



Charity reg. No. 228636

# Quality Network for Perinatal Mental Health Services

## Standards for Mother and Baby Inpatient units

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	Type	Criteria
<b>1</b>		<b>Access and Admission</b>
<b>1.1</b>		<b>Provision and procedures ensure that inpatient care is available to those who need it</b>
1.1.1	2	The unit has the capacity to admit women with current or enduring serious mental illness within the last weeks of pregnancy (based on individual need)
1.1.2	2	The unit has the capacity to admit women at risk of recurrence of mental illness in the early days after delivery
1.1.3	2	The unit has the capacity to admit women directly to the mother and baby unit, without prior admission to an acute adult ward
1.1.4	2	The unit is able to manage patients without them having to be transferred to a general adult psychiatric ward due to the severity of behavioural disturbance, unless there are exceptional circumstances
1.1.5	1	All admissions to the unit (including out of hours and emergency) only take place after discussion with a senior member of the team  GUIDANCE: <i>This includes senior nursing staff</i>
1.1.6	2	Admissions for the purpose of mother and baby parenting assessments are only undertaken in the known or suspected presence of significant/complex mental illness
1.1.7		If a mother under the age of 18 is admitted to a mother and baby unit then:
1.1.7a	1	A single room must be available
1.1.7b	1	The local authority (or local equivalent) is informed of the admission
1.1.7c	1	The MHAC, or local equivalent, is informed (if the patient is detained)
1.1.7d	1	There is access to consultation from CAMHS clinicians throughout admission
<b>1.2</b>		<b>Referrers and other related professionals have ready access to information about the unit</b>
1.2.1	1	Referrers can access a senior member of the unit team during working hours to discuss potential admissions and the care of women who are at risk of being admitted

	Type	Criteria
1.2.2	1	The unit has clear, written criteria for admission.
1.2.3	2	Referrers are advised of alternative mother and baby units if the unit is full
1.2.4	2	Information is available (in hard copy and electronically) for referrers and other related professionals e.g. A service directory, information booklet ect.
1.2.5	2	Systems are in place to record and audit transfers, refusals and waiting lists
<b>1.3</b>		<b>There is equity of access to units in relation to ethnic origin, social status, disability, physical health and location of residence</b>
1.3.1	1	Staff work in a way that respects the individual needs of patients from different ethnic, cultural or religious backgrounds
1.3.2	2	The environment meets the needs of people with physical disabilities, and complies with current legislation on disabled access
1.3.3	3	The unit works to overcome barriers to access for patients from remote areas  <i>GUIDANCE For example by assisting with travel costs or providing accommodation</i>
1.3.4	1	The unit has access to interpreters and relatives are not used in this role
<b>1.4</b>		<b>Units are family-friendly</b>
1.4.1	2	The unit information leaflet clearly states that the participation of partners/family members is encouraged
<b>1.5</b>		<b>Patients are made familiar with the unit as soon as possible after admission</b>
1.5.1	1	Patients are introduced to a member of staff who will act as their point of contact for the first few hours of admission
1.5.2	1	Patients are shown around the ward within an hour of their admission, or as soon as they are well enough

	Type	Criteria
<b>1.6</b>		<b>All patients are assessed for their health and social care needs</b>
1.6.1		Patients have an assessment of their individual needs which is regularly reviewed. This includes:
1.6.1a	1	Risk to themselves, the baby and others
1.6.1b	1	Support and supervision required in caring for themselves and their baby
1.6.1c	1	Mode of infant feeding (breast, bottle, weaning etc.)
1.6.1d	1	Care of baby which should include physical care, emotional care, developmental care and the ability to ensure safety
1.6.2		The immediate risk assessment of the patient includes:
1.6.2a	1	Risk of self harm and suicide
1.6.2b	1	Level of substance use
1.6.2c	1	Absconding risk
1.6.2d	1	Sexual vulnerability
1.6.2e	1	Domestic violence
1.6.3	1	Patients are seen by a doctor within 4 hours of admission  GUIDANCE: <i>This could be a duty doctor</i>
1.6.4	1	Patients are reviewed by a consultant or specialist registrar within one working day of admission
1.6.5	1	Patients admitted on a weekend or out of hours are reviewed regularly by medical staff
1.6.6	1	Case notes show evidence of assessment of social care needs and involvement with other agencies
1.6.7	1	The unit liaises with local safeguarding children/vulnerable adult services if there are any concerns

	Type	Criteria
<b>2</b>		<b>Environment and Facilities</b>
<b>2.1</b>		<b>The unit is well designed and has the necessary facilities and resources</b>
2.1.1	2	Mothers and their babies have access to an outdoor area which is appropriate to their needs
2.1.2	2	The unit has a range of communal areas
2.1.3	1	The unit has a dedicated nursery which can be accessed 24 hours a day
2.1.4	2	There is a selection of age appropriate toys
2.1.5	2	There are laundry facilities dedicated to the unit
2.1.6	1	The unit has designated areas for the separate preparation and storage of baby and adult food  <i>GUIDANCE: This can be within the same room if the areas are clearly defined</i>
2.1.7	2	The unit has a dedicated office for use by clinical staff
2.1.8	2	The unit has a designated dining area
2.1.9	2	The unit has access to private space for meetings with partners, relatives and other professionals
2.1.10	1	The unit's heating and ventilation is regulated to meet the needs of mothers and babies
2.1.11	2	There are sufficient IT resources to support high quality care and the monitoring and evaluation of the service
2.1.12		The unit is equipped with medical items for examining mothers including:
2.1.12a	2	Weighing scales
2.1.12b	2	Ophthalmoscope
2.1.12c	2	Thermometer
2.1.12d	2	Stethoscope
2.1.12e	2	Blood glucose monitoring kit
2.1.12f	2	Blood pressure monitoring machine
2.1.13		The unit is equipped with medical items for examining babies including:
2.1.13a	2	Weighing scales

	Type	Criteria
2.1.13b	2	Paediatric ophthalmoscope
2.1.13c	2	Thermometer
2.1.13d	2	Stethoscope
2.1.14	1	The unit is equipped with infant and adult resuscitation equipment which is clearly signposted
2.1.15	2	Patients are cared for in the least restrictive environment, whilst ensuring appropriate levels of safety  GUIDANCE: <i>This may change depending on the level of risk presented</i>
2.1.16	3	Ward-based staff have access to a dedicated staff room, either on or off the ward
2.1.17	2	All staff have access to a locker or locked area to store personal belongings
2.1.18	2	Patients can access a range of current culturally specific resources for entertainment such as board games, cards, a TV and DVD with DVDs
2.1.19	3	The unit has a computer with internet access in a communal area for the use of patients
2.2		<b>Mother and baby units are separate from adult units</b>
2.2.1	1	The unit has a separate entrance with restricted access equivalent to that on maternity/neonatal units
2.3		<b>Premises are designed and managed so that mother's rights, privacy and dignity are respected</b>
2.3.1	2	Each patient has their own bedroom with a wash basin
2.3.2	1	All bedrooms are equipped so that babies can be roomed with their mothers
2.3.3	2	The unit has one bathroom/shower room for every four mothers
2.3.4	2	There is appropriate space for clinical examinations of mothers and their babies, other than mother's bedrooms
2.3.5	2	There is a suitably located quiet room(s) available within the unit, other than bedrooms
2.3.6	2	There are sufficient areas to allow for visitors, in addition to the mother's bedroom or communal areas

	Type	Criteria
2.3.7	2	All patients have access to lockable storage which may be within their own individual rooms, or access to a safe on the ward
2.3.8	1	There is access to the day room at night for patients who cannot sleep
2.3.9	2	Patients can easily access items associated with specific cultural, religious or spiritual practices  GUIDANCE: <i>This should include copies of the Bible, Koran etc.</i>
2.4		<b>The unit provides a safe environment for staff and patients</b>
2.4.1	1	There are clear lines of sight to enable staff to monitor patients who need closer observation
<b>2.5</b>		<b>There is equipment and procedures for dealing with emergencies in the unit</b>
2.5.1	1	There is an alarm/communication system in place, e.g. there are panic buttons, pin points or walkie-talkies for staff
2.5.2	1	There is an alarm system which patients can use in an emergency
2.5.3	1	A collective response to alarm calls is agreed before incidents occur and this is rehearsed annually
2.5.4	1	An annual audit of environmental risk is conducted with regard to both adults and babies (e.g. hazardous small objects, unguarded radiators, potential ligature points etc.) and systems are in place to manage the findings of this
<b>3</b>		<b>Staffing</b>
<b>3.1</b>		<b>The number of nursing staff on the unit is sufficient to safely meet the needs of patients and babies at all times</b>
3.1.1	1	On a typical six bedded unit, there is a minimum of two nursing staff on every shift to maintain appropriate observation, care and safety levels
3.1.2	1	When there are high acuity/dependency cases (e.g. high levels of observation or increased risk), there is capacity to bring in extra nursing staff
3.1.3	1	Extra nursing cover is available when needed  GUIDANCE: <i>For example, there is access to additional on-call staff or staff from a nearby unit in an emergency</i>

	Type	Criteria
3.1.4	2	The unit is staffed by permanent staff and bank and agency staff are used only in exceptional circumstances  <i>GUIDANCE: A unit is likely to have a problem with overuse of agency nurses if more than 15% of staff are agency staff during a week or if more than one member of staff on shift are from an agency. Agency staff should not be used for more than two shifts in a day.</i>
3.1.5	2	If used, bank and agency staff work alongside core staff members and are familiar with the unit
3.1.6	1	Staff carrying out physical examinations are either of the same sex, or there is a same-sex chaperone present.
<b>3.2</b>		<b>There are nurses with a specialist qualification in the unit at all times</b>
3.2.1	1	There is at least one nurse holding RMN qualification on duty at all times
3.2.2	2	There is at least one specialist nursery nurse or equivalent during an extended day period (7am to 9.30pm)
3.2.3	1	There is a Ward Manager and/or Charge Nurse who is a RMN
<b>3.3</b>		<b>The unit comprises a core multi-professional team with specialist skills and knowledge</b>
3.3.1	1	There is an identified duty doctor available at all times to attend the unit
3.3.2	1	A typical unit with six beds includes at least 0.5 WTE consultant psychiatrist
3.3.3	2	A typical unit with six beds includes at least 0.5 WTE junior doctor or equivalent
3.3.4	2	A typical unit with six beds includes at least 0.5 WTE clinical psychologist
3.3.5	2	A typical unit with six beds includes at least 0.5 WTE occupational therapist
3.3.6	3	A typical unit with six beds includes at least 0.5 WTE social work input
3.3.7	2	All patients have access to a health visitor
3.3.8	2	All patients have access to a midwife if appropriate

	<b>Type</b>	<b>Criteria</b>
3.3.9	2	Core staff are not required to do duties on other units during their designated working hours other than reasonable contributions' to duty rotas
3.3.10	3	When the occupancy levels on the mother and baby unit are low, staff are used to provide care in the community where possible
3.3.11	2	There are sufficient administrative and secretarial staff to support the effective running of the unit
<b>3.4</b>		<b>There is provision for training relating to perinatal mental health</b>
3.4.1	1	All clinical staff, temporary and permanent, have a comprehensive specialist induction in all key aspects of the service
3.4.2	2	Staff have access to books and journals either on site or online
3.4.3	1	There are arrangements to allow staff to attend mandatory education and training events
3.4.4	2	There are arrangements to allow staff to attend courses to aid their professional development
3.4.5	3	Staff are provided with study facilities and protected time to support service relevant research and academic activity
3.4.6	2	The unit has a budget for staff training and development
<b>3.5</b>		<b>Training has been provided in the following:</b>
		<b>MANDATORY:</b>
3.5.1	1	Pharmacological interventions for medical and qualified nursing staff
3.5.2	1	Resuscitation (child and adult)
3.5.3	1	Management of difficult or potentially threatening situations involving mother and baby
3.5.4	1	Safeguarding children (Level 2 minimum including the Common Assessment Framework)
3.5.5	1	Safeguarding vulnerable adults
3.5.6	1	Culturally-sensitive practice, disability awareness, and other equality issues

	Type	Criteria
3.5.7	1	Staff who undertake assessment and care planning have received training in care planning (including CPA, England and Wales) as part of the care management programme  GUIDANCE: <i>This should include training on discharge planning</i>
<b>NON-MANDATORY:</b>		
3.5.8	1	A range of therapeutic interventions for staff to use with patients, including cognitive and behavioural techniques, brief psychotherapy techniques, family interventions and counselling
3.5.9	3	Relevant mental health awareness training (for all non-clinical staff working on the unit)  GUIDANCE: <i>This may be covered at induction</i>
3.5.10	2	Common physical disorders in pregnancy and the early postnatal period (for all clinical staff facilitated by an appropriate specialist)
3.5.11	3	Common physical disorders in infancy (for all clinical staff facilitated by an appropriate specialist)
3.5.12	1	Basic infant development including the main development milestones (for all clinical staff)
3.5.13	1	Staff who undertake assessment and care planning have received training in risk management and risk assessment for both mother and baby
3.5.14	2	Clinical staff have training in understanding and facilitating mother-baby interaction
3.5.15	2	Clinical staff who undertake assessment and care planning have received training in how to assess capacity (and the Mental Capacity Act, England and Wales and the Adult Incapacity Act, Scotland)
3.5.16	3	There is an investment in the development of managerial and leadership competencies of ward managers and sister/charge nurses
3.5.17	1	All qualified nurses have been assessed as competent in the administration of medications and this is repeated on a yearly basis using a competency based tool

	Type	Criteria
<b>3.6</b>		<b>All staff receive regular supervision and can access appropriate support</b>
3.6.1	2	All staff receive regular individual clinical supervision totalling at least one hour every two months from a person with appropriate experience  GUIDANCE: <i>This includes clinical and managerial issues</i>
3.6.2	1	Newly qualified nursing staff have at least one hour per week of group and/or individual supervision
3.6.3	1	Junior medical staff have regular individual supervision totalling at least one hour per week and are able to contact a senior colleague as and when necessary
3.6.4	2	All staff receive annual appraisals and personal development plans
3.6.5	2	All staff are able to contact a senior colleague as necessary 24 hours a day  GUIDANCE: <i>This will include the on-call system</i>
3.6.6	2	Staff are provided with opportunities for support following incidents
3.6.7	3	The team has protected time for 'away days' to facilitate team building and service development  GUIDANCE: <i>These should occur at a minimum of once a year</i>
<b>3.7</b>		<b>There is a recruitment policy to ensure vacant posts are filled quickly with well qualified and checked candidates</b>
3.7.1	3	When posts are vacant or in the event of long term sickness or maternity leave, prompt arrangements are made for temporary staff cover
3.7.2	3	Patients or a patient representative are involved in the recruitment process when new staff are hired
3.7.3	2	The unit has systems in place to monitor recruitment and retention, including exit interviews which are fed back to the Ward Manager
<b>4</b>		<b>Care and Treatment</b>
		<b>Physical care</b>
<b>4.1</b>		<b>All mothers receive appropriate maternity care and support</b>
4.1.1	1	Mothers admitted 0 - 28 days postpartum are seen by a midwife as required in line with standard care needs

	Type	Criteria
<b>4.2</b>		<b>The unit team has good access to a range of services, as appropriate to the needs of the patients. These include the following:</b>
4.2.1	1	Neonatal and general paediatric services
4.2.2	2	Substance and alcohol misuse services
4.2.3	2	Learning disability services
4.2.4	1	Accident and emergency facilities
4.2.5	1	Obstetrics and gynaecology services
4.2.6	1	Primary Care
		<b>Psychiatric care</b>
<b>4.3</b>		<b>All patients have a written care plan as part of the Care Programme Approach (or equivalent)</b>
4.3.1	1	There is a written care plan for every patient, reflecting their individual needs
4.3.2	1	Patients are actively involved in the development of their care plan
4.3.3	1	Patients are given a copy of their care plan or have ready access to it
4.3.4	1	Care plans are reviewed at defined and agreed intervals during admission  <i>GUIDANCE: This might be done at a weekly ward round or equivalent</i>
4.3.5	2	Action from reviews are fed back to the patient and this is documented
4.3.6	1	A full multi-disciplinary ward round/review occurs at least once a week
<b>4.4</b>		<b>All units have access to a range of therapeutic interventions focusing on mother and baby</b>
4.4.1	1	Medication
4.4.2	1	Psychological interventions  <i>GUIDANCE: These can be provided by a range of professionals who have received appropriate training</i>
4.4.3	3	Creative therapies
4.4.4	2	Physiotherapy
4.4.5	2	Occupational therapy

	Type	Criteria
4.4.6	2	Mother and baby interventions  GUIDANCE: <i>This could include baby massage, play sessions and/or video feedback</i>
4.4.7	2	Dietetics and nutritional advice
<b>4.5</b>		<b>There is a programme of care and treatment</b>
4.5.1	1	The unit has a planned programme of therapeutic activities  GUIDANCE: <i>This should be reviewed regularly to meet the changing needs of the client group</i>
4.5.2	2	There is opportunity for recreation and exercise
<b>4.6</b>		<b>Wherever possible the treatment provided is evidence-based</b>
4.6.1	1	Treatments are selected according to the evidence of their effectiveness or according to nationally agreed best practice or guidance and any deviations are documented
<b>4.7</b>		<b>Patients can meet easily with members of staff, and their key workers</b>
4.7.1	1	Patients have the opportunity to meet their consultant or senior doctor on a weekly basis outside of the ward review
4.7.2	1	Patients know, and meet at least once a week with their key worker and/or named nurse
<b>4.8</b>		<b>During admission good communication is maintained with the patient's family and local services</b>
4.8.1	1	The patient's chosen contacts are identified and contact details recorded
4.8.2	2	Chosen contacts are advised how to obtain a carers' assessment
4.8.3	1	Partners and designated family members are involved in decisions about care, where the patient consents
4.8.4	1	Partners and designated family members are involved in decisions about the care of the baby, where the patient consents

	Type	Criteria
<b>4.9</b>		<b>Drugs are administered according to the relevant guidelines</b>
4.9.1	1	Medication is prescribed in accordance with the best evidence based guidance and reasons for deviation from the guidelines are clearly documented
4.9.2	1	Drug charts clearly state whether the patient is breastfeeding or not
4.9.3	1	Staff give information to patients about the use of medication in pregnancy and breastfeeding and risks are discussed
		<b>Care of baby</b>
<b>4.1</b>		<b>All babies receive appropriate care and support</b>
4.10.1	2	All babies are seen by the health visitor within the first 7 days of admission, and follow up visits occur as appropriate
4.10.2	1	There is a care plan for the baby which is developed with the mother wherever possible
4.10.3	1	Care planning for the baby takes into consideration national guidelines on infant care
4.10.4	1	Babies are roomed with their mothers whenever possible. If this is not possible, the baby is moved into the nursery for the minimum period required and the reasons for this are documented
4.10.5	1	If the separation of the mother and baby is prolonged, partners/family members are given the opportunity to provide interim care for the baby, where appropriate
4.10.6	1	When mothers are unable to consent, breastfed babies are only given formula milk if clinically necessary
4.10.7	1	Appropriate food is provided for weaning babies where required

	Type	Criteria
<b>5</b>		<b>Information, Confidentiality and Consent</b>
<b>5.1</b>		<b>Patients and families have good access to information</b>
5.1.1	2	A full range of leaflets and posters relevant to the services offered are on clear display and are readily available to patients
5.1.2	2	Information can be accessed in a range of forms when necessary  <i>GUIDANCE: Including languages other than English and forms which people with sight, learning or other disabilities can use</i>
5.1.3	2	A 'welcome pack' or introductory booklet is provided when patients are first admitted, which includes unit rules and procedures
5.1.4	1	Patients receive information about the level of observation that they are under, how this will be carried out and reviewed and how patient perspectives are taken onto account
<b>5.2</b>		<b>Patients and families can find out about the unit before admission</b>
5.2.1	2	Patients can visit the unit before agreeing to admission (with the exception of emergency admissions)
<b>5.3</b>		<b>Personal information about patients is kept confidential, unless this is detrimental to their care</b>
5.3.1	1	Confidentiality and its limits are explained to the patient  <i>GUIDANCE: Information should be provided verbally and in writing</i>
5.3.2	1	Consent to the sharing of information outside the clinical team is recorded, and if this is not obtained then reasons for this are recorded
5.3.3	1	All patient information is kept in locked cabinets, locked offices or on securely password protected IT systems
<b>6</b>		<b>Rights and Safeguarding</b>
<b>6.1</b>		<b>All examination and treatment is conducted with the appropriate consent</b>
6.1.1	1	There is documentation to demonstrate that the risks and benefits of specific treatments have been discussed with the patient

	Type	Criteria
6.1.2	1	Audio and/or video recording facilities and one-way screens are only used without the written consent of patients
<b>6.2</b>		<b>The unit is patient-centred and patients have their rights respected</b>
6.2.1	2	There is a choice of well-prepared food that suits all nutritional, and personal needs appropriate for women in late pregnancy or breastfeeding
6.2.2	2	Unit staff ask patients for feedback about the quality of the food and this is communicated to the catering staff
6.2.3	1	Patients' rights and what they can expect are explained on the day of admission or as soon as they are well enough
6.2.4		Detained patients are given written information on their rights in accordance with mental health law, including:
6.2.4a	1	Their rights to advocacy
6.2.4b	1	Their right to access a second opinion
6.2.4c	1	Their right to access interpreting services
6.2.4d	1	The roles and responsibilities of professionals
6.2.4e	1	The complaints procedure
6.2.4f	1	Their rights to access a mental health tribunal and/or managers hearing
6.2.5	2	Patients can make and receive telephone calls in private, where clinically appropriate
<b>6.3</b>		<b>Patients can complain or ask questions if they are unhappy with their care and treatment</b>
6.3.1	2	Patients are given clear information on how to raise concerns and complaints
6.3.2	1	All patients detained under mental health law have access to an independent mental health advocate
6.3.3	2	All patients have access to an advocacy service
<b>6.4</b>		<b>The unit operates within the appropriate legal framework in relation to the use of physical restraint</b>
6.4.1	2	After restraint the patient is counselled on why it was necessary and their views are sought and included in de-briefing about the incident

	Type	Criteria
<b>6.5</b>		<b>Staff are aware of the legal status of those admitted</b>
6.5.1	1	The Mental Health Act status of patients (including those who are not detained) is known to all staff and visible on notes
<b>6.6</b>		<b>The unit complies with local LSCB procedures and with guidance contained in "What to do if you're worried a child is being abused" (2003) or local equivalent</b>
6.6.1	1	The child protection status and responsible social worker is recorded in notes with contact details  <i>GUIDANCE: The absence of child protection status should also be recorded</i>
6.6.2	1	The unit has policies and procedures on how to deal with allegations of abuse and child protection concerns during and out of working hours
6.6.3	1	The health record includes a note of who has parental rights and responsibility
6.6.4	3	There is a policy for defining the status of the baby and the implications of this are defined  <i>GUIDANCE For example: as patient, guest, visitor, dependent child</i>
6.6.5	1	There is a policy for dealing with allegations of abuse involving babies, patients, visitors or staff
<b>7</b>		<b>Audit and Policy</b>
<b>7.1</b>		<b>The unit completes an annual service evaluation including:</b>
7.1.1	2	Feedback from patients and carers
7.1.2	2	Feedback from referrers
7.1.3	2	Feedback from unit staff
7.1.4	2	Accident and incident records
7.1.5	2	Analysis of complaints
7.1.6	2	The findings of audits
7.1.7	2	Key performance data (e.g. bed occupancy and outcome measurement data)
7.1.8	2	Action plans are developed based on the service evaluation and resulting quality improvement is monitored

	Type	Criteria
<b>7.2</b>		<b>Unit staff are involved in clinical audit</b>
7.2.1	2	A range of local and multi-centre clinical audits is conducted
7.2.2	3	There are dedicated resources to support clinical audit within the directorate or specialist areas e.g. staff time, dedicated budget and training in clinical audit for appropriate staff
7.2.3	3	Clinical staff are involved in identifying priority audit topics in line with national and local priorities
<b>7.3</b>		<b>The unit has a comprehensive range of policies and procedures which take into account the special needs of women, babies and families</b>
7.3.1	2	Clinical staff are consulted in the development of unit specific policies, procedures and guidelines that relate to their practice
7.3.2	2	There is a written procedure for emergency referrals
7.3.3	2	There are written admission and discharge procedures
7.3.4	2	There are policies and procedures regarding patients' self-harm
7.3.5	2	There are policies relating to the safety of the environment and baby safety e.g. detailed fire procedures
7.3.6	2	There is a locked door and restriction-of-liberty policy
7.3.7	1	There is a visiting policy which includes procedures to follow for the management of unwanted visitors (i.e. those who pose a threat to patients, babies or staff)
7.3.8	1	There are policies, procedures and guidance for infection control practice specific to childhood ailments
7.3.9	1	There is a policy on the use of drugs and alcohol, and on the management of those who may be abusing drugs and alcohol
7.3.10	1	There is a restraint policy which includes procedures for the review of each incident of restraint
7.3.11	1	There is a police liaison policy including the roles of the unit and the police in responding to incidents and emergencies

	Type	Criteria
7.3.12	2	There is a policy on the use of mobile phones, including camera phones, which is communicated to staff, patients and visitors  GUIDANCE: <i>This could be achieved by displaying a poster on the unit</i>
<b>8</b>		<b>Discharge</b>
<b>8.1</b>		<b>Before discharge, decisions are made about meeting any continuing needs</b>
8.1.1	1	Discharge planning begins as soon as possible after admission or after the initial assessment has been completed
8.1.2	1	Pre-discharge planning involves all services involved in patient care
8.1.3	1	Patients and their chosen contact (if requested by the patient) are invited to discharge CPA meetings and involved in decisions about care after discharge from the inpatient unit
8.1.4	3	The views of the patient and chosen contact (if requested by the patient) are sought and respected in regards to who takes part in discharge planning
8.1.5	2	Ward staff invite the patient's allocated CMHT care co-ordinator/CPN to visit the patient on the ward during the inpatient stay and the week prior to discharge
8.1.6	1	All periods of leave over 24 hours are co-ordinated with community professionals
8.1.7	1	All key professionals receive copies of the discharge plan including details of when the patient will next be seen, who they will be seen by and emergency contact details
8.1.8	1	There is a procedure in place for informal patients who discharge themselves against medical advice
8.1.9	2	Patients and their families have 24 hour access to telephone advice from the mother and baby unit for at least four weeks after discharge from inpatient care
8.1.10		Prior to discharge from the unit, patients are given advice and information on:
8.1.10a	1	Contraception
8.1.10b	1	The risk of recurrence of problems with subsequent pregnancies
8.1.10c	1	Medication, its side effects and its impact on driving

	<b>Type</b>	<b>Criteria</b>
8.1.11	2	Delayed discharges are routinely audited and action is taken to review any identified problems
8.1.12	2	The unit works to ensure that all patients have a named local community consultant and named nurse as soon as possible to ensure discharge planning begins