

NATIONAL PERINATAL MENTAL HEALTH SERVICE
Inpatient Referral Form

Information for referrers

The perinatal mental health service offers specialised treatment to women experiencing significant mental health difficulties during pregnancy or if they have a baby less than 12 months of age. The inpatient services offer assessment and treatment of their mental illness whilst ensuring the developing relationship with the baby.

Admission criteria

- Postpartum Psychosis or previous history of
- Diagnosis of Bipolar Affective Disorder, Schizo-affective disorder or other psychoses
- Moderate or severe antenatal/postnatal depression or anxiety disorders including previous severe depressive episode/post natal depression-requiring treatment in hospital/secondary care.
- Mothers with these conditions under the age of 18 are accepted if there is a significant perinatal mental illness and they are likely to be the infant's principal carer. Inpatient Mother and Baby Units are suitable for the admission of a young mother but the admission will be managed in collaboration with Child and Adolescent Mental Health Services (CAMHS) and Social Services.
- Women in the antenatal period over 32 weeks gestation

Exclusion criteria

- For sole purpose of a parenting assessment
- Women with severe personality disorder, learning disability or substance misuse unless they are also suffering from, or there is suspected, serious mental illness
- If there is evidence that the mother will not be capable of independent functioning in caring for her infant in the community with reasonable support
- If there is evidence of serious violence/aggressive behaviour that might pose a risk of harm or injury to her own or other babies on MBU

Please complete this referral form (including any other relevant forms including risk assessments, discharge summaries or outpatient letters) and send it to the relevant MBU via contact details provided.

Funding is required for patients residing in Channel Islands, Scotland and Wales.

MBU will prioritise referrals according to clinical need. In most cases, we can admit urgently if information provided by the referrer suggests that it is appropriate whilst in others, we might need further information or specialist assessment before admission can be arranged. We are happy to discuss potential referrals or be contacted for advice. If patient is accepted out of area, please make sure to inform local MBU for possible transfer back.

Referrals will not be accepted by the service unless all sections are completed

Referral details

DATE OF REFERRAL



Date format dd/mm/yyyy

PATIENT CONSENT OBTAINED

Yes

No

NATURE OF REFERRAL

Planned

Urgent

IF URGENT, PLEASE GIVE
CLINICAL RATIONALE

Referrer details

NAME

DESIGNATION

E-MAIL

TELEPHONE

FAX NUMBER

ADDRESS & POSTCODE

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Patient details

NAME

DATE OF BIRTH



Date format dd/mm/yyyy

TELEPHONE

ADDRESS & POSTCODE

NHS NUMBER

ETHNICITY

PREFERRED LANGUAGE

INTERPRETER NEEDED Yes No

Next of Kin

NAME

RELATIONSHIP

TELEPHONE

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Children's details

NAME DATE OF BIRTH / EXPECTED DATE OF DELIVERY GENDER RESIDENT WITH

Any past or current concerns including child protection/formal court proceedings? Yes No

Have you (the referrer) made a referral to Children's Services? Yes No

Team referred to

Date of referral



Date format dd/mm/yyyy

Is there a Child Protection Plan in place? Yes No

DETAILS

Is there a Child Protection Plan, Working Agreement or Court Directive? Please give details including what category the child(ren) are registered under and attach a copy of the document if possible.

PARENTAL RESPONSIBILITY YES / NO NAME

Mother

Father

Local Authority

HAVE THEY CONSENTED FOR BABY TO BE ADMITTED TO MBU? Yes No

Professionals involved

GP			CONSULTANT PSYCHIATRIST		
ADDRESS & POSTCODE			ADDRESS & POSTCODE		
TELEPHONE			TELEPHONE		
AWARE OF REFERRAL?	Yes	No	AWARE OF REFERRAL?	Yes	No
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CARE COOR. / KEY WORKER			CONSULTANT OBSTETRICIAN		
ADDRESS & POSTCODE			ADDRESS & POSTCODE		
TELEPHONE			TELEPHONE		
AWARE OF REFERRAL?	Yes	No	AWARE OF REFERRAL?	Yes	No
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CHILDREN'S SOCIAL SERV.			HEALTH VISITOR		
ADDRESS & POSTCODE			ADDRESS & POSTCODE		
TELEPHONE			TELEPHONE		
AWARE OF REFERRAL?	Yes	No	AWARE OF REFERRAL?	Yes	No
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OTHER SERVICE			OTHER SERVICE		
ADDRESS & POSTCODE			ADDRESS & POSTCODE		
TELEPHONE			TELEPHONE		
AWARE OF REFERRAL?	Yes	No	AWARE OF REFERRAL?	Yes	No

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Current concerns

REASON FOR REFERRAL

MENTAL HEALTH ACT STATUS

Informal

SECTION

CURRENT MEDICATION

Please list ALL medication including for
physical health

CURRENT AND/OR PAST
PSYCHIATRIC HISTORY

Please include previous admissions

CURRENT AND/OR PAST
MEDICAL HISTORY

Please include previous admissions

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Risk assessment

RISK TO CHILD	Past	Present	No Risk
RISK FROM OTHERS Incl. any types of abuse	Past	Present	No Risk
ALCOHOL/DRUG MISUSE	Past	Present	No Risk
RISK TO OTHERS	Past	Present	No Risk
GIVE MORE DETAILS IF PAST OR PRESENT RISK			

CURRENT AND PAST RISK TO SELF

Relationship with infant

RELATIONSHIP WITH INFANT
Please include level of functioning
regarding baby care

Outcome of referral

OUTCOME Accepted
 Declined
 More information needed

IF DECLINED, WHY?

Please inform the local MBU if accepted out of area

MOTHER AND BABY UNITS	REFERRAL TELEPHONE NUMBER
Beadnell, Morpeth, NE61 2NU	01670 501869
Brockington, Stafford, ST16 3AG	01785 221560
Chamomile , Birmingham, B15 2FG	0121 3012190
Coombe Wood, London, NW10 7NS	0208 9554495/6/8
Dorset, Bournemouth, BH4 8EP	01202 584320
East London, London, E9 6SR	0208 5108420
Jasmine Lodge, Exeter EX2 5SN	01392 539100
Kingfisher, Norwich, NR6 5BE	01603 786745
Manchester, Wythenshawe, M23 9LT	0161 2710482
Rainbow, Chelmsford, CM1 7LF	01245 315629/01245 315630
Ribblemere, Chorley, PR7 1PP	01772 520780 and 01772 520781
Rosewood, Dartford, DA2 6PB	01322 622101
South London and Maudsley, Beckenham, BR3 3BX	02032284265 or 02032284255
The Beeches, Derby, DE22 3WQ	01332 623828
The Margaret Oates MBU, Nottinghamshire, NG5 3FL	0115 9529481
The New Horizon, Bristol, BS10 5NB	0117 4147270 and 4147275
Thumbswood, Radlett, WD7 9HQ	01923 633 880
Winchester, Winchester, SO22 5DG	01962 897711
Yorkshire and Humber, Leeds, LS2 9LN	0113 855 5509

Additional information

PLEASE USE THIS SECTION IF YOU NEED
TO ADD ANY ADDITIONAL INFORMATION