@adhb.govt.nz Referrals: use Auckland DHB internal referral form (see Associated Documents) for both women in community and inpatients. Scan and email as above or fax: 09 307 8987 or internal fax: 25987</p>
Mental Health Urgent Response Service (Crisis Team)	<p>Phone: 0800 800 717</p>
Aronui Ora Maternal Mental Health Team	<p>Phone: 09 623 4671 Fax: 09 630 9957 Freephone: 0800 43 43 44 Ground Floor, Building 15, Greenlane Clinical Centre Referral form: http://nationalwomenshealth.adhb.govt.nz/healthprofessionals/referrals-and-information/maternity/</p>
Aranga Tētēkura Maternal and infant support and wellbeing	<p>Coordinator phone: 021 492 312 Email referrals to arangatetekura@adhb.govt.nz</p> <p>Referral form https://nationalwomenshealth.adhb.govt.nz/assets/Aranga-Tetekura-referral-form.pdf</p>
Oranga Tamariki	<p>Ministry for Children Phone: 0508 326 459 to make a report of concern Email: contact@ot.govt.nz</p>
Te Puaruruhau Auckland DHB’s specialist multi-disciplinary child protection team	<p>Child Protection Coordinator Phone: 021 827 409, 09-307 2860, internal 22727</p>
Community Alcohol & Drugs Services – Pregnancy & Parental	<p>Phone: 09 815 5830 For appointments: 09 845 1818 Fax: 09 815 5851 Monday-Friday 8.30-5.00pm Online referral form (internal use only):</p>

Team	Contact Details
	<p>http://staffnet/rads/Refer/default.asp Pitman House, 50 Carrington Rd, Pt Chevalier, Auckland 1025</p>
<p>Emergency Housing (Ministry of Social Development)</p>	<p>Phone: 0800 559 009</p>
<p>Community Mental Health Centres</p>	<p>Taylor House Phone: 0800 376 105 308 Ponsonby Rd, Ponsonby, Auckland 1011 Monday-Friday 8.00-4.30pm St Luke’s CMHC Phone: 0800 845 094 615 New North Rd, Kingsland, Auckland 1021 Monday-Friday 8.30-4.30pm Manaaki House Phone: 0800 570 651 15 Pleasant View Rd, Panmure, Auckland 1072 Monday-Friday 8.30-4.30pm Cornwall House Phone: 0800 623 578 Greenlane Clinical centre, Lower Ground Building 16 Clinical Centre Epsom Monday-Friday 9.00-5.00pm http://www.adhb.health.nz/our-services/a-z-services/community-mental-health/</p>

Appendix 5: Edinburgh Postnatal Depression Scale

1. I have been able to laugh and see the funny side of things	SCORE
<input type="checkbox"/> As much as I always have	0
<input type="checkbox"/> Not quite as much now	1
<input type="checkbox"/> Definitely not so much now	2
<input type="checkbox"/> Not at all	3
2. I have looked forward with enjoyment to things	
<input type="checkbox"/> As much as I ever did	0
<input type="checkbox"/> Rather less than I used to	1
<input type="checkbox"/> Definitely less than I used to	2
<input type="checkbox"/> Hardly at all	3
3. I have blamed myself unnecessarily when things went wrong	
<input type="checkbox"/> Yes, most of the time	3
<input type="checkbox"/> Yes, some of the time	2
<input type="checkbox"/> Not very often	1
<input type="checkbox"/> No, never	0
4. I have been anxious or worried for no good reason	
<input type="checkbox"/> No, not at all	0
<input type="checkbox"/> Hardly ever	1
<input type="checkbox"/> Yes, sometimes	2
<input type="checkbox"/> Yes, very often	3
5. I have felt scared or panicky for no very good reason	
<input type="checkbox"/> Yes, quite a lot	3
<input type="checkbox"/> Yes, sometimes	2
<input type="checkbox"/> No, not much	1
<input type="checkbox"/> No, not at all	0
6. Things have been getting on top of me	
<input type="checkbox"/> Yes, most of the time I haven't been able to cope at all	3
<input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual	2
<input type="checkbox"/> No, most of the time I have coped quite well	1
<input type="checkbox"/> No, I have been coping as well as ever	0
7. I have been so unhappy that I have had difficulty sleeping	
<input type="checkbox"/> Yes, most of the time	3
<input type="checkbox"/> Yes, sometimes	2
<input type="checkbox"/> Not very often	1
<input type="checkbox"/> No, not at all	0
8. I have felt sad or miserable	
<input type="checkbox"/> Yes, most of the time	3
<input type="checkbox"/> Yes quite often	2
<input type="checkbox"/> Not very often	1
<input type="checkbox"/> No, not at all	0
9. I have been so unhappy that I have been crying	
<input type="checkbox"/> Yes, most of the time	3
<input type="checkbox"/> Yes, quite often	2
<input type="checkbox"/> Only occasionally	1
<input type="checkbox"/> No, never	0
10. The thought of harming myself has occurred to me	
<input type="checkbox"/> Yes, quite often	3*
<input type="checkbox"/> Sometimes	2
<input type="checkbox"/> Hardly ever	1
<input type="checkbox"/> Never	0
Total	

* A positive score in Question 10 needs urgent assessment

The Edinburgh Postnatal Depression Scale is available translated into other languages. Ensure that you use one that has been validated.

[http://www.perinatalservicesbc.ca/health-professionals/professional-resources/health-promo/edinburgh-postnatal-depression-scale-\(epds\)](http://www.perinatalservicesbc.ca/health-professionals/professional-resources/health-promo/edinburgh-postnatal-depression-scale-(epds))