NHS Greater Glasgow and Clyde

NHS GG&C Mental Health Service

Guidance on Management of Perinatal Mental Health Admissions When Bed Unavailable on the West of Scotland Mother & Baby Unit

Important Note:
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Lead Authors:	**E Clark, Nurse Consultant Perinatal Mental Health**
Responsible Director:	**Dr M Smith, Associate Medical Director MHS**
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Revision/Amendment Information

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date	Brief Summary of Changes	Author(s)
1.0	2007	First approved version	K. Robertson
2.0	2009		E.Clark
3.0	2014	Women will be offer admission to MBU at St John's Hospital Livingston Information about MBU relocation to Leverndale site in Jan 2014	E.Clark
4.0	2018	Inclusion of Child & Young Peoples Act Inclusion of Mental Welfare Commission recommendation 2016 Women are admitted to St John MBU unless they have strong objects rather than an Acute Adult ward without baby until a bed available	E.Clark

Contents

Review Group

Dr Roch Cantwell,	Consultant Perinatal Psychiatrist
Dr Aman Durrani	Consultant Perinatal Psychiatrist
Elaine Clark	Nurse Consultant Perinatal Mental Health
Fiona Prior	Social Worker
Linda Hall	Lead Professional Nurse Advisor Mental Health

1. Background

The Community Perinatal Mental Health Team (CPMHT) and the West of Scotland Mother & Baby Unit (MBU) provide a service to meet the requirements of the Mental Health (Care & Treatment) (Scotland) Act (2015), ensuring that, where mothers are admitted within one year of childbirth, suitable facilities and expertise are available to also admit the baby. Guidance on minimum care standards in relation to admission facilities and staff expertise is provided in the Scottish Executive Health Department (SEHD) Short Life Working Group Report on Perinatal Mental Illness/Postnatal Depression Hospital Admission and Support Services (HDL 6, 2004); the Royal College of Psychiatrist Quality Network for Perinatal Mental Health and also in a range of other UK recommendations including the Confidential Enquiries into Maternal Deaths (2004-17); the Royal College of Psychiatrists Council Report 88 on Services for Women with Perinatal Mental Illness (2000); the NICE Guideline 45 Antenatal and Postnatal Mental Health (2007); SIGN Guideline 127 Management of Perinatal Mood Disorders(2012) and Mental Welfare Commission Perinatal themed visit report, Keeping mothers & babies in mind (2016).

The underpinning rationale for joint mother infant admissions is to reduce the impact of prolonged separation of mother and infant during the early months of life on mother- infant attachment, relationship and infant development and to facilitate the mother's recovery. Short periods of separation of mother and infant are not regarded as detrimental to longer term outcomes for the infant.

The majority of MBU admissions are of acutely ill and complex (frequently psychotic) women and, in most cases, it would be unacceptable to delay their admission for any length of time. A situation may arise where the MBU is unable to admit a mother and infant because all beds are in use. In these circumstances, a decision must be made regarding alternative care and treatment, which may include a bed in another MBU, intensive home treatment or admission to general adult mental health services without baby, and the arrangements which are necessary to ensure the welfare and care of the infant are given paramount consideration.

Further information can be found in NHS GGC Perinatal Mental Health Services Operational Policy: :http://www.staffnet.ggc.scot.nhs.uk/Partnerships/MHP/MHP%20Corporate%20Information/Policies/MHS%20Policies/MHS%2049%20-%20Perinatal%20Mental%20Health%20Service%20Operational%20Policy.docx

2. References

2.1 National Institute for Health and Clinical Excellence (NICE) Clinical Guideline 45. Antenatal and Postnatal Mental Health: clinical management and service guidance. NICE: London (2007)

2.2 Scottish Executive Health Department. Framework for Mental Health Services in Scotland: Perinatal mental illness / postnatal depression hospital admission and support services. NHS HDL (2004) 6. SEHD, Edinburgh (2004)

2.3 Scottish Cot Death Trust; Scottish Executive Health Department. Reduce the Risk of Cot Death. MEL 2000 (8). SEHD: Edinburgh (2000)

2.4 Scottish Executive Health Department. Mental Health (Care & Treatment) (Scotland) Act 2003. SEHD: Edinburgh (2003)

2.5 Royal College of Psychiatrists. Council Report 88 Perinatal Mental Health Services. RC Psych: London (2000)

2.6 Royal College of Psychiatrist. Quality Network for Perinatal Mental Health Services. Perinatal Inpatient Standards 4th Edition (2013)

2.7 Scottish Intercollegiate Guidelines (SIGN), Clinical Guideline 127: Management of Perinatal Mood Disorders: Health Improvement Scotland. Edinburgh (2012)

2.8 Mental Welfare Commission. Ms OP Investigation Report (2016). Scotland

2.9 Mental Welfare Commission. Perinatal themed visit report- keeping mother & babies in mind (2016)., Scotland

2.10 NHS GGC Perinatal Mental Health Service website - www.nhsggc.org.uk/perinatalmentalhealthservice

3. Guidance on Perinatal Mental Health Admissions to Hospital

The following steps should be adhered to as illustrated in Appendix 1 in making a decision to admit a woman who has parental responsibility for an infant under 12 months of age. The accompanying documentation should be completed in all cases (See Appendices 2 and 3 Care Pathway Documentation):

3.1 All potential admissions of women within the first 12 months of childbirth who have parental responsibility for the infant should be discussed with Perinatal Mental Health Service (PMHS) staff.

3.2 If a MBU bed is available and it has been determined that the infant's developmental stage and progress will not be impeded by admission (e.g. it would not be appropriate to admit an infant who is nearly or actually walking), arrangements should be made for the woman to be admitted with her infant

3.3 If a MBU bed is not immediately available, then consideration should be given to providing intensive home treatment (using where available, a combination of out of hours services, crisis teams, CPMHT and/or CMHT) as an alternative.

3.4 Where community treatment is not possible and admission to an acute adult unit takes place, the infant should not be admitted with the woman. It would be best practice in relation to infant welfare, for admission of the infant to be delayed until a bed becomes available on the MBU.

3.5 If there are no beds in West of Scotland MBU, the first option would be to contact St John's MBU, Livingston to determine if they have a bed available until such times as a bed is available in Glasgow. If no bed in St John's MBU or woman does not wish to travel then she should be admitted to an Acute Adult ward locally until bed is available in MBU.

3.6 The referrer determines if partner with parental responsibility or close family member is available to provide appropriate and safe care for the infant/other children and that the woman can consent to the proposed care arrangements. In most cases, this should include referral to the local children & families social work team to assess child care support needs of the family and/or to arrange temporary foster care. If the woman does not have capacity to consent to the care arrangements, referral should automatically be made to social work. Within working hours, the PMHS social worker may be available to offer advice and support in relation to liaising with local teams in the Greater Glasgow & Clyde area. Out of hours, referral should be made through the Glasgow & Partners Emergency Social Work services Tel: 03003431505.

3.7 If there is a continuing delay in identifying an available bed on the MBU, to reduce risk of prolonged separation from infant, early consideration should be given to discharge planning. This should be done in collaboration with available community services e.g. CPMHT?, Crisis Team, local CMHT, family members and local children and families' social work team.

3.8 The inability to admit the woman and her infant to the MBU as required by MH(C&T)(S)Act 2015 should be notified by the admitting Doctor to the Mental Welfare Commission and copied to the Medical Director, Board Nurse Director and Nurse Consultant for Perinatal Mental Health by completing the Admission notification letter. (See Appendix 4)

3.9 The PMHS, having been informed of the admission, will then offer a service to the patient and admitting ward (see Appendix 3 Care Pathway) until transfer to the MBU. Specialist nursing assistance provided by MBU staff may include:

3.10 Liaison with maternity staff to enable the patient to receive statutory midwifery care in the first 10 postnatal days

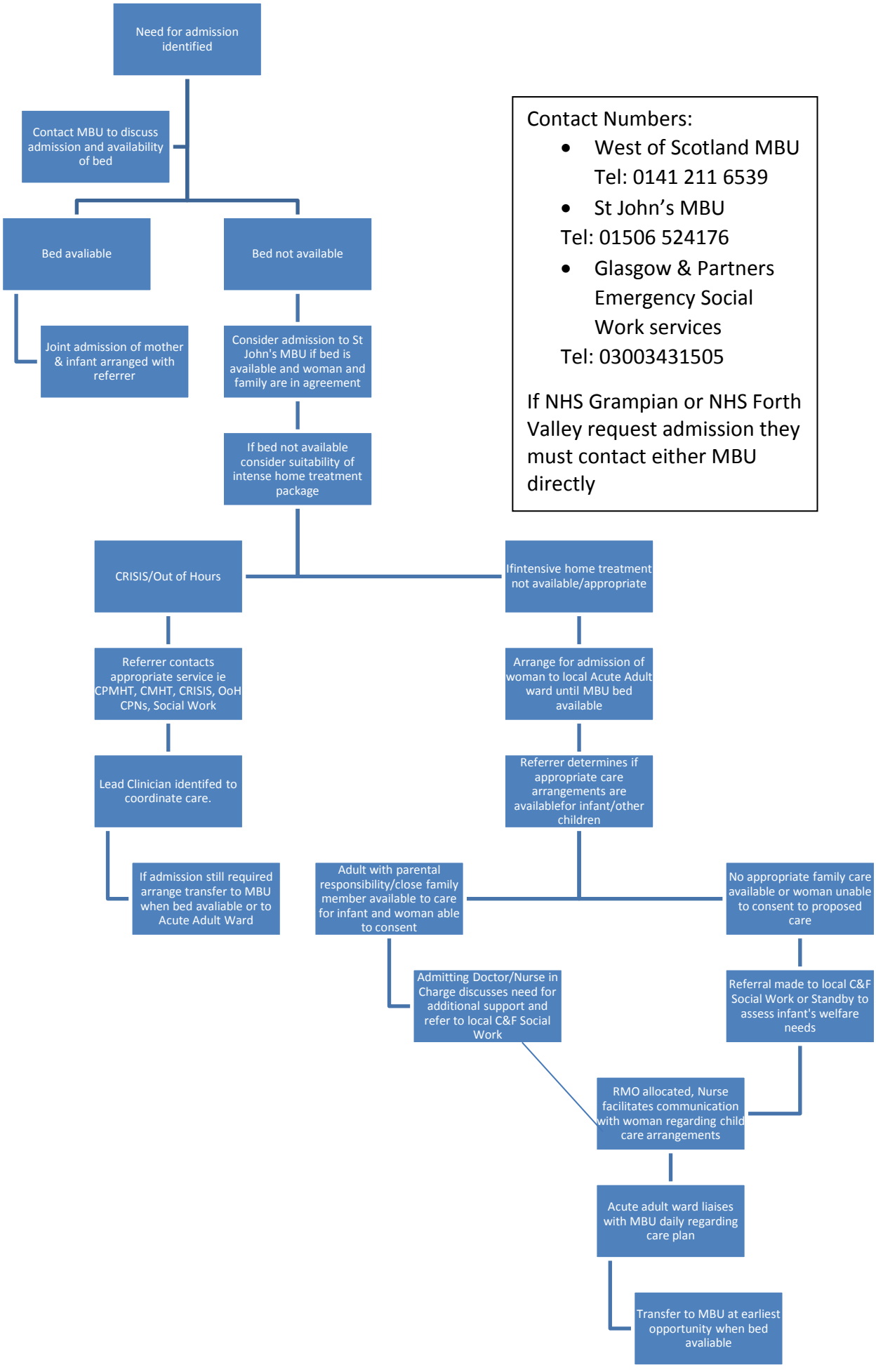
3.11 Where a woman has been breastfeeding, advice regarding arrangements for expressing and storage of milk; for dietary advice (if continuing to breastfeed); advice on milk dispersal if breastfeeding stops after admission

3.12 Advice regarding arrangements to ensure registration of the baby's birth

3.13 Advice regarding informing the woman's and infant's GP and health visitor of the admission

Advice is available from MBU nursing staff 24 hours per day by phoning 0141 211 6539

Appendix 1 Referral Pathway Flowchart



Appendix 2 Care Pathway for Perinatal Admissions to Mental Health Acute Adult Admission Wards

Pathway 1 – Responsibilities of Mental Health Acute Adult Admission Ward

In addition to the care delivered routinely within general adult admission wards as per individual patient need, the following care standards should be delivered to women who have been unable to be admitted to the West of Scotland Mother & Baby Unit due to unavailability of a bed. If for any reason the standard is not achieved, the reason for the variance in care should be recorded in the "variance" section.

Name:	D.O.B:	Ward:	CHI:	Unit No:
Date of Admission:	Date of discharge/transfer:		Discharged/transferred to:	

No.	Care Standard	Lead responsibility	Time frame	Achieved Yes/No	Date, sign & print name	If not achieved, record reason for variance from care standard
1	Determine if appropriate and safe care arrangements are available for child(ren) – partner with parental responsibility / close family member	Referrer	Before admission			
2	Assess woman's capacity to consent to proposed care arrangements above	Referrer	Before admission			
3	If no appropriate care arrangements available or woman doesn't have capacity to consent, refer child(ren) to local area children & families social work team or emergency standby service for child care needs assessment and/or temporary foster care placement	Referrer	Before admission			
4	If woman consents to informal care arrangements made with partner with parental responsibility or close family member, discuss with carer need for children & families social work referral in relation to child care and family support needs	Nurse in Charge	1st day of admission			
5	MBU informed of woman's admission to general adult acute admission ward	Admitting Doctor	On admission			
6	Once child care arrangements are in place, facilitate communication with patient regarding arrangements for child care and agree arrangements for contact with child(ren) whilst inpatient	RMO / allocated Nurse	1st day of admission dependent upon mental			

No.	Care Standard	Lead responsibility	Time frame	Achieved Yes/No	Date, sign & print name	If not achieved, record reason for variance from care standard
7	Liaise with MBU regarding appropriate care & specialist nursing provision	Nurse in Charge	1st day of admission			
8	Liaise with MBU Consultant psychiatrist regarding clinical details and advice on medication management, where appropriate	RMO or deputy	1 working day			
9	Liaise with MBU regarding estimated date of transfer to MBU	RMO or Deputy	1 working day			
10	If within first 10 postnatal days, link with MBU to facilitate statutory maternity care for woman	Nurse in Charge	1st day of admission			
11	If breastfeeding link with MBU staff regarding facilitation of breastfeeding support and advice on expressing and storage of milk	Nurse in Charge	1st day of admission			
12	If breastfeeding prior to admission, link with MBU staff regarding facilitation of advice on milk dispersal	Nurse in Charge	1st day of admission			
13	Inform Health Visitor & GP of woman's admission and childcare arrangements for	Nurse in Charge	1 working day			
14	Arrange with MBU staff to meet with woman if appropriate	Nurse in Charge	1 working day			
15	Contact MBU Social Worker to facilitate liaison with local area children & families team as appropriate	Nurse in Charge	2 working days			
16	Facilitate visit between social worker from MBU and woman and family where appropriate	Nurse in Charge	2 working days			
17	Contact Perinatal Nurse Consultant in relation to staff support and supervision needs	Nurse in Charge	2 working days			
18	Initiate discharge planning process, as appropriate to individual need, e.g. with CPMHT? / local CMHT / Crisis Team / children & families social work team / carers, if bed still unavailable after 7 days.	RMO	7 days after admission			

Appendix 3 Care Pathway for Perinatal Admissions to Mental Health Acute Adult Admission Wards

Pathway 2 – Responsibilities of Mother & Baby Unit Where a woman is admitted to a NHSGG&C Mental Health Acute Adult Admission ward due to the unavailability of beds in the MBU, the following care standards should be delivered. If for any reason the standards are not achieved, the reason for the variance in care should be recorded in the "variance" section.

Name:	D.O.B:	Admitting Ward:	CHI:	Unit No:
Date of Admission to A.A. Ward:		Date of Discharge/Transfer:	Discharged/Transferred to:	

No	Care Standard	Lead responsibility	Time frame	Achieved Yes/No	Date sign & print name	If not achieved, record reason for variance from care standard
19	Contact woman's RMO to establish clinical details and reason for admission	Consultant Psychiatrist/ deputy	1 working day			
20	Provide advice on medical management where appropriate (e.g. medication in breastfeeding etc.)	Consultant Psychiatrist/ deputy	1 working day			
21	Estimate possible date of transfer to MBU	Consultant Psychiatrist/ deputy	1 working day			
22	Ward staff contacted to offer advice and support to staff in relation to management of woman on acute adult ward and wider needs of family	Nurse Consultant	2 working days			
23	Ward staff contacted to offer specialist nursing support and advice	MBU SCN / deputy	1 working day			
24	Arrange to visit the ward to advise on nursing care and meet with woman where appropriate	MBU SCN / deputy	1 working day			
25	Provide update on bed availability	MBU SCN / deputy	1 working day (daily thereafter)			
26	Ward contacted to determine if safety & welfare needs of child(ren) being met	MBU Social worker	2 working days			
27	Liaise with local area children & families social work team	MBU Social worker	2 working days			
28	Meet with woman and family where appropriate to discuss needs	MBU Social worker	2 working days			

Appendix 4

Board Nurse Director
Lead Associate Medical Director
Mental Health Services
JB Russell, Gartnavel Royal Hospital
Great Western Road
GLASGOW

Director
Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrance
EDINBURGH

Dear

Notification of inability to admit woman with infant to West of Scotland Mother & Baby Unit inpatient facility

I am writing to advise the Mental Welfare Commission that on_____ _____ in accordance with Section 24 of the Mental Health (Care & Treatment) (Scotland) Act 2015, we unfortunately were unable to provide suitable inpatient accommodation to facilitate joint mother infant admission for_____and her baby, due to unavailability of a vacant bed.

As an alternative to admission to the West of Scotland Mother & Baby Unit at Leverndale Hospital the
above named patient has been admitted to Ward_____ at _____ Hospital. We will endeavour to ensure transfer of this patient to the MBU at the earliest opportunity to facilitate joint admission.

Yours sincerely

Admitting Doctor

Cc. Lead Associate Medical Director Mental Health
Cc. Board Nurse Director
Cc. Nurse Consultant Perinatal Mental Health

Appendix 5

NHS GG&C Perinatal Mental Health Service
West of Scotland Mother & Baby Unit

Duty of Care and Legal Responsibility Toward Admitted Dependent Children

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Responsible Director:	**Dr M Smith, Associate Medical Director MHS**
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A. Status of the Child

A1 A child admitted with his/her mother will have the status of *'dependent child'* while on the unit.

A2 A dependent child is not classified as a patient, but is recognised as a child who has health and care needs which cannot be met entirely by his/her mother (who is the patient). Unit staff have a responsibility to ensure these needs are met during the period of the child's admission.

A3 The Children and Young People Bill (Scotland) 2014; identifies the child's Health Visitor as the Named Person and unit staff have a responsibility to ensure that the Health Visitor is made aware of admission and must provide regular update of progress of the child during period of admission to MBU to allow the Child's Plan to be maintained. If woman is pregnant then the Midwife is Named Person.

B. Duty of Care to the Dependent Child

B1 The safety and wellbeing of the child is paramount at all times.

B2 All staff on the unit have a duty of care to the child to ensure his/her safety and wellbeing.

B3 In all cases, care of the child will be shared between the mother and unit staff.

B4 While the mother remains the primary carer of her child, her illness may compromise her ability to provide appropriate care and to ensure her child's wellbeing.

B5 The extent of care provided by staff will depend on the level of the mother's incapacity, and will be clearly documented in the dependent child's records.

B6 The unit will respect the right of fathers and other family members to have contact with the infant, and will endeavour to ensure that this is maintained, taking into account the mother's wishes, and the safety and wellbeing of the child.

B7 All staff will undergo Enhanced Disclosure Scotland clearance to ensure their appropriateness for working with children.

B8 All staff will work in accordance with current legislation and guidance on safety and welfare of children, seeking advice from the GGC Child Protection Team where appropriate.

C. Procedures to Ensure Child Care Needs Are Met

C1 As part of the admission process, staff will identify who has legal parental responsibility for the dependent child and will endeavour to work closely with them to ensure the child's safety and wellbeing and to take into account their wishes with regard to child care.

C2 As part of the admission and ongoing assessment process, all dependent children will be assessed with regard to:

1. Evidence of current illness
2. Evidence of injury or inadequate care
3. Status regarding registration of birth
4. Immunisation status
5. Developmental stage, and feeding and sleeping routines
6. Social care needs

The above matters will be assessed together with any other relevant matters deemed appropriate by staff. Nursery Nurses will complete Wellbeing Indicators to inform woman's own Health Visitor and MBU Social Worker if appropriate to develop the Child's Plan.

C3 If social services are involved, procedures will be in place to ensure that they are made aware of all dependent children admitted to or discharged from the unit.

C4 The mother's mental state will be subject to ongoing assessment specifically regarding risk of harm or neglect in relation to her infant and other dependent children whilst on the unit.

C5 Joint protocols will be in place between health and social services to ensure appropriate response where there are child protection concerns.

C6 Visitors to the unit will have access only at staff discretion, taking into account potential risk to dependent children (and patients/staff).

C7 The child's basic health care needs (including prescribing and administration of medications where appropriate) will be met by unit staff at a level commensurate with their training and competence.

C8 Where staff cannot meet the child's health care needs, the unit will have in place effective and efficient systems to ensure these needs are met.

C9 All care provided in the inpatient unit will be documented in separate Dependent Child records.

C10 Procedures will be in place to ensure effective communication of any child protection issues to relevant health and social care professionals, as part of the child's discharge plan.

D. Legal Issues in Relation to the Dependent Child

D1 In general, a mother with capacity has full parental rights and responsibilities and it is her decision as to whether her child should be admitted to the unit.

D2 The Health Visitor is the Named Person until the child is 5 years old under the provision of the Children and Young Peoples Act 2014.

D3 Should the mother be detained under a provision of the Mental Health (Care and Treatment)(Scotland) Act 2015, is incapax, and there is no other person with parental responsibilities to make decisions about the child's needs who is willing and able to provide accommodation for the child, the Local Authority can utilise Children and Young Peoples (Scotland) Act, 2014).This section can be used to allow the Local Authority to place the child on a short term basis, if appropriate. If there is additional identified risk to the child, Child Protection Procedures will be followed.

D4 Where an admission is likely to be prolonged, referral should be made to the Children's Reporter for compulsory measures of supervision. A hearing can be asked to name the unit as a place of residence, where this is in the child's best interests.

D5 Should a child already be the subject of a supervision order, then a review should be requested in order to name the unit as a place of residence where this is in the child's best interests.

D6 There may be occasions where consideration is given to a Child Protection Order to protect a child from other family/extended family members, e.g. where a person with parental responsibilities has directed that the child be placed in the care of persons who may pose a risk of significant harm. In these circumstances the child could be placed with the mother on the unit where this is in the child's best interests.

D7 A father with full parental responsibilities can remove the child from the unit, in the absence of any statutory orders being in force affecting the exercising of his parental responsibilities.

D8 If there are concerns that a father with parental responsibilities poses a risk to the child, then an assessment of that risk should be undertaken.

D9 It is difficult to have protocols or guidance for all possible situations. Skills of dialogue and negotiation are essential in complex situations. Again, the staff's duty of care to the child, particularly where they may have concerns in relation to harm to the child, should take precedence in all circumstances.

Appendix 6

National recommendations of standards of care and service provision of admission of babies to psychiatric facilities

There are a number of challenges with regard to baby admissions to adult psychiatric wards. The only inpatient facility that currently meets National recommendations is the West of Scotland Mother & Baby Unit at Leverndale Hospital. It is unlikely that these standards of care and service provision could be met within general adult psychiatry facilities elsewhere in NHSGG&C. The following is a summary of the main recommended standards that must be adhered to.

Standards of care, service provision and facilities (Ref. HDL 6 (SEHD 2004)):

1.	Ward environment
a.	Temperature Baby sleeping areas should be maintained at 18c (SEHD MEL 2000(8)).
b.	Noise Ward environments where babies are present need to take account of varying mother and baby sleep patterns.
c.	Observation The design of the unit must ensure a layout that facilitates ease of observation for both mother and baby.
d.	Facilities for older children visiting Separate area for older children to visit.
e.	Infection control Essential compliance with a higher level of domestic cleaning in ward area and adherence to hand-washing procedures etc. is required to prevent cross infection and contamination. Infection control systems and procedures should be in place regarding disposal of nappies, preparation and storage of milk preparations, washing of bed linen and infant clothing, communicable diseases, administration of immunisations, containment of gastrointestinal outbreaks, exposure to body fluids, wound management.

2.	Specific baby facilities
a.	Medical care for the child Procedures must be in place to ensure that primary medical care and/or paediatric services are available for the baby. Best care also includes a routine medical assessment of the baby at, or shortly after admission and statutory midwifery and health visitor care for the child, including arrangements for administration of immunisations. Baby symptomatic relief has been developed with Pharmacy, GP & HV
b.	Baby food preparation and storage Separate kitchen area used solely for preparation and storage of infant formula / breast milk and provision of appropriate equipment (bottle warmers, steriliser, bottles, teats, fridge, and freezer), must be available. Principles and practice set out in Infection Control guidance regarding formula feeding, storage and preparation of formula milk and breast milk, and cleaning and storage of equipment must be adhered to and systems must be in place to monitor compliance. MBU follows national guidance
c.	Cots and bedding Cot should be available with appropriate mattress and bedding. Facilities should be available for washing and drying of cot bedding. Bedding must be suitable to be washed at 60c
d.	Nursery Area Separate supervised nursery area should be available to facilitate safety of baby when necessary
e.	Area for play Dedicated safe area for play facilitation. This is particularly important to ensure babies have the opportunity to meet developmental milestones in line with GIRFEC agenda

3.	Clinical Governance
a.	Risk Assessment and Management Appropriate skills and systems in place to assess potential risk in the context of the mother's mental illness, the ward environment, other people. Management of risk must be in accordance with child protection procedures and guidelines

3.	Clinical Governance
b.	Legal Status of Baby The legal status of the child being cared for in a psychiatric inpatient facility must be determined. The policy on the duty of care and legal status has been agreed between NHSGG and Glasgow City Council. This policy should be adhered to.
c.	Enhanced Disclosure Scotland All staff (including bank staff, domestic staff, etc.) should have enhanced disclosure clearance and this should be updated regularly .
d.	Evidence Based Child Care and Welfare Evidence based childcare practices should be adhered to. Staff training is required for appropriate baby handling and to facilitate child development and mother-infant interaction. Staff also require to have training in child protection at level 3 of the NHSGG&C child protection training programme. All staff have undertaken GIRFEC awareness training
e.	Midwifery care in early puerperium Explicit links must be in place to ensure women receive statutory midwifery care.
f.	Health visitor care and advice Explicit links must be in place to ensure women and their children receive statutory health visiting interventions including informed choice and advice on immunisations for the child and maintaining the Childs Plan
g.	Training in child basic life support All staff should have paediatric Basic Life Support training on an annual basis and paediatric CPR equipment should be available

4.	Patient mix
a.	Behavioural disturbance Patients with significant behavioural disturbance may pose a risk to the infant, indirectly (noise, disturbance, maternal distress) or directly (physical assault). Refer to Joint Pathway MBU & IPCU
b.	Substance misuse The presence of drugs or alcohol may pose additional risks in terms of patient behavioural disturbance, accidental ingestion or by compromising maternal care.
c.	Risk to children Patients require screening for evidence of previous or current risk to children.

5.	Specific patient needs
a.	Support for the mother to remain the primary carer of her baby, in her parenting roles and responsibilities Appropriate care for the mother to enable her to remain the primary carer should include nursery nursing support. The mother may require considerable assistance, particularly in the early stages of admission. A detailed assessment of what the mother can manage, and what help she requires in meeting all her baby's needs, must be undertaken. GIRFEC wellbeing indicators completed.
b.	Privacy and support in relation to breastfeeding Given the particular needs in relation to breastfeeding and other maternity-related physical and psychological problems, a single-sex environment is highly desirable.