**MNPI can offer consultation for professionals and time-limited psychological interventions for:**

**Maternity and Neonatal Psychological Interventions (MNPI)**

* Complex needs *arising* from pregnancy and birth complications or loss, or previous pregnancy complications, loss or birth trauma affecting mental health in the current pregnancy.
* Significant difficulties amenable to psychological therapies which directly affect maternity care (e.g. needle phobia, or tokophobia), or complex problems of adjustment to pregnancy and childbirth
* Parents whose infant’s health has been significantly compromised requiring SCBU or Neonatal care.

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**Please email this referral form to:** mnpi.mail@nhslothian.scot.nhs.uk

Clinical review of referrals takes place every Thursday following which the team will update referrers.

**DATE of referral:**

Referrer name: Job title:

Phone number: Email:

The MNPI service requires patient consent to refer and liaise with professionals

***Has the individual consented to this referral and/or consultation with the team?*** Yes [ ]  No [ ]

Does patient consent to liaison/transfer to partner services if referral out with MNPI criteria? Yes [ ]  No [ ]

**Who are you referring?** Mother/Birthing parent [ ]  Partner [ ]

Name: Referred CHI:

Does the individual require interpreting services? Yes [ ]  No [ ]

Baby’s Name (if known): Baby’s CHI/d.o.b/EDD:

**Neonatal or special baby care referrals. Please select whether:**

Baby not yet born, neonatal care highly likely, parents requiring support re. adjustment/coping [ ]

Baby is in NNU and parents requiring support re adjustment to prematurity [ ]

Baby is in NNU and parents requiring support re attachment [ ]

Baby is in NNU and parents requiring support coping in medical environment [ ]

Other [ ]  Please describe:

Please provide a brief description of parent’s description/professional observation of difficulties:

**Maternity referrals. Please select whether the individual is seeking support in relation to:**

Birth Trauma (previous or current) [ ]  Diagnosis of foetal anomaly (previous or recent) [ ]

Recurring Miscarriage (previous or recent) [ ]  Still birth (previous or current pregnancy) [ ]

Other [ ]  Please describe:

Please describe impact of difficulty on maternity care and/or day-to-day functioning:

Have other maternity services been approached/tried as this may be most appropriate in the first instance? e.g. Birth Reflections Yes [ ]  No [ ]  Please give details of where help has been sought:

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**Please provide details of current/previous obstetric history relevant to the referral:**

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**Please provide details of current/previous mental health history relevant to the referral:**

Is there any identified risk? Yes [ ]  No [ ]  If yes, please describe:

Current medications (please include how these are managed e.g. GP, specialist team): :

Other services involved(e.g. mental health services, Family Nurse Partnership , social work, 3rd sector supports):