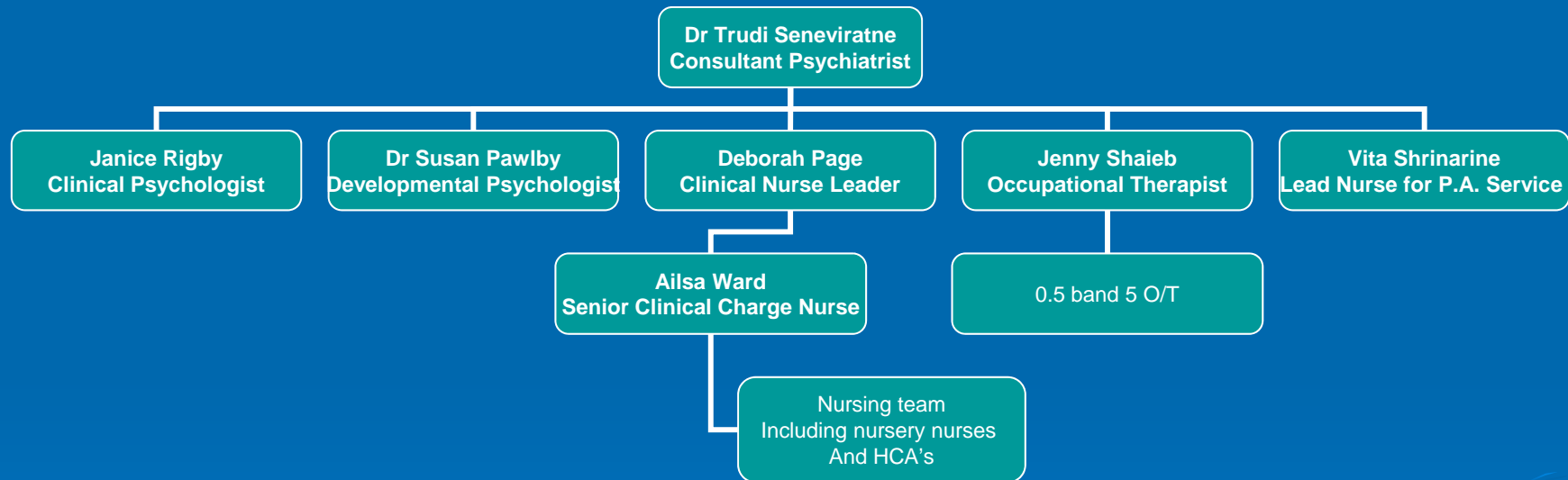


Perinatal Occupational Therapy

Making a business case and
where Occupational therapy sits
within the SLAM perinatal
services.

(Deborah Page 2009)

Organisational Position



Role and Responsibilities

- Occupational therapy (O/T) team assess what activities (group or individual), may have therapeutic value for residents.
- Provision and coordination of activities and individualised assessments both on the MBU, in the local community or main occupational therapy dept.
- Communicate back to the service user, MDT and external agencies regarding how individuals are using these activities thereby informing the team about aspects of their treatment and, hopefully, progress. This significantly enhances the ability of the MBU team around the mother and infant to consider more completely how the mother / father can prioritise their infant, cope with multi tasking, anticipate and prepare for activities including the infant, adapt to unexpected situations.

Cont'

- Work day-to-day with the nursing team and nursery nurses in particular in jointly facilitating groups and activities.
- Home assessments
- Attendance at MDT meetings and reviews, report writing for parenting assessments, Child protection conferences and other multi-agency meetings.
- Collaboration in the business planning cycle of the perinatal service, general provision and promotion of the services.

Opportunities to Expand Role

- Clinical supervision and management of nursing staff (As our current senior O/T is deputy manager for central O/T department on site and national Division at the Bethlem Royal Hospital this is limited).
- External teaching
- Research
- Community and out reach work.

Making a Business Case for Dedicated Occupational Therapy

- The ability of O/T to provide group and individual therapeutic activity for both mothers individually and mother's / infants together (this may be restricted due to health and safety or risk considerations where O/T is restricted to generic adult mental health O/T.)
- Related cost benefit of reduced need for nursing staff at specific times. Releasing time for nursing staff to complete paperwork / attend to other duties without mother's and infants being negatively impacted upon.
- Peer group support for mothers progressing through their journey to recovery. The confidence and reassurance for mothers who have built a trusting therapeutic relationship with O/T in the knowledge that they understand their individual case.

Cont'

- Potential reduction in delayed discharges - In particular where assessment of accommodation is outstanding.
- O/T skill mix – consider banding. O/T technicians, band 5 equivalent etc.
- If a senior O/T post is desirable – can cost be set in part by sharing role and responsibility with generic O/T dept or other unit (Split post)?
- Consider releasing / skilling up existing staff where dedicated O/T is lacking e.g. Nursery nurses, HCA's and nurses (baby massage, baby yoga, rhyme time, music groups)
- Can the local swimming pool provide opportunities for a mother and baby swim?, does the local library have a mother and infant story time? Can your health visitor assist in group work on the unit – revisit service level agreement and negotiate extended role.