Perinatal Service

Location: Bethlem Royal Hospital, King’s College Hospital, Maudsley Hospital
Mode: Inpatient, outpatient, outreach
Average length of inpatient treatment: 8 to 12 weeks
Beds: 13

We specialise in the treatment of antenatal and postnatal mental illnesses. Our service is for women who develop or have a relapse of serious mental illness during pregnancy, and women who have developed postnatal depression, post partum psychosis (also known as puerperal psychosis) or have had a relapse of serious mental illness following the birth of their baby.

We support the mother in developing a relationship with her infant in order to reduce the impact of the mother’s illness on the child. We offer a holistic treatment programme, and encourage the involvement of fathers or partners in the process. We admit mothers with babies where it is the wish of the mother and it is clinically safe to do so. We are also able to take mothers without their babies, and offer a programme of gradual reintroduction to the mother on the ward.

We also have a parenting assessment service, providing a unique and highly specialised service to local and national authorities across the United Kingdom. We undertake assessments of women or couples and their infant, where there is potential risk or safeguarding issues arising from the parents’ mental health problems.

Our team is committed to providing cost-effective, evidence-based treatments that reduce risk, establish a relationship between mother and baby, and prepare them for a lasting return to the community.

We work closely with the Institute of Psychiatry, King’s College London, where there is a perinatal section headed by world renowned expert psychiatrists, who lead many of our staff in carrying out research of international significance.

This graph shows the improvement in maternal mental state from scores taken at admission and discharge, using the Clinical Global Impression Scales.

Maternal sensitivity was compared at admission and discharge with a control group of well mothers. Mothers with schizophrenia and postpartum psychosis showed significant improvement in sensitivity when interacting with their babies at discharge.

During therapy, infant co-operativeness with their mothers was measured both at admission and discharge. The babies of mothers with schizophrenia, psychosis and depression showed significant improvement at discharge, demonstrating the benefit of treatment for both mother and baby.

The information and prices listed in this document are valid from April 2012 to March 2013.
Criteria

Eligibility
• Severe mental illness during pregnancy and post partum up until one year after birth
• Psychosis
• High risk of relapse of psychosis or depression after delivery
• Assessment of new onset disorder and women with a chronic disorder
• Assessed for safeguarding of unborn child or infant by relevant agencies prior to admission

Interventions which may be provided

• Psychiatric assessment
• Medication, if needed
• Specialist psychological assessment, including impact of history of trauma and child abuse, mother-infant relationship and assessment of cognitive functioning
• Risk assessments for mother, baby, husband, partner, carers and siblings
• Psychological therapies including psychotherapy, CBT, CAT family therapy and couple therapy
• Mother-infant relationship support, including baby massage, video feedback, infant’s physical and emotional development, parenting skills, promotion of attachment, play stimulation and development
• Occupational therapies for mother and baby include:
  – life skills: shopping, cooking, negotiating public transport, budgeting and assessment of home environment
  – health skills: diet, physical activities, dancing and swimming
  – work skills: IT
  – leisure skills: art, photography, pottery and woodwork
• Pre-conception advice

Outcomes

• Reduction or absence of mental health symptoms
• An understanding of diagnosis and appropriate treatment for mental health issues
• Understanding and development of the relationship between mother and baby
• Knowledge of emotional and practical care of their baby
• Awareness of resources available in the community which support parenting skills and the mother’s mental health needs
• Referral to community services for long-term management of any outstanding issues like welfare and housing needs
• Positive relationship between mother and other members of her family, and support networks including older children
• Assessment of mother or parent’s capabilities of parenting (concerns referred to relevant partner agencies like the Department of Children, Schools and Families)
• Discharge planning between our team, the community perinatal team and Children and Family Services

“My time at the Bethlem has had a lasting impact. I’m pleased I was able to recover so well and come off the medication. They have a good recovery rate at the Mother and Baby Unit. It’s a supportive environment and, on the whole, people recover well.” Ellie
<table>
<thead>
<tr>
<th>Care option</th>
<th>Description</th>
<th>Cost</th>
<th>Unit</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td><strong>Inpatient</strong></td>
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<tr>
<td>Treatment, standard</td>
<td>Assessment for inpatient stay is included in the cost. Our ward offers 24-hour care. Each person has an individual care plan that is discussed with the referrer throughout the treatment process. The plan includes treatment of acute symptoms of the mother’s mental health, relapse prevention work, safety management, occupational therapy, individual, couple and family work, assistance with and monitoring of parenting skills, the mother-infant relationship, management of social problems, advice and support in child care and group activities.</td>
<td>£489</td>
<td>OBD</td>
<td>30110</td>
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<tr>
<td>Treatment, intensive</td>
<td>Suitable for mothers admitted to the unit who are extremely unwell, have suffered an acute deterioration in their mental state and are not able to take care of their baby. Paramount to our treatment protocol is keeping babies with their mothers wherever possible. Intensive care involves 24-hour interventions for both the mother and baby, with a specialist nursery nurse caring for the baby until the mother can resume care and a separate nurse caring for the mother. This option is used where indicated and reviewed on a shift-by-shift basis.</td>
<td>£683</td>
<td>OBD</td>
<td>92633</td>
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<td>Treatment, one-to-one</td>
<td>This care option is used when a person’s mental state is disturbed to such an extent that one-to-one care is needed 24-hours a day. Clinical interventions are as per the standard treatment care option, however the person may present with problems that require additional care. This is not a long-term option, but it can be used during the acute time required.</td>
<td>£1,007</td>
<td>OBD</td>
<td>91430</td>
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<td>Parenting assessment, mother</td>
<td>This is a fixed, six-week inpatient stay to facilitate a specialist team assessment of parenting skills, where the mother has a history of severe mental illness, but is currently at her optimal level of functioning. This is an intensive programme with high levels of supervision of mothers with their infants, in order to assess the mother’s ability to safely parent her child. A full report on the parenting skills of the mother is provided, which can be presented in court. This care option is normally funded by social services in the context of care proceedings.</td>
<td>£943</td>
<td>OBD</td>
<td>9450</td>
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<tr>
<td>Parenting assessment, family</td>
<td>This is a fixed, nine-week inpatient stay for the mother and any additional primary carer (usually the father of the baby), to facilitate a specialist team assessment of parenting skills. This is an intensive programme with high levels of supervision of the mother and significant other with their infant, in order to assess their ability to safely parent the child. A full report on the parenting skills of both is provided, which can be presented in court. This care option is normally funded by social services in the context of care proceedings. Please note: We are unable to accommodate fathers or male partners overnight, but can recommend local accommodation off site.</td>
<td>£943</td>
<td>OBD</td>
<td>90470</td>
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<td><strong>Outpatient</strong></td>
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<td>Assessment and treatment</td>
<td>A two-hour assessment for mothers suffering from any severe mental illness during and after delivery up until the baby is 12 months old. Treatment involves up to 24, two-hour sessions with a specialist team. This option is also available by telemedicine, at the same tariff.</td>
<td>£323</td>
<td>Per assessment</td>
<td>59591</td>
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<td>£142</td>
<td>Per session</td>
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<td>Assessment and treatment, multidisciplinary</td>
<td>Assessment is undertaken over three hours by a doctor and specialist mental health nurse. Treatment may include community interventions focusing on the treatment and management of the mother’s mental health, relapse prevention work, safety management, occupational therapy, advice on parenting skills, the mother-infant relationship and advice about child care. Treatment may include up to 24 sessions.</td>
<td>£460</td>
<td>Per assessment</td>
<td>92476</td>
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<td>£224</td>
<td>Per session</td>
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<td><strong>Outreach</strong></td>
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<td>Assessment and treatment, outreach</td>
<td>As per the standard assessment and treatment option, but in the person’s home. The attending staff member may be a psychologist, developmental psychologist, occupational therapist or senior nurse. This is dependent upon the specific needs of the referrer and the patient.</td>
<td>£704</td>
<td>Per assessment</td>
<td>59711</td>
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<td>£498</td>
<td>Per session</td>
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<td>Community parenting assessment</td>
<td>A six week community-based parenting assessment, where the mother has a history of significant mental illness and a parenting assessment is needed with her baby. Fathers or partners can also be assessed. A multidisciplinary assessment of the mother, partner and baby is undertaken by a range of professionals including psychiatrists, adult psychologists, infant and developmental psychologists, occupational therapists, nurses, nursery nurses and social workers for both the adults and the child. The assessment includes psychometric testing and is tailored to the community setting. It can be undertaken in the home, contact centres, foster placements or in other residential settings like our ward, or on obstetric and acute service wards. A full report on the parenting skills of one or both of the parents is provided, which includes any relevant psychiatric and psychological assessments, and a summary of independent living skills in the context of being a parent. It is anticipated that these reports will be presented at court in child care proceedings if necessary. We work jointly with our child and adolescent service where there are older siblings of the baby also living at home.</td>
<td>£19,614</td>
<td>Per assessment</td>
<td>92634</td>
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<td>Parenting assessment network meeting</td>
<td>If a referral to the inpatient parenting assessment service is a possibility, a network meeting is held involving all professionals involved in the case. This includes attendance of the specialist parenting assessment team from the unit and the referred person. This option is also available by telemedicine, at the same tariff.</td>
<td>£763</td>
<td>Per meeting</td>
<td>62891</td>
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**Referrals are accepted from:**
- Consultant psychiatrists
- Community mental health teams
- Referrals for parenting assessment can be made by any healthcare professional provided it is accompanied by written confirmation of funding
- GP consortia

**Contacts:**
Dr Paola Dazzan, Consultant Psychiatrist  
Professor Louise Howard, Consultant Psychiatrist  
Professor Carmine Pariante, Consultant Psychiatrist  
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