 

**Perinatal Mental Health Service**

**Inpatient Referral Form**

Mental Health Mother and Baby Unit

St John’s Hospital, Livingston

Nurses’ Station on MBU: 01506 524175

[loth.mbuinpatientsreferrals@nhs.scot](mailto:loth.mbuinpatientsreferrals@nhs.scot)

The Mother and Baby Unit aims to provide a safe, welcoming and healing environment. We are a family friendly, warm and supportive multi-disciplinary team. We aim to support individuals and their families by providing treatment and care on an individual basis, whilst recognising and respecting cultural and other differences.

Is this referral for the purpose of:

* Urgent/Emergency admission

All other referrals – form to be sent to referrer for completion and return asap for team to discuss)

* Information in case of future admission due to post-partum relapse
* Consideration of planned prophylactic admission post-delivery of women in ‘at risk’ group of affective/psychotic relapse
* Advice regarding ante-natal management of woman in ‘at-risk’ group

1. REFERRAL DETAILS

|  |  |
| --- | --- |
| **Person completing form:** | Date of referral: |
|  | Time of referral: |

|  |  |
| --- | --- |
| **Referrer name:** | Date of referral:  Time of referral: |
| Designation: | Tel: |
| Email: | NHS Board: |

Admission criteria: (Not rigid and requires flexibility as Perinatal cases can be complex)

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| --- | --- |
| The patient has had a psychiatric review in the last 48 hours – by whom if different  from above: Name  (Copy of the above assessment to be sent to MBU.) | * Yes * No |
| Is this person known to local perinatal community services? | * Yes * No |
| The patient is 32 weeks + gestation or baby is less than one year old | * Yes * No |
| Is the patient currently an inpatient? | * Yes * No |
| The patient is currently the primary carer for the baby? | * Yes * No |
| The patient is currently acutely intoxicated | * Yes * No |
| The patient is likely to pose a risk to other mothers and babies on the ward?    This can be discussed with MBU Team. | * Yes * No |
| The family have been involved in the discussion about the possibility of transfer of mum with baby to our ward and are happy for this to go ahead – bringing with them all the equipment the baby will need | * Yes * No |
| In the event of transfer to our ward a psychiatric escort will be provided locally | * Yes * No |
| A plan has been considered about the community support that will be available  locally when this patient is ready for passes home or discharge | * Yes * No |
| Has the patient or family members been showing any symptoms of Covid 19? | * Yes * No |
| Is the patient a current smoker | * Yes * No |

B – Patient Details

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| --- | --- |
| Patient’s name: | CHI no: |
| Address:  Tel: | Nearest relative/Named person:  Address:  Tel: |
| Legal status:   * Informal | * EDC * STDC * CTO   Start date:  Expiry date: |
| Is patient currently an inpatient? | Name of ward:  Name of hospital:  Responsible consultant:  Phone no:  Email: |

C – Baby and family details

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| --- | --- |
| Antenatal Yes/No  Gestation:  EDD:  Parity: | Postnatal Yes/No  Name of baby:  DOB:  Male / female |
| Baby’s medical history: | Breast feeding Yes/No  Formula Yes/No  Weaning Yes/No  Formula type: |
| Current child protection issues Yes/No  Baby on the At Risk Register Yes/No  Previously known to social work services Yes/No | Details: |
| Other dependants: | Current care arrangements: |

D – Psychiatric Details

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| Reason for referral – inc current mental health symptoms and perinatal red flags |

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| Relevant psychiatric history - inc diagnosis, previous admissions, substance misuse |

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| **Current physical Health/Allergies/mobility issues** |

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| **Current Medication** |

**E – Risk**

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| --- | --- |
| Risk to self :  (Inc self harm, suicide, self neglect, disinhibition, eating disorder)  Provide Details: | * Past * Present * No Risk |
| Risk to others  (inc – thoughts of harming child/children, unpredictability)  Provide Details: | * Past * Present * No Risk |
| Risk from others:  (inc – domestic violence, abuse, exploitation)  Provide Details: | * Past * Present * No Risk |
| Forensic History:  Provide Details: | * Yes * No |

**F – Outcome**

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| --- | --- |
| Time Admission accepted by Livingston MBU | Time - |
| Admit to MBU Livingston | * Yes * no |
| Admit to MBU West of Scotland | * yes * no |
| Admit to General Adult | * yes * no |
| Admission not indicated (requires further discussion) | Details: |

**G – Transfer details**

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| --- | --- |
| Name & contact details of clinician taking responsibility for transfer: |  |
| Name/contact details of person ensuring the past psychiatric notes are transferred to MBU: |  |

H – To be update at start of admission

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| Other involved services: |  |
| Care programme approach Yes/No  Key worker: | Address:  Tel: |
| Adult social work involvement Yes/No  Name: | Address:  Tel: |
| Children & Families social work involvement Yes/No  Name: | Address:  Tel: |
| Consultant Psychiatrist  Name: | Address:  Tel: |
| Community Psychiatric Nurse  Name: | Address:  Tel: |
| GP Name: | Address  Tel: |
| Health visitor: | Address:  Tel: |
| Midwife: | Address:  Tel: |
| *Other:* | Address:  Tel: |
| *Other:* | Address:  Tel: |

Ethnic Group

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Asian or Asian BritishBangladeshi Indian  Pakistani  Other |  | **Black or Black British** | | Black Other  Arab  Chinese  Other ethnic group |  | Mixed White & Asian  White & Black African  White & Black Caribbean  Other |  |
| Caribbean African  Arab  Other |  |
| White British  Irish  Other |  | Not known  Refused to answer |  |  | |  | |

**FOR MBU STAFF ONLY**

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| Updates for MBU staff if admission is delayed or reasons for declining admission: |