

**Effective Mental Health Care in the Perinatal Period:  
Australian Clinical Practice Guideline**



Centre of  
Perinatal Excellence

**Administrative Report**

**May 2017**



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National Health and Medical Research Council (NHMRC)**

## **Responsible Organisation**

The **Centre of Perinatal Excellence (COPE)** is the key organisation responsible for the development and publication of this Guideline. (Guideline developer)

## **Sources of funding:**

The **Commonwealth Government** has provided the funding for these Guidelines in its entirety. The commissioning of the Guideline Development to COPE as the national peak body in perinatal mental health ensures editorial independence from the Commonwealth as the funding body.

# 1. Guideline Development Committee

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The Centre of Perinatal Excellence (COPE) is a not for profit company, limited by guarantee. As detailed in the COPE constitution, the company's governance structure is made up of a Board and the company membership, which comprises of the *peak professional bodies representing primary, maternity, and mental health care* and *consumer bodies* in perinatal mental healthcare in Australia.

**Company Members are as follows:**

- Australian College of Mental Health Nurses (ACMHN)
- Australian College of Midwives (ACM)
- Australian Psychological Society (APS)
- Maternal Child and Family Health Nursing Association (MCaFNA)
- Post and Antenatal Depression Association (PANDA)
- Royal Australian College of General Practitioners (RACGP)
- Royal Australian New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
- Royal Australian and New Zealand College of Psychiatrists (RANZCP)

Nominated representatives from each of these bodies work with us to inform and shape COPE's work, and identify collaborative opportunities to improve outcomes of women, men and their families. The inclusion of PANDA as Australia's peak consumer body ensures consumer representation in the development of the Guideline and all COPE activities.

In addition special representation from Aboriginal and Torres Strait Islander (ATSI) was sought, and hence an approach was also made to the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) for an ATSI representative (see below).

## Formation of the Expert Working Group

On the commissioning of these Guidelines, the Executive Director of COPE wrote to all company members and those above, inviting their respective College or Organisation to nominate a representative for the Guideline Expert Working Group. In doing so each College or Organisation was asked to consider the expertise and representation of the College/Consumer organisation in the area of perinatal mental health specifically. This served to ensure that end-users, all relevant disciplines and clinical experts were convened to develop the purpose, scope and content of the Guideline.

The nominated members assigned to the Expert Working Group from their respective Colleges and Organisations is detailed in Table 1.

In addition to the above EWG members, in order to ensure adequate representation at all meetings, if assigned EWG members are not able to attend a meeting, they are asked to nominate a proxy for the meeting from their respective College/organisation – again reflecting the interests and expertise of the College/organisation in perinatal mental health.

**Table1: Perinatal Guidelines Expert Working Group Members**

<b>Name</b>	<b>Profession/Discipline</b>	<b>Organisation Affiliation</b>	<b>Declaration of Interest</b>
<b>Professor Marie-Paule Austin (Chair)</b>	Perinatal Psychiatrist, Former Chair beyondblue Clinical Guidelines, researcher and clinician working across private and public perinatal settings.	Royal Australian College of Psychiatrists (RANZCP)	Peer reviewed publications informed 2011 G/lines. Lectures at professional meetings for 2011 G/lines. Involved in development of tools. Canadian Obs & Gynaecology PND G/lines
<b>Dr Nicole Highet (Co-chair)</b>	Former Co-Chair & Director beyondblue perinatal Guidelines, online training programs & resources. Expertise in consumer/carer research, advocacy, policy & implementation.	Centre of Perinatal Excellence (COPE)	Lectures at professional meetings for 2011 G/lines. Executive Director, COPE. Involved in development of tools informed by previous G/lines. Member on advisory groups.
<b>Dr James Best</b>	General Practitioner with specialist training and expertise in perinatal mental health.	Royal Australian College of General Practitioners (RACGP)	None
<b>Mr Andrew Davis</b>	Carer Representative and volunteer at PANDA.	Carer Representative	None
<b>Ms Suzanne Higgins</b>	Mental health nurse and social worker with expertise clinical and educational expertise in perinatal mental health.	Australian College of Mental Health Nurses (ACMHN)	None
<b>Dr Helen Lindner</b>	Health psychologist and former member of the EWG for beyondblue perinatal guidelines.	Australian Psychological Society (APS)	None
<b>Dr Rhonda Marriott</b>	Professor Aboriginal Health and Wellbeing, Murdoch University; and Chair in Nursing, Maternal & Newborn Health, Aboriginal Health & Wellbeing Nursing and Midwifery Office, Department of Health WA.	The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)	None
<b>Ms Creina Mitchell</b>	Clinician, researcher and educator in maternal and child health with expertise and interest in perinatal mental health.	Maternal & Child Family Health Australia (MCaFHNA)	Involved in development of peer-reviewed paper.
<b>Ms Jenni Richardson &amp; Terri Smith</b>	Consumer representatives involved in the management of PANDA & helpline with expertise in consumer needs, experiences and advocacy.	Consumer representative Perinatal Anxiety and Depression Association (PANDA)	Health and community education broadly, contribution to University module for MCH nurses. Beyondblue healthy dads reference group.
<b>Dr Vijay Roach</b>	Obstetrician with dedicated expertise in perinatal mental health. Chair of the Gidget Foundation (perinatal mental health support organisation) and carer.	Royal Australian College of Obstetricians and Gynaecologists (RANZCOG)	Professional and University lectures, peer reviewed publications related to perinatal mental health. Chairperson, Gidget Foundation. Practicing Obstetrician/gynaecologist.
<b>Dr Jan Taylor</b>	Clinician, researcher and educator in midwifery with expertise in perinatal mental health. Former member of the beyondblue EWG.	Australian College of Midwives (ACM)	None

## Terms of Reference of the Guideline Development Committee

The role of EWG members is to provide oversight regarding the scope of the Guidelines, agreement on the clinical questions (mental health disorders to be included and outcomes of relevance to women in the perinatal period and different users of the Guideline).

### **Processes to ensure consumer perspectives are incorporated**

The establishment of the EWG with **dedicated consumer** and **carer representation** is considered fundamental to the inclusion of consumer and carer perspectives in the development of these Guidelines. In particular the appointment of representatives from Australia's peak perinatal consumer body (PANDA) ensures that the perspectives of *many* consumers are included at the Expert Working Group level. It is also noted that a number of EWG Professional College representatives bring to the table expertise and insights from the lived experience of perinatal mental health.

In addition, the perspectives of consumers and carers will be facilitated through the **consultation process**, whereby those organisation and EWG representatives with access to consumers will play a key role in **promoting the Guidelines to their constituents** (and other peak consumer bodies) in the consultation process.

### **Processes to ensure the inclusion of ATSI and CALD perspectives**

The expert committee also contained representation from Aboriginal and Torres Strait Islander populations (who also represents an ATSI organisation).

The needs of CALD populations were considered through the inclusion of EWG representatives with experience in working CALD and refugee populations groups and active consultation with these professionals as part of the consultation period.

### **Development of expert subcommittees**

In addition to the Expert Working Group, two additional committees were formed to provide opportunity for a broader representation of specialist clinical expertise with respect addressing the potential harms associated with treatment for perinatal mental health (particularly pharmacological treatments) and the treatment and management of Borderline Personality Disorder and Schizophrenia.

These committees contained representation of recognised experts (identified by the EWG) and contained representatives from perinatal psychiatry and pharmacotherapy. A list of the members of each of these committees is detailed in Appendix 1.

### **Processes used for declaration and management of competing interests**

At the outset of the Guideline development process, all representatives were informed of the importance of managing competing interests and ensuring that any potential conflicts of interest were identified in advance of any meeting (as evidenced in meeting minutes). Processes put in place to manage any potential conflicts of interest are as follows:

- All EWG members involved in the Guideline development process were required to complete a Declaration of Interest Form (as per the NHMRC requirements). These signed and scanned forms are reviewed by the Co-Chairs of the EWG and are held by the Guideline developer.
- On sending out agenda papers, EWG members are informed of the arising agenda items and asked to notify the Chairperson in advance of the meeting of any potential conflicts of interest that have arisen since the most recent meeting.

- Prior to the commencement of all meetings (EWG and subcommittees) all member representatives were asked to declare any conflicts of interest at the outset of the meeting.
- Any arising conflicts of interest were to be adjudicated by the Chair and Co-Chair. In instances where there may have been a conflict of interest held by the Chair, this was managed by the Co-Chair and the area of conflict clearly stated. In this instance, as with other conflicts of interest declared by other EWG members, members will be invited to take part and contribute discussions, however were be asked to leave the room when forming recommendations. In the instance where the Chair has a declared conflict of interest, was to be managed by the Co-Chair.
- If a conflict of interest is deemed to be material prior to a meeting, the member was to be asked to continue to contribute to the committee, with the above measures taken to limit the introduction of bias.

**List the Organisations (if any) that will be approached to endorse the Guideline.**

In addition to seeking approval from the NHMRC, it is proposed that the Guidelines will then be endorsed by each of the professional bodies represented on the COPE Company membership - as reflected by the make-up of the EWG.

This notion of seeking endorsement from each of the Colleges was raised in the initial letter of invitation to the Colleges.

## **Guideline Recommendations**

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### **Recommendations**

The GRADE Evidence-to-Recommendation framework was used to derive Recommendations from the evidence base in the SLR. Where there are gaps in the GRADE methods (eg, for the questions related to Psychosocial assessment), a hybrid approach will be taken, whereby NHMRC FORM methods will be used to inform GRADE-style Recommendations.

In addition, it is anticipated that the Guideline update will include Good Practice Points. These were developed in response to questions where the evidence base is considered insufficient to make a Recommendation (eg, small sample size, high risk of bias), or where there is an aspect of care that could not be addressed via SR.

For topics where no relevant clinical evidence is found in the target population, evidence from the non perinatal population were to be considered for applicability and transferability to the target population of the Guideline. For example, it is expected that the Australian NHMRC Guidelines for BPD will form the basis of consensus guidance for the management of BPD in the perinatal setting.

### **14. Processes for reaching consensus**

The evidence base for each question was appraised according to Cochrane and GRADE methods by the methodologist, and discussed at a face-to-face meeting of the EWG. The wording and strength of Recommendations was developed with the group and any points of disagreement discussed and addressed via re-consideration of the evidence base and/or changes to the wording or strength of the Recommendation. If there was to be an instance where a consensus cannot be reached, a vote would be taken. If the majority is in favour of the Recommendation as proposed, the Recommendation will stand but the concerns of those against the Recommendation will be discussed in the Guideline. If the majority was against the Recommendation as proposed, then no Recommendation would be made. A Good Practice Point may or may not be made instead.

## Public Consultation

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The public consultation period is held between June 5th – July 4th, 2017.

All information about the Guideline, together with the draft Guideline, technical report, administrative report and submission reporting template was set up on the COPE website to facilitate the consultation process. This includes details of the Guideline title, developer, scope, endorsement and process for consultation.

COPE will collaborate with each of the professional bodies (who are members of COPE) to disseminate the draft Guidelines to their respective College members and consumer groups for consultation. This will ensure widespread consultation with health professionals involved in the delivery of primary, maternity and mental health care, as well as those involved in the education, screening, identification and provision of treatment across both primary and specialist care settings.

In addition all State and territory Directors of health, perinatal consumer organisations, primary healthcare networks, peak bodies in perinatal mental health have been informed of the consultation process. Peak bodies/leaders in perinatal mental health working with Aboriginal and Torres Strait Islander and CALD populations, were also approached in the consultation phase to provide feedback on the Clinical Guideline.

In addition to targeting the above individuals and organisations, notice of public consultation was actively promoted through member newsletters, blogs and social media.



## Appendix 1: List of members of subcommittees

### i) Harms Expert Subcommittee

<b>Representative</b>	<b>Expertise</b>	<b>Institutional Affiliation</b>	<b>Geographical Location</b>
<b>Professor Marie-Paule Austin (Chair)</b>	Chair Perinatal Mental Health Unit, Professorial Fellow and Consultant Psychiatrist	University of New South Wales, Black Dog Institute, University of New South Wales.	Sydney, NSW
<b>Professor Phillip Boyce</b>	Professor of Psychiatry, Perinatal Psychiatrist	University of Sydney and Westmead Hospital.	Wentworthville, NSW
<b>Professor Megan Gallbally</b>	Foundation Chair in Perinatal Psychiatry & Perinatal Psychiatrist.	University of Notre Dame, Fiona Stanley Hospital.	Perth, Western Australia.
<b>Dr Debra Kennedy</b>	Director, Mothersafe.	Royal Hospital for Women	Sydney, NSW.
<b>Dr Tram Nguyen</b>	Consultant Psychiatrist. Centre for Women's Mental Health.	The Royal Women's Hospital	Melbourne, Vic.
<b>Dr Anne Sved-Williams</b>	Perinatal Psychiatrist. Head, Medical Unit.	Helen Mayo House Family Unit.	Glenside, South Australia.

### ii) Borderline Personality Disorder and Schizophrenia Subcommittee

<b>Representative</b>	<b>Expertise</b>	<b>Institutional Affiliation</b>	<b>Geographical Location</b>
<b>Professor Marie-Paule Austin (Chair)</b>	Chair Perinatal Mental Health Unit, Professorial Fellow and Consultant Psychiatrist	University of New South Wales, Black Dog Institute, University of New South Wales.	Sydney, NSW
<b>Professor Phillip Boyce</b>	Perinatal Psychiatrist & Professor of Psychiatry.	University of Sydney and Westmead Hospital.	Wentworthville, NSW
<b>Professor Anne Buist</b>	Perinatal Psychiatrist & Director, North-East Women's Mental Health Parent Infant Program	Austin Hospital and University of Melbourne	Heidelberg West, Victoria.
<b>Dr Sylvia Lim-Gibson</b>	Perinatal Psychiatrist	Royal Hospital for Women (NSW)	NSW
<b>Dr Tram Nguyen</b>	Consultant Psychiatrist. Centre for Women's Mental Health.	The Royal Women's Hospital	Melbourne, Vic.
<b>Professor Louise Newman</b>	Director, Centre of Women's Mental Health.	The Royal Women's Hospital	Melbourne, Vic.
<b>Dr Anne Sved-Williams</b>	Perinatal Psychiatrist. Head, Medical Unit.	Helen Mayo House Family Unit.	Glenside, South Australia.