Perinatal Mental Health Conference &
Mind Mothers Project Launch
Tuesday 5th September 2017
Clarion Hotel, Liffey Valley, Dublin
Advanced Nursing Practice in Perinatal Mental Health

Connectivity: A dual process

Deirdre Madden, Msc, RPN, (soon to be RNP)
RANP in Perinatal Mental Health
5th September 2017
Perinatal Mental Health
On the RADAR
64,013
Births nationally (2016)

9,017
Births in National Maternity Hospital (2016)

691
New Referrals to the Perinatal Mental Health Service (2016)
Summary of Referrals

Anxiety and depression have consistently been the primary reason for referral to the Perinatal Mental Health Service.
Connectivity
the state or quality of being connected or connective:

and

Computers: the ability to link to and communicate with other computer systems, electronic devices, software, or the Internet.
Advanced Nurse Practitioner in Perinatal Mental Health

Dual process of the role

1: Service Level
e.g. model of care

2: Mother & baby
e.g. attunement
Creating the right environment

1. Engage
2. Enquire
3. Listen
4. Reflect
5. Feedback
The process

1: Mental Health Nurse in PMH (2008)

2: Nurse managed case load (evolving) CNSp

3: Advanced Nurse Practitioner led clinics (2016)
What lies beneath

Service level
1. Skill
2. Referrals
3. Caseload
4. Supervision & support
5. Nurse led clinics
6. Research
7. Education

Women & infants
1. Attunement
2. Attachment
3. Mentalization
4. Narrative
5. Experience
6. Why now?
Five ‘C’s for clinical practice

- Connectivity
- Conversation
- Context
- Collaboration
- Communication
1: Connectivity

In practice

Mothers emotional and mental state in pregnancy and postnatally can have lasting effects on her developing child.
2: Conversation

In practice

Promote TIME & OPPORTUNITY to engage in conversations

Favourable opportunity to INTERVENE

More complex than asking a few questions
3: Context

In practice

Enquiry about Perinatal Mental Health can minimise the risk of difficulties being
- Under reported
- Under diagnosed
- Under treated
- Under estimated

UNDERSTAND the context
4: Collaboration

In practice

Provision of individualised, collaborative interventions to women and their babies.

Referral Pathway
PMH Referral Pathway National Maternity Hospital

PERINATAL MENTAL HEALTH REFERRAL PATHWAY

ASK

1. Current or previous history of feeling low/panicky
2. Current or previous history of significant mental illness
3. Currently or recently taken any psychotropic medication
4. Ever or currently under the care of Mental Health Service
5. Any significant family history
6. Does she want referral

IF POSTNATAL

Routine Maternity Care

ASK

7. Feelings towards her baby

YES

Enquire Further & Document Concerns

NO

Offer Obstetric Care & Debriefing

URGENT?

YES

ANTENATAL

1) Offer Perinatal Mental Health Referral
2) Enquire regarding mental well being on subsequent visits

POSTNATAL

1) Inform GP
2) Liaise with PHN
3) Offer Perinatal Mental Health Referral

1) Contact her Psychiatrist OR
2) Liaise With GP AND/OR
3) Contact Perinatal Mental Health For Advice OR
4) Refer To Local Emergency Department (A&E)
5: Communication

In practice

Multidisciplinary team
Interagency working
Documentation

Use of language
Observations
Feedback
Reflect
◎ on your needs
◎ on women’s & babies needs
◎ on your service needs
Realise the risk of PMH issues
Allow time & space for conversations
Determine what, if any supports may be required
Awareness, Advice, Action around PMH issues
Recognise when referral onwards is necessary

Perinatal Mental Health
On everyones RADAR.
Thanks for listening.

You can find me at:

dmadden@nmh.ie
Perinatal Mental Health Conference & Mind Mothers Project Launch
Tuesday 5\textsuperscript{th} September 2017
Clarion Hotel, Liffey Valley, Dublin