

Data supplement. Key themes reported by stakeholder groups		
Stakeholder group	Limitations of existing services/arrangements	Improvements required
General practitioners (GPs)	<p>Lack of confidence over the management of complex cases, as care pathways and guidelines are less well developed for such cases than for more serious disorders.</p> <p>Close working between services not evident in the management of perinatal disorders at a primary care level.</p> <p>Geographical distance decreases capacity for contacts between services and can lead to worse outcomes for patients.</p> <p>Insufficient knowledge about the nature and management of different forms of perinatal mental illness.</p>	<p>Development of systematic care pathways and guidelines to assist clinicians with the management and referral of patients at all levels of care, including when and how to access specialist perinatal services.</p> <p>Lead mental health GPs used as a 'conduit' for other professionals to contact for advice/information.</p> <p>Closer physical proximity between services e.g. practice-based community psychiatric nurses improves opportunities for formal and informal communication and information sharing.</p> <p>Improved training, education and continuing professional development, including input from specialist perinatal services and lead mental health GPs.</p>
Health visitors	<p>Development of care pathways dependent on local factors, such as motivation of key individuals and access to funding.</p> <p>Difficulty gaining access to secondary care psychiatric services for referral, advice and information.</p> <p>Lack of advice/information as to the nature of perinatal mental illness or in the use of screening instruments.</p> <p>Insufficient clarity over the role of professionals and services involved in the care and treatment of perinatal mental illness.</p>	<p>Systematic/comprehensive approach to developing standardised pathways, including multidisciplinary input and training.</p> <p>Development of role of 'link' professionals, to provide a single point of contact for obtaining access to services, advice and information.</p> <p>Systematic training as standard with protected time for lead professionals/trainers.</p> <p>Clarification of professional and team roles, in the context of shared responsibility and joint working.</p>
Midwives	<p>Lack of clarity over the management and referral of mild/moderate and complex disorders.</p> <p>Delays resulting from inability of midwife to refer urgent cases out of hours to psychiatric services.</p> <p>Lack of communication and liaison between services, particularly maternity and psychiatry.</p> <p>Insufficient knowledge and understanding of perinatal mental illness increases uncertainty and may lead to inappropriate referral/management.</p>	<p>Clarification and development of midwifery/obstetric/psychiatry care pathway, including multidisciplinary input.</p> <p>Increase midwifery autonomy and capacity for independent decision-making, particularly in emergencies.</p> <p>Establish specialist midwife/community psychiatric nurse link-worker to provide liaison role and act as an identified point of contact for advice and information.</p> <p>Systematic training to meet practitioners' knowledge/skill needs, involving multi-disciplinary and specialist perinatal input.</p>
Obstetricians	<p>Lack of clarity over procedures for accessing psychiatric services, especially during emergencies.</p> <p>Insufficient knowledge of perinatal illness and the management of complex cases increases uncertainty and inappropriate referrals.</p> <p>No clearly identified route for obtaining advice/information on management and referral of women with serious mental illness.</p> <p>Services/professionals uncertain as to their specific responsibilities in relation to the management of perinatal mental illness.</p> <p>Lack of communication from adult psychiatric services regarding patient outcomes following referral.</p>	<p>Guidance/protocols for referring emergency cases to psychiatric services, including contact names and anticipated response times.</p> <p>Raise understanding of how to access services, especially via referral pathways, including developing websites with contact details.</p> <p>Identification of a lead clinician to act as a single point of contact for services to access for specialist advice.</p> <p>Demarcation of roles/responsibilities, including defining which groups of patients are managed by whom, and when referrals are appropriate.</p> <p>Development of systematic and auditable procedures for sharing information between services.</p>
Psychiatrists	<p>Uncertainty/lack of confidence as to the correct management and referral of women with serious mental illness.</p> <p>Insufficient communication/links between services for the proactive and early management of serious perinatal mental illness.</p> <p>Lack of knowledge of perinatal mental illness encourages unilateral, not integrated or joint, working.</p> <p>Precise role of general adult and specialist psychiatric services in the management of serious perinatal illness not clearly defined.</p>	<p>Access to guidance, advice and information, particularly regarding the referral of women for specialist care and treatment.</p> <p>Closer working and liaison between obstetric and psychiatric services, including specialist input regarding risk management and planning.</p> <p>Peer supervised training at all levels of healthcare, including specialist input and shared practice. More educational input at undergraduate level.</p> <p>Define professional responsibilities by improving practitioners' knowledge of the nature and effective management of perinatal illness.</p>
Mental health practitioners	<p>Non-specialist professionals are unaware of how and when to make appropriate referrals for specialist care.</p> <p>Relevant information about previous psychiatric history not shared between involved professionals e.g. GP, midwife and obstetrician.</p> <p>Primary/community health teams lack the requisite knowledge to effectively manage mild/moderate mental illness, which increases inappropriate referrals to mental health services.</p>	<p>Development of guidelines and care pathways for primary care staff, including access to well-defined referral criteria.</p> <p>Use of protocols and guidelines to improve inter-professional and inter-agency communication.</p> <p>Awareness raising, training and formal supervision to improve skills and knowledge, including input from specialist perinatal services and sharing good practice.</p>