Joining up care in maternal mental health: Setting up an obstetric liaison service

Hints and tips brought together from the obstetric liaison service workshop at the 2016 RCOG International Women’s Day event

Management of perinatal mental health problems

Pre-pregnancy care
- Pre-conception counselling needs to be provided by the perinatal mental health service
- Healthcare providers need to stress the importance of pregnancy planning to women with chronic mental (and physical) illnesses
- The woman and her healthcare team need to make decisions about medications

Management during pregnancy and after childbirth
- Detailed psychiatric assessment to be carried out as soon as possible after booking visit, and subsequent psychiatric reviews to continue during pregnancy and at postnatal follow-ups
- Obstetric care needs to proceed in parallel with psychiatric care
- Healthcare providers need to address avoidable risk factors
- At-risk women need a written care plan
- Make sure you follow all relevant guidance: RCOG, NICE, SIGN
- Recognise that care is provided by multidisciplinary teams (see below)

Setting up a joint psychiatric–obstetric liaison team

Remember:
- The mother and her baby, together with her partner and family, should always be at the centre of the team

Membership of the joint psychiatric–obstetric liaison team
- Perinatal psychiatrist
- Specialist obstetrician
- Specialist midwife
- Parent infant psychotherapist
- Neonatologist
- Pharmacist
- Perinatal practitioner
- Administrators

Advantages of this approach
- The woman and her family are provided with comprehensive information from all specialists involved in her care
- The team approach allows for good communication between professionals and ensures the right monitoring is put into place
- The team approach improves compliance and attendance
- Joint working means joint risk holding between professionals
Obstacles to this approach
- Time and resources
- Schedules
- Commissioning issues

Roles and responsibilities of members of the joint psychiatric–obstetric liaison team

Role of the obstetrician
- Expert in obstetric care and management of obstetric risk
- Expert in recognition of obstetric complications that may impact on overall presentation
- Expert in counselling women about the risks and benefits associated with different modes of delivery
- Offers advice on management of pregnancy symptoms in women at risk of/with pre-existing maternal obstetric health problems

Role of the specialist midwife
- Expert in joint working with different teams/trusts with different care pathways
- Often provide essential liaison between services
- Have a higher level of expertise in detecting safeguarding concerns
- Offer consistent and structured care to women at risk of/with pre-existing maternal health problems

Role of the perinatal psychiatrist
- Expert in psychiatric illness and psychiatric risks associated with pregnancy, childbirth and postpartum
- Expert in managing psychotropic medication during pregnancy and breastfeeding
- Expert in recognising indicators of relapse
- Expert in detecting safeguarding concerns
- Expert in recognising, managing and containing emotional responses to difficult or painful cases within the multidisciplinary team

An example of a treatment pathway for women at risk or with pre-existing severe mental illness

By 12–6 weeks
- Booking appointment with lead midwife for mental health
- Initial blood tests

By 16 weeks
- Detailed psychiatric assessment by consultant psychiatrist

15–16 weeks
- Appointment with consultant obstetrician and consultant psychiatrist

18–20 weeks
- Anomaly and placental localisation scan

22 weeks
- Appointment with consultant obstetrician and consultant psychiatrist

24 weeks
- Glucose tolerance test (if the woman is taking antipsychotics)
- ECG

25 weeks
- Appointment with midwife (mental health)

28 weeks
- Appointment with consultant obstetrician and consultant psychiatrist
- Fetal medicine scan
- Follow-up blood tests

31 weeks
- Meeting with primary care physician followed by appointment with midwife (mental health)

34 weeks
- Appointment with consultant obstetrician and consultant psychiatrist

36 weeks
- Appointment with consultant obstetrician and consultant psychiatrist

38 weeks
- Appointment with midwife (mental health)
40 weeks  •  Appointment with midwife (mental health)
41 weeks  •  Appointment with consultant obstetrician and consultant psychiatrist
1–6 weeks postnatally  •  Weekly visits by perinatal practitioner/care coordinator
6 weeks postnatally  •  Appointment with consultant obstetrician and consultant psychiatrist

**Workshop leads**

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**Find out more**

For full details of the RCOG’s 2016 International Women’s Day event, including free access to the presentations and more practical checklists, please visit [www.rcog.org.uk/iwd](http://www.rcog.org.uk/iwd).