

The Competency Framework  
for Professionals working with Women who have  
Mental Health Problems in the Perinatal Period

**This original version of the framework produced by the Tavistock & Portman NHS Foundation Trust a PDF version is for reference only and has been superseded.**

**The up to date version can be found here:**

**<https://perinatalcompetency.e-lfh.org.uk/>**

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The Tavistock and Portman NHS Foundation Trust



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## About this framework

This competency framework has been developed for all staff working to support mothers and families across the perinatal care pathway, from preconception to postnatal care. It is designed to increase general awareness of perinatal mental health disorders and associated care skills, supporting advanced and specialist practice. It has been developed to standardise competencies for perinatal mental health practice across England. This will help to ensure the workforce is confident and suitably skilled to identify need and deliver care to women who have mental health problems during the perinatal period, thereby increasing access to appropriate evidence-based treatment for thousands of women, as outlined in the Five Year Forward View (NHSE, 2014).

Competencies are the skills, knowledge and behaviours that deliver high quality care and enable the continuous improvement of services. This framework lists a number of competencies over two or three levels in eight domains. Generally the three levels distinguish between (1) general knowledge and skills, (2) advanced knowledge and skills, and (3) the knowledge and skills required to supervise and manage. Over time, this competency framework will be used for recruitment, performance management, training and development, and discussions about career progression. The framework will inform training provision for all professions working in perinatal mental health. These competencies also build on the foundation values for all NHS professionals, helping them work together to put patients first, to respect and value all the people they care for and work with, to create commitment to the delivery of high quality, compassionate perinatal mental health care, to continually improve health, wellbeing and the patient experience, and ensure everybody benefits from NHS care.

Whilst this framework is being developed, there are only three actions you need to take –

1. Review the competencies that relate to your job level and comment on your level of competence.
2. Make a note of any gaps in competence and outline plans to address these gaps.
3. Submit this document to a line manager/team leader. As this is a pilot it would be helpful to include any comments about the ease of use and/or suggestions for improvement.

**Please note that this framework does not supersede core professional competencies but should be used alongside them. Standard competencies around information governance, safeguarding, managing risk, equality and diversity, communication and professional standards may not be repeated, but are crucial to good perinatal mental health care. Furthermore, professional groups may have additional specific competency sets that are not covered in this framework and this document needs to be used alongside them.**



Thank you for your time in testing the competency framework and participating in the pilot phase

Your contribution is greatly appreciated and will help us develop the framework as a helpful resource for all practitioners



## Core competency – The ‘Perinatal Frame of Mind’

This domain sets out components of best practice when working with women and their families in the perinatal period and is relevant to all of the other domains. These competencies should be considered throughout every stage of perinatal care, from preconception to one year after birth. There are two levels: 1) ability to demonstrate the competency and 3) to teach and supervise that competency. Both levels are crucial in ensuring that services have competent perinatal practitioners and their work can be supervised and continued after training courses have been completed.

Level 1	Level 3
<b>The ‘Perinatal Frame of Mind’</b>	<b>Supervision</b>
<b>C.01</b> Ability to think about the mother’s needs, the infant’s needs, and the mother-infant relationship, as three distinct areas of interest for health and wellbeing.	<b>C.13</b> Ability to supervise practitioners who are caring for women with mental health problems during the perinatal period, holding in mind the needs of mother, the infant, the mother-infant relationship, and the needs of/relationship with the father/partner.
<b>C.02</b> Awareness of a tendency in some services/professionals to focus exclusively either on the mother or infant’s wellbeing, and an ability to challenge that view when appropriate.	<b>C.14</b> Ability to reflect on and manage the emotions created by dealing with mothers, infants, fathers/partners and their relationships, and managing staff who are also dealing with these same issues.
<b>C.03</b> Ability to ask about the mother’s mental health and the infant’s mental health, and then the relationship between the two.	<b>C.15</b> Ability to guide supervisees or staff towards more ‘joined-up’ thinking in terms of mother, infant, mother-infant relationship and the needs of and relationship with the father/partner.
<b>C.04</b> Ability to help the mother consider how her mental health may affect her relationship with her infant.	



Level 1	Level 3
	<b>Leadership</b>
<b>C.05</b> Ability to understand the father/partner’s mental health, and the effect this will have on the mother and the infant.	<b>C.16</b> Ability to communicate this frame of mind and understanding of mother/infant/partner relationships to other professionals from both clinical and non-clinical backgrounds.
<b>C.06</b> Ability to think about the effect of the pregnancy on the father and other family members’ mental health and wellbeing.	<b>C.17</b> Ability to use this knowledge to build bridges between services and encourage greater awareness of the complexity involved in working with women during the perinatal period.
<b>C.07</b> Awareness of how an absent father/partner, or lack of support from the family, may affect the mother and infant’s mental health and their relationship.	<b>C.18</b> Ability to facilitate clinical or work discussion groups relating to this work.
<b>C.08</b> Ability to consider mental wellbeing and mental health disorders in the context of the mother and partner’s race, culture, religion, socio-economic situation, sexuality and/or other ‘protected characteristics’ (Equality Act, 2010).	
<b>Professional support</b>	



Level 1	Level 3
<b>C.09</b> Ability to reflect on and manage the emotional demands of the mother, infant, father/partner and wider family.	
<b>C.10</b> Ability to reflect on changes in one's own emotions generated by the complex task of considering the above.	
<b>C.11</b> Ability to share the emotions and possible anxieties generated with a colleague or supervisor in a suitably confidential manner.	
<b>C.12</b> Ability to refer the mother, father or other family members to appropriate specialist services when required.	





## Domain 1 – Common emotional and physiological changes

Understanding common physical and psychological changes during pregnancy and the first postnatal year is important for both parents. As a professional working with women during the perinatal period you need to have an awareness of what these changes are and be able to offer information and support to both parents, as required. An understanding of these changes will help you identify any risks or abnormal changes, and to act appropriately on any concerns.

Level 1	Level 2	Level 3
<b>1.01</b> Ability to ask women sensitively if they are pregnant (or might be pregnant) or whether they are planning a family.	<b>1.23</b> Knowledge that women with mental health disorders of a childbearing age are more likely to have unexplained pregnancies, be unaware of pregnancy and unwilling to disclose.	<b>1.38</b> Ability to support women and their partners in planning for first pregnancy or future pregnancies, including weighing up the risks and challenges associated with their mental health disorders, their physical state, their prescribed medication and its effects.
<b>1.02</b> Ability to discuss contraception sensitively with a woman who has a mental health disorder.	<b>1.24</b> Knowledge that women with mental health disorders may be vulnerable in sexual relationships.	<b>1.39</b> Ability to help women evaluate the likely impact of a current pregnancy/baby/future pregnancies on their mental health.
<b>1.03</b> Knowledge of who and where to signpost women for contraceptive advice in their region.	<b>1.25</b> Ability to help a women with a pre-existing mental health disorder, or mental health problem that arises during pregnancy, plan for the future and possible care of their baby.	<b>1.40</b> Ability to support women and their partners in thinking about and making choices about obtaining appropriate contraception. This should include being able to take into account how a mental health disorder may affect decision making.



Level 1	Level 2	Level 3
<p><b>1.04</b> Ability to support women in thinking about and accessing advice about contraception.</p>	<p><b>1.26</b> Knowledge of ways breastfeeding may have an impact on the mother’s wellbeing and mental health.</p>	<p><b>1.41</b> Detailed knowledge of physical changes of pregnancy, childbirth and the postnatal period. Knowledge of routine midwifery and obstetric management of pregnancy and childbirth.</p>
<p><b>1.05</b> Knowledge of common physical changes during pregnancy, childbirth and the postnatal period (including breastfeeding) and ability to discuss them with women and families.</p>	<p><b>1.27</b> Knowledge of issues related to an infant’s crying, how to support mothers and families to manage this, and where to refer for extra support.</p>	<p><b>1.42</b> Ability to support women with physical changes in the perinatal period in the context of their mental health problems (e.g. maternal anxiety about fetal movements; managing pregnancy fatigue in the context of depression; physical effects of medication, hypertension, gestational diabetes, obesity etc).</p>
<p><b>1.06</b> Knowledge of how breastfeeding may have an effect on a woman’s wellbeing and mental health.</p>	<p><b>1.28</b> Knowledge of all common physical complications related to pregnancy, childbirth and the postnatal period.</p>	<p><b>1.43</b> Ability to assess a woman’s capacity to make decisions about her medical care, and understanding that this may vary depending on the nature and severity of her disorder, the decision to be made, the opinions of those close to her and cultural factors.</p>
<p><b>1.07</b> Ability to support women with mental health problems in deciding what kind of feeding works best for them and their baby (breast, bottle or mixed).</p>	<p><b>1.29</b> Ability to support mothers who decide not to or are unable to breastfeed, including an awareness of the impact this may have on their mental health.</p>	<p><b>1.44</b> Detailed knowledge of physical complications of pregnancy, childbirth, the postnatal period and the obstetric management of these.</p>



Level 1	Level 2	Level 3
<p><b>1.08</b> Knowledge of changes to daily routine that often take place in the perinatal period and ability to discuss them with women and families (e.g. stopping work for maternity leave, changes to maternal sleep patterns during pregnancy, and with a young baby, and the changes in lifestyle associated with putting the infant's needs first).</p>	<p><b>1.30</b> Ability to work with couples to help them manage changes in roles and routines in the transition to parenthood.</p>	<p><b>1.45</b> Ability to support women experiencing physical complications in the perinatal period in the context of pre-existing or new mental health problems.</p>
<p><b>1.09</b> Knowledge of key developmental milestones of the first year (e.g. smiling, weaning, crawling, development of language, infant feeding and sleep patterns) and ability to explain these to women and families.</p>	<p><b>1.31</b> Knowledge of child development including when to refer (e.g. developmental delay) and ability to explain this sensitively to parents.</p>	<p><b>1.46</b> Ability to work compassionately with couples/individuals who are making a decision about whether or not to continue with a pregnancy, and understanding the cultural beliefs that may impact on this decision.</p>
<p><b>1.10</b> Knowledge of potential signs of child abuse and neglect, safeguarding guidance and what action to take, including possible referral to other services and ability to discuss issues with other practitioners where appropriate.</p>	<p><b>1.32</b> Ability to support women in addressing lifestyle factors in the perinatal period in the context of mental health problems, and explain the potential effects they can have.</p>	<p><b>1.47</b> Knowledge of psychological responses to termination of pregnancy either recently or in the past.</p>
<p><b>1.11</b> Knowledge of the most common features and possible complications of pregnancy, childbirth and the postnatal period, including nausea, fatigue, raised heart rate, infant crying and ability to refer more complicated issues such as hypertension and gestational diabetes to the</p>	<p><b>1.33</b> Ability to identify the signs of potential domestic abuse.</p>	<p><b>1.48</b> Ability to support women and their partners following termination of pregnancy (including late termination of pregnancy for medical reasons).</p>



Level 1	Level 2	Level 3
appropriate professional.		
<p><b>1.12</b> Knowledge of the effects of lifestyle factors such as diet, exercise, smoking, alcohol and substance use/misuse on mother and baby during pregnancy and the postnatal period.</p>	<p><b>1.34</b> Ability to help women disclose the possibility and risks of domestic abuse.</p>	<p><b>1.49</b> Ability to work compassionately with parents in relation to fetal screening and fetal anomaly.</p>
<p><b>1.13</b> Knowledge of services available for smoking cessation and alcohol/substance use in pregnancy and how to refer to them.</p>	<p><b>1.35</b> Ability to elicit expectations and beliefs the woman may have about pregnancy, childbirth and becoming a mother, and understand how these may relate to the woman’s psychological adjustment during this time.</p>	<p><b>1.50</b> Ability to support women and their partners and provide compassionate care following miscarriage, still-birth and neonatal death.</p>
<p><b>1.14</b> Knowledge of the potential signs, incidence and impact of domestic abuse or violence in the perinatal period and ability to discuss sensitively.</p>	<p><b>1.36</b> Ability to elicit pre-existing beliefs, expectations, assumptions, past history of trauma, and cultural factors which may affect the adjustment to pregnancy.</p>	<p><b>1.51</b> Ability to support women following premature delivery or where the baby has a disability.</p>
<p><b>1.15</b> Knowledge of services available for women who disclose domestic abuse or violence and how to refer them or help them to self-refer.</p>	<p><b>1.37</b> Knowledge of the role that obstetric history may play in shaping feelings about a current pregnancy and adjustment.</p>	<p><b>1.52</b> Knowledge of treatment/management of substance misuse in the perinatal period, particularly during pregnancy and how to monitor the newborn infant for withdrawal effects.</p>
<p><b>1.16</b> Knowledge that pregnancy, childbirth and a new baby are times of huge psychological, social and practical adjustment, and how these changes</p>		



Level 1	Level 2	Level 3
affect day-to-day life and relationships.		
<p><b>1.17</b> Knowledge that adjustment to pregnancy depends on the individual woman’s situation and context, in particular whether the pregnancy was planned or unplanned, wanted or unwanted, and whether she is supported or unsupported in her decisions around pregnancy.</p>		
<p><b>1.18</b> Knowledge that low levels of anxiety and/or low mood are common in pregnancy and postnatally.</p>		
<p><b>1.19</b> Ability to support women in managing low-level anxiety and mood.</p>		
<p><b>1.20</b> Ability to recognise when a woman’s mental health needs require onward referral to access support from specialist perinatal services or other services e.g. GP or IAPT.</p>		
<p><b>1.21</b> Knowledge of presentations which require urgent assessment for admission to specialist perinatal mental health services or secondary care e.g. postnatal psychosis, severe anxiety, severe depression, thoughts of harm to self,</p>		



Level 1	Level 2	Level 3
others or the baby.		
<b>1.22</b> Knowledge of the range of services available for women in the perinatal period in the locality, how to refer to them, and the ability to provide information about them to women and their families.		



## Domain 2 – Understanding perinatal mental health disorders

As a professional working with women who have mental health disorders during the perinatal period, it is important to be able to identify the various types of mental disorder and the treatments for each of these. It is also important to understand the link between physical illness and mental health disorders, in particular the impact that physical illness can have on mental health and presentation.

Level 1	Level 2	Level 3
<p><b>2.01</b> Awareness of common perinatal mental health conditions and when to ask for help with diagnosis and treatment.</p>	<p><b>2.10</b> Knowledge of different mental health disorders and how they present.</p>	<p><b>2.18</b> Comprehensive understanding of the subsets of each category of mental health disorder and how they present, including, but not limited to, the list below:</p> <ul style="list-style-type: none"> <li>• Organic mental health disorders</li> <li>• Mental and behavioural disorders due to psychoactive substances</li> <li>• Psychotic disorders (schizophrenias)</li> <li>• Affective disorders</li> <li>• Neurotic, stress-related and somatoform disorders</li> <li>• Eating disorders</li> <li>• Personality disorders</li> </ul>
<p><b>2.02</b> Awareness of the prevalence and likelihood of mental health conditions.</p>	<p><b>2.11</b> Understanding of the prevalence, causes and effects of each category of mental health disorder.</p>	<p><b>2.19</b> Understanding of the issues associated with intellectual impairment in the parent, for example with brain injury, learning disabilities, autistic spectrum disorders or disorders associated with childhood and adolescence (such as ADHD).</p>



Level 1	Level 2	Level 3
<p><b>2.03</b> Awareness of the bio-psycho-social and cultural factors associated with the presentation of all mental disorders.</p>	<p><b>2.12</b> Ability to identify the predisposing, precipitating and perpetuating aspects of the biological, psychological and social factors associated with perinatal mental health disorders.</p>	<p><b>2.20</b> Ability to complete a comprehensive mental state examination in all given scenarios.</p>
<p><b>2.04</b> Awareness that assessment of biological, psychological and social factors can be undertaken to diagnose, treat and manage perinatal mental health disorders.</p>	<p><b>2.13</b> Understanding of the different types of biological, psychological and social assessment and treatment options, and the ability to explain these to women and their families sensitively.</p>	<p><b>2.21</b> Ability to construct a working formulation of the aetiology of perinatal mental health disorders with respect to the various underlying biological, psychological and social factors. <i>(Note - Cross reference this to domain 6)</i></p>
<p><b>2.05</b> Awareness of the Mental Health Act (2014).</p>	<p><b>2.14</b> Broad understanding of how each type of perinatal mental health disorder will impact on the pregnancy.</p>	<p><b>2.22</b> Detailed knowledge of the treatment options available for different mental health disorders. This includes a comprehensive understanding of the pharmacodynamics and pharmacokinetics for each medication, and their likely side effects.</p>
<p><b>2.06</b> Awareness that perinatal mental health disorders have an impact on pregnancy.</p>	<p><b>2.15</b> Broad understanding of how each type of perinatal mental illness will impact on parenting.</p>	<p><b>2.23</b> Comprehensive understanding of how and when to order biological, social and psychological investigations.</p>
<p><b>2.07</b> Awareness that perinatal mental health disorders have an impact on parenting.</p>	<p><b>2.16</b> Broad understanding of the key types of physical illness that will impact on mental state and mental presentation.</p>	<p><b>2.24</b> Comprehensive understanding of how and when to initiate biological, social and psychological treatments.</p>





Level 1	Level 2	Level 3
<p><b>2.08</b> Awareness that physical illness will impact on mental health, and vice versa.</p>	<p><b>2.17</b> Broad understanding of the key developmental phases of the neonate, indicators of good health/poor health, what actions need to be taken and how to explain these to parents.</p>	<p><b>2.25</b> Comprehensive understanding of the Mental Health Act (2014) including, but not limited to, the details listed below:</p> <ul style="list-style-type: none"> <li>• MHA assessments</li> <li>• MHA rights and duties</li> <li>• The Children Act (1989)</li> <li>• Safe de-escalation and restraint (with a baby, during pregnancy and during labour)</li> <li>• Enforcing treatment (ethical and practical considerations during pregnancy and with a breastfeeding mother)</li> <li>• Mental Health Review Tribunals</li> <li>• S117 aftercare assessments</li> <li>• Consent to treat</li> <li>• Emergency treatment orders</li> <li>• Community treatment orders</li> <li>• Mental Capacity Act (2005) (including the impact on labour and delivery, impact on the care of the baby and impact on day to day functioning)</li> <li>• Disability and Discrimination Act (2010)</li> </ul> <p><i>(Note - Cross reference this item to domain 7)</i></p>
<p><b>2.09</b> Awareness of unique needs of neonates and key developmental checks that need to be undertaken, and anxieties parents can experience about this</p>		<p><b>2.26</b> Comprehensive understanding of the special circumstances of perinatal mental health disorder requiring further consideration such as:</p> <ul style="list-style-type: none"> <li>• The loss of a child (born or unborn)</li> <li>• Having a child with disabilities</li> <li>• Coping with labour while mentally ill</li> </ul>



Level 1	Level 2	Level 3
		<ul style="list-style-type: none"><li>• IVF/surrogate baby</li><li>• Same sex relationships</li></ul> <p><i>(Note - Cross reference to domain 5)</i></p>



## Domain 3 – Having an open conversation about mental health in the perinatal period

In order to help women and their partners feel safe discussing their difficulties during the perinatal period, professionals must understand and respect their individual needs while listening and talking in a compassionate, non-judgemental way. We must actively try to understand their experience and have the knowledge to assist them with issues where we can, but also be able to refer them for specialist care when necessary. All practitioners have a part to play in tackling the stigma around perinatal mental health disorders and encouraging women and their families to openly discuss mental health problems where appropriate.

Level 1	Level 2	Level 3
<b>3.01</b> Ability to put a woman at ease with a compassionate, empathic manner and to actively listen, respecting her individual needs and beliefs.	<b>3.06</b> Knowledge of the many factors, including cultural issues, that limit a woman’s disclosure of her mental health, including previous mental health care and treatment, current mental state, stigma, fear of judgement, anxiety about involvement of social services.	<b>3.12</b> Knowledge of techniques from different models of counselling and therapy: such as person-centred, solution-focused, CBT and psychodynamic.
<b>3.02</b> Ability to prepare women for parenthood by discussing the change in her priorities and the challenges she faces, and to encourage resilience by the building of social support structures and addressing lifestyle factors.	<b>3.07</b> Ability to discuss diagnoses with women and their families in a compassionate, non-judgemental way and offer the appropriate support.	<b>3.13</b> Understanding the evidence base for differing conditions in relation to each treatment modality, and ability to make a critical appraisal of this evidence.
<b>3.03</b> Ability to assess what individual support may be required for appointments and consultations, working with the family, advocacy services, interpreters and translators if needed. <i>(Note - Cross reference to domain 5)</i>	<b>3.08</b> Ability to offer appropriate reassurance and support to women concerned about the involvement of social services and their concern (whether real or imagined) that they will be separated from their babies.	<b>3.14</b> Ability to talk with women about the risk of developing mental health problems in the perinatal period and the appropriate treatment options or strategies for management and prevention.



Level 1	Level 2	Level 3
<p><b>3.04</b> Ability to discuss pregnancy and parenting in different circumstances, from planned to unplanned, wanted to unwanted, IV, fostering, adoption, same-sex parenting, pregnancies as a result of rape, and understand cultural differences related to these.</p>	<p><b>3.09</b> Ability to have a sensitive and thoughtful discussion with a woman and her partner/family about next steps where there are real concerns in relation to her capacity to parent.</p>	<p><b>3.15</b> Ability to have discussions with women and their families about the evidence base for medication-based treatment and non-medication-based treatment.</p>
<p><b>3.05</b> Ability to talk about child death and/or other traumas relating to childbirth and provide compassionate support, signposting to suitable counselling or further care if required.</p>	<p><b>3.10</b> Ability to negotiate sensitively conversations about the risks and benefits of treatment to enable an informed patient-centred choice.</p>	<p><b>3.16</b> Ability to communicate the risks associated with treatment and lack of treatment with women in an accessible and accurate evidence-based way.</p>
	<p><b>3.11</b> Ability to have compassionate discussions about difficult subjects such as termination of pregnancy, miscarriage and stillbirth, and signpost to further support services where needed.</p>	<p><b>3.17</b> Ability to offer this advice in the context of women planning to, or already breastfeeding</p>
		<p><b>3.18</b> Ability to work in a reflective manner, and demonstrate the capacity to think about the feelings generated by talking to women who have mental health problems in the perinatal period, and how this may contribute to an assessment and understanding of a woman’s particular difficulties.</p>



## Domain 4 – Understanding the mother’s feelings about her baby and pregnancy

As a professional working with women in the perinatal period, you need to be able to recognise and understand how mental health disorders can have an effect on families throughout generations, and can interfere with the developing relationship between the mother and baby and father and baby. Identifying women and their partners who may be at risk, and facilitating early intervention, can change outcomes for babies, their families and future generations.

Level 1	Level 2	Level 3
<b>4.01</b> Understanding of what bonding is.	<b>4.15</b> Ability to communicate sensitively how previous experiences of childbirth, childhood and parenting can affect the present.	<b>4.25</b> In-depth knowledge of bonding and attachment theory and the ability to support colleagues to develop understanding.
<b>4.02</b> Understanding of what attachment is.	<b>4.16</b> Ability to discuss sensitively with parents and colleagues how unplanned pregnancy, substance abuse, mental health disorders and domestic violence can affect bonding.	<b>4.26</b> Ability to advise and support others to develop awareness of how fetal movements can promote bonding between parents and their unborn baby.
<b>4.03</b> Knowledge that the baby makes an attachment to their mother/father/caregiver.	<b>4.17</b> Ability to identify mothers, fathers and caregivers whose past may make them susceptible to a mental health disorder or who might need support with the mother-baby relationship.	<b>4.27</b> Knowledge of the current understanding behind fetal programming and epigenetics, and ability to support colleagues to develop understanding of how different types and levels of stress during pregnancy can affect maternal and fetal wellbeing.



Level 1	Level 2	Level 3
<p><b>4.04</b> Knowledge that this attachment can take different forms: for example it can be secure, insecure or disorganised.</p>	<p><b>4.18</b> Ability to refer to the appropriate professional team for intervention when the mental health disorder or relationship difficulties are particularly complex or involve risk.</p>	<p><b>4.28</b> In-depth knowledge and understanding of attachment theory, internal working models, attachment classification, how parent-infant interaction influences infant attachment and attachment outcomes.</p>
<p><b>4.05</b> Understanding of the different ways mothers and fathers bond and attach.</p>	<p><b>4.19</b> Understanding that attachment is a bio-behavioural mechanism that is activated by anxiety, and in which the primary goal is to reduce this stress and to restore feelings of security.</p>	<p><b>4.29</b> Ability to support colleagues to develop understanding in these area, identify attachment issues and offer appropriate support or make referrals.</p>
<p><b>4.06</b> Understanding of how previous experiences of childbirth, childhood and parenting can affect how parents begin to bond with their own developing baby.</p>	<p><b>4.20</b> Ability to describe different attachment styles.</p>	<p><b>4.30</b> Ability to work effectively with parents and infants to promote secure attachment.</p>
<p><b>4.07</b> Knowledge of the ways in which unplanned pregnancy, substance use/abuse, mental health disorders and domestic violence can affect bonding.</p>	<p><b>4.21</b> Understanding of the differences between developmental trajectories of children who are securely and insecurely attached.</p>	<p><b>4.31</b> Ability to support colleagues to develop their understanding of different attachment styles.</p>



Level 1	Level 2	Level 3
<p><b>4.08</b> Understanding that parents can find the events of childbirth and parenting stressful in different ways (both physical and emotional), and that their conception of stress, and how they manage it, can affect their relationship with the baby and each other.</p>	<p><b>4.22</b> Ability to explain to parents how secure attachment can be promoted by the positive attachment cycle.</p>	<p><b>4.33</b> Ability to share the evidence base with colleagues regarding the benefits of secure attachment.</p>
<p><b>4.09</b> Awareness that during pregnancy sometimes negative feelings and emotions may arise.</p>	<p><b>4.23</b> Ability to explain to others what the transition to parenthood involves.</p>	<p><b>4.34</b> Ability to lead on service development and provision to support parents to make the transition to parenthood.</p>
<p><b>4.10</b> Understanding that previous losses and traumas may impact on the relationship between mother, father and baby.</p>	<p><b>4.24</b> Ability to support parents to prepare for the transition to parenthood and identify parents who may be experiencing issues with becoming parents, offer support and refer them for appropriate specialist care.</p>	<p><b>4.35</b> Ability to work effectively with parents who are experiencing difficulties with the transition to parenthood.</p>
<p><b>4.11</b> Understanding that we should promote and support secure attachment because securely attached infants have better outcomes across all developmental domains.</p>		<p><b>4.36</b> Ability to support staff to develop skills to identify parents experiencing issues with becoming parents, and arrange appropriate support and referral</p>
<p><b>4.12</b> Knowledge of the factors that promote secure attachment.</p>		<p><b>4.37</b> Understanding of the importance of reflective functioning in pregnancy and parenting and how to promote this.</p>
<p><b>4.13</b> Knowledge of what the transition to parenthood means.</p>		<p><b>4.38</b> The ability to support colleagues to develop an understanding of the benefits to the infant and future</p>



Level 1	Level 2	Level 3
		generations of breaking the intergenerational transfer of trauma.
4.14 Knowledge that the parent/caregiver has a role in helping the baby understand and manage their emotions.		





## Domain 5 – Understanding difference, stigma and barriers to care

As a professional working with women in the perinatal period it is important to think about and reflect upon diversity and difference within the patient population, and how this affects an individual's worldview and experience of healthcare. Everyone has beliefs and even prejudices relating to difference, and it is crucial to think about these issues in clinical practice, so assessment, management and treatment are tailored to individual needs and given equally. Stigma is experienced both individually and socially. It is important to understand that feelings, thoughts and behaviour about mental health issues construct stigma and influence the provision of help and access to support in perinatal mental health services.

Level 1	Level 2	Level 3
<p><b>5.01</b> Awareness of and ability to understand mental health disorders in the perinatal period from the perspective of women from all cultures and backgrounds:</p> <ul style="list-style-type: none"><li>• In relation to their notions of parenting and what it means to be maternal</li><li>• In relation to their understanding of what is a mental health disorder</li><li>• In relation to sharing information and engaging in discussion about mental health disorders</li><li>• In relation to the patient's understanding of risk</li></ul>	<p><b>5.14</b> Understanding that mental health disorders are perceived from viewpoints which are influenced by cultural and social norms and gender, and that these may impact on maternal mental health.</p>	<p><b>5.22</b> Ability to contribute to inter-agency assessments, share information confidentially, and act as an advocate for families from ethnic minorities to ensure high standards of care</p>



<p><b>5.02</b> Ability to understand and assess how differences in language, literacy and culture may affect the relationship with the mental health professional, how to manage this and arrange appropriate support e.g. translation services</p>	<p><b>5.15</b> Ability to draw on knowledge of culturally relevant information on mental health problems in pregnancy and the postnatal period for the woman, and if she agrees, her partner, family or carer.</p>	<p><b>5.23</b> Ability to draw on knowledge of other relevant agencies to help in the mental health management of women with perinatal mental health disorders from different cultures.</p>
<p>Level 1</p>	<p>Level 2</p>	<p>Level 3</p>
<p><b>5.03</b> Knowledge that cultural influences can impact on the presentation and understanding of mental health problems in women and their partners.</p>	<p><b>5.16</b> Ability to communicate culturally relevant information regarding pregnancy and the postnatal period to women, and, if she agrees, her partner or family/carer</p>	<p><b>5.24</b> Ability to draw on knowledge and understand the impact of a family’s cultural and religious background when assessing risk to women and managing concerns.</p>
<p><b>5.04</b> Ability to manage translation issues and awareness that these could undermine the effectiveness of dealing with women experiencing perinatal mental health problems.</p>	<p><b>5.17</b> Ability to work with other statutory and voluntary services to promote anti-discriminatory practice and social inclusion.</p>	
<p><b>5.05</b> Knowledge that cultural beliefs and practices will impact on parenting (for example, the extent to which it is considered appropriate to stimulate a young infant varies across cultures).</p>	<p><b>5.18</b> Knowledge of the socio-demographics of stigma in relation to mental health issues and gender, sexuality, ethnicity, age, educational level, socio-economic status, English as a first language.</p>	



<p><b>5.06</b> Understanding that women may not wish to disclose their difficulties within their community, and that this needs to be held in mind when discussing interpreting services and groups which provide support to people from a particular cultural, ethnic or religious background.</p>	<p><b>5.19</b> Knowledge of historical factors that influence and facilitate stigma and prejudice, such as the state, religion and the media.</p>	
<p>Level 1</p>	<p>Level 2</p>	<p>Level 3</p>
<p><b>5.07</b> Knowledge of the incidence and prevalence of perinatal mental health presentations across different cultures/ethnicities/social backgrounds.</p>	<p><b>5.20</b> Knowledge of how past responses to mental or physical health problems may affect a woman’s ability to engage with help.</p>	
<p><b>5.08</b> Ability to work with advocates and interpreters, knowledge of good and bad practice using interpreters, advocacy and translation services.</p> <p><i>(Cross reference with domain 3)</i></p>	<p><b>5.21</b> Ability to work with statutory and voluntary services to promote anti-discriminatory practice and social inclusion.</p>	



<p><b>5.09</b> Ability to signpost or refer women from different cultural backgrounds to culturally appropriate services, for example local support services, including the voluntary sector.</p>		
<p><b>5.10</b> Ability to draw on equality and diversity considerations in NICE QS 5, NICE CG110, the 9 Protected Characteristics in the Equality Act (2010) and the Disability and Discrimination Act (2010).</p>		
<p>Level 1</p>	<p>Level 2</p>	<p>Level 3</p>
<p><b>5.11</b> Knowledge of how internal beliefs and expectations may affect a woman’s ability to engage with help.</p>		
<p><b>5.12</b> Understanding of how stigma can affect the mental health of women, that it can have external ‘perceived’ factors and internal factors, or ‘self-stigma’.</p>		



<p><b>5.13</b> Knowledge that there are layers of stigma involving other factors like race or gender, such as:</p> <ul style="list-style-type: none"><li>• The idealisation of family life and motherhood</li><li>• The differences around BME women in perception of motherhood</li><li>• How culture plays a part in an individual's role as mother</li><li>•</li></ul>		
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## Domain 6 – Understanding risk and protective factors

Professionals working with women who have mental health disorders during the perinatal period need to be able to identify all key risks to the mother and her infant during pregnancy and 1 year after the birth of the infant. Once risks are identified, appropriate action must be taken to protect the mother and her infant from injury or illness. The table below lists the competencies required. Please use the separate sheet provided to note your level of competence and training requirements.

Level 1	Level 2	Level 3
<b>6.01</b> Knowledge that pregnancy does not protect against mental health disorders, and the particular personal and social demands of pregnancy and caring for a new baby may place additional risks on women with pre-existing disorders.	<b>6.15</b> Ability to perform an initial assessment for women who experience suicidal thoughts in pregnancy or the postnatal period.	<b>6.28</b> Ability to perform a specialist assessment for women who experience suicidal thoughts in pregnancy or the postnatal period.
<b>6.02</b> Knowledge that pregnancy and childbirth might affect a mental health disorder, and potentially increase the risk of relapse.	<b>6.16</b> Understanding that at antenatal booking a full personal and family history of mental health problems is expected, in line with NICE APMH (2014), and ability to assess the options for any specialist care required.	<b>6.29</b> Detailed knowledge of the treatment options available for the different mental health disorders, both medical and psychological. This includes a comprehensive understanding of the pharmacodynamics and pharmacokinetics for each psychotropic medication, and their likely side effects.
<b>6.03</b> Ability to recognise that any expression of suicidal thoughts in pregnancy or the postnatal period should be taken seriously and mental health services should have a low threshold for initial and ongoing assessment.	<b>6.17</b> Ability to elicit a full personal and family history of mental health problems.	<b>6.30</b> Understanding of the potential risks to the exposed fetus/infant with each drug during gestation and breastfeeding.



Level 1	Level 2	Level 3
<p><b>6.04</b> Ability to recognise that women who are at risk of suicide are likely to have an underlying significant mental health disorder and possibly a previous history of mental health problems.</p>	<p><b>6.18</b> Ability to seek advice from the prescriber regarding continuing/stopping/changing a woman's medication, and to communicate sensitively with the woman and her partner/family, if she wishes.</p>	<p><b>6.31</b> Understanding of the potential risks to the mother with each drug taken in pregnancy.</p>
<p><b>6.05</b> Ability to share information appropriately and promptly with community mental health teams or other relevant safeguarding services when needed.</p>	<p><b>6.19</b> Ability to understand the screening options and processes for congenital anomalies in women taking certain psychotropic medications.</p>	<p><b>6.32</b> Understanding of the benefits to both the mother and infant/fetus of treating the underlying mental health problem and ability to explain this to the mother.</p>
<p><b>6.06</b> Knowledge that there are risks associated with taking some types of psychotropic medication in pregnancy and during breastfeeding, and that there are also risks associated with discontinuing prescribed medication.</p>	<p><b>6.20</b> Awareness of the need to monitor for gestational diabetes in women taking certain psychotropic medications i.e. anti-psychotic drugs.</p>	<p><b>6.33</b> Comprehensive understanding of each category of mental health disorder and how it might present risks to the mother and her fetus/infant/children/others:</p> <ul style="list-style-type: none"> <li>• Organic mental disorders</li> <li>• Mental and behavioural disorders due to psychoactive substances</li> <li>• Psychotic disorders (schizophrenias)</li> <li>• Affective disorders</li> <li>• Neurotic, stress-related and somatoform disorders</li> <li>• Eating disorders</li> <li>• Personality disorders</li> <li>• Intellectual impairment</li> <li>• Autistic spectrum disorders</li> <li>• ADHD</li> </ul>



Level 1	Level 2	Level 3
		<i>(Cross reference with domain 2)</i>
<p><b>6.07</b> Knowledge of places to seek evidence-based information regarding the use of psychotropic medications during pregnancy and lactation.</p>	<p><b>6.21</b> Ability to counsel women about the need for screening for congenital anomalies when taking certain psychotropic medications.</p>	<p><b>6.34</b> Ability to undertake a specialist risk assessment that focuses on mental health disorders in the context of pregnancy and the mother-infant relationship.</p>
<p><b>6.08</b> Understanding of the mother’s concerns about taking medication and how to discuss these with her.</p>	<p><b>6.22</b> Ability to provide evidence-based information regarding the use of psychotropic medications during pregnancy and lactation.</p>	<p><b>6.35</b> Ability to act upon concerns about a woman’s mental health risk assessment.</p>
<p><b>6.09</b> Understanding of the potential stigma associated with taking psychotropic medication.</p>	<p><b>6.23</b> Awareness of treatments/medication and tonics imported from abroad, particularly in BME communities, ability to ask sensitively about these and assess the potential for harm (either directly or indirectly) when substituted for prescribed medications.</p>	<p><b>6.36</b> Ability to perform specialist level assessment and management of high-risk women and of women exhibiting sudden alterations in mental state in late pregnancy or the early puerperium.</p>
<p><b>6.10</b> Understanding that a mother may receive conflicting advice from both professionals and family/friends and ability to help her manage this.</p>	<p><b>6.24</b> Ability to make an initial assessment of a woman’s mental state and then escalate as necessary to a specialist PNMH professional or relevant professional within a local care pathway.</p>	<p><b>6.37</b> Ability to support mother and facilitate admission to a mother and baby unit when assessed as necessary, following a specialist review.</p>
<p><b>6.11</b> Knowledge that postnatal psychosis affects between 1 and 2 in 1000 women who have given birth. Women with bipolar I</p>	<p><b>6.25</b> Ability to undertake a risk assessment focusing on areas that are likely to present possible risk such as self-neglect, self-harm, suicidal thoughts and intent,</p>	





Level 1	Level 2	Level 3
<p>disorder are at particular risk, but postnatal psychosis can occur in women with no previous psychiatric history.</p>	<p>risks to others (including the baby), smoking, drug or alcohol misuse and domestic violence and abuse.</p>	
<p><b>6.12</b> Ability to escalate concerns about a woman’s mental health to an appropriate health care professional or specialist team (such as a substance misuse team), or to a consultant psychiatrist involved in the assessment and management of high-risk women.</p>	<p><b>6.26</b> Awareness of the confidential enquiries into maternal deaths and the link between mental health disorders and maternal morbidity and mortality (MBBRACE, 2015)</p>	
<p><b>6.13</b> Knowledge that the following are ‘red flag’ signs for severe maternal health disorders and require urgent senior psychiatric assessment:</p> <ul style="list-style-type: none"> <li>• Recent significant change in mental state or emergence of new symptoms</li> <li>• New thoughts or acts of violent self-harm</li> <li>• New and persistent expressions of incompetency as a mother or estrangement from the infant</li> </ul>	<p><b>6.27</b> Knowledge that admission to a mother and baby unit should always be considered where a woman has any of the following:</p> <ul style="list-style-type: none"> <li>• Rapidly changing mental state</li> <li>• Suicidal ideation (particularly of a violent nature)</li> <li>• Pervasive guilt or hopelessness</li> <li>• Significant estrangement from the infant</li> <li>• Evidence of psychosis</li> </ul>	
<p><b>6.14</b> Knowledge that a healthcare professional should carry out a risk assessment in conjunction with the woman and, if she agrees, her partner, family or carer.</p>		



## Domain 7 – Safeguarding vulnerable women and infants

All staff working with women who have mental health disorders during the perinatal period have a duty to ensure that vulnerable women and infants are safeguarded. This includes identifying key risks to the safety of women and their infants and investigating those risks without placing the woman or infant at further risk. It is also important to understand that any risk to the mother is also a risk to the infant. A mother’s decision not to take action (for example, if she is a victim of domestic abuse) may be superseded by a healthcare professional’s duty to protect the infant. Competencies regarding the safeguarding of women and their infants have been integrated in the table below because of the coordinated approach to the care of mother and infant.

Level 1	Level 2	Level 3
<p><b>7.01</b> Awareness of responsibilities regarding the safeguarding of vulnerable women and children. This includes having a clear understanding of:</p> <ul style="list-style-type: none"> <li>• How to identify potential signs of abuse and report concerns</li> <li>• Multi-agency policies and procedures</li> <li>• The role of the local authority in coordinating safeguarding procedures</li> <li>• The limits of confidentiality and information-sharing.</li> </ul>	<p><b>7.09</b> Ability to conduct detailed assessments of child abuse and neglect, to assess and examine children for potential signs of abuse and neglect and to provide professional opinions in reports.</p>	<p><b>7.18</b> Knowledge and ability to contribute effectively to the safeguarding process including:</p> <ul style="list-style-type: none"> <li>• Working to local and national safeguarding guidance</li> <li>• Responding to alerts/referrals in a timely manner and selecting appropriate level of response</li> <li>• Identifying and reducing potential and actual risks after disclosure or if an allegation has been made</li> <li>• Demonstrating the ability to promote positive partnership working and ability to overcome barriers to effective communication</li> <li>• Understanding of how to develop protective strategies for those that decline services</li> </ul>
<p><b>7.02</b> Ability to recognise an adult potentially in need of safeguarding based on an understanding of:</p>	<p><b>7.10</b> Knowledge of policy, procedures and legislation that support safeguarding activity.</p>	<p><b>7.19</b> A comprehensive understanding of the legal, policy and procedural frameworks associated with safeguarding adults.</p>



Level 1	Level 2	Level 3
<ul style="list-style-type: none"> <li>• What constitutes abuse and the different forms of abuse</li> <li>• The factors that might increase the risk of abuse and vulnerability</li> <li>• The meaning of 'vulnerable adult' as defined in policy guidance 'No Secrets' (2000)</li> <li>• When and how to share concerns and information relevant to safeguarding adults</li> <li>• The range of emergency services available and how to secure their involvement.</li> </ul>		
<p><b>7.03</b> Ability to recognise the potential indicators of child maltreatment or neglect.</p>	<p><b>7.11</b> Understanding how to 'whistle blow' using related polices and escalate concerns.</p>	<p><b>7.20</b> Ability to ensure women and families are supported appropriately so they can understand safeguarding issues and assist with their decision-making.</p>
<p><b>7.04</b> Understanding of the potential impact of a parent/carer's physical and mental health on the wellbeing and development of an infant.</p>	<p><b>7.12</b> Ability to draw upon clinical experience to identify the potential signs of sexual, physical or emotional abuse or neglect.</p>	<p><b>7.21</b> Ability to take action to secure the immediate safety of the adult at risk of abuse and any infants in their care.</p>
<p><b>7.05</b> Ability to report concerns safely and to seek professional advice regarding the next steps for safeguarding.</p>	<p><b>7.13</b> Ability to document and report concerns, history-taking and physical examination in a manner that is appropriate for safeguarding/child protection</p>	<p><b>7.22</b> Knowledge of the process of investigation and assessment of concerns over the safeguarding of adults and children.</p>



Level 1	Level 2	Level 3
	and compliant with legal requirements.	
<p><b>7.06</b> Ability to act as an effective advocate for the child, including the ability to raise concerns about the conduct of a colleague if/when appropriate.</p>	<p><b>7.14</b> Ability to contribute to interagency assessments, serious case reviews and child death review processes.</p>	<p><b>7.23</b> Ability to influence a positive agency approach to safeguarding adults, including:</p> <ul style="list-style-type: none"> <li>• Understanding of the different roles and responsibilities of all agencies involved in investigations and ensuring these are met</li> <li>• Awareness of updated protocols and ability to follow/implement them</li> <li>• Applying learning from a range of reviews to inform service development</li> <li>• Contributing to the development of multi-agency prevention strategies and monitoring/reviewing their implementation in practice</li> <li>• Challenging poor practice at an intra and inter-agency level</li> </ul>
<p><b>7.07</b> Understanding of responsibilities regarding the documentation of concerns and discussions with other agencies, differentiating between fact and opinion.</p>	<p><b>7.15</b> Ability to undertake regular documented reviews of safeguarding practice, as appropriate to professional role.</p>	<p><b>7.24</b> Ability to lead the development of robust internal systems to provide consistent, high quality safeguarding in adult services.</p>
<p><b>7.08</b> Ability to act in accordance with key statutory and non-statutory guidance and legislation including the UN Convention on the Rights of the Child (1989) and the Human Rights Act (1998).</p>	<p><b>7.16</b> Ability to apply the lessons learnt from audit and serious case reviews to improve practice.</p>	<p><b>7.25</b> Ability to contribute to the ongoing development of a strong culture of safeguarding/child protection policy, guidelines and protocols.</p>
	<p><b>7.17</b> Ability to advise others on appropriate information sharing.</p>	<p><b>7.26</b> Ability to communicate local safeguarding knowledge, research and findings from adult cases and challenge poor</p>



Level 1	Level 2	Level 3
		practice.
		<p><b>7.27</b> Ability to facilitate and contribute to audits within own organisation as well as multi-agency audits and statutory inspections.</p>
		<p><b>7.28</b> Ability to work with the safeguarding/child protection team and partners in other agencies to conduct regular safeguarding training needs analysis, and to commission, plan, design, deliver and evaluate single and inter-agency training and teaching for staff in the organisations covered.</p>
		<p><b>7.29</b> Ability to participate in oversight of safeguarding quality assurance and improvement processes.</p>
		<p><b>7.30</b> Ability to contribute to safeguarding appraisals and appropriate supervision for colleagues across the health community.</p>
		<p><b>7.31</b> Ability to conduct training needs analysis, and commission, plan, design, deliver, and evaluate single and inter-agency training and teaching for safeguarding and child protection.</p>
<p><b>7.32</b> Ability to lead safeguarding/child protection quality assurance and improvement across the health community.</p>		



Level 1	Level 2	Level 3
		<b>7.33</b> Ability to lead innovation and change, working with other professionals and agencies to improve safeguarding across the health economy.
		<b>7.34</b> Ability to monitor services across the health community to ensure adherence to legislation, policy, key statutory and non-statutory guidance.



## Domain 8 – Understanding and valuing the multidisciplinary team and pathway

All members of multidisciplinary and multiagency teams supporting perinatal mental health work have an important role to play in the care of the mother, her infant and her wider family and social support system. Every professional needs to understand the pathways of care beyond their own immediate responsibilities, as this helps them support continuous improvements to the quality of care and create a seamless service experience for the mother and her family. Engaging in reflective practice helps all professionals to identify improvement opportunities such as signposting, appropriate referral practice and simplifying care pathways.

Level 1	Level 2	Level 3
<b>8.01</b> Understanding of the roles and responsibilities of a GP.	<b>8.09</b> Ability to chair a multidisciplinary meeting.	<b>8.18</b> Ability to chair multiagency meetings, document the content, circulate outcomes and take responsibility for complex multiagency care plans.
<b>8.02</b> Understanding of the roles and responsibilities of a midwife.	<b>8.10</b> Ability to deal with differences of opinion within the MDT and across agencies.	<b>8.19</b> Ability to offer joint specialist assessments with those from other disciplines.
<b>8.03</b> Understanding of the roles and responsibilities of an obstetrician.	<b>8.11</b> Ability and knowledge to deal with complaints.	<b>8.20</b> Ability to see, reflect on and work with complex systems to deliver good care.
<b>8.04</b> Understanding of the roles and responsibilities of a health visitor and the work of children’s centres.	<b>8.12</b> Ability to manage a team.	<b>8.21</b> Ability to manage the process and reporting following a Serious Untoward Incident.
<b>8.05</b> Understanding of the roles and responsibilities of nursery nurses.	<b>8.13</b> A detailed understanding of the skills and languages of professionals from other clinical and non-clinical	<b>8.22</b> Knowledge and ability to offer regular supervision to practitioners from other professional backgrounds.



Level 1	Level 2	Level 3
	backgrounds.	
<p><b>8.06</b> Understanding of the roles and responsibilities of adult, perinatal and infant mental health practitioners.</p>	<p><b>8.14</b> Understanding and being able to take action through escalation processes.</p>	<p><b>8.23</b> Ability to seek out, prepare for and use supervision opportunities.</p>
<p><b>8.07</b> Understanding of the roles of children’s social services and adult social services.</p>	<p><b>8.15</b> Ability to develop skills as a supervisee and a supervisor.</p>	<p><b>8.24</b> Ability to create a team with a learning and improvement culture.</p>
<p><b>8.08</b> Understanding the process for recognising and raising safeguarding concerns.</p>	<p><b>8.16</b> Ability to deliver teaching and training to staff from other professional backgrounds.</p>	<p><b>8.25</b> Understanding of what is needed for quality improvement and how to deliver this.</p>
	<p><b>8.17</b> Ability to recognise the limitations of one’s own knowledge and identify other professionals to seek further advice and support from.</p>	





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