

**Greater Glasgow and Clyde Perinatal Mental Health Service
Referral Guidance**

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- Referrals are accepted from health professionals involved in the care of women during pregnancy and within 6 months of delivery where the woman has a moderate to severe mental disorder or is at high risk of serious postpartum mental illness.
- Referrals are also accepted for women contemplating a pregnancy who have a diagnosis of psychotic disorder or previous postpartum psychosis.
- The PMHS acts as a 'one stop shop' – maternity services should refer where appropriate even if the woman is already known to other mental health services. The PMHS will liaise with the woman's existing service about ongoing care.
- Women with primary addiction problems should be referred to their local Community Addiction Team in the first instance.
- Women under 18 years of age should be referred to CAMHS in the first instance.
- Note: sudden changes in mental state in late pregnancy or the early postpartum period should always be taken seriously.

Pre-pregnancy	
Pre-existing bipolar disorder	○ Refer to PMHS
Pre-existing schizophrenia	○ Refer to PMHS
Previous postpartum psychosis	○ Refer to PMHS

Pregnancy	
Pre-existing bipolar disorder	○ Refer to PMHS
Pre-existing schizophrenia or other psychosis	○ Refer to PMHS
Previous postpartum psychosis	○ Refer to PMHS
Current suicidality, psychosis, severe depressive, severe anxiety or severe obsessive-compulsive symptoms, eating disorder	○ Refer to PMHS
Previous inpatient mental health care	○ Refer to PMHS for casenote review
Mild to moderate depression or anxiety	○ Refer to GP/Primary Care Mental Health Team, <i>unless (i.e., refer to PMHS if)</i> <ul style="list-style-type: none"> ○ 1^o relative with bipolar disorder or postpartum psychosis ○ significant change in mental state in late pregnancy
Family history of bipolar disorder in first degree relative	○ In absence of personal illness, ensure close monitoring by maternity and primary care. Refer if any change in mental state in late pregnancy.

Postpartum	
Current suicidality, psychosis, severe depressive, severe anxiety or severe obsessive-compulsive symptoms, eating disorder	○ Refer to PMHS
Mild to moderate depression or anxiety	○ Refer to GP/Primary Care Mental Health Team, <i>unless (i.e., refer to PMHS if)</i> <ul style="list-style-type: none"> ○ 1^o relative with bipolar disorder or postpartum psychosis ○ significant change in mental state in early postpartum ○ significant interference with mother-infant relationship
Family history of bipolar disorder in first degree relative	○ In absence of personal illness, ensure close monitoring by maternity and primary care. Refer if any change in mental state in early postpartum.