

# SITM: Perinatal Mental Health (PMH)

## SECTION 1: CAPABILITIES IN PRACTICE (CiP)

**PMH CiP 1: The doctor uses their understanding of common perinatal mental health issues and major psychiatric illness to provide the best care for a pregnant person who has mental health issues.**

Key skills	Descriptors
Able to counsel a person with mental health issues who wants to get pregnant	<ul style="list-style-type: none"> <li>• Is able to discuss mental health issues with someone who wants to get pregnant and assess the potential impact on their pregnancy and mental health.</li> <li>• Reviews pre-pregnancy drug therapy and advises where modifications should be made when pregnant.</li> </ul>
Able to assess the mental health needs of a pregnant person	<ul style="list-style-type: none"> <li>• Can make an assessment of a pregnant person with a history of mental health issues and liaise with perinatal mental health services to make a management plan.</li> <li>• Can make an assessment of a pregnant person who has risk factors for perinatal mental health issues and liaise with the perinatal mental health services to make a management plan.</li> <li>• Can make an assessment of a pregnant person whose previous pregnancies were complicated by mental health issues and liaise with perinatal mental health services to make a management plan.</li> <li>• Is able to recognise significant deterioration in the mental health of a pregnant person and can access appropriate acute services.</li> <li>• Has experience of non-pregnancy mental health assessment and support.</li> </ul>
Able to support a person with severe perinatal mental health	<ul style="list-style-type: none"> <li>• Recognises severe perinatal mental health issues, including postpartum psychosis.</li> <li>• Liaises with perinatal mental health services to provide the best care for pregnant people in the antenatal and postnatal period.</li> <li>• Is able to support the ongoing care of a pregnant person in a mother and baby unit (or equivalent when this is not available locally).</li> <li>• Works with primary care and local speciality teams in the community and hospital to optimise outcomes for the pregnant person and their baby.</li> </ul>
Supports a person with obstetric post-traumatic stress disorder (PTSD)	<ul style="list-style-type: none"> <li>• Explores someone's birth history and understands areas of trauma.</li> </ul>

	<ul style="list-style-type: none"> <li>• Helps the recovering person to understand and gives clarity about what happened when they gave birth.</li> <li>• Recognises when referral for therapy e.g. cognitive behavioural therapy (CBT) is needed and refers to appropriate services.</li> </ul>
<b>Evidence to inform decision</b>	
<ul style="list-style-type: none"> <li>• Reflective practice</li> <li>• NOTSS</li> <li>• TO2</li> <li>• Cbd</li> <li>• Mini-CEX</li> </ul>	<ul style="list-style-type: none"> <li>• RCOG Learning</li> <li>• Local and deanery teaching</li> <li>• Attendance at appropriate courses and conferences</li> <li>• Working in a multidisciplinary team (MDT), including with perinatal mental health clinic</li> <li>• Clinical attachment o a mother and bay unit</li> <li>• Attendance at non-obstetric psychiatry clinics</li> <li>• Log of cases and outcomes</li> </ul>
<b>Knowledge criteria</b>	
<ul style="list-style-type: none"> <li>• Factors in personal and family history increasing the risk of mental health problems</li> <li>• The effect of pregnancy and new parenthood on pre-existing mental health problems</li> <li>• The effect of pregnancy and new parenthood on precipitating psychiatric illness de novo</li> <li>• The legal issues around mental health: Mental Health Act and consent and child protection</li> <li>• The prevalence of, effects of pregnancy on, and the management strategies and prognosis of             <ul style="list-style-type: none"> <li>○ chronic psychotic disorder</li> <li>○ mood disorders: chronic depression and anxiety</li> <li>○ bipolar disorder</li> <li>○ postpartum psychosis</li> </ul> </li> <li>• Recurrence risk and the management of pregnancies in people with a history of pregnancy-induced/related mental health disorder.</li> <li>• Local psychiatric services for pregnant people, or those who have recently given birth, including mother and baby unit</li> <li>• Structure of local psychiatric services and the role of community and hospital-based elements of this service along with the acute and chronic pathways for care</li> <li>• Differences in how mental illness and personality disorders present and can be managed in different people.</li> </ul>	

<b>PMH CiP 2: The doctor understands the role of psychoactive medication on pregnancy and provides the best care for the pregnant person and their baby to stay safe.</b>	
<b>Key skills</b>	<b>Descriptors</b>
Can advise on the drugs commonly used in the treatment of mental health problems in people who are pregnant or who want to be	<ul style="list-style-type: none"> <li>• Is familiar with the common drugs that can and cannot be used safely during pregnancy.</li> <li>• Is familiar with the common drugs that can and cannot be used safely in breastfeeding.</li> </ul>

	<ul style="list-style-type: none"> <li>• Discusses any significant risk posed by continuing or stopping drug therapy.</li> <li>• Is able to advise on the best treatment regime for people who need to continue drug therapy throughout pregnancy and the postnatal period.</li> <li>• Is aware of the impact of drug therapy on a pregnant person and newborn baby and discusses the risks and benefits with the person.</li> </ul>
<b>Evidence to inform decision</b>	
<ul style="list-style-type: none"> <li>• Reflective practice</li> <li>• NOTSS</li> <li>• TO2</li> <li>• Cbd</li> <li>• Mini-CEX</li> </ul>	<ul style="list-style-type: none"> <li>• RCOG Learning</li> <li>• Local and deanery teaching</li> <li>• Attending a perinatal mental health MDT meeting</li> <li>• Log of cases and outcomes</li> </ul>
<b>Knowledge criteria</b>	
<ul style="list-style-type: none"> <li>• The pharmacology and long-term effects of tricyclics selective serotonin reuptake inhibitors, phenothiazines, butyrophenones (e.g. haloperidol), benzodiazepines, lithium and carbamazepine on pregnant person, fetuses and newborns.</li> <li>• The role of non-pharmacological treatments and their application for pregnant women and people</li> <li>• The risks in continuing and stopping psychoactive drugs in pregnancy and breastfeeding and how to balance these risks in an individual</li> <li>• How to minimise the impact of therapy on the newborn</li> </ul>	

## SECTION 2: PROCEDURES

There are no procedures in this SITM.

## SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES (GPCs)

<b>Mapping to GPCs</b>
Domain 1: Professional values and behaviours Domain 2: Professional skills <ul style="list-style-type: none"> <li>• Practical skills</li> <li>• Communication and interpersonal skills</li> <li>• Dealing with complexity and uncertainty</li> <li>• Clinical skills (history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control; and communicable diseases)</li> </ul> Domain 3: Professional knowledge

- Professional requirements
- National legislative requirements
- The health service and healthcare systems in the four countries

Domain 4: Capabilities in health promotion and illness prevention

Domain 5: Capabilities in leadership and teamworking

Domain 6: Capabilities in patient safety and quality improvement

- Patient safety
- Quality improvement

Domain 7: Capabilities in safeguarding vulnerable groups

## SECTION 4: MAPPING OF ASSESSMENTS TO PMH CiPs

PMH CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor uses their understanding of common perinatal mental health issues and major psychiatric illness to provide the best care for a pregnant person who has mental health issues.		X	X	X	X	X
2: The doctor understands the role of psychoactive medication on pregnancy and provides the best care for the pregnant person and their baby to stay safe.		X	X	X	X	X