

## **SPECIALIST PERINATAL MENTAL HEALTH PROFESSIONALS**

### **ROLE DEFINITIONS AND SUPPORT STRUCTURES**

#### **PERINATAL MENTAL HEALTH MIDWIVES**

## INTRODUCTION

Midwives are usually the lead professional and first point of contact for women in pregnancy and the early postnatal period. All midwives require skills in understanding perinatal mental health issues, promoting positive mental health, discussing mental health difficulties with women and helping women to access appropriate care and support when needed. They also require an understanding of their role in promoting and enhancing the developing mother-infant relationship and supporting other family members.

All midwives will have the knowledge, skills and attitudes commensurate with the **SKILLED** level of the Perinatal Mental Health Curricular Framework (2019).

Some midwives may have an enhanced perinatal mental health role and be appointed as specialist perinatal mental health midwives. Some will also be members of maternity and neonatal psychological interventions (MNPI) teams<sup>1</sup>. These midwives will have enhanced mental health clinical and leadership roles and may have additional educational responsibilities. In turn, they require clear lines of support and supervision in order to perform their specialist perinatal mental health role.

Midwives with an enhanced perinatal mental health role are not a substitute for good mental health care provided by all midwives or for specialist perinatal mental health services. They form part of the pathway of expert care which should be available to women and their families across Scotland.

Specialist perinatal mental health midwives will have the knowledge, skills and attitudes commensurate with the **ENHANCED** level of the Perinatal Mental Health Curricular Framework (2019). Some, such as those working within MNPI teams, may have a psychological interventions role which requires competency at the **SPECIALIST** level. The level required should reflect the degree of autonomous practice and therapeutic intervention skills of the post.

Note: The descriptors below are not intended to be a full job description for individual posts. They should be seen as identifying the additional roles, responsibilities and supervisory requirements which are core to the delivery of specialist perinatal mental health midwifery care.

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<sup>1</sup> Maternity and neonatal psychological interventions (MNPI) teams are multi-professional services based in maternity units, comprising clinical psychologists, with other staff from midwifery or mental health worker backgrounds. Their role is to provide psychological interventions, where indicated, for parents with (i) pregnancy and birth complications or loss, (ii) previous pregnancy complications, loss or birth trauma affecting mental health in the current pregnancy, (iii) infants whose health is significantly compromised and who require NICU or SCBU care, and (iv) mental disorders amenable to psychological therapies which directly affect maternity care e.g., needle phobia, tokophobia. They will also provide support for maternity and neonatal staff who care for parents with difficulties in adjustment to pregnancy and infant care.

## SUMMARY OF ROLE

The Specialist Perinatal Mental Health Midwife has a board-wide responsibility to ensure seamless care for women with additional mental health needs by linking maternity services with specialist perinatal mental health services and other care providers and by ensuring that advocacy for women who experience mental health difficulties in pregnancy or the early postpartum period, and their families is a core component of maternity pathways. They are able to provide more specialist mental health assessment and care planning for women with additional mental health difficulties. They will demonstrate a leadership role in providing expert advice and support to colleagues, and by leading the development of local care pathways and quality improvement strategies. Where they are part of a maternity and neonatal psychological interventions service, they will deliver psychological therapies commensurate with their role.

## EXPERT ROLES OF THE PERINATAL MENTAL HEALTH MIDWIFE

### A. Clinical

- a. Support, advise and communicate effectively with women with, or at risk of perinatal mental illness, and their families, to help them recognise signs of ill health and to make informed decisions about their mental health care
- b. Advocate for, and work in partnership with, women with perinatal mental illness to ensure they receive the mental health care they need
- c. Provide additional mental health assessment, care planning and care delivery for women with mental health difficulties, those at risk of mental ill health and those with complex disadvantage
- d. Promote preventative interventions for those at risk of significant mental illness and early intervention for women who develop mental ill health
- e. Provide expert advice and support to midwives and other maternity professionals in the assessment and care planning for women with additional mental health needs
- f. Ensure seamless mental health care through the development of care plans which link across maternity, mental health, primary care and social services and through effective information sharing between professionals involved in the woman's care
- g. Where part of a maternity and neonatal psychological interventions team, deliver psychological therapies commensurate with that role

### B. Leadership

- a. Act as an expert resource for maternity and other staff involved in the care of women with perinatal mental health difficulties
- b. Work strategically and in partnership with local perinatal mental health services, maternity and neonatal psychological interventions teams (where they exist) and other professionals involved in the care of pregnant and postnatal women, their infants and families, acting as a link between services
- c. Lead the development and delivery of local care pathways for the maternity care of women with mental health difficulties, including early pregnancy screening

- and ongoing monitoring of mental health, which are evidence-based and adhere to local, national and professional guidance (such as that from SIGN, NICE, Perinatal Mental Health Network Scotland and the Confidential Enquiries into Maternal Deaths)
- d. Ensure maternity staff are aware of local mental health care pathways and can deliver care appropriately
  - e. Provide a visible leadership role and lead quality improvement in their local service and through representation of midwifery staff on local and regional perinatal and infant mental health networks/forums
  - f. Have a leadership role in the development and implementation of local quality improvement strategies for perinatal mental health
  - g. Have a leadership role in the development and delivery of education and training for midwifery staff in perinatal mental health
- C. Person specific attributes
- a. Develop and maintain specialist knowledge and skills in maternal and infant mental health
  - b. Demonstrate an enthusiasm and commitment to enhancing the care of women who experience perinatal mental ill health, their infants and families
  - c. Demonstrate a track record of clinical excellence
  - d. Demonstrate evidence of effective multi-agency and multi-professional working
  - e. Demonstrate effective leadership and motivational skills
  - f. Have additional training or qualification in perinatal mental health and/or psychological interventions, or a clear desire to pursue training

## **SUPPORT AND SUPERVISORY ARRANGEMENTS**

- A. Boards with dedicated maternity and neonatal psychological interventions (MNPI) teams
- a. The PMH midwife should be a member of the MNPI team and receive regular, structured support and clinical supervision from the clinical psychology lead
  - b. The PMH midwife should have close working relationships with members of the local specialist community perinatal mental health team (CPMHT), which may include attendance at the CPMHT multidisciplinary team meeting and/or joint meetings of the MNPI and CPMH teams
  - c. The PMH midwife should have continuing professional development of perinatal mental health skills and knowledge. Opportunities should include attendance at local/regional/national educational meetings and regular meetings with peers working in the same roles in Scotland. For midwives working within MNPI teams, they should have the opportunity to access formal training and qualification in psychological therapies applicable to their clinical role.
- B. Boards without dedicated maternity and neonatal psychological interventions teams
- a. The PMH midwife should receive regular, structured support and clinical supervision from a senior member of the local CPMHT

- b. The PMH midwife should have close working relationships with members of the local specialist community perinatal mental health team (CPMHT), which may include attendance at the CPMHT multidisciplinary team meeting
  - c. The PMH midwife should have continuing professional development of perinatal mental health skills and knowledge. Opportunities should include attendance at local/regional/national educational meetings and regular meetings with peers working in the same roles in Scotland.
- C. Boards without maternity and neonatal psychological interventions or community perinatal mental health teams
- a. The maternity and local adult mental health service should ensure that structured supervision is provided through regular meetings with a senior mental health professional. This should be a provisional arrangement while appropriate perinatal mental health services are being developed.
  - b. For smaller boards, arrangements for supervision could be made on a regional basis, e.g., with a perinatal clinical psychologist or perinatal mental health nurse consultant who have a regional role.