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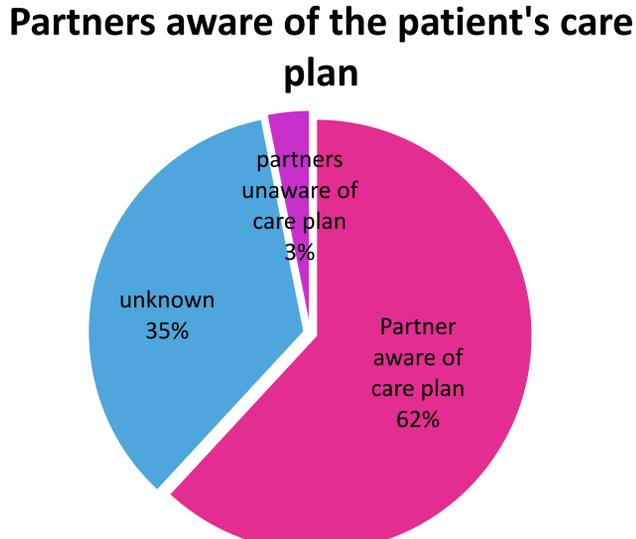
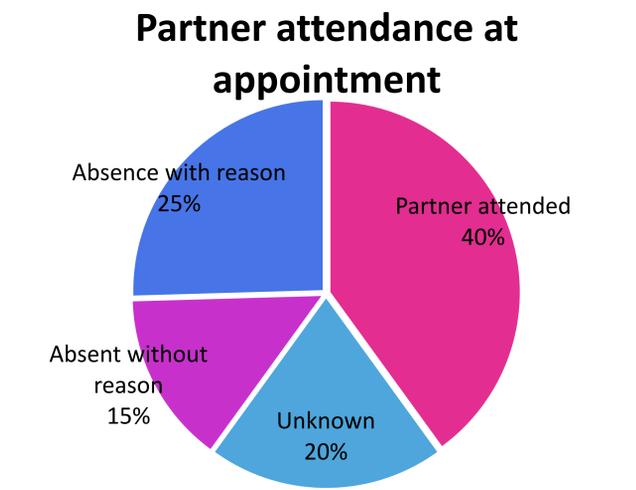
1. Introduction and aims

- 90% of health care professionals (HCPs) believe that partners are likely to identify a mental health condition before the woman herself (1).
- The aim is to assess the following Perinatal Quality Network (PQN) guidelines:
- **“4.13 Partners and designated family members are involved in decisions about care, where the patient consents.**
- **4.16 Partners/significant others are offered individual time with staff members to discuss concerns, family history and their own needs.”** (2)
- The objective is to determine the level of partner involvement and, if necessary, modify available services to meet the guidelines.

2. Method

Study type: Audit
Study setting: secondary perinatal mental health service in Birmingham
Data Collection: RiO electronic patient records for all patients with a care program approach (CPA)
Date information collected: 11/09/2019.
Approval: granted by BSMHFT clinical audit information governance department
Data collected: - RiO number for the service user (SU) - Does the SU have a partner? - Has the partner attended any appointments? If no was there a reason why? - Has the partner been offered a one-on-one appointment with the team? If yes, has the partner taken this opportunity? - Has the partner been involved in the care plan? - If there was no partner, was there any other support for the service user?

References
 (1) Perinatal mental health experiences of women and health professionals. Available at: https://www.tommys.org/sites/default/files/Perinatal_Mental_Health_Experiences%20of%20women.pdf. Accessed 09/07/2019
 (2) Schneider Z. Perinatal quality network for perinatal mental health services. Available at: https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/quality-networks/perinatal/pqn-standards-for-community-perinatal-mental-health-services-4th-edition.pdf?sfvrsn=f31a205a_4. Accessed 09/07/2019.



3. Results

| Fact | Number (%) |
|--|------------|
| Patients with CPA | 73 |
| Patients with partner | 63 (86) |
| Partners offered 1-1 session with team | 2 (3) |
| Partners receiving 1-1 session with team when not previously offered | 11 (17) |
| Patients who's partners attended at least 1 appointment | 42 (66) |
| Partners aware of patient's care plan | 39 (62) |

4. Conclusions

There is currently some individual support for partners and other support networks for current SUs. A change in services to accommodate more of these consultations would bring the team more in line with the PQN guidelines. (1) More accurate documentation would help with future auditing.

5. Recommendations

1. 1-1 meetings should be offered to all partners and response documented.
2. Documentation regarding who attended consultations should be completed.
3. Consent to partner involvement in care plan should be documented.
4. The designated family member(s) should be documented if aware of the care plan.
5. An evening clinic once a week to be held, to facilitate partner involvement.
6. Partners of women with CPA will be contacted and issues with a carer engagement tool to facilitate their involvement