PERINATAL MENTAL HEALTH SERVICE
PRE-CONCEPTUAL COUNSELLING REFERRAL FORM
INFORMATION FOR REFERRERS

Introduction: The perinatal mental health service offers pre-conceptual counselling to women in the Yorkshire and Humber Region who have experienced significant mental health difficulties and are planning a pregnancy.

Pre-conceptual counselling is provided to women of child-bearing age who are at risk of developing significant mental health difficulties during pregnancy or postnatally and are considering a pregnancy.
Women can be advised on their individual risk of becoming unwell and management options if they are planning a pregnancy.
The clinic is held at the perinatal service at The Mount Hospital in Leeds.
The consultation will be with a senior psychiatrist from the perinatal service.
In most cases a single 90 minute appointment is sufficient however follow-up appointments can be arranged if required.
The pre-conceptual counselling clinic provides consultation, information and advice, not ongoing care. Referral to the service for advice on further management in the light of a future pregnancy may be one of the recommendations arising out of the consultation.

Partners and/or other significant family members are also encouraged to attend the appointment to involve them in understanding risks and management decisions.

The following areas may be covered during the consultation:

- The woman's individual risk of becoming unwell
- Which treatment options may be beneficial during pregnancy
- Risks and benefits of different medications during pregnancy and breastfeeding; this may include meeting with a pharmacist and discussing the most recent information on medication
- Relapse prevention strategies
- Support and monitoring during pregnancy and post-delivery
- Early warning signs of illness
- Care planning should the woman become unwell in the perinatal period.

Following the consultation a clinic letter will be sent to the referrer, GP, and other relevant professionals involved in the woman's care so that they are aware of the recommendations regarding risks and treatment decisions
The woman will also be offered a copy of any correspondence.

Responsibility for effecting any advice provided in the consultation will reside with the referrer and other professionals involved in the woman's ongoing care.

Referral Criteria for pre-conceptual counselling

Pre-conception counselling is offered to women throughout the region who meet the following criteria:

- Women of child-bearing age who have a personal history of serious mental illness including bipolar affective disorder, schizophrenia, schizoaffective disorder and severe depressive illness, particularly if associated with psychotic features
- Women who have had a previous episode of severe perinatal mental illness including post-partum psychosis, severe depressive illness, particularly if associated with suicidality or psychotic features
- Women with a family history of post-partum psychosis, bipolar disorder, or other serious mental illness, particularly if requiring in-patient treatment.

Referral Process for pre-conceptual counselling

There is a specific referral proforma for pre-conceptual counselling. This should also be accompanied by a covering letter outlining the current situation and reasons for request for pre-conceptual counselling. Referrals for pre-conceptual counselling must provide detailed information regarding previous mental health history including in-patient treatment, and a comprehensive drug history to enable a meaningful discussion to take place. Copies of relevant correspondence should also be included including clinic letters and discharge summaries, an up-to-date risk assessment and relevant CPA documentation. This information must be provided before an appointment will be offered.

Referrals would usually need to come from the Community Mental Health team or consultant psychiatrist.

Some women who have been well for a number of years may not be under the care of secondary mental health services currently in which case the GP may make a referral.

We aim to see referrals for pre-conceptual counselling within 28 days.

We can only accept referrals where the patient has been advised of the purpose of the referral and consents to referral. It should be clarified with the patient by the referrer that this is for information and advice and not for ongoing care and treatment. We are happy to discuss potential referrals or be contacted for advice.**8555509**
Please **FAX** completed referral form to **0113 8555506**

PERINATAL MENTAL HEALTH SERVICE PRE-CONCEPTUAL COUNSELLING REFERRAL FORM

DATE OF REFERRAL …… **PATIENT CONSENT OBTAINED [ ]**

PATIENT DETAILS

Name……

D.O.B…….

Address……Postcode…….

NHS number……..

Contact Numbers……..

Next of kin……

Contact no……..

Ethnicity……Preferred language…….

ALL FIELDS MUST BE COMPLETED BEFORE REFERRAL CAN BE ACCEPTED

CHILDREN'S DETAILS

Full name(s)……
DOB(s)……
Address ……..
(if differs from mother's)

INVOLVED PROFESSIONALS

REFERRER……Profession…….
Address (inc postcode)……

Contact no……

GP…….
Address (inc postcode)……

Contact no……
Has GP been informed of referral? (This must be actioned prior to or at point of referral).....

CARE COORDINATOR

NAME…….
TEAM BASE ADDRESS…….

CONTACT NO……..

ANY OTHER INVOLVED PROFESSIONALS

NAMES/ ROLES and contact details

REASON FOR REQUEST FOR PRE-CONCEPTUAL CONSELLING

CURRENT MENTAL HEALTH DIFFICULTIES AND MENTAL STATE
(Diagnosis, current level of functioning etc.)

PAST PSYCHIATRIC HISTORY
(Chronological details of previous episodes of illness, including any perinatal episodes, diagnosis, in-patient treatment, crisis team involvement, medication history)

OBSTETRIC HISTORY
(Details including dates of live births, obstetric complications, infertility, mode of delivery, miscarriage, still-birth, termination of pregnancy, if known)

CURRENT MODE OF CONTRACEPTION

RISK HISTORY
(Full details of past and current risk to self or others including any history of, or current **child protection concerns** - If identified, referrer to discuss with Child Protection Supervisor/refer to children's social care)

FAMILY HISTORY

(Any known family history of serious mental illness, including bipolar disorder, schizophrenia, severe depressive illness, in-patient treatment, perinatal mental illness including puerperal psychosis.)

CURRENT MEDICATION

(Including start dates for psychotropic medication)

CURRENT PLAN OF CARE AND FOLLOW-UP ARRANGEMENTS FROM REFERRING SERVICE

DRUG/ALCOHOL MISUSE

ADDITIONAL INFORMATION

(Current relationship status, timescale of planning a pregnancy, views on breastfeeding, advice previously given re: pregnancy planning etc.)

IF PATIENT CURRENTLY UNDER THE CARE OF PSYCHIATRIC SERVICES, THE FOLLOWING MUST BE FORWARDED

Current CPA documentation

Relevant correspondence (d/c summary, clinic letters)

Up to date risk assessment