### Assessment of the parent(s) and the potential risk to the child:

### Mental Health Problems

At a woman's first contact with primary care or her booking visit, and during the early postnatal period, consider asking the following depression identification questions as part of a general discussion about a woman's mental health and wellbeing:

* 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 having little interest or pleasure in doing things?
* Also consider asking about anxiety using the 2-item Generalized Anxiety Disorder scale (GAD-2):
* Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge?
* Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?

#### **Perinatal risk Indicators for referral to mental health services**

Perinatal Red Flags and Risk Indicators

* Recent significant changes in mental state or emergence of new symptoms.
* New thoughts or acts of violent self-harm
* New and persistent expressions of incompetency as a mother or estrangement from the infant.

Perinatal risk indicators (Antenatal and postnatally period)

* Women with a history of bipolar disorder, schizophrenia, severe depression, other psychotic disorder, or previous inpatient/crisis care should be referred to the perinatal team; this group is at increased risk of severe postpartum episodes.
* Women with a family history of a first degree relative with bipolar disorder or puerperal psychosis should be referred even if presenting with mild symptoms of mental disorder
* Antenatal presentation can be a predictor for post-natal episode of mental ill health; discuss all antenatal referrals with perinatal team.
* High risk period for is 1-10 days post-natal but the threshold should be lower for women up to 10 weeks postnatally
* Women who are presenting with uncharacteristic symptoms and marked changes to normal functioning. This can include symptoms of confusion and general perplexity.
* If partner, family, friends report significant change in presentation and acting out of character.
* Older professional women with depression who appear to be functioning at high level.
* Women who present with anxiety/panic attacks or unusual or overvalued ideas (ideas that seem out of context or extreme).

Consider asking the following depression identification questions as part of a general discussion about a woman’s mental health and wellbeing (The Whooley Questions):

* 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 having little interest or pleasure in doing things?

Also consider asking about anxiety using the 2-item GAD scale (GAD-2):

* During the past month, have you been feeling nervous, anxious or on edge? (Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3)
* During the past month have you not been able to stop or control worrying? (Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3) If a woman responds positively to either of the depression identification questions above or scores 3 or more on the anxiety GAD-2 scale, is at risk of developing a mental health problem, or there is clinical concern, consider:
* Using the PHQ-9 scale for further assessment (as below)
* Using the GAD-7 scale for further assessment
* Referring the woman to her GP or, if a severe mental health problem is suspected, to a mental health professional

If there is a risk of self-harm or suicide

* assess whether the woman has adequate social support and is aware of sources of help
* arrange help appropriate to the level of risk
* inform all relevant healthcare professionals (including the GP and those identified in the care plan
* advise the woman, and her partner, family, or carer, to seek further help if the situation deteriorates

#### **Assessing parental mental health**

Attachment and relationship

* Is the child’s attachment damaged due to inconsistent parenting? Is there consistent emotional warmth from adult caregivers?
* Is there appropriate parental response in accordance with the child’s age
* and stage?
* Is parental incapacity affecting the child taking on too much responsibility?
* Are the child’s emotional needs consistently met (including security, stability, and affection)?

Living conditions

* Are the child’s physical needs being consistently met?
* What is the child’s living conditions like?
* Is the physical environment provided for the child good enough?

Financial circumstances

* Is there enough money to allow for adequate parenting/the child’s needs to be met?

Social and environmental circumstances

* Does the parent’s behaviour impact negatively on the child’s treatment in the community (e.g. bullied, excluded, ostracized)?
* Is the child or young person and their family able to access resources in the community?
* Who looks after this child when the parent/carer is not able to care for them appropriately and/or in treatment/on medication?
* What are the outcomes for this child? What is the long-term impact for each child of being exposed to parental mental health problems in the home?
* How does exposure to parental mental health problems impact on the
* child’s overall well-being and all areas of child development?
* What is the evidence on which you base your assessment and analysis?
* When a woman with severe mental illness decides to stop psychotropic medication in pregnancy and the postnatal period, discuss with her:
* her reasons for doing so
* the possibility of restarting the medication, switching to other medication, having a psychological intervention, or increasing the level of monitoring and support.
* Ensure she knows about any risks to herself, the fetus or baby when stopping medication.

When a woman with depression or an anxiety disorder decides to stop taking psychotropic medication in pregnancy and the postnatal period, discuss with her:

* her reasons for doing so
* the possibility of having a psychological intervention, restarting the medication if the depression or anxiety disorder is or has been severe and there has been a previous good response to treatment or switching to other medication.

If a woman has taken psychotropic medication during pregnancy, a full neonatal assessment of the newborn baby should be carried out, bearing in mind:

* the variation in the onset of adverse effects of psychotropic medication
* the need for further monitoring
* the need to inform relevant healthcare professionals and the woman and her partner, family or carer of any further monitoring, particularly if the woman has been discharged early.

Encourage women with a mental health problem to breastfeed unless their medication contra-indicates.