



**National Institute of Mental Health and Neuro Sciences,
Bangalore
(An Institute of National Importance)
Perinatal Psychiatry Services
Department of Psychiatry**

**MANUAL OF PROCEDURES – MOTHER BABY UNIT
Version 9.2018**

Manual of Procedures: Inputs

<u>Psychiatry</u>	<u>Clinical Psychology</u>	<u>Psychiatric Social Work</u>
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Abbreviations

ECT	Electro Convulsive Therapy
FIRST MB	Formal Initial Risk Assessment for Mothers and Babies
FICU	Female Intensive Care Unit
HMSE	Hindi Mental State Examination
JR	Junior Resident
MBU	Mother Baby Unit
MRD	Medical Records Department
OPD	Out Patient Department
PDF	Post-Doctoral Fellow
SR	Senior Resident

Appendices (available on the website)

Appendix 1	FIRST MB
Appendix 2	Infant Monitoring form
Appendix 3	MBU Proforma
Appendix 4	Education booklet
Appendix 5	Discharge Card

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1. Admissions to MBU

1.1 Admission from Emergency

- All women who are pregnant or postpartum presenting to Emergency undergo a detailed clinical evaluation- history, physical examination, and mental status examination. This is followed by a comprehensive risk assessment (Chapter 4). These assessments are performed by the Emergency team which comprises of Senior Resident- a qualified psychiatrist, Junior Resident- trainee psychiatry resident and nursing staff.
- Basic hematological and biochemical investigations to rule out serious medical comorbidities that require immediate intervention should be done and reviewed prior to admission by Emergency team.
- Before admission to MBU, a neurology review would be necessary if clinical examination reveals neurological signs or if there a strong clinical suspicion of underlying neurological disorder.
- All women who are pregnant or postpartum presenting to Emergency must be informed to PDF in Women's Mental Health by the team on emergency.
- During working hours (8am to 8pm) excluding Sunday, the perinatal psychiatry team will provide expert consultation for referrals from Emergency ward. Junior Resident (JR) posted under perinatal services as well as SR in Women's Mental Health must document the notes before shifting to MBU.
- Any woman who has risk of harm to self, others, fetus or infant should be initially admitted under high monitoring ward such as Female ICU.
- Temporary separation from the infant is considered if the mother's condition poses risk to infant or self (e.g. severe disorganization in behavior in mother, infanticidal, or suicidal ideas, infant harming behaviors).
- Admission to MBU requires a lady attender and baby of the ill mother. The general health condition of the baby should be good for a joint admission with mother. Pediatrician referral to be considered regarding if there are concerns about baby's health.
- Pregnant women can be admitted in general ward/FICU based on the risk. In exceptional cases, pregnant women can be considered for admission in MBU after discussion with the SR in Women's Mental Health.

- The consultant in charge of the case needs to be informed about the management plan following an admission in MBU.
- In case of any adverse event (such as Self harm/ infant harm attempts, escaping from care attempts, violence or any such incident) in the Emergency or MBU pertaining to pregnant or postpartum women, mandatory incident reporting should be done by the team on duty or treating team. Escalation of matters by informing any of the perinatal consultants Prof Prabha S Chandra (1469), Prof. Geetha Desai (1480), Prof. Harish (1486), Dr. Sundarnag (1460) regarding the acute event and status of patient should be done if the treating Unit is not Unit 4.

1.2 Admission from Out Patient Department (OPD)

- Pregnant and postpartum women seen in OPD must undergo a detailed clinical assessment (physical and psychiatric) including comprehensive risk assessment by JR/SR.
- All cases must be discussed with senior resident/consultant of the respective unit before admission.
- For pregnant women:
If risk is high on clinical evaluation— patient should be admitted under high monitoring ward such as FICU. Otherwise, patient can be admitted in general ward.
In exceptional cases, pregnant women can be considered for admission in MBU after discussion with the SR in Women's Mental Health.
- For postpartum women:
If risk is high on clinical evaluation- consider temporary separation of mother and baby, patient can be admitted in FICU/ General ward. Otherwise, mother can be admitted with baby in MBU.
- Any refusal to an admission by patient /caregivers has to be documented in screening slip/file and patient should be called for a detailed outpatient assessment on subsequent Friday at the Perinatal Psychiatry Clinic at 9 am.

2. Instructions for other unit patients in MBU and Transfer from other unit

- All MBU admissions irrespective of treating unit **MUST BE** informed to SR in Women's Mental Health before admission.
- For the safety of the mothers and their babies, it is important to do comprehensive risk assessment and document the same in the patient's file. Details of Risk Assessment are elaborated in Chapter 3.
- Daily infant monitoring is required.
- At any point of admission, if the risk is high, transfer of such patients to high monitoring ward such as FICU must be considered.
- In circumstances of admission of mothers with high risk to MBU (non-availability of beds in FICU) then resident in-charge of the patient **MUST** examine the patient 4th hourly and document the risk till such risk wanes off. The treating team must flag such patients in the night duty register for review by the on-call team.
- If patients are transferred to/taken over by Unit 4 then MBU team will be responsible for the management.
- If mothers are not transferred to Unit 4 then management of medical and psychiatric issue is the primary responsibility of the parent unit. In such case, the perinatal team shall provide interventions for mother-infant bonding, infant developmental assessments and interventions, interventions to the fathers and spouse groups.

3. Risk assessment

- For the safety of the mothers and their babies, it is important to do comprehensive risk assessment and document the same in patient's file.
- Risk assessment will be performed daily in the MBU by the JR and nursing staff till patient gets discharged.
- Risk assessment should be done using the FIRST- MB (Formal Initial Risk Assessment for Mothers and Babies) form which includes
 - Risk to self
 - Risk to others
 - Risk to infant
 - Infant health
- Time of risk assessment:
 - Before admission – to triage and plan admission
 - After admission-
 - At intake to ward/MBU
 - Within 6 hours of admission
 - Daily till discharge.
- Any risk to self/ infant/others should be immediately informed to SR/ consultant in-charge for appropriate action.

4. Infant Assessment and Feeding

Infant assessment

- Detailed general physical examination at admission.
- All infants should get a referral to pediatrician at admission for health concerns in the baby.
- Weight Assessment once weekly.
- Check immunization status.
- Monitor side effects -Daily infant monitoring form to be filled specifically focusing on effect of psychotropics on the infant due to lactation exposure.
- Monitor infant sleep and rhythms.
- Developmental assessment should be done for all the infants getting admitted to MBU. All domains of developmental milestones – gross motor, fine motor, social, language and cognitive should be assessed. Feedback and inputs for infant stimulation based on the assessment should be given.

Infant feeding

- Detailed assessment of infant feeding.
- Assess various myths and misconceptions of patient and family regarding breast feeding and address them appropriately.
- Strongly encourage exclusive breastfeeding till infant is 6 months of age except if contra indicated due to mother being on specific medication.
- When mothers are posted for ECT, infant feeding can be managed by storing expressed milk in a clean container.
- If mother is drowsy and finds it difficult to feed in the night – to give expressed milk using a *pallada*.
- If patient is not cooperative for expressing breast milk, formula feeds can be considered.
- Bottle feed is discouraged unless there are exceptional circumstances. If bottle fed-to ensure hygiene and regularly sterilizing bottles.

5. ECT Procedures

- Whenever ECT is clinically indicated, post-partum and pregnant women will receive priority in the ECT list
- Ensure that mother feeds the infant prior to ECT.
- Ensure mother eats/drinks after recovering from ECT. Take care of aspiration risks. Food intake should be in a sitting position and lying down should be in a reclining position.
- Detailed cognitive assessment- B4ECT recode or HMSE to be done at baseline, after 3rd and 6th ECT.
- Roles and responsibilities of members of MBU team for ECT are described in the respective sections.

6. The Perinatal Team

6.1 The Perinatal Team

Staff	No.	Time Spent
Psychiatry Consultants	3	5 hours each per week
PSW Consultants	1	3 hours per week
SR/Post-Doctoral Fellow	1	15-20 hours per week
JR	1-2	25-30 each hour per week
PSW trainees	1-2	10-15 hours per week
Nurses	1 for 5 beds	Available at all times in shifts
Health Assistants	1 for 5 beds	Available at all times in shifts
Clinical Psychology Team includes Consultant and trainees	2-3	Variable based on infant assessment, psychological intervention

6.2 Role of Post-Doctoral Fellow (equivalent to Senior Resident) in Women's Mental Health

- Admission procedure- PDF in women's mental health will be informed over phone regarding the cases from OPD and Emergency. The decision will be taken appropriately for inpatient care or outpatient care based on the patient's condition, willingness, and after discussing with the consultant.
- Supervision of junior residents –
 - When a fresh batch of residents/trainees joins the unit, introduction class will be held in the 1st week about working of perinatal services- both outpatient and inpatient services.
 - Roster for MBU posting for JR will be prepared by the PDF.
 - JR posted for MBU posting will be familiarized with the rules and regulations of the ward and other specific issues such as breast-feeding, hygiene, communicating clear instructions to nursing staff and family members, baby care, feeding issues etc.

- Documentation
 - The NIMHANS MBU has a detailed proforma (Appendix 3) which includes a case history format as well as rating scales, risk assessment forms, trauma interview, and infant details. Several sections have to be filled periodically, at admission and at discharge.
 - Systematic documentation is an important role of the PDF. The MBU proforma will be filled by the PDF with the help of PSW team in certain areas.
 - Filled forms every month will be sent to the project section for the data entry.
 - SR rounds notes should be documented in the patient's MRD file.

- Reporting to consultants-
 - Consultants should be informed about all admissions to MBU.
 - Cases seen in the Emergency ward will be informed to the consultant and plan of management will be discussed.
 - Any Emergency regarding the inpatients will be immediately updated to the consultants.

- Rounds-
 - SR will conduct rounds on Monday and Friday along with JR and other trainees.
 - SR will coordinate Consultant rounds on Tuesdays at 9 30 and on Saturday 10 30 am.

- Emergencies- All pregnant and post-natal patients in Emergency or MBU/ other wards will be handled by the SR along with the JR within a stipulated time.

- Liaison- SR will facilitate liaison with obstetrician and gynecologists, neonatologists, pediatricians, lactation expert as and when required. It might be also required to liaise with neurologists based on the case. We have a panel of specialists who can be contacted by phone or a referral letter when needed.

- Research- It is required to complete PDF thesis during the 1-year tenure of fellowship. Also based on the interest can involve in other research activities apart from PDF thesis. On every Thursday from morning 9 30 to 11 30 am thesis off can be taken.
- The PDF should also coordinate the monthly administrative meetings.

6.3 Role of Consultant

- Consultant Rounds Tuesday at 9 30 and on Saturday 10 30 am after the academic programme (OSCE).
- Consultants shall conduct case relevant discussions and review treatment plan and progress
- Consultants shall facilitate bedside learning of trainees and skill acquisition

6.4 Role of Clinical Psychology Team

- Personality assessment and individual therapy.
- IQ assessment where indicated to be done, inputs and feedback about the same to be given to patient and family.
- Screening of every baby with Baroda Developmental Screening Test and further need based developmental assessment and intervention.
- If psychological interventions are carried, the same should be summarized separately for the mother and the infant at the time of discharge.

6.5 Role of Psychiatric Social Worker (PSW)

- PSW junior consultant/ consultant shall be informed about all new admissions by the SR in MBU
- PSW Junior Consultant (JC)/Consultant will allot the cases to PSW trainees.
- On day of admission:
 - The PSW trainee should initiate a detailed **Psychosocial Assessment**(socio-economic status, social support, burnout issues, stigma issues, discrimination, violence or neglect or trauma, any legal

- issues, marital discord, family dynamics, IPR issues, pathways to care, knowledge about illness, attitude towards patient and the illness, etc.).
- Provide patient and family members with MBU booklet and pamphlets according to their language.
- In the first few days of admission:
 - Trainee will focus on assessment of socio-demographic details, social support system from family of origin and procreation, relationship with spouse/partner.
 - Document:
 - Genogram, support scale, maternal behavior rating scale and mother-baby bonding instrument in MBU Proforma.
 - After completion of assessments, appropriate interventions should be carried out by the PSW trainee under guidance and supervision of the JC/Consultant. It is necessary to document all interventions.
 - All cases should be discussed with concerned consultant PSW for further inputs and plan of interventions
 - On the same day or the following day at admission.
 - Periodically (mostly on Tuesday review meeting or Friday morning, or any day of the week).
 - Details of assessments and intervention, discussion notes with JC and Consultant should be documented in MRD file of the patient.
 - Pre-Discharge:
 - Detailed pre-discharge counseling for patients and caregivers should be done by the trainees.
 - MBU helpline number (8105711277) must be given to patient, spouse and family members to contact on Emergency or for any queries.
 - Discharge card must be given to patient and family at the time of discharge.
 - Follow up date and timings along venue of perinatal clinic (OPD block, Psychiatry Special Clinics, 1st floor, Perinatal Psychiatry Clinic, NIMHANS) should be explained clearly.
 - Contact of Perinatal Clinic (08026995547) should be given to the patients.

- Psychosocial interventions and outcome should be filled in the MBU Proforma and the concerned trainee should write their name and sign on the form.
- The JC PSW should ensure that MBU proforma is completely filled, within a day of discharge.
- Psychoeducation sessions should include:

Session 1: Psycho-education to family members regarding perinatal mental health, post-partum and need for treatment and address their cultural practices and beliefs.

Session 2: Educate on exclusive breast feeding and facilities in the ward for infant feeding like availability of breast pump, infant feeding equipment, sterilization facility and availability of formula milk. Address their concerns and myths & misconceptions. Educate on hygiene practices of mother, baby and caregivers.

Session 3: Addresses the concerns and anxiety related to pregnancy /motherhood /fatherhood, related to mother and foetus attachment and parenting issues.

At each session, it is necessary to check for understanding of the information provided in the previous sessions.

Further Sessions:

Discuss about infant's immunization schedule, normal developmental milestones and importance of sensory stimulations.

Need for medication adherence, supervised medication, regular follow up must be explained.

Educate on contraceptive and birth control measures and importance of birth spacing.

Video Sessions: Subjective and objective bonding assessment-

- Video recording with informed consent and video feedback sessions to improve motherhood skills if inadequacies are observed during the IP care, can be considered.
- Pre-video session/consent/preparation should be done by PSW trainee before the day of video recording.

Group sessions:

It is an audio –visual based psycho-educational group.

- Caregiver’s group work intervention (2.30pm to 3.30 pm – Every Friday)
- Spouse group work intervention (3.00 to 4.00 pm – alternative Saturdays, 1st and 3rd Saturdays)
- PSW team should ensure that the caregivers or Spouse should attend at least 2 group work sessions during IP care by informing them about the session in advance.
- If the number of IP cases is less during the week and PSW team is not able to conduct group sessions during IP care, caregivers and spouses should be called during out-patient group sessions on Friday morning (9.15 to 10 am) at perinatal clinic.
- Collateral contacts, home visits, if required linking with Government organizations/NGOs- women helpline, child helpline, CWC, Legal cell etc.
- Disability assessment and facilitating welfare benefits should be done.
- While dealing with families or spouse, if any mental health issues are identified, they should be discussed with Consultants and referred to the PDF in Women’s Mental Health/SR or Psychiatry Consultants.
- Rounds: All trainees posted in MBU must attend Consultants rounds on Saturday /SR rounds/PSW rounds (held twice weekly) and update about psychosocial interventions.
- Emergency Helpline: The PSW team is in charge of handling and responding the Emergency helpline number. PSW team can contact PDF in Women’s Mental Health for inputs while responding to the Emergency calls when required.

6.6 Role of nursing staff

General nursing care

- Receive admission and carry out the admission procedure including explaining about ward rules, facilities and provisions in the ward.
- Instruct the family members about visiting hours and rules for male relatives.

- Monitor and explain family about infant safety.
- Provide safe and comfortable environment to the patient.
- Risk assessment using the proforma should be done daily till the time of discharge.
- High risk events like any medical co morbidities, risk to self or infant be reported immediately to JR/SR.
- Observation of vital signs, weight, menstrual history, external injuries, infection, breast engorgement, vaginal discharge, LSCS/episiotomy wound.
- Weekly weight monitoring- mother and baby.
- Assist in laboratory/ radiological/ other investigations.
- Accompany the patient for ECT (pre, during and post ECT procedure).
- Dispense medications on time under supervision.
- Providing high calorie diet specially includes milk, eggs, pulses which are rich in protein (extra 500 K Cal).
- Provide assistance and lactation support to the mothers who are breast feeding.
- Attend ward rounds and emergencies in the ward.
- Accurate documentation of patients' behavior and also regarding baby's condition.
- Assist in general hospital referrals, check income status, BPL status and facilitate deposit/billing procedures.

Physical assessment and personal hygiene

- Vital signs
- Breast examination and care
- Management of breast engorgement
- Check for any vaginal discharge
- Care of episiotomy wound
- Regular bathing and hygiene

Maintenance of clean and safe environment

- Keep the MBU and surroundings neat and tidy.
- Bed making.

- Supervise the cleanliness of the bed side cupboard, bed, cradle, care takers bed, kitchen, dining area and garden.
- Periodic checks for control of hospital infections.
- Supervise pest control and rodent measures.
- Regular checking of the CCTV cameras for any suspicious activity.
- Regular checking of functioning of the CCTV cameras and other safety measures.
- Arrange toys for children's play.

Baby assessment and care

- Detailed assessment of the baby- gender, age, weight, length.
- Cord examination if the baby is in the neonatal period.
- Check immunization status.
- Feeding assessment (breast feed/ formula feed).
- Promote exclusive breast feeding.
- Assist in baby bathing.
- Assist in paediatrician referral.

Psychosocial and health educational services

- Emotional support for the patient and family members
- Sending the patient for yoga, rehabilitation, for other therapies along with family member and health assistants
- Co coordinating with PSW team for BPL status
- To assist in improving mother baby bonding
- Health education to the patients and family members on
 - Breast feeding, care of breast
 - Importance of high protein diet
 - Care of vaginal discharge, hygiene and bathing daily
 - Maintaining cleanliness of bed cradle and surroundings
 - Care of baby feeds, maintaining safety, and hygiene of baby clothes
 - Educating importance of exposure to sunlight, fresh air and adequate ambulation and infant safety

Nursing care of patients before and after ECT

Preparation

- To check the written advice for ECT and informed consent from patient / family member
- To check appropriate blood investigation, ECG have been done prior to ECT
- To monitor vitals, presence of loose tooth
- Removal of jewelry
- To ensure nil per oral state from midnight
- To maintain patient's hygiene- hair to be oil free.
- Administer necessary medications as advised
- Ensure that mother feeds the infant prior to ECT.
- Completion of ECT checklist and send the case file to ECT room
- Accompany the patient to ECT room with the help of health assistant.
- Ensure that the patient receives ECT on priority basis.

Nursing care after ECT

- Ensure patient is breathing adequately
- Check vitals and level of consciousness
- Check for any tongue bite
- To change bed linen if soiled
- To record for immediate side effects post ECT
- To transfer the patient to the ward
- Encourage the patient to have liquid diet followed by solid diet- Ensure mother eats/drinks after ECT due to risk of developing dehydration or hypoglycemia on prolonged nil per oral state.
- Administer due medications
- Monitor for any delayed post ECT complications- inform JR/SR immediately.

6.6 Role of Health Assistants

Health assistants are the staff provided by NIMHANS to assist the health professionals, patients and their family members in ward activities.

Roles and responsibilities

- Maintain cleanliness of the mother baby ward- cleaning floor three times a day, check cleanliness of the bedside cupboard, windows, doors, kitchen area, bath rooms, patient and care taker beds and linen, baby cradle mattress regularly.
- Keep all the eatables in the cupboard provided in the kitchen area and assist in utilizing the dining area for eating.
- Guide the mother and her care taker to maintain hygiene.
- Provide assistance and lactation support to the mothers who are breast feeding.
- Use of feeding bottles is not encouraged due to hygiene issues (if necessary- to explain about sterilization measures).
- Help the mother and her relatives in preparation of baby feeds.
- Help family members in looking after the baby if mother is too disturbed.
- Help the mother in sun exposure of the baby.
- Assist the nursing staff in arranging for the health education programmes for the mothers and relatives fortnightly.
- Assist the nursing staff in administering oral and parenteral medications to the mothers.
- Attend the monthly mother baby ward meetings.
- Assist the nursing staff in hygiene of ward equipment and furniture, shifting and getting back the repaired equipment from the engineering department.
- Be alert to any worsening of symptoms in mother, risk to infants or any problems with the caregivers.
- Accompany the patient and carry the MRD file for referrals within NIMHANS campus and ECT procedures.

7. Referral Services – Yoga, Pediatrician, Obstetrician and Gynecologist, Neurology

Yoga:

- Yoga services are provided by the NIMHANS Integrated Centre for Yoga (NICY).
- After the acute phase of illness tides off, patients who are considered fit for yoga, must be referred to NICY for yoga after discussion with PDF/Consultant.
- JR must fill the referral form and liaise with Yoga team for ease of intake and continuity of sessions.

Pediatrician Referral:

- All babies admitted to MBU must be evaluated by a pediatrician.
- For ease of referral, babies are generally referred to neighboring Indira Gandhi Children Hospital. Detailed referral stating reason must be written by JR.

Obstetrician and Gynecology Referral:

- Pregnant women are referred to Obstetrician for opinion.
- Ante natal scans including anomaly scans as advised.
- Gynecological problems such as discharge per vagina, menstrual irregularities, pelvic pain etc. require evaluation and referral.
- Patients can be referred to
 - Dr. Latha Venkataram (Senior Consultant) in Rangadori Memorial Hospital, Bengaluru.
 - Vani Vilas Hospital, Bengaluru

Neurology Referral:

- In cases suspected to have organicity/neurological disorders, a neurology opinion is to be taken.
- JR must write a detailed referral note and liaise with the Neurology Team for the referral.
- Bed side referrals are requested when patient may not be clinically fit to attend Neurology OPDs.
- Emergency referrals are to be sent to the Neuro casualty.

8. Monthly meetings, record keeping and audit cycles

- Monthly administrative meetings are to be conducted involving nursing staff, health assistants, PSW team, PDF in Women's Mental Health and consultants.
- After each meeting, minutes of meeting will be circulated by JC of PSW team.
- MBU services are audited every 6 months and involve getting feedback from patients and family members and Unit staff.
- Record of incident reports should be maintained, action plan developed on the service evaluation and the quality improvement should be monitored.

9. Mother-Baby Dyad

- Admission of the mother with the baby is strongly encouraged in case where there is no significant risk of harm to baby and mother can take care of baby with some assistance.
- Mother and infant bonding should be assessed regularly both subjectively and objectively.
- Video feedback sessions can be considered where bonding issues are noted.

10. Grandmothers

- Patients are frequently accompanied by their mothers or grandmothers during IP care. Taking care of the patient as well as the baby during the acute period, may often cause added stress and care giver burden on them.
- Regular assessment of caregiver's mental and physical health should be considered.
- Caregivers/grandmothers should be included in the psycho education process, regarding breast feeding, hygiene issues, nature of illness, supervision of medication, regular follow up and warning signs of relapse.
- Supportive work with the grandmothers must be initiated wherever needed.

11. Spouses

- All spouses to be contacted by the PSW team – marital life, roles and responsibilities at home, financial support, care giver burden, social support system, knowledge about contraception and family planning to be explored.
- To carry out psycho education with focus on above mentioned issues.
- PSW Team should ensure that spouses attend at least 2 spouse group meetings during IP care.
- Mental health of spouses assessed and if any concerns are identified, appropriate referrals to be provided.
- Education booklet (Appendix 4) to be given to all spouses.
- Contraception and family planning, spacing of births and safe sex practices to be discussed with spouses by JR/PSW team.

12. Discharge procedure

- The discharge date should be intimated by the JR well in advance so that patients can prepare themselves for discharge and clarify all they need with the treating team.
- JR must prepare the discharge summary which will include all the details of assessments and treatment in the hospital.
- SR must verify the discharge summary before it is printed and handed out to the patient.
- JR will provide the patient with prescription for medications in the morning so that medications can be collected from the free drug counter/medical shop
- A follow up date for OPD follow up in the Perinatal clinic has to be provided
- Any other therapies that require follow up on an out-patient basis should be intimated to patient by the respective therapist.
- Roles of PSW team in the Discharge Procedure have been elaborated in Chapter 6.2
- MBU helpline number (8105711277) must be given to patient, spouse and family members to contact on Emergency or for any queries.

- Discharge card (Annexure 5) must be given to patient and family at the time of discharge.
 - Follow-up date and timings along with the venue of perinatal clinic (OPD block, Psychiatry Special Clinics, 1st floor, Perinatal Psychiatry Clinic, NIMHANS) should be explained clearly.
 - Contact of Perinatal Clinic (08026995547) should be given to the patients.
-