



The Royal College of
Midwives



Caring for Women with Mental Health Problems

Standards and Competency Framework for
Specialist Maternal Mental Health Midwives

Foreword

Midwives ensure that women have a safe and satisfying pregnancy, childbirth and post-natal period. The care that they provide to women, babies and their families is of the utmost importance to our society. The importance of maternal mental health during pregnancy and after birth has gone without the prominence that it deserves for too long, and I am proud of the work that the RCM have done in furtherance of perinatal mental health.

This document sets out the recommendations that we intend will develop a standards and competency framework for specialist midwives, to deliver a capability that is aligned to world-class standards. System-wide problems will however demand system-wide solutions to address the dramatic impact on long-term outcomes for mothers, fathers, children, families and society. By ensuring that all health professionals working with women and their families in the perinatal period are competent to identify women and families in need; by establishing a midwife who specialises in maternal mental health in every maternity trust; and by addressing the disparity of esteem between physical and mental health in pregnancy, childbirth, and postnatal periods, I believe that these recommendations will best serve women, babies and their families both now and in the future. They should be implemented with urgency and vigour.

This work has been set within the political, legal, and technological challenges facing the NHS, and there are undoubtedly challenges in developing a common framework for these specialist midwives. In order to continue supporting women and their families, we will need a greater level of collaboration and awareness from across the workforce, including in the greater use of e-learning and e-networking.

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Recommendations

The recommendations from the Royal College of Midwives (RCM) in relation to the management of women in the perinatal period who experience mental health problems are the following.

1. That every maternity trust has a midwife who specialises in maternal mental health at a senior level.

While all midwives have a role in supporting women's health throughout the perinatal period, a midwife with a specialism in mental health can ensure women, her baby, and her family get the best possible care. Additionally they will support the wider midwifery team and have a key role within the multidisciplinary team in supporting each woman in need.

2. There needs to be a whole system approach to perinatal mental health within each Trust/Health Board.

The midwife specialising in maternal mental health needs structures in place to function optimally. There needs to be a well defined role, job description, development plan and clear remit for their work within a local multidisciplinary team that meets national quality standards.

3. That all health professionals working with women in the perinatal period have a basic awareness, knowledge and understanding of perinatal mental health.

Professionals in midwifery, health visiting and general practice should be competent in identifying women in need. They should know when to refer women appropriately. This is consistent with the ethos of the NHS Mandate regarding the delivery of high quality, effective, compassionate care and developing the right people with the right skills and the right values. Pre-registration training should equip professionals in this respect.

4. That education and training in perinatal and infant mental health is appropriate to the role.

Midwives specialising in this area should be demonstrating enhanced specialist skills as outlined in this document. They will be champions not only for the women in their care, but for highlighting the importance of perinatal mental health in the wider health, social and emotional context. Training providers for midwives should ensure that the courses designed and developed to meet the needs of those striving for specialist status are of high quality.

5. That all maternity professionals should be equally concerned with mental as well as physical health in pregnancy, childbirth and postnatal periods.

Introduction

At least one in ten women is affected by mental disorders in pregnancy and the postnatal period. Around 11% of pregnant women and approximately 13% of early postnatal women experience depressive symptoms, and approximately 5% have a major depressive disorder¹. Anxiety disorders in the perinatal period (pregnancy, childbirth and the first postnatal year) are also common, affecting around 13% of women¹. Non psychotic mental health disorders are among the most common

morbidities of pregnancy and the postnatal period, with disorders ranging across the whole diagnostic spectrum. Although rates do not differ between pregnant and non-pregnant women², identification and treatment is lower in pregnancy¹. Poor identification and a lack of appropriate and timely support have an impact on the outcomes for mothers, their babies and their families. Women with existing or previous mental health conditions have a higher risk of relapse at this time.

“Anxiety disorders are common in the perinatal period (pregnancy, childbirth and the first postnatal year) and affect around 13% of women.”



The recent update to the National Institute for Health and Care Excellence (NICE) guidance on *Antenatal and postnatal mental health* CG192² provides a wealth of advice and recommendations for maternity teams caring for women with mental health problems in the perinatal period. This covers both women with pre-existing mental illness, and those who develop symptoms within the perinatal period.

Identification and treatment of mental health deterioration during the perinatal period is crucial because the impact can be potentially serious, not only for the woman but also her fetus, child, partner and wider family if the condition is left unrecognised and untreated. Suicide remains a leading cause of maternal death³, and a mother's poor mental health can potentially negatively affect her child's cognitive, social, emotional and behavioural development⁴.

In addition to the cost for individual lives, the financial implications of untreated perinatal mental health problems in line with NICE guidance has been estimated to cost society £8.1bn for every annual birth cohort, largely due to the costs for child mental health support as a result of inadequately or untreated mothers at their time of need⁵.

It is estimated that approximately half of all cases of perinatal depression and anxiety go undetected despite regular contact with health professionals in the antenatal and postnatal period, and for those that are detected adequate treatment is not received⁵. This occurs for many reasons including: a fear by women of disclosing their true feelings and symptoms due to a lack of trust in professionals; stigma; a knowledge of time constraints during appointments; and a fear of infant removal by social services⁶. Equally, health professionals report barriers including a reluctance to open discussions due to lack of time, lack of training, lack of services to refer on to^{6,7}. At the time of writing, almost half of the UK does not have access to specialist perinatal mental health services⁸ with more than 40% of England's Clinical Commissioning Groups (CCGs) having no specialist service at all and a similar situation for about 40% of Health Boards in Scotland, 70% of those in Wales and 80% of those in Northern Ireland. Less than 15% of localities in the UK offer comprehensive provision. However there is optimism for the future with a national drive to improve services and develop Perinatal Mental Health Clinical Networks.

Good care can make a significant difference with recovery likely. Most women will not require specialist services, and the range of effective interventions outlined by the Scottish Intercollegiate Guidelines Network⁹ and CG192² identify the variety of support options depending on a woman's needs. Universal services provided by midwives, health visitors and General Practitioners (GPs) are a crucial part of the care pathways recommended. Midwives are identified as a workforce that can play a significant role in promoting the emotional wellbeing of women during pregnancy, and in ensuring those women who are or become unwell get the support and care they need¹⁰. The recognition of the universal workforce in the perinatal period as a priority area for improvement was outlined in the recent publication '*Closing the Gap: Priorities for Essential Change in Mental Health*'¹¹ and within the NHS Mandate¹². The emphasis on improving training and the standardisation of specialist roles within the midwifery, health visitor and GP workforce has been championed by the Maternal Mental Health Alliance (MMHA) and the Department of Health (DH) has mandated Health Education England (HEE) 'to ensure pre and post registration training in perinatal mental health to enable the provision of specialist staff for every birthing unit by 2017' (Dr Dan Poulter, 2013).

Maternity services need to be proactive in addressing the needs of women locally to ensure appropriate care is delivered to support and deliver the best outcomes are achieved for mother, child and wider family.

"It is estimated that approximately half of all cases of perinatal depression and anxiety go undetected despite regular contact with health professionals in the antenatal and postnatal period, and for those that are detected adequate treatment is not received⁵."

Background and context to this document

The RCM supported by the Department of Health (DH) and the MMHA has developed this document to underpin and strengthen midwifery and maternity care for women whose pregnancy, birth and postnatal experience may be complicated by mental health problems.



The Standards Development Advisory Group (See Appendix 2) has brought together experts in midwifery, obstetrics, and mental health to develop a clear role, set of standards and competencies that all midwives specialising in maternal mental health should be aware of and adhering to in their everyday work. It also highlights the role and competencies expected of all post-registration midwives so providing guidance and direction for continuous professional development and assisting in meeting the standards and behaviours of all midwives to ensure good care. Together they also demonstrate a career progression for any midwife wanting to specialise in maternal mental health.

The document should support not only midwives with a role in maternal mental health, but the wider midwifery team, the multidisciplinary teams supporting women with mental health problems in the perinatal period, and commissioners of such services. It builds on the document *'Specialist Mental Health Midwives, what they do and why they matter'*¹⁰ by outlining in more detail the role, the standards and the competencies required in such a role, and also the framework with which to audit service provision. It is being developed at a time when both the health visiting profession and General Practitioners are also taking steps to improve the awareness and competencies in relation to perinatal mental health, collectively working towards a future with a proactive and knowledgeable primary care workforce.

“This document builds on the *Specialist Mental Health Midwives, what they do and why they matter* publication. It outlines in detail the standards and competencies required for this role and a framework for auditing service provision.”

There are several examples of the specialist mental health midwife role currently across the UK and examples are highlighted within this document. However, the content, scope, allocated workload and focus of the roles vary considerably. If every maternity service is to work towards having a midwife specialising in maternal mental health then clearer competencies are required.

The RCM in collaboration with the NSPCC and the MMHA set out a very broad specification of the role of a specialist mental health midwife, recognising the requirement and needs of localities to determine the specifics of the role¹⁰. This built on two NSPCC reports^{13,14} which stressed the need for midwives (and other professionals) to discuss perinatal mental health with parents-to-be, to be confident and comfortable in asking women about their mental health and to be able to detect problems using evidence based tools while working within a multidisciplinary and multi-agency way to support the needs of families.

To build further on this work the RCM received funding from the Department of Health in the summer of 2014 to:

- a. map the number of specialist maternal mental health midwives (SMMHMW) in the UK
- b. create a network for midwives in the specialist role
- c. develop training in perinatal mental health for post-registration midwives
- d. develop standards and an audit toolkit for specialist midwives.

The mapping of specialist maternal mental health midwives was undertaken in conjunction with Heads of Midwifery in the summer and early autumn of 2014. The result of this work is available at: <http://bit.ly/1Iq8Nhx>¹⁵. Identified midwives were then invited to attend a workshop in November 2014 to discuss their views on the development of a network for midwives

working in the field of perinatal mental health, and on the skills, knowledge and education needed for a more specialist role.

In January 2015, professionals involved in the training and education of midwives and others in perinatal mental health met to discuss the training and education that was already available for professionals, and the requirements specifically needed by midwives in a specialist role.

Both events highlighted the provision of training for midwives in perinatal mental health is currently catered for by a number of organisations and these are listed at: www.maternalmentalhealth.org.uk. However it was identified that not all midwives have undertaken pre-registration education programmes which develop adequate awareness of perinatal mental health and how to identify women at risk. For those midwives who proactively wanted to further their knowledge and skills in perinatal mental health there are courses available across the UK but there are currently no standards, quality assurance nor recommendations from professional bodies on what these courses should include.

Despite the plethora of training opportunities available for midwives, it was apparent from the discussions that midwives across the NHS were providing different levels of service and support to women. It was identified that what was required was a clear role for a midwife specialising in maternal mental health and a national standards document to provide advice, and guidance to midwives, the maternity team and commissioners of service.

“It was apparent from the mapping that midwives across the NHS were providing different levels of service and support to women with mental health problems.”

Aims of this document

1. Describe the competencies expected of all post-registration midwives in relation to maternal mental health.
2. Set out the standards and competencies expected of midwives specialising in maternal mental health within a locality (Trust/Health Board).
3. Provide examples of good practice within midwifery to demonstrate the skills and competencies required and expected of midwives leading in maternal mental health.
4. Provide guidance on how the specialist midwife needs to be supported and embedded within organisations (Trusts/Health Boards), multidisciplinary teams and through appropriate training.
5. Provide an audit framework with which to assess local midwifery practice in relation to maternal mental health.



“This document provides examples of good practice in midwifery to demonstrate the skills and competencies required and expected of midwives leading in maternal mental health.”

The Role of the Midwife in Maternal Mental Health

Together with other colleagues in primary care (health visitors, GPs, practice nurses), midwives are in a strong position to identify women who are at risk of, or are already suffering from, perinatal mental illness, and to ensure that these women and their families get the care they need at the earliest opportunity. They also have a role in highlighting a lack of services for referral, where none exist.

All midwives need to be aware that any woman in their care can be affected by mental health problems during the perinatal period. They have a role in identifying women with existing mental health conditions and those at risk of developing one in order to ensure the women receive the specialist care they need. All midwives should be aware of their local services and care pathway (if one exists) and know specifically where to refer women to should the midwife suspect a need for intervention. This may be the GP or a specified person or service outlined in the local care pathway. All midwives have a professional responsibility, as outlined by the NMC, to ensure the delivery of good practice and care to women and this relates as much to their mental health as to their physical health. This includes speaking out when local services for referral are lacking.

The wider role of all midwives in improving maternal mental health and promoting optimal mother-infant dyads from pregnancy includes:

- **Raising awareness**

From the very first antenatal visit, midwives can ensure women, their partners and wider family know how to look after their mental wellbeing, what signs and symptoms to look out for that need attention and who to turn to should they be concerned. There may also be opportunities to raise awareness of the emotional development of the baby and signposting to relevant resources for more information to help support early attachment.

- **Building trust**

Often the first point of contact in a pregnancy, the midwife has the opportunity to build a trusting relationship to support open discussions about all facets of health in pregnancy, including mental health. Ensuring continuity of carer where possible and fostering a trusting relationship is more likely to facilitate identification of a problem early.

- **Reducing stigma**

Through confident and competent communications and care, stigma around mental health can be reduced.

- **Strengthening emotional wellbeing**

Providing sensitive and supportive antenatal and postnatal care that increases parents' emotional wellbeing and self-efficacy, and reduces anxiety and their vulnerability to mental illness.

- **Identifying risk and current wellbeing**

Discussing and documenting details of women's past and current mental health, and being sensitive to any indicators that this may be deteriorating. Midwives can use validated tools, such as the Whooley questions, the Generalised Anxiety Disorder 2 (GAD 2), Edinburgh Postnatal Depression Scale (EPDS) or Public Health Questionnaire (PHQ9) to strengthen their skilled clinical assessment. These are recommended in the CG192².

- **Securing appropriate care**

Signposting or referring women who require additional care, supporting women to access this care, and enabling opportunities to develop their social networks.

- **Supporting family members**

Midwives need to be sensitive of the potential effects that poor parental mental health can have on the family and should be aware that mental health problems, which can also affect many fathers, are often missed. Midwives can have a valuable impact by fostering emotional and practical support for mothers through finding opportunities to engage a partner, family members and the wider social support network where appropriate.

Building on the original recommendations in *'Specialist Mental Health Midwives, what they do and why they matter'*¹⁰, the midwife specialising in maternal mental health can act as a local champion for women with mental health problems. Such midwives would be in a position to provide an advisory role to other midwife colleagues and demonstrate advanced levels of clinical decision-making and responsibility. They should be a key point of liaison for other professionals involved in a woman's care not only for individual level care, but also in the development of local care pathways.

The knowledge, skill, expertise and experience of the midwife undertaking a specialist role will be at a level above competence or proficiency at the point of registration. It is anticipated that midwives undertaking this more specialist role will have consolidated their post-registration experience in all aspects of midwifery and have developed further their understanding of perinatal mental health and its impact on pregnancy, birth, postnatal life and future health of the woman, child and wider family. Additional training in psychological approaches may also be undertaken. The role will work alongside those with specific clinical expertise in mental health theoretical knowledge and practice including mental health nurses, psychologists, occupational therapists, psychotherapists and psychiatrists as well as key antenatal partners such as health visitors and GPs.

In summary, all midwives should be equipped to be aware of mental illness in the perinatal period and its impact on women, babies, children and the wider family. This awareness should be part of the required skills of a registered midwife from the point of registration, to enable identification and support or appropriate referral of women with deteriorating mental health. It is important that midwives are able to access ongoing training to refresh their knowledge and skills in perinatal mental health and emerging evidence in this field so that they remain equipped to support women at this important time in their lives.

The role of the midwife specialising in maternal mental health should be to have enhanced skills and knowledge in perinatal mental health, to be able to offer additional support to women, the wider midwifery and multidisciplinary team and to act as a central point for the care of each woman with mental health problems during pregnancy. This perinatal mental health midwife, as well as having enhanced clinical skills, will also have a strategic role in relation to perinatal mental health within the Trust or Health Board. The competencies for all midwives and those with a specialist role in maternal mental health are outlined in this document.

"It is important that midwives are able to access ongoing training to update their knowledge in perinatal mental health issues and keep abreast of the emerging evidence in this field so that they can provide appropriate care and support to women."

Overview of the Framework

This publication aims to complement and not duplicate the NMC's *Standards of Competence for Registered Midwives*¹⁶ which outline what is expected of registered midwives across all client groups and specialties. Together these documents identify the competences required for achieving person-centred, safe and effective care by registered midwives.

By not duplicating the general competences which apply to all groups and settings, this document focuses on the unique aspects of specialist maternal mental health midwives. Furthermore, it highlights learning and development purposes and sets clear expectations for each level of the career pathway.

For this reason, in depth competences covering the use of evidence-based practice, research, quality improvement, learning and development and leadership are not included.

In compiling the competencies and standards specific to all midwives and those leading in maternal mental health this document pulls together information provided and prescribed from a range of resources including:

- NMC standards for pre-registration midwifery education
- Antenatal and postnatal mental health: clinical management and service guidance CG192²
- Perinatal Mental Health Curricular Framework¹⁷
- NHS Skills for Health [mental health – adult]¹⁸
- The British Association of Counselling and Psychotherapy
- The British Psychological Society
- The Institute of Health Visiting

Three levels of knowledge and skills required by all midwives when working with women who have existing or potential mental health problems are outlined.

Registration (R) = required at the point of entry to the midwifery part of the Nursing and Midwifery Council's register.

Core (C) = required for midwifery staff employed within community and hospital teams who through undertaking continuous professional development programmes acquire additional skills e.g. community midwives, those working specifically with teenage women or other vulnerable groups (for example, women with substance misuse problems, the bereaved, women enduring domestic violence).

Specialised Enhanced Skills (SES) = specialised enhanced skills are expected by those with a specialist role in maternal mental health.

Midwives must be able to undertake the following skills in a safe and professional manner within the NMC Code of Practice¹⁹. All skills in the green column are required at the point of entry to the midwifery part of the NMC register. Additional skills and competencies are expected to be gained through additional study and continuous professional development (CPD), and in some instances, additional qualifications e.g. at postgraduate level.

It is recommended that all midwives should receive annual mandatory updates on perinatal mental health within their Trust or Health Board to remain up to date with practices within their locality at a level commensurate with their role.

The provided set of competencies can be used as a tool to help individuals, employing organisations and training providers to improve performance. It is important to recognise that each level is integral to the next and as such individuals need to demonstrate progression by achieving each level before moving on to the next.

The competencies can be used by individuals to:

- create a checklist to measure personal performance;
- identify professional development needs and to help career progression.

They can be used by human resources and line managers to:

- design fair and transparent recruitment and selection procedures;
- design job descriptions, advertisements and interview questions;
- design induction programmes and information packs;
- carry out appraisals;
- identify individual or team learning needs.

They can be used by training and education providers to:

- make programmes more relevant to people's needs;
- provide clear goals for structured learning;
- design tailored training packages and assess relevance and effectiveness;
- define learning outcomes.

They can be used with commissioners to:

- highlight the role of specialist midwives when considering local care pathways and service provision within a locality²⁰.

Competencies generally contain two key components, one that relates to the individual's performance, and one that relates to what the individual must know and understand. The NHS Skills for Health classification of the level of knowledge is valuable in making the transition from fundamental midwifery knowledge to expert level of knowledge in perinatal mental health.

Definition of levels of knowledge and understanding (NHS SfH 2010):

Factual knowledge: knowledge that is detailed on a factual level but does not involve more than superficial understanding of principles or theories. **(R)**

Working knowledge: the application of factual knowledge in a manner that takes account of widely understood technical principles and implications within the field of practice. **(C)**

In-depth understanding: a broad and detailed understanding of the theoretical underpinning of an area of practice, including theories and constructs. **(SES)**

Critical understanding: the ability to evaluate and devise approaches to situations that depend on the critical application of theories and conceptual constructs within the area of practice. **(SES)**

“All midwives should receive annual mandatory updates on perinatal mental health within their Trust or Health Board to remain up to date with practices within their locality at a level commensurate with their role.”

Standards for the Specialist Maternal Mental Health Midwife

Five standards have been identified in which core competencies should be expected of all midwives. Each standard developed has a title, which summarises the area on which that standard focuses, followed by the rationale as to why the standard is considered important. In the tables ahead, competencies are outlined against each of the standards to clearly show what level of performance is required.

In addition to the standards set out below, all midwives should demonstrate and promote an understanding of ethical practice and professional values as outlined in the NMC *Code of Conduct*¹⁹.



Standard 1 – Knowledge

A thorough knowledge of what is mental health and what is the range of mental disorders and how these may present in or be affected by the perinatal context. This will include a knowledge of the key signs and symptoms, prevalence, potential impact on a woman's life, on parenting and relationship with the infant, treatment and management as well as the ability to identify and care for women with mental health problems and support the mother-infant dyad. The knowledge base will also include an understanding of the importance of early attachment with the growing fetus in relation to infant mental health.

Standard 2 – Communication

Competence and confidence in effective and sensitive communication with women, their families and wider networks and other professionals within the multidisciplinary team. It is essential that the midwife can ensure that each woman feels involved in her care and is able to understand what is being discussed in order to assist decision making and planning.

Standard 3 – Training, education and supervision

Education, training and adequate supervision are needed to support midwives in delivering evidence based care. The midwife specialising in maternal mental health may consider additional training in psychological approaches as well as the health sciences to advance and broaden skills, knowledge and expertise. Higher level education in specialist topics pertaining to maternal mental health are welcomed.

Standard 4 – Management

Management of a woman's care will, dependent on risk factors and current circumstances, be either midwife-led or part of a multidisciplinary team, which may include professionals across primary, secondary and tertiary care.

Standard 5 – Governance

All practitioners must work within professional and ethical guidelines. Practices should be audited to ensure appropriate and professional delivery.

Standard 1 – Knowledge

Competency	Registrant	Core	Specialised Enhanced Skills
Understand the emotional changes associated with pregnancy, childbirth and the postnatal period	<ul style="list-style-type: none"> • A knowledge of psychological, social, emotional and spiritual factors that may positively or adversely influence normal physiology in the perinatal period. • Be aware of the prevalence of mental health problems in the perinatal period. • Be aware of the common disorders that can be present or manifest in the perinatal period. • Know the risks factors for recurrence and relapse of mental illness and development of new mental health problems. • Understand that mental illness can influence normal pregnancy and the childbearing process. • Understand the importance of bonding and having an emotional connection with the developing baby in preparation for the postnatal period. • Be aware of and understand the Mental Health Act and the Mental Health Capacity Act and its use in clinical practice. 	<ul style="list-style-type: none"> • Understand typical emotional changes in the perinatal period and how women can support their own mental wellbeing. • Be aware of the less common mental health disorders which may manifest in pregnancy and the postnatal period e.g. Obsessive Compulsive Disorder (OCD), post-traumatic stress, puerperal psychosis. 	<ul style="list-style-type: none"> • Demonstrate knowledge of theories of human, cognitive, emotional, behavioural, social and physiological functioning especially relevant to the perinatal period. • Know the risk factors for self-harm and suicide during the perinatal period. • Have an awareness of evidence based new research in perinatal mental health.

Competency	Registrant	Core	Specialised Enhanced Skills
<p>Understand the cultural, social and wider factors which many impact on maternal mental health</p>	<ul style="list-style-type: none"> • Appreciate the impact of poverty, deprivation and social isolation on mental health. • Be aware of the influence of culture and ethnicity on mental health. • Appreciate the impact of: <ul style="list-style-type: none"> – learning disabilities – substance misuse – experience of maternity care – Obstetric and neonatal complications – bereavement – sexual orientation – fertility treatment on a woman's mental well-being. • Understand the impact of health inequalities and stigma. 	<ul style="list-style-type: none"> • Be aware of the evidence relating to the influence of age, disability, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation and the impact of social deprivation on maternal mental health. 	<ul style="list-style-type: none"> • Be aware of the impact Personality Disorders can have on pregnancy, childbirth and becoming a mother. • Understand the specific vulnerabilities of women experiencing acute psychosis in relation to pregnancy, labour and child birth. • Be aware of the latest evidence surrounding mental wellbeing and the perinatal period for specific vulnerable groups. • Understand the impact of grief on a mother whose baby has been removed on mental health grounds and provide non-judgemental care and ensure that she has a care plan in place to ensure she has support at this difficult time.

Standard 1 – Knowledge

Competency	Registrant	Core	Specialised Enhanced Skills
Identification	<ul style="list-style-type: none"> Recognise that the range and prevalence of anxiety disorders (including generalised anxiety disorder, obsessive-compulsive disorder, panic disorder, phobias, post-traumatic stress disorder and social anxiety disorder) and depression are under-recognised throughout pregnancy and the postnatal period. Be aware of the tools used in midwifery practice to identify women at risk or experiencing mental health problems (Whooley questions, GAD-2). Be proactive at each antenatal visit to ask about a woman's mental wellbeing. Be aware of own judgements regarding mental illness and how they impact on care provision. 	<ul style="list-style-type: none"> Know how to detect perinatal mental illness including the recognition of deterioration of long standing conditions through the use of clinical interview and comprehensive history taking. Be confident in using the recommended Whooley and GAD-2 questions at booking and be aware of other assessment tools available e.g. EPDS, GAD-7, PHQ9. 	<ul style="list-style-type: none"> Have an up to date knowledge on the latest evidence and practice regarding identification of mental health problems in the perinatal period. Be aware of psychometric theory and how to use it. Evaluate, use and interpret psychometric tests; this includes the selection, administering, scoring and interpretation of performance based psychometric tests including an understanding of their flaws. Knowledge of diagnostic frameworks such as the DSM and ICD, including a critical understanding of the concept of diagnosis. Demonstrate knowledge and understanding of psychotropic medication in psychiatric disorders, be able to discuss compliance and adherence and understand issues with this in pregnancy and breastfeeding. Know how to seek help with medication and ensuring each woman gets best possible advice.

Competency	Registrant	Core	Specialised Enhanced Skills
<p>Treatment</p>	<ul style="list-style-type: none"> • Know who to refer to locally if a woman presents with an existing mental health condition or if a woman needs support. • Be aware of local support services, including voluntary sector. • Be vocal where local services do not exist. • Appreciate the impact of untreated perinatal mental illness. 	<ul style="list-style-type: none"> • Understand the variations in the presentation and course in the perinatal period, how these variations affect treatment, and the context in which they are assessed and treated. • Be able to discuss with women possible treatment and support options. • Know about and be able to advise on self-care and what women can do to support their own mental health. • Be familiar with appropriate, evidence based online self-help information. • Know the various referral routes in the locality for women being treated for mental health conditions. • Understand crisis management and who to involve locally. • Understand the presentation of risk for deteriorating perinatal illness (e.g. suicidal thoughts; psychosis), including when and where to make immediate / emergency referrals; acknowledging safeguarding procedures for vulnerable adults and children. • Be aware of the various medications women may be taking in pregnancy for mental health conditions. 	<ul style="list-style-type: none"> • Have an up to date knowledge of any new treatments, especially medications, available for use within the perinatal period for women experiencing mental health complications. The use of NICE guidance on the 'Balancing risks and benefits of psychotropic medication'²¹ is suggested. • Be aware of the management of perinatal mental illness using evidence based psychological intervention (CBT, non-directive counselling; mindfulness; motivational interviewing; guided self-help; problem solving); having awareness of own limitations and when to refer for specialist assessment, support and treatment.

Standard 1 – Knowledge

Competency	Registrant	Core	Specialised Enhanced Skills
Impact	<ul style="list-style-type: none"> understand the importance of the mother-infant dyad and good attachment. understand the impact poor mental health can have on the mother-infant dyad and attachment, yet also appreciate that maternal mental illness or undiagnosed low mood/anxiety does not equal poor parenting or poor attachment. Appreciate that some treatments provided to women for their mental health may be contraindicated in breastfeeding. Be able to support a woman in whatever options are open to her in relation to feeding her baby. Be aware of approaches to support the development of positive mother-infant attachment and talk confidently with families about positive approaches. Understand the importance of the first 1001 days on the health, social and emotional development of the child²². 	<ul style="list-style-type: none"> Understand the impact medication can have on breastfeeding and support women accordingly. Understand the importance of, and appropriate use of, outcome measures to monitor the effectiveness of interventions used. 	<ul style="list-style-type: none"> Be knowledgeable about the evidence of the effect of maternal medication on fetal development. Have an up to date knowledge on the impact of poor mental health on both the mother and infant and understand how to assist in optimising the relationship whatever the mental health diagnosis of the mother. Be able to confidently support families with information and guidance about positive approaches to building good attachment relationships. Be able to observe and describe indicators of mother-infant attachment in order to identify any developing problems. Be able to employ validated observation and assessment tools to provide feedback on the developing mother-infant relationship.

Standard 2 – Communication

Competency		Registrant	Core	Specialised Enhanced Skills
General communication		<ul style="list-style-type: none"> Be attentive and share information that is clear, accurate and meaningful in words which women, and her family can understand. Use appropriate and relevant communication skills to deal with difficult and challenging circumstances in individuals. Be confident and competent in asking challenging questions in relation to past history e.g. abuse, previous mental illness. Treat women with dignity and respect them as individuals. Provide care that is delivered in a warm, sensitive and compassionate way. 	<ul style="list-style-type: none"> Be aware and respectful that women with pre-existing mental illness may be confident and proficient in managing their own condition and are aware of changes to their mental health. 	<ul style="list-style-type: none"> Actively engage in developing/ updating patient information materials. Participate in community engagement events.
	Listening	<ul style="list-style-type: none"> Be aware of and understand the principles of active listening. 	<ul style="list-style-type: none"> Where appropriate use the skills of active listening, questioning, paraphrasing, and reflection to assist in effective communication. Be confident in opening and closing a conversation about a woman's mental wellbeing. 	<ul style="list-style-type: none"> Highly skilled and competent in active listening.


Standard 2 – Communication

Competency	Registrant	Core	Specialised Enhanced Skills
Involvement	<ul style="list-style-type: none"> Involve the woman and, if she agrees, her partner, family or carer, in all decisions about her care and the care of her baby. Work with families, carers and individuals during times of relapse or crisis. Be aware of other service providers who may be supporting women with mental health needs. Understand the process of communicating effectively through interpreters and having an awareness of the limitations thereof. Be aware of the impact of stigma and reflect on own practice to help reduce stigma. 	<ul style="list-style-type: none"> Assess the level of contact and support needed by women with a mental health problem (current or past) and those at risk of developing one. Agree the level of contact and support with each woman, including those who are not having treatment for a mental health problem. Monitor regularly for symptoms throughout pregnancy and the postnatal period, particularly in the first few weeks after childbirth. Discuss and plan how symptoms will be monitored (for example, by using validated self report questionnaires, such as the Edinburgh Postnatal Depression Scale [EPDS], Patient Health Questionnaire [PHQ 9] or the 7 item Generalized Anxiety Disorder scale [GAD 7]). Enable women with mental health needs to choose and participate in antenatal and postnatal activities that are meaningful to them, recognising their role in recovery. 	<ul style="list-style-type: none"> Provide appropriate interventions alongside and in conjunction with mental health professionals. Use a recovery focused approach in working alongside women with mental health needs and agree plans to meet their needs. Be competent and targeted when referring women with specific mental disorders to appropriate specialist services for example, post-traumatic stress, eating disorder or substance misuse services.

Competency	Registrant	Core	Specialised Enhanced Skills
Communicating with other professionals	<ul style="list-style-type: none"> • Demonstrate competency in appropriate record keeping and report writing to enhance communication with other practitioners from the same and related fields. 	<ul style="list-style-type: none"> • Effectively communicate clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of different audiences for example, to professional colleagues, and to client and carers. • Be aware of own limitations and know when and how to engage with mental health services and other practitioners where appropriate. 	<ul style="list-style-type: none"> • Engage proactively with other professionals and voluntary sector organisations to develop and apply appropriate care plans for women and their families. • Establish and lead multidisciplinary team (perinatal mental health) meetings on monthly/quarterly basis depending on the local need. • Develop systems, tools and pathways to support positive inter-professional communication, information sharing and care planning. • Be proactive and vocal about the needs of perinatal mental health services locally to other practitioners and especially those who commission services.

Standard 3 – Training, Education and Supervision


Competency	Registrant	Core	Specialised Enhanced Skills
Training & Education	<ul style="list-style-type: none"> Training is gained to receive registered status in line with NMC regulations, standards and competencies. 	<ul style="list-style-type: none"> Training is expected to be gathered through additional CPD modules, study days, e-learning, courses and annual mandatory training on elements of perinatal mental health to support the competencies required of all practicing midwives. 	<ul style="list-style-type: none"> Personal training and development should be gathered at postgraduate level – certificate, diploma, masters or PhD levels to enhance and support practice. Be able to further enhance the role by acquiring other qualifications in areas such as counselling, infant mental health, CBT, pharmacology. This training should be recognised at a local level within role grading. Ongoing learning should involve lectures, group work, online materials and case based discussions. Ongoing training should include simulation based teaching, attending Mother and Baby Unit ward rounds and joint clinic placements. Have undertaken structured management training on service development. Management training should include attendance on management courses or short placements with CCG/Regional networks. Take a lead role in local maternity team CPD and pre-registration education on maternal mental health by coordinating and delivering education to build confidence, knowledge and skills of local team. Take an active role locally in the training of other health professionals, voluntary sector staff, social care and support staff on maternal mental health. Work with the midwifery team to identify gaps in knowledge and the relevant training needs of staff at all levels.



Competency	Registrant	Core	Specialised Enhanced Skills
Supervision	<ul style="list-style-type: none"> Work within own range of competence and confidence, seek support and supervision whenever required. 	<ul style="list-style-type: none"> Seek supervision from lead midwife or where not present, from wider perinatal mental health or adult mental health colleagues. 	<ul style="list-style-type: none"> Role should have regular supervision from a mental health colleague. Provide supervision for midwives within the team on maternal mental health issues. Be the key point of contact for other midwives for issues relating to maternal mental health.
Research		<ul style="list-style-type: none"> Have awareness of key research in the area of perinatal mental health. 	<ul style="list-style-type: none"> Identify areas for research, audit and development relevant to perinatal and infant mental health within the locality. Initiate and participate in research and clinical audit programmes where appropriate. Create and maintain local database for follow up, audit and research purposes.

Standard 4 – Management

Competency	Registrant	Core	Specialised Enhanced Skills
Multidisciplinary working	<ul style="list-style-type: none"> Be aware that a wider team may be supporting a woman in their care. Know who to refer to and who to consult with locally and further afield if necessary when looking after a woman with mental health needs. Ensure robust information sharing between subsequent carers in the perinatal pathway e.g. health visitors, GP, mental health team, social or family services etc. 	<ul style="list-style-type: none"> Work collaboratively and in partnership with other colleagues within primary and secondary care to support a woman's care in the perinatal period. Follow up on any referrals to other services and ensure appropriate record keeping during the woman's perinatal journey. Lead in the coordination of midwifery services for women with mild-moderate mental health problems. 	<ul style="list-style-type: none"> Be involved in the development of comprehensive care pathways for women and families affected by mild, moderate and severe maternal mental health problems in active collaboration with colleagues, specialist mental health services and other providers of mental health services (e.g. GPs, health visitors, IAPT services, third sector organisations). Establish and lead multidisciplinary (perinatal mental health) meetings on monthly/ quarterly basis depending on the local need. Be the lead coordinator of midwifery services for women with severe mental health problems. Formulate management plans in pregnancy for women at high risk of recurrence or relapse. Be part of and recognised as the midwifery expert within any local multidisciplinary team for women who have existing or newly identified mental health problems. The multidisciplinary team should also include an obstetrician plus the wider partner organisations such as health visiting, community mental health teams, and specialist perinatal mental health teams where available. Be proactive in making contact and being conversant with the local wider team within the maternity network to facilitate easy coordination of care and referrals for women. This may include GPs, health visitors, children's services, mental health practitioners, IAPT, drug and alcohol services etc. Represent the maternity unit to the Regional Network on a regular basis and share good practice. Champion the importance of maternal mental health within the locality and across disciplines to ensure it is everyone's business to contribute to effective pathways of care.



Competency	Registrant	Core	Specialised Enhanced Skills
Management of others			<ul style="list-style-type: none"> Co-produce action plans which assist stakeholders in improving environments and practices to promote mental health. Encourage stakeholders to see the value of improving environments and practices to promote maternal mental health.
Risk management		<p>Knowledge of the following:</p> <ul style="list-style-type: none"> Prevalence and risk factors for self-harm. Risk factors for suicide in perinatal period. Assessment of risk of neglect, emotional and physical abuse of children. Consideration of risk of infanticide. Approaches to discussing self-harm issues. Awareness of possible risks to health professionals and approaches to reduce risk. 	<ul style="list-style-type: none"> Understand the speed at which mental health can deteriorate in the perinatal period and the implications for women not identified and treated quickly.

Standard 5 – Governance

Competency	Registrant	Core	Specialised Enhanced Skills
Safeguarding	<ul style="list-style-type: none"> Be confident and competent in local and national safeguarding practices in relation to: <ul style="list-style-type: none"> women within your care any wider family yourself. 		<ul style="list-style-type: none"> The role of the specialist midwife must be supported at a senior level within the Trust/Health Board to ensure maternal mental health is considered 'core business'. Develop strategies to build resilience to handle the emotional and physical impact of practice and seek appropriate support when necessary. Have the capacity to recognise when their own fitness to practice is compromised and take steps to manage this risk as appropriate. Hold themselves accountable to the public and the profession for their personal integrity. Demonstrate commitment to undertake professional development to ensure they can continue to work effectively in the best interests of their clients. Demonstrate commitment to pursuing ethical reasoning, and deeper personal and professional knowledge, relevant to practice. Support and participate in the collection of information on the quality and effectiveness of the service in relation to perinatal and infant mental health locally. Be confident in highlighting gaps in local provision and assist commissioners and service providers understand necessary changes and why. Provide specialist advice to strategic groups and guidance on the policies and practices that impact on perinatal and infant mental health. Be up to date on policies and national guidelines relating to perinatal mental health including MBRRACE-UK, NICE, SIGN, NSFs etc. Be aware of and adherent to key legal and ethical guidelines to support their work particularly relating to consent to treatments and the right to refuse treatment.

Appendix 1.

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Blank competence sheet to produce own evidence for caring for women with mental health problems: a competence framework for midwifery

Name:

Role:

Trust:

Standard	Competence	Evidence

Has the competency been achieved Yes ☐ No ☐

Please make comments and if any further planning required:

Midwife signature:

Assessor signature:

DATE:

The six Cs and how they fit into “Caring for Women with Mental Health Problems: Standards and Competency Framework for Specialist Maternal Mental Health Midwives”

Getting staffing right

Enabling knowledge, skills and attitudes that are required to develop person centred care.

Positive staff experience

Improving knowledge and skills to develop quality care, teaching other members of the MDT within maternity care, primary care, secondary care and as a professional standard to which to aspire.

Strengthening leadership

Working to support midwifery leadership to integrate better pathways between primary and secondary care.

Improving patient experience

The specialist maternal mental health midwife and their wider midwifery team have knowledge and understanding of perinatal mental health and are able to offer more information to help women to understand their choices.

Measuring levels of patient care

By improving midwifery knowledge this should have a positive impact on patient care.

Helping people to stay independent

Better working partnerships between primary and secondary care enabling working towards earlier identification and treatment planning.

Case Studies

Specialist mental health midwife in Kent

At Medway NHSFT the specialist midwife role has both operational and strategic elements. The day to day work is in providing assessment of mental health needs to support women and their families in enhancing their emotional wellbeing. The specialist midwife is a resource for families and her colleagues by helping them to better understand contemporary issues in perinatal mental health. This often involves making people aware of what help is available and what best suits their psychological problems. The SMHM is often involved with families where there are concerns about the safeguarding of either adults or children. Her role being to support women during this difficult period and in partnership with women to recommend appropriate maternity care in relation to enhancement of emotional wellbeing.

The SMHM is a key partner in the planning and commissioning of services for both maternity and mental health with regard to women and the family's mental health needs.

All this work means that the SMHM must be knowledgeable in contemporary perinatal mental health. She must have a good understanding of social care and the developing needs of the family.

She needs to have good communicative networking skills and an analytical mind to help with the strategic work.

Most importantly the SMHM must have an empathic understanding of what it might be like to be affected by psychosocial problems, having a positive and hopeful attitude to this very complex work.

Tocophobia clinic at Guys and St Thomas' (GSTT), London

This clinic is primarily for nulliparous women with low risk pregnancy who are requesting elective caesarean section (ELCS) where there is no medical indication.

Women who have had previous CS attend the VBAC clinic. For women requesting ELCS where there is no obvious psychological indication or women who had poor outcome or sub-optimal experience of vaginal birth these women would be seen in the first instance by the consultant midwife for normal birth.

GSTT do not offer ELCS for maternal request alone where there is neither obstetric, medical nor psychological reason. Women who request ELCS due to anxiety about vaginal birth are offered appointments within the tocophobia clinic in order to have a place to think about their reasons for this anxiety.

The clinic has three one hour sessions per week and is held by a midwife and a psychotherapist. These sessions are to facilitate thinking and planning around the birth. The final decision for mode of delivery is with consultant obstetrician and the woman. Women can be seen in the clinic for up to four sessions in the antenatal period. At this time there is no capacity for women to be seen postnatally in this clinic but they are encouraged to contact the clinic or the birth reflections service if they need to discuss any issues further.

An example Case Study.

35 year old Caucasian UK female. Requested ELCS at booking. Responded positively to Whooley Questions at this time. Referred to clinic and seen at 14/40 gestation.

Patient had been about to commence IVF treatment when she became pregnant. She had been with same partner for more than ten years and had covertly been avoiding pregnancy by various methods which her partner was unaware of. A history of anxiety and depression was noted from teenage years and she was currently taking an SSRI.

Since becoming pregnant she had become increasingly anxious with ruminating thoughts, panic attacks, nightmares, nausea and palpitations. She was unable to think about pregnancy, birth or breastfeeding without extreme feelings of revulsion and fear.

She was unaware of what may have triggered this extreme reaction but remembered as a child looking at a heavily pregnant cousin and finding the image of a baby inside causing this huge bump revolting.

As her symptoms were so extreme it seemed unlikely that such a strongly held belief could be shifted before delivery.

It felt impossible to do any meaningful planning as her levels of anxiety made it impossible for her to think.

It was clear that she needed some support to help her manage those symptoms - not to change her mind.

SMHM referred her to IAPT (improving access to psychological therapy) for CBT (cognitive behavioural therapy) with the aim of managing her symptoms of anxiety. It was clear from her initial assessment that she needed a highly specialised psychologist so she was referred onto CADAT (Centre for anxiety disorders and trauma) at the Maudsley Hospital.

She is now engaged with treatment there and there has been some reduction in her anxiety levels.

In this case there is a clear psychological indication for ELCS and her obstetrician has offered to perform ELCS at 39/40 in line with NICE guidance.

SMHMMW has arranged for her to have care with caseload midwives so she is familiar with them and they are familiar with her.

We have spent some of the sessions thinking about how much she is able to tolerate in terms of exposure to pregnancy and birth and education around it, and familiarisation with the clinical area.

Her partner has been able to attend so he is aware of the plan and is also familiar with the clinical area.

We await the outcome.

