

**ST2-AP-EPA6 – Psychiatric disorders in pregnancy 2**

<b>Area of practice</b>	Adult psychiatry (Perinatal)	<b>EPA identification</b>	ST2-AP-EPA6	
<b>Stage of training</b>	Stage 2 – Proficient	<b>Version</b>	v0.5 (EC-approved 24/07/15)	
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.				
<b>Title</b>	<b>Assess and manage a pregnant woman presenting with a psychiatric disorder.</b>			
<b>Description</b> Maximum 150 words	The trainee will be proficient in assessing and developing a management plan for a pregnant woman presenting with psychiatric symptoms, 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. The trainee will maintain liaison with the woman's obstetrician and/or midwife and provide any necessary support required for the optimal care of the woman and baby.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6, 7, 8	<b>HA</b>	
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3	<b>PROF</b>	1, 2, 5
	<b>MAN</b>			
<b>Knowledge, skills and attitude required</b> 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><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Awareness of the impact of psychiatric illness on a mother's ability to care for her pregnancy.</li> <li>• The range of psychiatric disorders presenting in pregnant women and the assessment and management of these.</li> <li>• The use of psychotropic medication in pregnancy, particularly the evidence regarding effects of medication on the developing foetus.</li> <li>• Knowledge about the safe use of ECT in pregnancy.</li> <li>• The potential effects of maternal psychiatric illness on existing children, the partner and family as a whole.</li> <li>• Knowledge of mandatory reporting requirements.</li> <li>• The risk of developing a psychiatric disorder in future pregnancies.</li> </ul> <p><b>Skills</b></p>			

	<ul style="list-style-type: none"> <li>• Proficient biopsychosocial assessment and risk assessment, leading to an appropriate decision about the setting for the care of the patient.</li> <li>• Proficient aetiological formulation of the biopsychosocial factors involved in the development of the psychiatric disorder in pregnancy.</li> <li>• Development of an appropriate management plan which is safe for all parties.</li> <li>• Proficient assessment of how a mental illness in a pregnant woman impacts on her partner and existing children.</li> <li>• Proficient and sensitive approach to any mandatory reporting obligations.</li> <li>• Proficient at dealing with presentations that have a high prevalence in the community.</li> <li>• Proficient counselling of the woman and her partner with regard to 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.</li> <li>• Liaison and collaboration with the woman's obstetrician, GP and any other professionals involved in her care.</li> <li>• Organisation of appropriate postnatal care of the woman and baby.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Ethical and professional approach to patient and family.</li> <li>• Collaboration with the patient, partner and family in all aspects of the patient's care.</li> <li>• Collaboration with obstetric team in management of the patient's pregnancy.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Observed Clinical Activity (OCA).</li> <li>• Case-based discussion.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Professional presentation – eg. on the management of psychiatric disorders in pregnancy, including the safe use of medication and ECT and involvement of the partner and family.</li> </ul>
<p><b>References</b></p> <p>Malhi G, Bassett D, Boyce P, Bryant R, Fitzgerald P, Fritz K, Hopwood M, Lyndon B, Mulder R, Murray G, Porter R &amp; Singh, A (2015) Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for mood disorders. <i>Australian and New Zealand Journal of Psychiatry</i> 49(12): 1-185.</p> <p>Galletly C, Castle D, Dark F, Humberstone V, Jablensky A, Killackey E, Kulkarni J, McGorry P, Nielssen O &amp; Tran N (2016) Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the management of schizophrenia and related disorders. <i>Australian and New Zealand Journal of Psychiatry</i> 50(5): 1-117.</p>	

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