Pathway Two

Pre-Conceptual Care
GP

Consultation with a woman with mild-moderate mental health difficulties and of child-bearing age.

Ask the woman about plans for **conception**

If the woman is planning to conceive, arrange an appropriate length consultation for a full assessment of her physical and mental health. Discuss, with **sensitivity:**

- How pregnancy and childbirth could affect her mental health difficulties.
- How her mental health difficulty and/or treatment might affect her or the baby, before and after birth.
- The risks of not treating her condition and the importance of controlling symptoms before conception.

Support her in making an **informed decision** about **family planning.**

With sensitivity, and starting with open questions, assess current mental health.

If indicated from her history, undertake mental state examination, including assessment of risk to self or others.

If **any risks** are identified, refer on to the appropriate agencies.

Enquire about mental health history; include any diagnoses, any previous inpatient treatment, the nature of any previous treatment, including **medication** and **psychological treatments.**

Enquire **sensitively** about any drug or alcohol misuse.

Enquire about social situation and **support network.**

If there is **no active mental health condition, and no history of a severe mental health condition,** advise that she is welcome to make contact if she feels that she is developing low mood/lack of enjoyment/worrying.

Make sure to ask about these at each contact.

If there are symptoms of a **mild to moderate mental health condition, and no history of a severe mental health condition,** discuss treatment options including psychological interventions and psychotropic medication.

For women already prescribed psychotropic medication who are planning a pregnancy, discuss continuing their current treatment, switching to a regime with a lower risk of adverse effects, or stopping treatment (avoid abrupt discontinuation of medication).[1]

Discuss thoughts about future breastfeeding, including benefits of breastfeeding, risks of medication when breastfeeding[2], and risks of stopping any medication to breastfeed. There is evidence that breastfeeding reduces the risk of postnatal depression.

Support the woman's choice.

If a woman has a **current or historic severe mental health condition,** or is on antipsychotics, mood stabilisers or is currently under secondary mental health follow up, ensure a referral to the specialist perinatal mental health services has been offered.

Advise the woman to continue effective contraception until a full assessment by a perinatal psychiatrist has been undertaken.

Advise the woman not to stop taking her medication unless otherwise directed by the perinatal psychiatrist.

Any woman with a history of previous or current mental health condition who subsequently falls pregnant **should be encouraged** to seek advice from her GP early in pregnancy.

If a pregnant woman has taken psychotropic medication with known teratogenic risk at any time in the first trimester, follow the below guidance provided by NICE:

- Confirm the pregnancy as soon as possible.
- Explain that stopping or switching the medication after pregnancy is confirmed, may not remove the risk of fetal malformations.
- Offer screening for fetal abnormalities and counselling about continuing the pregnancy.
- Explain the need for additional monitoring and the risks to the fetus if the woman continues to take the medication.
- Seek advice from a specialist if there is uncertainty about the risks associated with specific drugs.

[1] Evidence based information on fetal risk from medication is available from the UK teratology information service at www.uktis.org. Information for women about the use of medication during pregnancy is available at www.medicinesinpregnancy.org

[2] Information about the use of medication during breastfeeding is available at https://www.breastfeedingnetwork.org.uk/detailed-information/drugs-in-breastmilk/

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