NICE National Institute for Health and Care Excellence

NICE Pathways

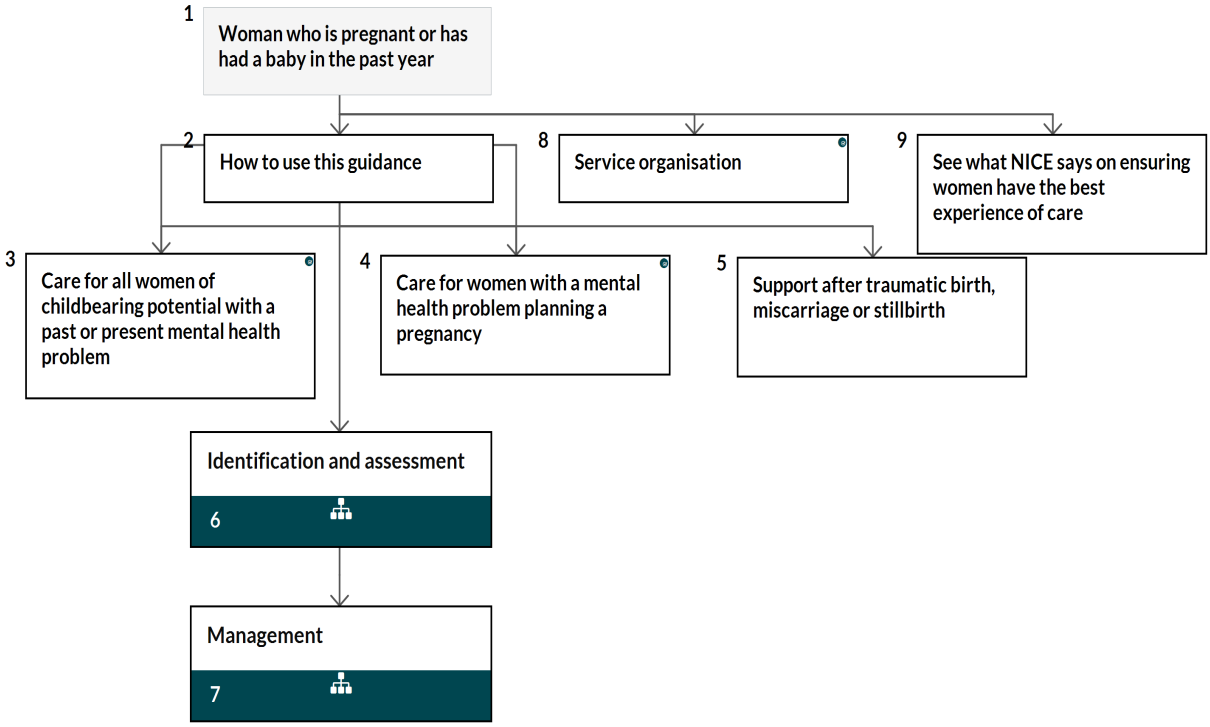
Antenatal and postnatal mental health overview

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/antenatal-and-postnatal-mental-health
NICE Pathway last updated: 11 February 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Woman who is pregnant or has had a baby in the past year

No additional information

2 How to use this guidance

Use this guidance in conjunction with the NICE guidance on specific mental health problems (links are provided at relevant places) to inform assessment and treatment decisions in pregnancy and the postnatal period, and take into account:

- any variations in the nature and presentation of the mental health problem in pregnancy or the postnatal period
- the setting for assessment and treatment (for example, primary or secondary care services or in the community, the home or remotely by phone or computer)
- the recommendations on
  - assessment
  - pharmacological treatments
  - treating specific mental health problems.

3 Care for all women of childbearing potential with a past or present mental health problem

Discussion and advice

Discuss with all women of childbearing potential who have a new, existing or past mental health problem:

- the use of contraception and any plans for a pregnancy
- how pregnancy and childbirth might affect a mental health problem, including the risk of relapse
- how a mental health problem and its treatment might affect the woman, the fetus and baby
- how a mental health problem and its treatment might affect parenting.

Psychotropic medication

When prescribing psychotropic medication for women of childbearing potential, take account of the latest data on the risks to the fetus and baby.

Do not offer valproate for acute or long term treatment of a mental health problem in women or girls of childbearing potential (including young girls who are likely to need treatment into their childbearing years), unless other options are ineffective or not tolerated and the pregnancy prevention programme is in place. See the MHRA safety advice on valproate use by women and girls.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Antenatal and postnatal mental health

1. Valproate

2. Pre-conception information

4 Care for women with a mental health problem planning a pregnancy

Preconception counselling

Consider referring a woman to a secondary mental health service (preferably a specialist perinatal mental health service) for preconception counselling if she has a current or past severe mental health problem and is planning a pregnancy.

Psychotropic medication

When prescribing psychotropic medication for women of childbearing potential, take account of the latest data on the risks to the fetus and baby.

Benzodiazepines

Consider gradually stopping benzodiazepines in women who are planning a pregnancy, pregnant or considering breastfeeding.

Anticonvulsants

Valproate

Refers to 3 formulations of valproate available in the UK: sodium valproate and valproic acid

(licensed for the treatment of epilepsy) and semi-sodium valproate (licensed for the treatment of acute mania and continuation treatment in people whose mania responds to treatment). Both semi-sodium and sodium valproate are metabolised to valproic acid (also known as valproate), which is the pharmacologically active component. Valproate must not be used in pregnancy, and only used in girls and women when there is no alternative and a pregnancy prevention plan is in place. This is because of the risk of malformations and developmental abnormalities in the baby. Follow the MHRA safety advice on valproate use by women and girls.

Do not offer valproate for acute or long term treatment of a mental health problem in women or girls who are planning a pregnancy, pregnant or considering breastfeeding. Valproate must not be used in girls and women unless alternative treatments are not suitable and the pregnancy prevention programme is in place. See the MHRA safety advice on valproate use by women and girls.

If a woman or girl is already taking valproate and is planning a pregnancy, advise her to gradually stop the drug because of the risk of fetal malformations and adverse neurodevelopment outcomes after any exposure in pregnancy. See the MHRA safety advice on valproate use by women and girls.

Do not offer carbamazepine to treat a mental health problem in women who are planning a pregnancy, pregnant or considering breastfeeding.

If a woman is already taking carbamazepine and is planning a pregnancy or becomes pregnant, discuss with the woman the possibility of stopping the drug (because of the risk of adverse drug interactions and fetal malformations).

Antipsychotics

When choosing an antipsychotic, take into account that there are limited data on the safety of these drugs in pregnancy and the postnatal period.

Measure prolactin levels in women who are taking prolactin-raising antipsychotic medication and planning a pregnancy, because raised prolactin levels reduce the chances of conception. If prolactin levels are raised, consider a prolactin-sparing antipsychotic.

Do not offer depot antipsychotics to a woman who is planning a pregnancy, pregnant or considering breastfeeding, unless she is responding well to a depot and has a previous history of non-adherence with oral medication.

Lithium

Do not offer lithium[1] to women who are planning a pregnancy or pregnant, unless antipsychotic medication has not been effective.

If antipsychotic medication has not been effective and lithium is offered to a woman who is planning a pregnancy or pregnant, ensure:

- the woman knows that there is a risk of fetal heart malformations when lithium is taken in the first trimester, but the size of the risk is uncertain
- the woman knows that lithium levels may be high in breast milk with a risk of toxicity for the baby
- lithium levels are monitored more frequently throughout pregnancy and the postnatal period.

See also balancing risks and benefits of psychotropic medication.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Antenatal and postnatal mental health

1. Valproate

5 Support after traumatic birth, miscarriage or stillbirth

Offer advice and support to women who have had a traumatic birth or miscarriage and wish to talk about their experience. Take into account the effect of the birth or miscarriage on the partner and encourage them to accept support from family and friends.

Discuss with a woman whose baby is stillborn or dies soon after birth, and her partner and family, the option of 1 or more of the following:

- seeing a photograph of the baby
- having mementos of the baby
- seeing the baby
- holding the baby.

[1] Although this use is common in UK clinical practice, at the time of publication (December 2014), lithium did not have a UK marketing authorisation for this indication. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the General Medical Council's Good practice in prescribing and managing medicines and devices for further information.

This should be facilitated by an experienced practitioner and the woman and her partner and family should be offered a follow-up appointment in primary or secondary care. If it is known that the baby has died in utero, this discussion should take place before the delivery, and continue after delivery if needed.

For recommendations on treating post-traumatic stress disorder after a traumatic birth, miscarriage or stillbirth see information on post-traumatic stress disorder in anxiety disorders.

6 Identification and assessment

See Antenatal and postnatal mental health / Identifying and assessing mental health problems in pregnancy and the postnatal period

7 Management

See Antenatal and postnatal mental health / Managing mental health problems in pregnancy and the postnatal period

8 Service organisation

Women who need inpatient care for a mental health problem within 12 months of childbirth should normally be admitted to a specialist mother and baby unit, unless there are specific reasons for not doing so.

Inpatient care

Each managed perinatal mental health network should have designated specialist inpatient services and cover a population where there are between 25,000 and 50,000 live births a year, depending on the local psychiatric morbidity rates.

Specialist perinatal inpatient services should:

- provide facilities designed specifically for mothers and babies (typically with 6–12 beds)
- be staffed by specialist perinatal mental health staff
- be staffed to provide appropriate care for babies
- have effective liaison with general medical and mental health services
- have available the full range of therapeutic services

- be closely integrated with community-based mental health services to ensure continuity of care and minimum length of stay.

Care pathways and clinical networks

Managers and senior healthcare professionals responsible for perinatal mental health services (including those working in maternity and primary care services) should ensure that:

- there are clearly specified care pathways so that all primary and secondary healthcare professionals involved in the care of women during pregnancy and the postnatal period know how to access assessment and treatment
- staff have supervision and training, covering mental health problems, assessment methods and referral routes, to allow them to follow the care pathways.

Clinical networks should be established for perinatal mental health services, managed by a coordinating board of healthcare professionals, commissioners, managers, and service users and carers. These networks should provide:

- a specialist multidisciplinary perinatal service in each locality, which provides direct services, consultation and advice to maternity services, other mental health services and community services; in areas of high morbidity these services may be provided by separate specialist perinatal teams
- access to specialist expert advice on the risks and benefits of psychotropic medication during pregnancy and breastfeeding
- clear referral and management protocols for services across all levels of the existing stepped-care frameworks for mental health problems, to ensure effective transfer of information and continuity of care
- pathways of care for service users, with defined roles and competencies for all professional groups involved.

Safe midwifery staffing

See what NICE says on safe midwifery staffing for maternity settings.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Antenatal and postnatal mental health

7. Specialist multidisciplinary perinatal mental health services (developmental)

9 Patient and service user experience

Use this guidance in conjunction with the NICE guidance on service user experience in adult mental health services and patient experience in adult NHS services to improve the experience of care for women with a mental health problem in pregnancy or the postnatal period.

Sources

Antenatal and postnatal mental health: clinical management and service guidance (2014 updated 2020) NICE guideline CG192

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the

recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.