

**National Self-Assessment Framework
to Enhance Knowledge and Skills for the
Perinatal Mental Health (PMH) Midwife,
Clinical Midwife Manager 2 (CMM2)**

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FOREWORD

Welcome to the **National Self-Assessment Framework to Enhance Knowledge and Skills for the Perinatal Mental Health (PMH) Midwife, Clinical Midwife Manager 2 (CMM2)**. The CMM2 midwife post in perinatal mental health is a new, unique and exciting post now in place in each of the 19 maternity hospitals/units in Ireland. The need for a guiding document to support new and existing PMH Midwife CMM2s in their transition to specialist clinical practice was identified in 2020 by the Specialist Perinatal Mental Health Programme (SPMHP). The Self-Assessment Framework was co-produced by the Office of the Nursing and Midwifery Services Director (ONMSD) and the SPMHP. The framework is available for use by all Hub and Spoke PMH Midwife CMM2s and Directors of Midwifery as a resource for further development of the role and as a benchmark for competency guidance.

We wish to thank Dr. Geraldine Shaw Director ONMSD for her endorsement of the National Self-Assessment Framework and to the members of the working group named in Appendix 2. A special acknowledgement goes to Ms Ursula Nagle, Registered Advanced Midwife Practitioner PMH, who project led the initiative with expertise and enthusiasm. In addition, thank you to the Perinatal Mental Health Midwives and Directors of Midwifery who provided valuable feedback on the various drafts throughout the process and production of the document.



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INTRODUCTION

The role of the Perinatal Mental Health (PMH) Midwife CMM2 was developed in response to the recommendations set out in the National Model of Care for Specialist Perinatal Mental Health Services (HSE, 2017). The PMH Midwife CMM2 is now a key member of the maternity workforce and works collaboratively with fellow midwives, nurses, obstetricians, public health nurses, specialist perinatal mental health services and liaison mental health services to provide seamless perinatal mental health care to women and their families.

This document was developed by a national collaborative working group which was established to design a comprehensive guide to support PMH Midwife CMM2s, based in specialist teams (Hub sites) and liaison or stand-alone sites (Spokes). The framework is underpinned by NMBI Principles (NMBI, 2021) and outlines core standards expected of the PMH Midwife CMM2.

It is intended that the Self-Assessment Framework will inform the PMH Midwife CMM2's professional development thus enhancing the care of women with mild to moderate perinatal mental health problems.

CONTEXT

The role of the PMH Midwife in Ireland was initially established at the Rotunda Hospital Dublin in 2000. With the development of perinatal mental health services within the Specialist Perinatal Mental Health Model of Care (HSE, 2017), the PMH midwife role was recognised as a key component in ensuring parity between mental and physical health for perinatal women and their families.

The Model of Care is based on the maternity networks as recommended in the National Maternity Strategy - Creating a Better Future Together 2016-2026 (DOH, 2016) which means the specialist perinatal mental health services are aligned to hospital groups and developed in a Hub and Spoke format so all nineteen maternity services are included in the model. In each hospital group, those with the

largest number of births are the Hubs; three Dublin maternity hospitals, Cork University Maternity Hospital, University Maternity Hospital Limerick and Galway University Hospital. The Spokes are the smaller units linked to the largest maternity hospital/unit within each hospital group.

Each Hub has a specialist perinatal mental health service with multidisciplinary staffing, led by a Consultant Psychiatrist in perinatal psychiatry and includes a PMH Midwife CMM2/ Clinical Midwife Specialist (CMS) and a Clinical Nurse Specialist (CNS). The Spoke hospitals have a PMH Midwife CMM2 providing perinatal mental health care and link with the Liaison Psychiatrist and Hub perinatal mental health service as appropriate. PMH Midwife CMM2s work collaboratively with maternity and mental health services and the role is now implemented nationally.

PMH Midwives who have already developed their role at specialist level to CMS have enhanced knowledge and skills in perinatal mental health assessment. The CMS caseload includes women with perinatal mood and anxiety disorders and women with mild to moderate mental health problems including birth trauma and fear of birth. The CMS is responsible for the management and facilitation of therapeutic engagement, psychotherapeutic interventions and psychotropic medications for women with perinatal mental health problems. Infant mental health is also a key function of the CMS role.

In contrast to the CMS, some PMH Midwife CMM2s may not yet have undertaken specific academic training or gained a breadth of clinical experience in the area of perinatal mental health care. The *Handbook for Spoke Perinatal Mental Health Midwives* (2020) was developed to provide induction information and guidance to PMH Midwife CMM2s newly recruited to the 13 Spoke maternity sites. Content includes information on referral pathways, perinatal mental health governance structures between Hub and Spoke sites, professional and clinical reporting structures, clinical supervision and continued professional development (CPD) requirements. This National Self-Assessment Framework will further assist PMH CMM2s to enhance their knowledge and skills within their role.

METHODOLOGY

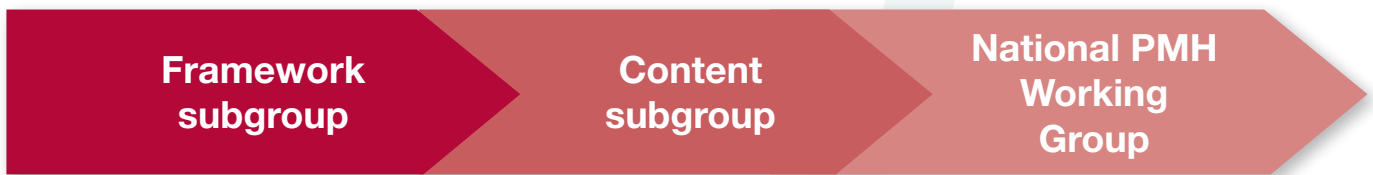


Figure 1: National PMH Working Group for development of a guiding document for PMH Midwife CMM2.

Approval for the project was obtained from the Director of the ONMSD. A national working group was convened in September 2020 and chaired by the National Lead for Midwifery, ONMSD. The working group was representative of Hub and Spoke PMH Midwife CMM2s, specialist and advanced practice PMH midwives, the Specialist Perinatal Mental Health Programme, Centres for Nursing and Midwifery Education, the National Women and Infants Health Programme, Perinatal Psychiatry, Chief Directors of Nursing and Midwifery, Directors of Midwifery, Nursing and Midwifery Planning and Development Units and the ONMSD.

The high level terms of reference for the working group included:

- Advise and guide on the development of an agreed framework to support clinical and professional development for PMH Midwife CMM2s.
- Provide a framework to support midwives to identify areas for their own professional development relevant to their area of practice in Hub or Spoke sites.
- Provide a sustainable framework which would incorporate on-going clinical supervision as part of the role of PMH Midwife CMM2s.

The ‘framework sub-group’ undertook a review of existing nursing and midwifery competency and capability frameworks. The aim was to consider appropriate frameworks already in use in midwifery, and all disciplines of nursing and in other jurisdictions in order to make an informed recommendation to the main working group. Of equal importance was a consideration of the appropriateness of each framework to the PMH

Midwife CMM2 role and its applicability to the Irish midwifery context. Each of the frameworks reviewed consistently identified domains of competence or capability with specific indicators or sub-domains within. Levels of competence and capability in the majority of the reviewed frameworks were similar to Benner’s Stages of Clinical Competence (Benner, 1984). It became apparent that the competence frameworks were more applicable to the PMH role as opposed to the capability frameworks and an early decision was made by the main working group to only focus on competency frameworks for the remainder of the review.

The ‘content sub-group’ reviewed existing national and international perinatal mental health professional competency documents (RCM 2015, NHS, 2019, Victorian DOH and Human Services, 2019; ADHA, 2020). A draft framework of expected standards, descriptors and indicators fit for purpose for the PMH Midwife CMM2 role and as aligned to the job specification was developed. Principles within the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI, 2021) informed the approach to the framework. These principles are widely familiar to midwives and nurses in Ireland and are employed for the assessment of competence in the midwifery education registration programme (NMBI, 2016).

Both sub-groups reported to the main working group and through collaborative discussion agreed a final approach to the framework content and structure, including utilising self-assessment to support learning and professional development.

Feedback and comments were sought and included from Directors of Midwifery and from Hub and Spoke PMH Midwife CMS/CMM2s.

THE FRAMEWORK

The National Self-Assessment Framework to Enhance Knowledge and Skills for the Perinatal Mental Health (PMH) Midwife, Clinical Midwife Manager 2 (CMM2) (Appendix 1) uses the principles set out in the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI, 2021) and provides

standards, descriptors and indicators to guide the PMH Midwife CMM2 on the development of their role.

The framework requires the PMH Midwife CMM2 to self-assess their ability to achieve the indicators and descriptors for each standard.

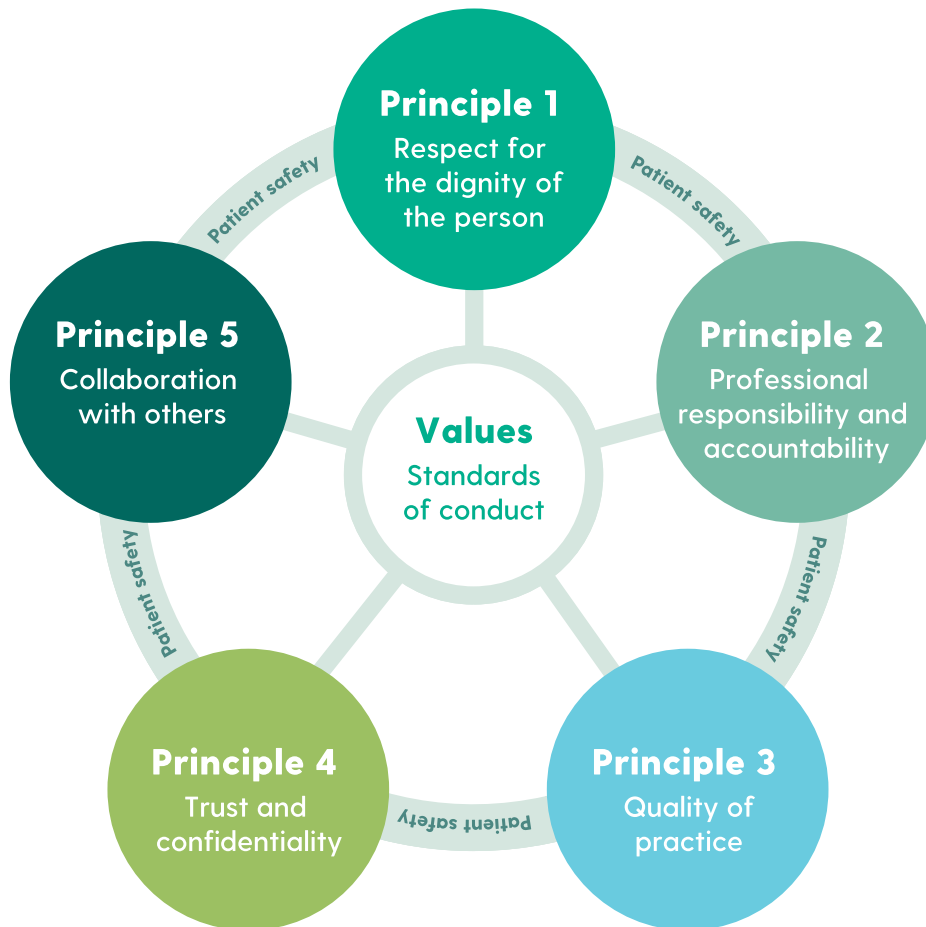


Figure 2: The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI, 2021).

Self-assessment should prompt completion of the HSE Professional Development Plan (PDP) in collaboration with their line manager as outlined in the Professional Development Planning for Nurses and Midwives Information Guide (HSE, 2017) <https://healthservice.hse.ie/about-us/onmsd/cpd-for-nurses-and-midwives/pd-planning-framework.html>. Clinical Supervision for Nurses

working in Mental Health Services in Ireland (HSE, 2019) provides evidence, rationale and practical guidance on the utilisation of clinical supervision in Mental Health Services including guidance on how to develop effective supervisory relationships and the importance of negotiating a clinical supervision agreement. Engagement in peer group clinical supervision is an additional professional

development tool for the PMH Midwife CMM2 which provides the benefit of peer support, engagement and self-reflection. Links to existing

clinical supervision resources available within the HSE can be found in Appendix 3.

Self-assessment

Self-assessment is defined as identifying standards and/or criteria to apply to work and making judgements about the extent to which these criteria and standards have been met (Boud, 1995). Self-assessment is considered a valuable skill that is required for both effective learning and professional development.

Professional Development Planning

Professional Development Planning is a mechanism that facilitates the nurse or midwife and the line manager to recognise and focus on the individual's accomplishments, strengths and development needs. In 2017, the HSE developed a Professional Development Planning (PDP) Framework for Nurses and Midwives to ensure that professional development planning is a core management practice that focuses on the knowledge, skills, competencies, practices, attitudes and values of staff.

Clinical Supervision is defined by the HSE as a 'professional relationship between a supervisor and a supervisee where the supervisor facilitates the practitioner in reflecting critically upon their practice. By offering learning opportunities, support, professional guidance and oversight of the supervisees work, clinical supervision promotes high standards of ethical practice and ensures the welfare of service users and staff alike' (HSE,2019).

Clinical Supervision

Peer Group Clinical Supervision is a form of group supervision where 'peer colleagues within the same discipline meet, led by a supervisor who may be more experienced in the same field as the supervisees and has group facilitation skills' (Bond & Holland, 2010).

Peer Group Clinical Supervision

Figure 3: Self-assessment, PDP Planning & Clinical Supervision.

The National Self-Assessment Framework should be used as part of a suite of supports (Figure 4: Support Package) available to the PMH Midwife

CMM2 including the PDP, the Handbook for Spoke Perinatal Mental Health Midwives, Clinical Supervision and Peer Group Clinical Supervision.

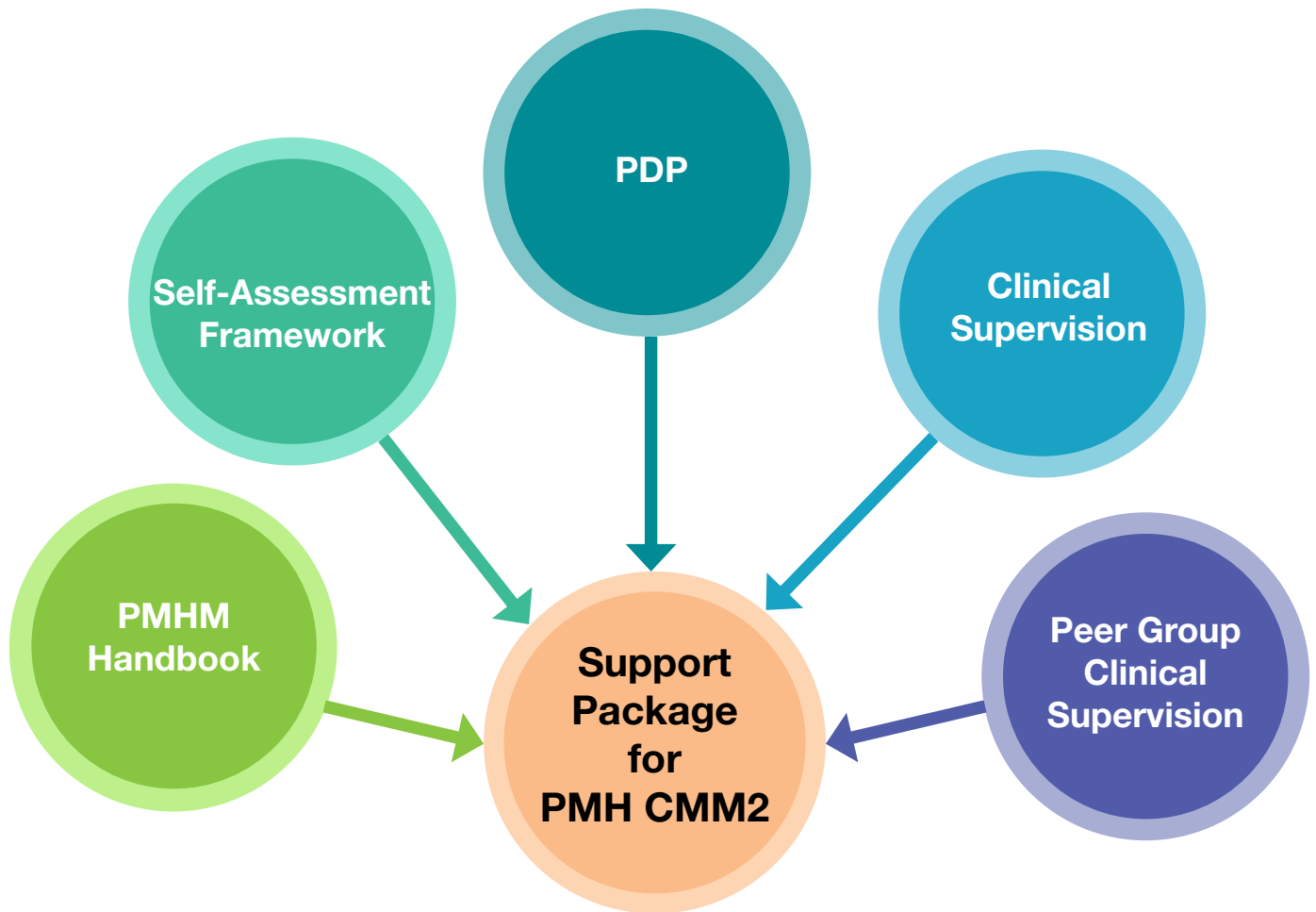


Figure 4: Support package for the PMH Midwife CMM2

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APPENDIX 1: THE FRAMEWORK

Principle 1; Respect and Dignity for the Person			
Standard 1:	Descriptors	Indicators	Self-Assessment Achieved Yes/No
The Perinatal Mental Health Midwife CMM2 practice is underpinned by a philosophy that protects and promotes the safety and autonomy of the woman and respects her experiences, choices, priorities, beliefs and values	1.1 Advocates for and works in partnership with women and families to ensure that women with perinatal mental health problems receive evidence-based information and care they need.	<ul style="list-style-type: none"> • Demonstrate understanding of the impact of perinatal mental health problems on women, children, partners and families. • Provide women with contemporary, evidence-based information and education to empower them to make informed decisions about their mental health care. • Provide information to women on options and choices of mental health care and treatments that are based on current evidence for women with mild to moderate mental health problems. • Provide evidence-based information for women to make an informed decision on infant feeding in the context of e.g. serious mental illness, psychotropic medications. 	
	1.2 Involves women in discussions regarding mental health screening and onward referral to PMH Midwife CMM2/ SPMHS if required.	<ul style="list-style-type: none"> • Lead on initiatives to ensure evidence-based perinatal mental health information is available and up to date. • Advocate and support women's choices in relation to their mental health care. • Respect women's beliefs and values in relation to perinatal mental health care and treatment. • Document appropriately all information and decisions in relation to provision of perinatal mental health care. • Include service-users in women focused groups to ascertain what matters to women regarding their mental health. 	
	1.3 Promotes positive perinatal and infant mental health.	<ul style="list-style-type: none"> • Advise and educate women on self-care, emotional wellbeing and signpost to appropriate support networks. • Advise women and their families how to recognise signs of deteriorating mental health. • Provide information on preventative interventions for those at risk of significant mental illness. • Promote positive mental health and reduce stigma through communication, education and public awareness initiatives. • Promote awareness of perinatal and infant mental health among women, staff, and the public locally to positively impact perinatal and infant mental health. 	

Developmental needs identified through self-assessment can be addressed using the HSE Professional Development Planning Tool

Principle 2; Professional Responsibility and Accountability

Standard 2:	Descriptor	Indicator	Self-Assessment Achieved Yes/No
<p>The Perinatal Mental Health Midwife CMM2 practises in line with legislation and professional guidance and is responsible and accountable within their scope of midwifery practice.</p> <p>This encompasses the full range of activities of the midwife as set out in the EC Directive 2005/36/EC and the adapted Definition of the Midwife (ICM) as adopted by the Nursing and Midwifery Board of Ireland (NMBI).</p> <p>The Perinatal Mental Health Midwife CMM2 duties and responsibilities are outlined in the job description.</p>	<p>2.1 Works within defined scope of practice.</p>	<ul style="list-style-type: none"> Practice within scope of clinical practice of the Perinatal Mental Health Midwife and identify own limitations. Where a situation is beyond scope of practice, refer appropriately via locally defined or agreed pathways. Undertake regular clinical supervision as per locally agreed arrangements within Hub and Spoke as defined in the Perinatal Mental Health Midwife Handbook. Participate in peer clinical supervision with fellow perinatal mental health midwives to reflect on practice and promote learning and evaluation within a safe and supportive environment. 	
	<p>2.2 Integrates appropriate national and local guidelines and policies in the provision of evidence-based perinatal mental health care.</p>	<ul style="list-style-type: none"> Lead on development of pathways, policies, protocols and guidelines locally. Provide care based on best practice, incorporating local and national policies, and national and international guidelines relating to perinatal mental health. This may include the SPMHS Model of Care (DOH, 2017), MBRRACE-UK reports, NICE (2020), SIGN (2012), RCOG (2007) guidelines and recommendations. 	
	<p>2.3 Provides professional and clinical leadership, includes teaching.</p>	<ul style="list-style-type: none"> Provide peer education, dissemination and sharing of knowledge to colleagues within maternity services, community midwives, PHNs, and practice nurses to include (but not limited to); screening and identification of perinatal mental health problems, anxiety management techniques, referral pathways and treatments for perinatal mental health problems. Undertake audit(s) and interpret and evaluate outcomes. Identify areas for quality improvement projects (QIPs) based on audit findings to enhance and improve perinatal mental health service provision within clinical practice. Liaise with relevant stakeholders to highlight findings and disseminate knowledge and results appropriately. Maintain the SPMH Programme national database of clinical activity data for Hub and Spoke sites. 	

Developmental needs identified through self-assessment can be addressed using the HSE Professional Development Planning Tool

	Descriptor	Indicator	Self-Assessment Achieved Yes/No
	2.4 Applies clinical risk-management processes into their own practice.	<ul style="list-style-type: none"> • Demonstrate a clear understanding of the risks associated with treating and not treating mental distress and disorder for both the woman and her pregnancy/ infant. • Demonstrate knowledge and awareness of the prevalence and risk factors for self-harm, suicide and infanticide in the perinatal period. • Follow locally agreed pathways to escalate risk where appropriate. • Identify and respond to possible risks to health professionals and communicate and educate on approaches to reduce risk, for example de-escalation techniques and breakaway techniques. 	
	2.5 Promotes and engages in ongoing learning and dissemination of knowledge in perinatal mental health.	<ul style="list-style-type: none"> • Engage in reflective practice as part of ongoing clinical supervision. • Participate regularly in local and national peer support groups including the national perinatal mental health midwife peer group. • Maintain a record of ongoing professional development. • Lead on teaching and learning opportunities to colleagues and peers on perinatal mental health. • Lead on the audit and monitoring of PPGs and updates as appropriate. 	

Developmental needs identified through self-assessment can be addressed using the HSE Professional Development Planning Tool

Principle 3; Quality of Practice

Standard 3:	Descriptor	Indicator	Self-Assessment Achieved Yes/No
<p>The Perinatal Mental Health Midwife CMM2 uses comprehensive knowledge, skills and professional behaviours to provide safe, competent, kind, compassionate and respectful care.</p> <p>The Perinatal Mental Health Midwife CMM2 keeps up to date with current midwifery practice by undertaking relevant continuing professional development.</p>	3.1 Assesses mental health.	<ul style="list-style-type: none"> Undertake mental health history and mental health assessment of women with mild to moderate mental health problems. Demonstrate a clear understanding of the range and prevalence of common mental health problems including anxiety disorders and depression as well as complex and serious mental health problems. Introduce screening questions/validated screening tools in the antenatal clinics/assessments if not already in place to assist in the identification of women at risk or experiencing mental health problems. 	
	3.2 Plans and implements safe, competent, kind, compassionate professional mental health care which is informed by best available evidence.	<ul style="list-style-type: none"> Plan, implement and evaluate care in collaboration with women following assessment. Promote positive perinatal and infant mental health by advising and educating women on self-care, emotional wellbeing and signposting to appropriate support networks. Provide supportive, therapeutic and evidence-based interventions to women experiencing mild to moderate mental health problems on an individual basis, or in group format within scope of practice. Interventions may include (but are not limited to): anxiety management techniques, Wellness Recovery Action Plan (WRAP), support around fear of birth/birth trauma, antenatal anxiety management groups, postnatal depression support groups, CBT/psychotherapy, listening visits, non-directive counselling, mindfulness, hypnobirthing. Signpost women to appropriate, quality online self-help information. 	

Developmental needs identified through self-assessment can be addressed using the HSE Professional Development Planning Tool

Descriptor	Indicator	Self-Assessment Achieved Yes/No
3.3 Recognises deterioration of mental health in women.	<ul style="list-style-type: none"> • Understand and educate staff about the rapid speed at which maternal mental health can deteriorate in the perinatal period and the implications for women who are not identified and treated promptly. • Educate staff to recognise deterioration of mental health and take appropriate actions to escalate risk and refer appropriately within locally defined pathways. • Educate staff on recognising and responding in a timely and appropriate manner to mental health emergencies affecting the health and/or safety of the woman and/or her baby. • Effectively liaise with multidisciplinary/ liaison psychiatry/primary care team/ community mental health team in the event of a mental health emergency. 	
3.4 Complies with NMBI medication management guidance.	<ul style="list-style-type: none"> • Demonstrate a clear understanding of the common risks and benefits relating to pharmacological treatments in the perinatal period and educate staff accordingly. • Demonstrate a clear understanding of the range of psychotropic medications for women experiencing mental health distress or disorder during the perinatal period including (but not limited to) selective serotonin reuptake inhibitors (SSRIs) which are commonly used in the perinatal period e.g. sertraline, fluoxetine, citalopram, escitalopram; mood stabilisers e.g. lithium; benzodiazepines e.g. alprazolam, diazepam, lorazepam. • Advise woman as appropriate that some pharmacological treatments may be contraindicated in breastfeeding. 	
3.5 Develops and maintains clinical competence through continuous professional development (CPD).	<ul style="list-style-type: none"> • Demonstrate evidence of CPD. • Utilise HSE Professional Development Plan (PDP) and other related documents to guide self-assessment process. • Engage in discussion with line manager/ clinical lead to address identified needs in education and training. • Pursue additional training and education as appropriate. • Engage in mandatory training. 	

Developmental needs identified through self-assessment can be addressed using the HSE Professional Development Planning Tool

Principle 4; Trust and Confidentiality

Standard 4:	Descriptor	Indicator	Self-Assessment Achieved Yes/No
<p>The Perinatal Mental Health Midwife CMM2 works in equal partnership with the woman and her family and establishes a relationship of trust and confidentiality</p>	<p>4.1 Respects the woman's right to privacy and confidentiality.</p>	<ul style="list-style-type: none"> • Provide time, privacy, dignity and an appropriate care environment to engage respectfully and therapeutically with women when discussing mental health issues. • Maintain professional midwifery standards in relation to confidentiality, ethics and legislation. 	
	<p>4.2 Adheres to local and national practices and policies for the safeguarding of children and vulnerable adults.</p>	<ul style="list-style-type: none"> • Demonstrate knowledge of local and national safeguarding practices in relation to referral criteria for social issues including (but not limited to) housing, child protection, domestic violence, substance misuse and complex social issues such as co-morbid maternal mental health problems and serious mental illness. • Refer to TUSLA, social care agencies and voluntary agencies as appropriate. 	
		<ul style="list-style-type: none"> • Demonstrate an understanding of mental health and capacity legislation pertaining to the right to have or refuse treatment. 	
		<ul style="list-style-type: none"> • Demonstrate knowledge of relevant policies, procedures and guidelines pertaining to the role of perinatal mental health midwife e.g. the Mental Health Act, 2001 and the National Consent Policy, 2019. 	

Developmental needs identified through self-assessment can be addressed using the HSE Professional Development Planning Tool

Principle 5; Communication and Collaboration

Standard 5:	Descriptor	Indicator	Self-Assessment Achieved Yes/No
<p>The Perinatal Mental Health Midwife CMM2 communicates and collaborates effectively with women, women’s families and with the multidisciplinary healthcare team</p>	<p>5.1 Communicates appropriately and effectively with women, their families and with the multidisciplinary healthcare team.</p>	<ul style="list-style-type: none"> Utilise effective, empathic communication skills including active listening in a safe and non-judgemental space. 	
		<ul style="list-style-type: none"> Communicate clearly to colleagues and women the potential impact of physical and emotional changes in pregnancy for women with a history of mental health problems (NHS Education for Scotland, 2019). 	
		<ul style="list-style-type: none"> Formulate strong working relationships with other professionals who may be involved in supporting women in their care. Work collaboratively with other healthcare professionals as per Hub/Spoke guidelines. Collaborate with relevant healthcare professionals locally and outside of catchment area as appropriate when providing care to women with mild to moderate mental health problems. Lead on the development of individualised perinatal mental health care plans as per local guidelines and communicate appropriately to members of the midwifery/obstetric/psychiatry/ primary care team as indicated. 	
		<ul style="list-style-type: none"> Participate in weekly perinatal mental health MDT/case review as per local arrangements within Hub/Spoke/Community Mental Health Team. 	
		<ul style="list-style-type: none"> Develop pathways to ensure seamless and effective communication and information sharing between relevant professionals involved in a woman’s perinatal mental health care e.g. Public Health Nurses, Hub SPMHS team, General Practitioners, liaison/community mental health services, social care or family services etc. Document and communicate assessments and clinical information to appropriate recipients. 	

Developmental needs identified through self-assessment can be addressed using the HSE Professional Development Planning Tool

	Descriptor	Indicator	Self-Assessment Achieved Yes/No
	5.2 Takes appropriate actions to challenge and reduce barriers to effective communication with women, their families and with the multidisciplinary team (MDT).	<ul style="list-style-type: none"> Recognise and educate staff that women from Black, Asian and minority ethnic (BAME) groups may have less equitable access to healthcare and service provision and offer appropriate supports to improve their access to perinatal mental health care provision (MBRRACE, 2020). Use interpreters where required to fully understand a woman's mental health history and cultural needs. Refer appropriately to allied colleagues to ensure that all women's needs are holistically met e.g. midwifery colleagues, obstetrics, dietician, social work, physiotherapy where required. 	
		<ul style="list-style-type: none"> Involve and communicate with partners and support persons in relation to the woman's perinatal mental health care, provided the woman has given her consent. 	

APPENDIX 2: WORKING GROUP MEMBERSHIP

Name	Title	Representing
Margaret Quigley	National Lead for Midwifery, Office of the Nursing and Midwifery Services Director	The Office of the Nursing and Midwifery Services Director and Working Group Chair
Anne Brennan	Director, Nursing and Midwifery Planning and Development Unit, HSE Dublin North	Directors of Nursing and Midwifery Planning and Development Units
Triona Cowman	Director, Centre for Midwifery Education, Coombe Women and Infants University Hospital	Centres for Nursing and Midwifery Education
Angela Dunne	Director of Midwifery, The National Women and Infants Health Programme	The National Women and Infants Health Programme
Paul Gallagher	Chief Director of Nursing & Midwifery (CDONM), Ireland East Hospital Group	Chief Directors of Nursing and Midwifery
Maria Gibbons	Perinatal Mental Health Midwife Clinical Midwife Manager 2, University Maternity Hospital Limerick	Clinical Midwife Manager 2 in Hub sites
Ursula Nagle	Registered Advanced Midwife Practitioner, Perinatal Mental Health, Rotunda Hospital Dublin	Clinical Midwife Specialists and Advanced Midwife Practitioners in Perinatal Mental Health and Working Group Project Lead
Deirdre Naughton	Director of Midwifery, Portiuncula Hospital, Galway	Directors of Midwifery
Michelle Waldron	Nursing and Midwifery Planning and Development Officer, HSE South-East	Nursing and Midwifery Planning and Development Units
Jennifer Woodbyrne	Perinatal Mental Health Midwife Clinical Midwife Manager 2, Wexford General Hospital	Clinical Midwife Manager 2 in Spoke sites
Dr Margo Wrigley	National Clinical Lead Specialist Perinatal Mental Health Programme	Specialist Perinatal Mental Health Programme

APPENDIX 3: CLINICAL SUPERVISION RESOURCES:

Horgan, A., Meehan, E., McCarthy, V., Kilty, C., Goodwin, J., Connaire, S., Walsh, A., Buckley, C., McAuliffe, K., Saab, M. (2020) *Report on the Evaluation of the Implementation of Peer Group Clinical Supervision for Nurses in the HSE South* (Cork and Kerry). Available at: <https://healthservice.hse.ie/filelibrary/onmsd/evaluation-of-the-implementation-of-peer-group-clinical-supervision-for-nurses-in-the-hse-south-cork-and-kerry-.pdf>.

Health Service Executive (2019) National Policy for Clinical Supervision in Psychiatric/Mental Health Nursing <https://healthservice.hse.ie/filelibrary/national-policy-for-clinical-supervision-in-psychiatric-mental-health-nursing-2019.pdf>

Nursing and Midwifery Planning and Development Unit HSE North East (2017) *HSE North-East Nursing and Midwifery Peer Group Clinical Supervision Strategic Plan 2017-2020*. Available at: <https://healthservice.hse.ie/filelibrary/onmsd/hse-north-east-nursing-and-midwifery-peer-group-clinical-supervision-strategic-plan-2017-2020.pdf>.

Nursing and Midwifery Planning and Development Unit HSE West Mid-West (2019) *Guidance Document on Peer Group Clinical Supervision*. Available at: <https://healthservice.hse.ie/about-us/onmsd/onmsd/nursing-midwifery-planning-development/guidance-document-on-peer-group-clinical-supervision-nmpdu-hse-west-mid-west-2019.pdf>.

