**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](mailto: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):