



Curriculum 2024 Guide for Special Interest Training Module (SITM): Perinatal Mental Health (PMH)

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1. The Perinatal Mental Health SITM

This SITM is aimed at learners with an interest in perinatal mental health. The SITM provides training in the skills required to safely manage pregnancy in women with pre-existing or new-onset mental health issues. Learners will learn to use knowledge about major psychiatric illness and psychoactive medication to safely manage pregnant people and their babies. After completing the SITM, learners will be prepared to provide a specialist service for antenatal, intrapartum and postnatal care in their unit.

As a learner progresses through the SITM, they will learn how to handle a variety of scenarios. Learners will also participate in educational events to further develop their training.

Throughout training, learners will need to reflect on whether a project has gone well, learn from positive and negative experiences, and use this to improve their own skills.

Before signing off on this SITM, the Educational Supervisor will decide the level of supervision required for each Perinatal Mental Health (PMH) Capability in Practice (CiP), and whether this has been met. More detail is provided in Section 5 of the [Special Interest Training Definitive Document](#).

2. Design of the SITM

The Perinatal Mental Health 2024 SITM is made up of two Perinatal Mental Health (PMH) CiPs.

If undertaking the module full time, it is expected to take 12 months of training. However, this timeframe is indicative, as training is entirely competency based.

Learners must complete a minimum of two SITMs to obtain a certificate of completion of training (CCT). They can undertake any obstetrics or gynaecology SITM as their second SITM, depending on whether they are aspiring to an obstetrics-only, or combined obstetrics and gynaecology special interest career.

Here is the GMC-approved PMH SITM:

3. Capabilities in Practice (CiPs)



PMH CIP 1: The doctor uses their understanding of common perinatal mental health issues and major psychiatric illness to provide the best care for a pregnant person who has mental health issues.

Key skills	Descriptors
Able to counsel a person with mental health issues who wants to get pregnant	<ul style="list-style-type: none"> • Is able to discuss mental health issues with someone who wants to get pregnant and assess the potential impact on their pregnancy and mental health. • Reviews pre-pregnancy drug therapy and advises where modifications should be made when pregnant.
Able to assess the mental health needs of a pregnant person	<ul style="list-style-type: none"> • Can make an assessment of a pregnant person with a history of mental health issues and liaise with perinatal mental health services to make a management plan. • Can make an assessment of a pregnant person who has risk factors for perinatal mental health issues and liaise with the perinatal mental health services to make a management plan. • Can make an assessment of a pregnant person whose previous pregnancies were complicated by mental health issues and liaise with perinatal mental health services to make a management plan. • Is able to recognise significant deterioration in the mental health of a pregnant person and can access appropriate acute services. • Has experience of non-pregnancy mental health assessment and support.
Able to support a person with severe perinatal mental health	<ul style="list-style-type: none"> • Recognises severe perinatal mental health issues, including postpartum psychosis. • Liaises with perinatal mental health services to provide the best care for pregnant people in the antenatal and postnatal period. • Is able to support the ongoing care of a pregnant person in a mother and baby unit (or equivalent when this is not available locally). • Works with primary care and local speciality teams in the community and hospital to optimise outcomes for the pregnant person and their baby.
Supports a person with obstetric post-traumatic stress disorder (PTSD)	<ul style="list-style-type: none"> • Explores someone's birth history and understands areas of trauma. • Helps the recovering person to understand and gives clarity about what happened when they gave birth. • Recognises when referral for therapy e.g. cognitive behavioural therapy (CBT) is needed and refers to



	appropriate services.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<ul style="list-style-type: none"> • Reflective practice • NOTSS • TO2 • Cbd • Mini-CEX 	<ul style="list-style-type: none"> • RCOG Learning • Local and deanery teaching • Attendance at appropriate courses and conferences • Working in a multidisciplinary team (MDT), including with perinatal mental health clinic • Clinical attachment to a mother and baby unit • Attendance at non-obstetric psychiatry clinics • Log of cases and outcomes
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	
<ul style="list-style-type: none"> • Factors in personal and family history increasing the risk of mental health problems • The effect of pregnancy and new parenthood on pre-existing mental health problems • The effect of pregnancy and new parenthood on precipitating psychiatric illness de novo • The legal issues around mental health: Mental Health Act and consent and child protection • The prevalence of, effects of pregnancy on, and the management strategies and prognosis of <ul style="list-style-type: none"> ○ chronic psychotic disorder ○ mood disorders: chronic depression and anxiety ○ bipolar disorder ○ postpartum psychosis • Recurrence risk and the management of pregnancies in people with a history of pregnancy-induced/related mental health disorder. • Local psychiatric services for pregnant people, or those who have recently given birth, including mother and baby unit • Structure of local psychiatric services and the role of community and hospital-based elements of this service along with the acute and chronic pathways for care • Differences in how mental illness and personality disorders present and can be managed in different people 	

PMH CiP 2: The doctor understands the role of psychoactive medication on pregnancy and provides the best care for the pregnant person and their baby to stay safe.

Key skills	Descriptors
Can advise on the drugs commonly used in the treatment of mental health	<ul style="list-style-type: none"> • Is familiar with the common drugs that can and cannot be used safely during pregnancy.



problems in people who are pregnant or who want to be	<ul style="list-style-type: none"> Is familiar with the common drugs that can and cannot be used safely in breastfeeding. Discusses any significant risk posed by continuing or stopping drug therapy. Is able to advise on the best treatment regime for people who need to continue drug therapy throughout pregnancy and the postnatal period. Is aware of the impact of drug therapy on a pregnant person and newborn baby and discusses the risks and benefits with the person.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<ul style="list-style-type: none"> Reflective practice NOTSS TO2 CbD Mini-CEX 	<ul style="list-style-type: none"> RCOG Learning Local and deanery teaching Attending a perinatal mental health MDT meeting Log of cases and outcomes
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	
<ul style="list-style-type: none"> The pharmacology and long-term effects of tricyclics selective serotonin reuptake inhibitors, phenothiazines, butyrophenones (e.g. haloperidol), benzodiazepines, lithium and carbamazepine on pregnant person, fetuses and newborns The role of non-pharmacological treatments and their application for pregnant women and people The risks in continuing and stopping psychoactive drugs in pregnancy and breastfeeding and how to balance these risks in an individual How to minimise the impact of therapy on the newborn 	

4. GMC Generic Professional Capabilities (GMCs)

The key skills in the PMH CiPs also map to a variety of [generic professional capabilities](#) (GPCs). When providing evidence of their progress in this SITM, learners should make sure that it also displays progress/capability in the GMC GPCs, such as dealing with complexity, teamwork and leadership, and knowledge of patient safety issues.

Mapping to the GPCs



Domain 1: Professional values and behaviours

Domain 2: Professional skills

Domain 3: Professional knowledge

Domain 4: Capabilities in health promotion and illness prevention

Domain 5: Capabilities in leadership and team-working

Domain 6: Capabilities in patient safety and quality improvement

Domain 7: Capabilities in safeguarding vulnerable groups

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

Learners can expect to be assessed on their wider skills as a medical professional, their skills in leadership and teamwork, and their level of clinical competence. Evidence showing progress in these areas will result in the learner progressing through the SITM.

To help learners and Educational Supervisors determine what acceptable progress looks like, there is a Statement of Expectations for each PMH CiP.

Statement of Expectations for the PMH SITM	
Meeting expectations for the PMH CiP1	Learners are meeting expectations and are able to work with associated healthcare specialists to assess the history and current mental health of a pregnant person with pre-existing or new-onset mental health concerns. Learners can provide care before, during and after pregnancy, to optimise outcomes for these people and their babies.
Meeting expectations for the PMH CiP2	Learners are meeting expectations and understand how medications used to treat mental health problems can be used during and after pregnancy, to optimise the outcomes for both the mother and baby.

The CiP knowledge criteria show the processes/frameworks a learner should understand and the clinical knowledge they must have if they want to work in perinatal mental health. This is more in-depth than the knowledge base expected for the MRCOG. The key skills and descriptors outline the expected learning outcomes for the SITM. However, learners will not experience the entire range of possible scenarios during their training for this SITM; therefore, after completing the module they should continue their learning and skill development through their independent practice as a Perinatal Mental Health special interest doctor and at MDT meetings.

5. Procedures associated with the PMH CiPs

There are no procedures associated with this SITM.

6. Evidence required

As learners progress through SITM training, they are expected to collect evidence that demonstrates development and acquisition of the key skills, procedures and knowledge. This evidence will be reviewed by the SITM Educational Supervisor when they are making their assessment for each CiP. Examples of types of evidence a learner may use to show progress in the SITM are given below. **Please note that this list shows possible, not mandatory, types of evidence** (see Section 5.6 in the [Special Interest Training Definitive Document](#) for more detail).

If workplace-based assessments are listed, then at least one must be presented as evidence. The emphasis should be firmly on the **quality** of evidence, not the quantity.

<ul style="list-style-type: none"> Objective Structured Assessment of Technical Skills (OSATS) (mandatory) 	<ul style="list-style-type: none"> Case presentations
<ul style="list-style-type: none"> Case-based discussions (CbD) 	<ul style="list-style-type: none"> Quality improvement activity
<ul style="list-style-type: none"> Mini-Clinical Evaluation Exercise (Mini-CEX) 	<ul style="list-style-type: none"> Certification of training courses
<ul style="list-style-type: none"> NOTSS 	<ul style="list-style-type: none"> Attendance at relevant meetings
<ul style="list-style-type: none"> Reflective practice 	<ul style="list-style-type: none"> Attendance at a perinatal mental health MDT meeting
<ul style="list-style-type: none"> Team observation (TO2), including self-observation (SO) 	<ul style="list-style-type: none"> Log of cases and outcomes
<ul style="list-style-type: none"> Local, Deanery and National Teaching 	<ul style="list-style-type: none"> Attendance at appropriate courses and conferences
<ul style="list-style-type: none"> RCOG (and other) eLearning 	<ul style="list-style-type: none"> Working in a multidisciplinary team (MDT), including with perinatal mental health clinic
<ul style="list-style-type: none"> Procedural log 	<ul style="list-style-type: none"> Clinical attachment to a mother and baby unit
<ul style="list-style-type: none"> Attendance at non-obstetric psychiatry clinics 	



The table below may be useful for learners to see whether a specific workplace-based assessment can be used as evidence of progress in a specific PMH CiP:

PMH CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
1: The doctor uses their understanding of common perinatal mental health issues and major psychiatric illness to provide the best care for a pregnant person who has mental health issues.		X	X	X	X	X
2: The doctor understands the role of psychoactive medication on pregnancy and provides the best care for the pregnant person and their baby to stay safe.		X	X	X	X	X

7. Career guidance

Learners can only undertake two SITMs at any one time, and a minimum of two SITMs are required to obtain a CCT in obstetrics and gynaecology. Learners can undertake any obstetrics or gynaecology SITM with the PMH SITM. The choice of second SITM depends on whether a learner is aspiring to an obstetrics-only or a combined obstetrics and gynaecology special interest career. However, this will also depend on the training opportunities available for their chosen SITMs.

For further career advice, learners should have a discussion with their SITM Director.



8. Further resources

The further resources listed below can be found on the [RCOG Curriculum 2024 webpages](#):

- [Essential Curriculum Guide](#)
- [Special Interest Training Definitive Document](#) (containing the 2024 curricula for SITMs and SIPMs)
- [British Maternal and Fetal Medicine Society \(BMFMS\)](#)
- [Maternal Mental Health Association](#)
- [Mind](#)
- [Pandas Foundation](#)

Find out more at
rcog.org.uk/curriculum2024



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