

ST3-AP-FELL-EPA17 – Psychiatric disorders in pregnancy 3

Area of practice	Adult psychiatry (Perinatal)	EPA identification	ST3-AP-FELL-EPA17	
Stage of training	Stage 3 – Advanced	Version	v0.5 (EC-approved 24/07/15)	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
Title	Assessment and comprehensive management of a pregnant woman presenting with a psychiatric disorder.			
Description Maximum 150 words	<p>The trainee will have advanced skills in assessing a pregnant woman presenting with psychiatric symptoms and organising a comprehensive management plan, taking account of the effects of any treatment on the developing foetus. The assessment will include consideration of the welfare of the woman’s partner and any existing children with the arrangement of any necessary interventions consequent to this assessment. The trainee will maintain liaison with the woman’s obstetrician and/or midwife and will organise appropriate psychiatric care for the woman after delivery of the baby, aiming to achieve good mother–infant bonding, and provide any necessary support required for the optimal care of the woman and baby.</p>			
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7, 8	HA	
	COM	1, 2	SCH	2
	COL	1, 2, 3	PROF	1, 2, 5
	MAN			
Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p>Ability to apply an adequate knowledge base</p> <ul style="list-style-type: none"> • Awareness of the impact of psychiatric illness on a mother’s ability to care for her pregnancy. • The range of psychiatric disorders presenting in pregnant women and the assessment and management of these, taking into account how the pregnancy will influence the nature of the presentation. • The use of psychotropic medication in pregnancy, particularly the evidence regarding effects of medication on the developing foetus. Detailed knowledge of the current evidence base on the safe use of medication in pregnancy. • The safe use of ECT in pregnancy. • Awareness of non-pharmacological management strategies. 			

	<ul style="list-style-type: none"> • The potential effects of maternal psychiatric illness on existing children, the partner and the family as a whole. • Knowledge of mandatory reporting requirements, if appropriate. • The risk of developing a psychiatric disorder in future pregnancies. • Evidence-based interventions designed to enhance prenatal mother–infant bonding. <p>Skills</p> <ul style="list-style-type: none"> • Comprehensive biopsychosocial assessment including substance, nicotine and alcohol use and the interaction with psychiatric disorders and pregnancy and foetal health. • Comprehensive risk assessment leading to a skilled decision about the appropriate setting for the care of the patient. • Comprehensive aetiological formulation of the biopsychosocial factors involved in the development of psychiatric disorders in pregnancy. • Discussion of the management plan with the parents, communicating risk and gaining informed consent for treatment. • Implementation of the management plan which is safe for all parties and includes interventions to enhance the quality of mother–infant bonding. • Comprehensive assessment of the ways in which mental illness in a pregnant woman impacts on her partner and existing children, with the organisation of family support if indicated. • Sensitive approach to any mandatory reporting obligations. • Skilled counselling of the woman and her partner with regards to all aspects of the illness and its treatment, such as the possible impact on development and delivery of the baby, postnatal course and risks of recurrence in future pregnancies. • Skilled liaison and collaboration with the woman’s obstetrician, GP and any other professionals involved in her care. • Organisation of appropriate postnatal care of the woman and baby. <p>Attitude</p> <ul style="list-style-type: none"> • Ethical and professional approach to patient and family. • Collaboration with partner and family in all aspects of the care of the patient. • Collaboration with obstetric team in management of the patient’s pregnancy.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<ul style="list-style-type: none"> • Observed Clinical Activity (OCA). • Case-based discussion. • Mini-Clinical Evaluation Exercise.

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| | <ul style="list-style-type: none">• Professional presentation – on the management of psychiatric disorders in pregnancy, including the safe use of medication and ECT and involvement of the partner and family. |
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References

Galletly C, Castle D, Dark F, Humberstone V, Jablensky A, Killackey E, Kulkarni J, McGorry P, Nielssen O & Tran N (2016) Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the management of schizophrenia and related disorders. *Australian and New Zealand Journal of Psychiatry* 50(5): 1-117.

Malhi G, Bassett D, Boyce P, Bryant R, Fitzgerald P, Fritz K, Hopwood M, Lyndon B, Mulder R, Murray G, Porter R & Singh, A (2015) Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for mood disorders. *Australian and New Zealand Journal of Psychiatry* 49(12): 1-185.

SNELLEN M, THOMPSON G & MURDOCH N. The process of obtaining informed consent when prescribing psychopharmacology in pregnancy. In: Galbally M, Snellen M & Lewis A, eds. *Psychopharmacology and pregnancy: treatment efficacy, risks and guidelines*. Berlin: Springer-Verlag Berlin and Heidelberg, 2014.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar