Scottish Government
Riaghaltas na h-Alba

Perinatal Mental Health Service Specification

June 2025

Contents

1. Introduction and Background

1.1 Purpose

This service specification has been prepared by the Scottish Government to advise clinicians and managers working in NHS inpatient and community perinatal mental health services of the principles of good practice in relation to the delivery of services. It draws on the **Women and Families Maternal Mental Health Pledge** which was co-created by women with lived and living experience and Perinatal Mental Health Network Scotland (PMHNS) and the **Infant Pledge**. The **NHS Scotland Charter of Patient Rights and Responsibilities** summarises patients' rights to receive services appropriate to their need, be involved in decisions about their care, expect confidentiality and have the right to complain and the complaint dealt with effectively. Both Pledges were created in partnership with women and families and those working to support their voices and inform this service specification.

The specification sits alongside the **Core Mental Health Standards** and highlights those additional features distinctive to the perinatal context. It is underpinned by (i) the **Community Perinatal Mental Health Team (CPMHT) Service Development Guide**; (ii) the **Scottish Perinatal Mental Health Care Pathways**; (iii) the **Perinatal Mental Health Specialist Role Definitions**; and by (iv) **Delivering Effective Services**: Needs Assessment and Service Recommendations for Universal and Specialist Perinatal Mental Health Services, produced by PMHNS.

Guidance on the delivery of perinatal mental health services is available elsewhere. Helpful documents include: the **Royal College of Psychiatrists Centre for Quality Improvement (CCQI) Standards for Community Perinatal Mental Health Services** (2023), the **Standards for Perinatal Inpatient Services** (2024), the **Royal College of Psychiatrists Council Report 232, NICE clinical guideline 192: Antenatal and postnatal mental health: Clinical management and service guidance (update),** the **MBRRACE reports** and **SIGN 169 Perinatal Mental Health Conditions**. In addition, the Mental Health (Care and Treatment) (Scotland) Act 2003 (amended by the Mental Health (Scotland) Act 2015) places a legal duty on health boards to ensure women and their infants can be admitted jointly to suitable inpatient provision. This Scottish Government service specification will address service delivery in the context of the **Delivering Effective Services** recommendations and the **briefing paper on regional perinatal mental health service provision**.

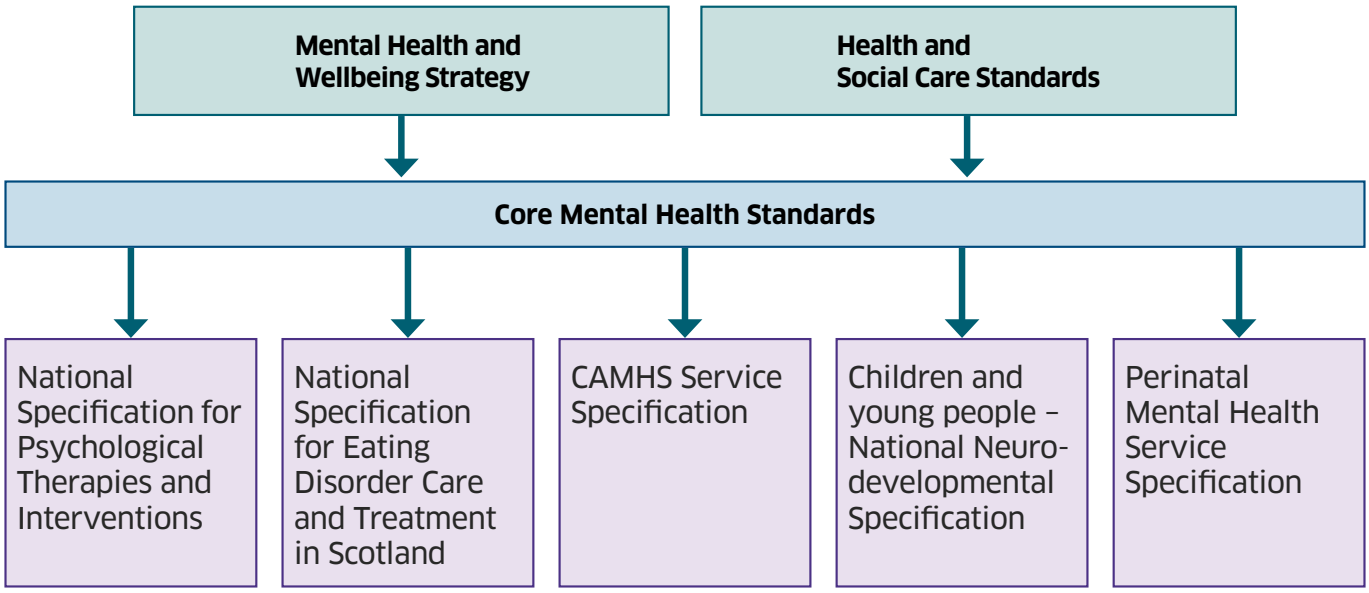
1.2 Context

The Specification should be read alongside relevant legislation (including the Mental Health Act (Mental Health (Care and Treatment) (Scotland) Act 2003, as amended by the Mental Health (Scotland) Act 2015, and the Children and Young People (Scotland) Act 2014), policies, and national health and well-being standards including:

Mental Health and Wellbeing Strategy (Scottish Government & COSLA, 2023)
The Scottish Government and COSLA published their long-term vision and approach to improving the mental health and wellbeing of everyone in Scotland in June 2023. The Strategy is ambitious and describes what the Scottish Government and COSLA think a highly effective and well-functioning mental health system should look like – with the right support available, in the right place, at the right time, whenever anyone asks for help.

Core Mental Health Standards (Scottish Government, 2023b)
These standards have been developed in line with the vision of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible.

The diagram below shows the Core Mental Health Standards and their relationship to the Health and Social Care Standards, Mental Health and Wellbeing Strategy and different Specifications including the Perinatal Mental Health Service Specification. They are informed by the principles set out in the Strategy, and clarify what support should look like for people accessing mental health services enabling them to receive the right information, support, care, intervention, or service for their needs and to support their recovery, as quickly as possible, with the fewest steps possible.



- **The Promise** (Independent Care Review, 2020)
- **Getting It Right For Every Child (GIRFEC)**
  Principles and values should underpin all services impacting on children's welfare. GIRFEC is the Scottish Government's commitment to children, young people and their families getting the right support at the right time (Scottish Government, 2023c). It provides an evidence-based consistent framework and shared language for promoting, supporting, and safeguarding the wellbeing of all children.
- **The United Nations Convention on the Rights of the Child (UNCRC)**
  Has been brought into law in Scotland and provides a foundation which ensures that babies', children's and young people's rights are protected.
- **Creating Hope Together - Scotland's suicide prevention strategy 2022 to 2032**
  Details the Scottish Government's strategy and actions to reduce the prevalence of suicide and support those affected by it.

1.3 Principles and Values

The specification is underpinned by principles and values aligned with quality health and social care provision for women, their infants and families in the perinatal period.

1.3.1 Co-production

The active engagement of individuals with lived and living experience in the design and evaluation of services is crucial. This specification has been informed by the **Women and Families Maternal Mental Health Pledge** which was co-created by women with lived and living experience and the Perinatal Mental Health Network Scotland (PMHNS), and the **Infant Pledge** which presents the expectations of our youngest citizens.

1.3.2 Person-centredness

The delivery of care is compassionate and responsive to individual personal preferences, needs, rights and values with patient and family involvement and engagement contributing to clinical decision-making. The delivery of care also reflects a relationship-based approach, in which the importance of attachment and bonding for both infant and mother is paramount. The language used both verbally and in written material should be accessible and reflect this person-centred approach.

1.3.3 Trauma-informed practice

Practice should be informed by the **Roadmap for Creating Trauma-Informed and Responsive Change - Guidance for Organisations, Systems and Workforces in Scotland** (2023), and by **Core Mental Health Standards** references to trauma-informed care.

1.3.4 Raising awareness and tackling stigma

Stigma (negative attitude) and discrimination (negative treatment) continue to exist despite the recognition of perinatal mental health problems and attempts to improve public awareness and understanding. For some groups, the intersectionality of protected characteristics may compound stigma and impact on access to services. Those working in perinatal mental health services should try to address this.

1.3.5 Prevention and Early Intervention

The delivery of specialist perinatal mental health services should include working across all sectors to embed the principles of prevention and early intervention. Universal and third sector support should be available within local communities in accessible, trauma-informed settings.

1.3.6 Safety

Patient safety is fundamental to the delivery of perinatal mental health services. The perinatal period can be a time when symptoms and risk change rapidly. The safety of mother and baby are paramount. Treatment should not contribute to harm.

1.3.7 Equality and equity

There should be a collective approach to understanding and shared responsibility for promoting good mental health and addressing the causes of mental health inequalities, supporting groups who are particularly at risk. This includes marginalised groups who experience discrimination, racism or exclusion (social, political, economic or environmental) solely based on age, race, sex, sexual orientation, disability or other characteristics protected by the Equality Act 2010.

Experiencing minority stress, racism, discrimination and trauma has a significant negative impact on mental health and wellbeing and can disproportionately impact lesbian, gay, bisexual, transgender and intersex (LGBTI) people, minority ethnic groups, and disabled people. LGBTI and minority ethnic people also have reported that staff can lack cultural competency, sensitivity and understanding of their specific needs (Scottish Government & COSLA, 2023).

Services should be provided in a way which ensures that quality does not vary because of personal characteristics such as gender, or because of other protected characteristics, geographic location, or socio-economic status. This specification aims to reduce any unnecessary variability while acknowledging the diverse population needs of Scotland and the need for responsive implementation aligned with local models of delivery and partnership working.

1.3.8 Timeliness

Services should be offered in a timely manner. Rapid changes in mental state are often seen in perinatal mental illness and it is crucial that these are responded to with an appropriate level of urgency. Infant development in this period is also rapid and timescales need to be sensitive to any harm being caused in the context of the mother-infant relationship.

1.3.9 Effectiveness and Evaluability

The guidance within the Specification is underpinned by scientific knowledge and includes : the provision of evidence-based interventions (Royal College of Psychiatrists Centre for Quality Improvement (CCQI) **Standards for Community Perinatal Mental Health Services (2023) and Standards for Perinatal Inpatient Services** (2024), the **Royal College of Psychiatrists Council Report 232** and **SIGN 169 Perinatal Mental Health Conditions**. Services should regularly monitor outcomes, including timeliness, patient satisfaction and the effectiveness of interventions offered.

1.4 Perinatal Mental Health Conditions

1.4.1 Mental distress and illness are common in pregnancy and the first postnatal year, affecting up to one in 5 women, and the period after childbirth is a uniquely vulnerable time for development of severe mental illness for certain groups of women (Langan Martin et al, 2016). In Scotland, it is estimated that:

Around 11,000 women a year would benefit from help such as counselling. Many of these women experience anxiety and low mood but may not appear to reach thresholds for referral to specialist services.

Around 5,500 women may require more specialist help and require rapid access to psychological assessment and treatment within psychological services.

Around 2,250 women will experience severe illness, requiring specialist PMH services, with a small number of them needing inpatient care or the provision of enhanced community care.

1.4.2 The consequences of perinatal mental illness may be severe. Mental health related deaths are now the leading cause of maternal death in the first postnatal year (Cantwell et al, 2021). There is strong evidence that untreated maternal mental illness may adversely affect the mother-infant relationship and infant development (Stein et al, 2014). Fathers, partners and co-parents may also be more vulnerable to illness at this time.

1.4.3 Those working with pregnant and postnatal women in both universal (for example, midwifery and health visiting) and specialist services have a unique opportunity to prevent the development of illness in some women at highest

risk and to improve outcomes for children growing up. There is good evidence that early intervention has better, and more cost-effective outcomes than later attempts to address child mental health problems.

1.4.4 In community services, there is a need to respond rapidly to the timescales imposed by pregnancy and critical developmental stages in early infancy.

1.5 Perinatal Mental Health Services

NHS Scotland Perinatal Mental Health Services (PMHS) include both community and inpatient services. Ideally these clinical teams are multidisciplinary and/or multiagency and include nurses, nursery nurses, psychiatrists, psychologists, occupational therapists, parent-infant therapists, peer support workers and social workers. However, in small health boards they may be comprised of only one or two practitioners, who may require input from regional colleagues. Organisationally, these smaller teams often sit within, or are aligned to adult mental health services.

1.5.1 All mothers, infants and families should receive support and services that are appropriate to their needs, with both community and inpatient assessment and care being available in a timely manner. For most people, that support is most likely to be provided in the community (by Community Perinatal Mental Health Teams - CPMHTs), though a small number of women will require inpatient care (in a Mother and Baby Unit (MBU)).

1.5.2 All perinatal mental health services sit within a pathway of mental health support and care for women, infants and families affected by maternal mental ill health, which should include universal maternity, health visiting, Family Nurse Partnership, primary care services, local authority provision, third sector support and other specialist provision including maternity and neonatal psychological interventions (MNPI) teams, infant mental health (IMH) teams, adult mental health and Child and Adolescent Mental Health Services (CAMHS). Referrals to PMHS may also come from acute mental health services or crisis support services. There should be close working relationships with these, and with local authority social work and early years services, and third sector social care partners, to ensure that care is seamless and follows the woman's and infant's journey from preconception through to postnatal care, with the service most appropriate to their needs providing a timely response.

1.5.3 PMHS will also support professionals in other services through consultation, advice, training and, where appropriate, supervision to ensure women and infants receive informed mental health and relationship care at all points in their journey, with well-managed transitions to and from specialist PMH services.

1.5.4 PMHS will accept referrals from universal health professionals and specialist services professionals involved in preconception, maternity, neonatal and postnatal care of women who meet agreed referral criteria for PMHS. In general, referral criteria reflect those for adult mental health services, but thresholds should be altered to take into account:

i. The modifying effects of pregnancy and infant care on mental illness
ii. The need to address the mother-infant relationship and promote infant development
iii. The need to provide preventative assessment and interventions for currently well women at high risk of postpartum severe mental illness

1.5.5 PMHS should assess and care for women and their infants during pregnancy and to the end of the first postnatal year, where clinically indicated. Decisions on transitions of care back to other services, where required, should be based on clinical need in line with best practice principles. It may be appropriate for patients to be transferred to another service earlier in the postnatal period, or later than one year post-delivery, depending on individual clinical need. The needs of the infant should always be given due priority.

1.5.6 PMHS should work in collaboration with other specialist services, where they exist, for women with distinctive needs such as those who are care-experienced, neurodivergent or learning disabled or who have specific conditions requiring specialist input, such as eating disorders. Those under 18 may require a particular developmental approach which could be enhanced by the involvement of CAMHS clinicians. PMHS would not routinely provide care for women with a primary substance use disorder unless there is significant comorbidity. In response to the **Supporting Women, Reducing Harm report** (2021), best practice guidelines are being prepared by the Scottish Government.

1.5.7 Community Perinatal Mental Health Teams (CPMHTs) are multidisciplinary teams which provide:

i. Prevention, detection, care and treatment of new or pre-existing moderate to severe mental illness occurring in women during pregnancy or the first postnatal year
ii. Preconception advice for women at high risk of severe postpartum mental illness
iii. Assessment and facilitation of the mother-infant relationship and promotion of infant development in the context of maternal mental illness
iv. Mental health liaison to maternity services in relation to the acute presentation of mental illness, or where there is an identified care plan / risk. This is distinct from the psychological assessment and interventions provided by maternity and neonatal psychological interventions (MNPI) teams to mothers and fathers in the perinatal period.

1.5.8 CPMHTs have a responsibility to work collaboratively to ensure that all women and infants who require it have access to specialist advice and care. This may be achieved through regional working. This also applies to pathways to inpatient care.

1.5.9 MBUs are staffed by multidisciplinary teams which provide:

i. Assessment, care and treatment of severe mental illness occurring in women during pregnancy or the first postnatal year

ii. Assessment and facilitation of the mother-infant relationship and promotion of infant development in the context of maternal mental illness

1.5.10 Where women require inpatient care, they should be admitted with their infants, only if satisfied that doing so would be beneficial to the wellbeing of the child, to facilities that can ensure the baby is safely cared for, avoiding disruption to the developing mother-infant relationship. This is a legal requirement in Scotland (Mental Health (Scotland) Act, 2015). Clear protocols should be in place, in collaboration with social work, detailing issues around parental responsibility and duty of care by staff to the infant.

1.5.11 MBUs can admit women with moderate to severe mental illness from 32 weeks of pregnancy, or earlier in pregnancy if clinically indicated. They also admit women at risk of recurrence of serious mental illness in the early days after delivery.

1.5.12 MBU patients receive a comprehensive mental health assessment. This includes consideration of the patient's mental health and medication, and their psychosocial and psychological needs including an activity of daily living assessment as soon as is practically possible. Patients should also have a comprehensive physical health review.

1.5.13 The health of the infant and the quality of care given by the mother should be assessed promptly. The assessment of the mother-infant relationship will take place over a longer period. The environment should conform to UNICEF Baby-Friendly recommendations (United Nations Children's Fund UK, 2017).

2. Service Specification

> **"I should have the right to good care from NHS Scotland for me, my baby and my family.**
>
> The Women and Families Pledge (see Appendix 1) and the Infant Pledge (see Appendix 2).

2.1 Leadership and Governance

Clear and effective clinical and managerial leadership is essential in setting professional expectations, creating a culture of respectful care and ensuring that the service is responsive to the complex needs of women, infants and families.

2.1.1 Health boards should demonstrate robust governance arrangements, with clear lines of accountability, covering all aspects of the woman and infant's journey.

2.1.2 Health boards should demonstrate a commitment to quality planning and assurance through:

i. effective data collection, including data on health inequalities
ii. involving women with living/lived experience at both multi-disciplinary team and leadership level to meaningfully shape service design and delivery
iii. local and national benchmarking against agreed outcomes
iv. clear alignment of strategic policy objectives and implementation strategies, and routine monitoring of women's and infants' outcomes to inform interventions

2.1.3 Health boards should demonstrate a commitment to international human rights conventions by:

i. taking a rights-based approach to service planning and delivery
ii. routinely informing women and families of their rights and providing comprehensive training to staff on upholding people's rights, which is updated when necessary and appropriate to their role and setting
iii. recognising and prioritising the rights of infants and children of women who are engaged with services, with child rights and wellbeing impact assessments (CRWIA) being used to demonstrate rights-based practice.

2.1.4 Women and families are given meaningful opportunities to participate in the design and evaluation of perinatal mental health services, and health boards can demonstrate where this feedback has resulted in change. This may include involvement in the recruitment and appointment of staff and

the design, delivery and/or evaluation of staff training. Support and training would be required for this role.

2.1.5 There are clear and structured risk management and adverse events processes, which take into account the distinctive risks presenting in the perinatal period and recognise the importance of clinician input to decision making. They include:

i. accountability and responsibility arrangements for reporting any risks, including monitoring women and infants at risk
ii. accountability, responsibility and a consistent approach to reporting adverse events, including a documented escalation process for adverse events
iii. organisational learning from adverse events.

2.1.6 Information management structures and governance processes are in place to support:

i. national data collection (PMH National Dataset), benchmarking, and performance to improve patient safety and quality of care
ii. referral and engagement monitoring to ensure that services reach all groups within its local population
iii. the routine sharing, with fully informed consent, of identifiable personal healthcare data between care providers, and the effective collation of anonymised data in support of care governance.

2.1.7 Health boards support and encourage quality improvement including service evaluation, audit, and research to develop and share best practice.

2.1.8 There is regular review and audit of clinical environment and resources, making sure these are accessible for those with protected characteristics, sensory, and communication differences, and suitable for infants and, where appropriate, older siblings.

2.1.9 There are agreed pathways and processes, developed with women and families with living/ lived experience, to ensure:

i. accessible and responsive care
ii. information is shared appropriately between public health and primary care, secondary care, maternity services, third sector, local authority, and independent healthcare sector services
iii. there are resilience plans for service disruption
iv. there is clear communication of risk assessments and risk management plans for both mother and infant and onward referral for management and support as necessary

v. prioritisation of those most in need (including those who may be currently well but at high risk of significant illness)

vi. individuals with co-occurring considerations such as substance use problems and neurodivergent individuals, and those with complicated pregnancies or postnatal care, are adequately and appropriately supported, with appropriate signposting to additional areas of support, including the third sector, as necessary.

2.2 Service structure

Services should be designed to prioritise the safety and welfare of women, children and families and to provide seamless, joined-up care.

2.2.1 Provide access to and liaison with expert perinatal community mental health assessment and care on a regional basis where a local service has limits to its specialist perinatal mental health provision (e.g., for small/island boards providing a regional model of community perinatal mental health team response).

2.2.2 Have well-developed relationships with regional Mother and Baby Unit teams to ensure clear pathways to referral, and that inpatient care can be accessed in a timely manner if required. These should be underpinned by service level agreements between local boards and those hosting an MBU.

2.2.3 Ensure joint protocols and clear pathways of care with other mental health teams likely to be involved in shared care of pregnant or postnatal women, or who have a distinctive expertise essential to good patient care. These may include (but not be limited to) community adult mental health teams, CAMHS, unscheduled mental health care services, liaison psychiatry, eating disorders, learning disability, neurodiversity and addictions services.

2.2.4 Ensure joint protocols and clear pathways of care with other professionals who have an enhanced perinatal mental health role, e.g., perinatal mental health midwives, specialist health visitors, family nurse practitioners, specialist obstetricians, Maternity and Neonatal Psychological Interventions and Infant Mental Health services.

2.2.5 Ensure close working relationships and clear pathways of care with all professionals (maternity and neonatal services, primary care, health visiting, social work teams) involved in the women's and infants' journey of care. Multiagency meetings should be held if indicated.

2.2.6 Clear protocols are in place to manage:

- risk and safety in relation to the mother and infant, and
- unattended appointments.

2.3 Access to Care

PMHS should provide a range of expert interventions to women, infants and families and should liaise with other providers to ensure that expert assessment and care is built around the woman's and infant's journey of care.

2.3.1 Clearly describe the roles of all professionals in PMHS and what women and families should expect of them.

2.3.2 Provide assessments and interventions which are evidence-based, trauma-informed and follow recommended practice.

2.3.3 Ensure that a range of interventions are available, including but not limited to, psychological therapies, activity-based interventions, group work and pharmacological treatment.

2.3.4 Use the **Scottish Perinatal Mental Health Care Pathways**, upon which to base local pathways, adapting to take into account local relationships and need.

Women who are at the greatest risk of developing new or recurring mental illness in pregnancy or the postnatal period should have access to expert advice on pregnancy planning, medication management and ways of reducing risk.

2.3.5 Provide women and their partners with expert preconception advice on risks associated with pre-existing mental illness, and the benefits and risks associated with medication and other interventions to both mother and infant, particularly regarding pregnancy and breastfeeding.

2.3.6 Ensure that advice is provided in a range of ways that allows women and their families to make informed choices about their care.

2.3.7 Provide advice and support to other professionals involved in the woman's and infant's journey of clinical care so that they can make informed decisions on referral into specialist care.

Psychological and other psychosocial interventions have an important role in overall management for many women experiencing perinatal mental ill health and for facilitating the parent-infant relationship. Given the particular time constraints of pregnancy and infant development, it is critical that they can be offered in a timely fashion.

2.3.8 Ensure that women, their infants and families have access to a range of individual, group, parent-infant, couple and family psychological interventions, delivered by staff with the appropriate training, skills and supervision.

2.3.9 Provide prompt access to psychosocial assessment and commencement of therapy, where indicated, aiming to begin therapeutic interventions within 6 weeks of referral.

2.4 Care of the Infant

PMHS have an absolute duty to safeguard the infant and ensure their needs are met, including supporting the developing relationship between them and their parents/ carers.

2.4.1 Ensure that, in line with the national practice model (GIRFEC), the physical, emotional, developmental and welfare needs of infants are identified and addressed at all times.

2.4.2 Have clear protocols and pathways to safeguard the infant, including staff awareness of how to access advice on the infant's wellbeing and welfare, and where required, child protection advice and assessment.

2.4.3 Ensure that the parent-infant relationship is assessed, supported and enhanced throughout contact with the service.

2.4.4 Ensure that, in inpatient settings, the infant's contact with both parents, siblings and other close family members is maintained as far as possible. Family friendly spaces should be available for family time.

2.4.5 Ensure good working relationships and clear pathways are in place with primary care, health visiting, social work, infant mental health services and, where appropriate, paediatric and child development services, to address the physical, emotional and developmental needs of the infant.

2.5 Interfaces, Transitions and Joint Working

Perinatal mental health care inevitably requires joint working with partner agencies. The experience of care should be as seamless as possible, and women should always be clear about who is co-ordinating their care.

2.5.1 Services ensure that transition protocols are in place to support effective communication between those services. This includes external and internal service transitions with clear lines of responsibilities to support safe and coherent care. This should be supported by appropriate awareness-raising and the delivery of training to those in other services.

2.5.2 Services ensure that both joint working and transfers of care occur in a manner that is as seamless as possible for the woman, her infant and family.

This applies to:

- transfers of care between MBUs and other adult mental health inpatient facilities
- transfers of care between CPMHTs and MBUs
- joint working and transfers of care between PMHS and other mental health services
- joint working and transfers of care between PMHS, universal health services and social work.

2.5.3 Perinatal mental health services should collaboratively develop a written transition or discharge plan with the woman (and her family where appropriate) and provide information and advice around transitions of care.

2.5.4 Discharge planning from an MBU setting should begin at admission and should ensure active collaboration with the local CPMHT, midwife and/or health visitor, and social work where relevant. This should include attendance at regular MBU meetings (in person or virtually) and collaborative leave planning.

2.5.5 Where a woman has ongoing mental health needs requiring secondary mental health care intervention, transition planning from CPMHT care should begin no later than the ninth postnatal month.

2.5.6 Timing of discharge from CPMHT care should take into account ongoing clinical interventions and who is best placed to deliver them, including the need for continuity of care and ongoing infant needs. For this reason, services must show flexibility which may include extending care for a period of time beyond the first postnatal year where clinically indicated.

2.5.7 Ongoing mental health care should take account the possibility of future pregnancies and include planning for this. Any discharge or transition care plan should include information on risk and supports in relation to future pregnancies.

2.6 Workforce, Education and Training

Staff working with women, their infants and families must have the knowledge, skills and attitudes which allows them to delivery safe, high quality, person-centred, respectful care. Sufficient workforce levels, professional mix and support for continuing professional development are essential to maintenance of a high-quality workforce.

2.6.1 Ensure that Delivering Effective Services and other perinatal-specific workforce guidance is taken into account in determining staffing levels. Where possible, ensure that an appropriate professional mix and range of skills necessary to deliver recommended evidence-based interventions for the mother, the mother-infant relationship, the infant and wider family are provided.

2.6.2 Ensure that team members are appropriately trained, based on recommendations in the NHS Education for Scotland **Perinatal Mental Health Curricular Framework**, and have acquired the knowledge, skills and attitudes necessary to provide specialist assessment and care for women with mental ill health, and their infants.

2.7 Shared and Supported Decision Making

Perinatal mental health services should work collaboratively with women, their infants and families. This is particularly important in recognising and respecting the important role that patients have as parents, and where women face difficult decisions regarding the balance of benefits and risks of interventions.

2.7.1 Ensure that women and families are provided with information in a format and language that best suits their needs on the nature of the service, the assessment process, and the range of interventions available.

2.7.2 Ensure that women receive information on the outcome of any assessment and who will be involved in her (and her infant's) care. Usually this should be by writing/communicating directly with the woman herself.

2.7.3 Assist women to make informed choices about their care, and that of their infant, based on the information provided.

2.7.4 Ensure that women are involved in all decisions and plans that affect them, their pregnancy and their infant. This should include the joint development of care plans for both if required.

2.7.5 Involve women and families in the design, planning, delivery and review of services.

Services must be particularly sensitive in ensuring non-judgemental, compassionate and supportive engagement, recognising that the perinatal period can be a time when women feel more judged, including by professionals involved in their care.

2.7.6 Recognise the varying cultural, societal and religious differences influencing approaches to pregnancy, childbirth and infant care, and respect parents' autonomy and choices in their parenting styles, while always prioritising child wellbeing and welfare.

2.7.7 Understand that the perinatal period may be experienced as a stigmatising time for women and ensure that women experience a supportive, non-judgemental approach.

2.7.8 Ensure that informed consent on information sharing, and its limits, in relation to the woman and to her infant, is clearly explained and documented.

2.7.9 Ensure that women and families are aware of independent advocacy services, and of the roles of the Mental Welfare Commission for Scotland and of the Children's Commissioner, and are supported to make contact where required.

Partners and other family members often have an important part to play in supporting the woman and aiding her recovery. Those working in PMHS should engage with them and support them in this role and help them get support for themselves if required.

2.7.10 Ensure that partners and other family members are provided with information in a variety of formats (including alternative languages where appropriate) which allows them to support the woman, with her consent.

2.7.11 Ensure that partners and close family members are listened to by services and, with the woman's consent, can contribute to her care plan.

2.7.12 Explore with partners and close relatives whether they themselves have any additional mental health or social care needs and direct them to appropriate supports if required.

2.7.13 Ensure that fathers/partners/those with parental rights are supported to be fully involved in their infant's care, particularly when a woman and infant are admitted to inpatient care.

Acknowledgements

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References

Cantwell R, Cairns A, Bunch K and Knight M on behalf of the MBRRACE-UK mental health chapter-writing group. Improving mental health care and care for women with multiple adversity. In Knight M, Bunch K, Tuffnell D, Patel R, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2021: p34-51. Access at: **https://www.npeu.ox.ac.uk**

Langan Martin J, McLean G, Cantwell R, Smith DJ. Admission to psychiatric hospital in the early and late postpartum periods: Scottish national linkage study. BMJ Open 2016;6:e008758. doi:10.1136/bmjopen-2015-008758

MBRRACE (2024) Saving Lives, Improving Mothers' Care. Access at: **https://www.npeu.ox.ac.uk**

National Institute for Health and Care Excellence (2014, 2020) Antenatal and postnatal mental health: Clinical management and service guidance (update). (Clinical Guideline 192.) Access at: **https://www.nice.org.uk/guidance/cg192**

NHS Scotland (2023) The Charter of Patient Rights and Responsibilities. Access at: **https://www.gov.scot/publications/charter-patient-rights-responsibilities-revised-june-2022/documents/**

Perinatal Mental Health Network Scotland (2024) The Women and Families Maternal Mental Health Pledge. Access at: **Women and Families Maternal Mental Health Pledge**

Perinatal Mental Health Network Scotland & NHS Education for Scotland (2018) Perinatal mental health curricular framework: a framework for maternal and infant mental health. Access at: **Perinatal mental health curricular framework : a framework for maternal and infant mental health | Turas | Learn (nhs.scot)**

Perinatal Mental Health Network Scotland (2019) Delivering effective Services: Needs Assessment and Service Recommendations for Universal and Specialist Perinatal Mental Health Services. Access at: **Delivering Effective Services**

Perinatal Mental Health Network Scotland (2020) The Community Perinatal Mental Health Team (CPMHT) Service Development Guide. Access at: **https://www.nn.nhs.scot/pmhn/wp-content/uploads/sites/11/2020/07/PMHNS-CPMHT-service-development-guide.pdf**

Perinatal Mental Health Network Scotland (2021) The Scottish Perinatal Mental Health Care Pathways. Access at: **Scottish Perinatal Mental Health Care Pathways**

Perinatal Mental Health Network Scotland (2021) The Perinatal Mental Health Role Definitions. Access at: **https://www.nn.nhs.scot/pmhn/professionals/delivering-effective-services/**

Perinatal Mental Health Network Scotland (2021) Supporting Women, Reducing Harm: Review of services for substance-using women and their infants in pregnancy and the postnatal period. Access at: **SUPPORTING-WOMEN-REDUCING-HARM-Report-V1.pdf (nhs.scot)**

Scottish Intercollegiate Guidelines Network (2023) Perinatal Mental Health Conditions: a national clinical guideline. Access at: **SIGN 169 Perinatal Mental Health Conditions**

Scottish Government (2014) Children and Young People (Scotland) Act 2014. Access at: **Part One:Services In Relation To Children At Risk Of Becoming Looked After And The Legal Framework - Children and Young People (Scotland) Act 2014: National Guidance on Part 12: Services in relation to Children at Risk of Becoming Looked After, etc - gov.scot**

Scottish Government (2015) Mental Health Act (Mental Health (Care and Treatment) (Scotland) Act 2003, as amended by the Mental Health (Scotland) Act 2015. Access at: **Mental Health (Scotland) Act 2015**

Scottish Government (2022) Creating Hope Together - Scotland's suicide prevention strategy 2022 to 2032. Access at: **https://www.gov.scot/policies/mental-health/suicide/**

Scottish Government (2023a) Voice of the Infant: Best Practice Guidelines and Infant Pledge. Access at: **Infant Pledge**.

Scottish Government & COSLA (2023) Scotland's Mental Health and Wellbeing Strategy. Access at: **Mental health and wellbeing strategy - gov.scot (www.gov.scot)**

Scottish Government (2023b) Core Mental Health Standards. Access at: **Core mental health standards - gov.scot (www.gov.scot)**

Scottish Government (2023c) Getting it Right for Every Child (GIRFEC). Access at: **Getting it right for every child (GIRFEC) - gov.scot (www.gov.scot)**

Scottish Government (2023d) Community Perinatal Mental Health Services: briefing paper for boards. Guidance for Delivering Effective Services recommendations on regional approaches to specialist community perinatal mental health service provision. Access at: **https://www.gov.scot/publications/delivering-effective-services-needs-assessment-service-recommendations-specialist-universal-perinatal-mental-health-services/documents/**

Scottish Government (2023e) Roadmap for Creating Trauma-Informed and Responsive Change - Guidance for Organisations, Systems and Workforces in Scotland. Access at: **Implementation - National Trauma Transformation Programme**

Scottish Government (2024) UNCRC (incorporation) (Scotland) Act. Access at: **United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 (legislation.gov.uk)**

Stein A, Pearson RM, Goodman SH, Rapa E, Rahman A, McCallum M, Howard LM, Pariante CM. Effect of perinatal mental disorders on the fetus and child. Lancet 2014;384:1800-19

The Promise Scotland. (2020) The Promise (Independent Care Review). Access at: **https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf**

The Royal College of Psychiatrists Centre for Quality Improvement (2023) Standards for Community Perinatal Mental Health Services. Access at: **Royal College of Psychiatrists Centre for Quality Improvement (CCQI) Standards for Community Perinatal Mental Health Services**

The Royal College of Psychiatrists Centre for Quality Improvement (2024) Standards for Perinatal Mental Health Inpatient Services. Access at: **Standards for Perinatal Inpatient Services**

The Royal College of Psychiatrists (2021) Perinatal Mental Health Services: Recommendations for the provision of services for childbearing women. Access at: **Royal College of Psychiatrists Council Report 232**

United Nations Children's Fund UK. (2017) Guide to the UNICEF UK Baby Friendly Initiative Standards, 2nd ed. London: UNICEF.

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