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Perinatal Mental Health Pathway for BUCKINGHAMSHIRE (v9 March 2025)

Developed in accordance with NICE Guidance (CG192) and to be used in conjunction with local policies.

Commisioned by Integrated Care System (ICS) for Buckinghamshire, Oxfordshire and West Berkshire (BOB).

With thanks to all who have contributed to the planning, implementation, and ongoing development of the pathway.

The pathway is monitored and updated at a quarterly meeting attended by stakeholders of the Buckinghamshire Perinatal and Infant Mental Health Network and revised annually. Amended 12/2016 (v1). Revised: 09/2017 (v2); 03/2019 (v3); 06/2020 (v4); 03/2021 (v5); 03/2022 (v6); 06/2023 (v7); 06/2024 (v8). 03/2025 (v9) Next review due 03/2026.

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**INFORM GP, PERINATAL MENTAL HEALTH MIDWIFE AND SPECIALST HEALTH VISITOR**

**ANTENATAL MENTAL HEALTH CARE PATHWAY for women with no current or pre-existing Mental Illness**

Developed in accordance with NICE CG192. To be used in conjunction with local policies and clinical judgement.

**Pregnancy confirmed.**

**Routine maternity care**

If mental illness develops, consider risk of prescribing/impact/ intentions of breastfeeding /risk of mental health problem. Consider early CBT. Seek specialist advice via BPNMHT or MMHS For prescribing information: UK Teratology Information Service (UKTIS) www.uktis.org 0344 892 0909; for pregnancy-specific medication information leaflets:

BUMPS [www.medicinesinpregnancy.org](http://www.medicinesinpregnancy.org), or if under care of Oxford Health NHS Trust: [www.choiceandmedication.org/oxfordhealth](http://www.choiceandmedication.org/oxfordhealth); Specialist Perinatal Consultant Psychiatrist/ Pharmacist 01865 901749; Bperinatal.referrals@oxfordhealth.nhs.uk

Consider early referral for CBT therapy.

**MW/**

**FNP**

**GP**

**HV Universal Offer**

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Use EPDS/PHQ9/GAD7 and clinical judgement to clarify.

Inform GP and MW/ FNP.
Consider Professional or self-referral to BTT**01865 901600**

**MW/** **FNP/ HV to** provide additional monitoring and support during pregnancy.

Assessment by BPNMHT.

Triage by phone

Refer by Email
(see Appendix A)

**01865 901749**

Urgent – Within 2 calendar days

Non-Urgent – within 14 calendar days

Admission if required to Psychiatric Mother and Baby Unit from 32 weeks pregnant.

Inform **GP, MW FNP/HV**

Inform referrer and GP of outcome/plan.

Professional referral to Bucks MMHS. Referral via single point of access with Specialist Perinatal Mental Health Service, not Gateway. (see appendix A). MMHS also open to self-referrals via [webpages](https://www.oxfordhealth.nhs.uk/maternal-mental-health-service/self-referral/).

Assessment by Bucks MMHS Clinician **01865 901749** within 2 weeks.

**Moderate to Severe mental health issues arising from/ related to current or previous maternity experience (including fear of childbirth, trauma and loss). Can be open to other secondary care mental health services.**

Buckinghamshire Talking Therapies prioritise parents in perinatal period. Assess within 2 weeks, start treatment within 4 weeks of assessment.

Signpost to local community support
https://www.bucksfamilyinfo.org

**Severe Mental illness and at risk
(See Appendix A)**

**Mild Mental Illness
(See Appendix A)**

**Mild to Moderate depression**

**and/or anxiety
(See Appendix A)**

Emergency Referral -
Within 4 hours
**01865 901749**
Out of Hours **01865 902000**

**Severe Mental Illness
(suspected diagnosis)
(See Appendix A)**

Professional or self-referral to
Buckinghamshire Talking Therapies
**01865 901600** GP to consider if medication required.

Refer to BTT. Prescribing advice for GPs may be given via telephone 01865901749 or email **Bperinatal.referrals@oxfordhealth.nhs.uk**

Buck

All professionals must document information and plan in maternity record (and/or organisational notes) and inform all other agencies, **including GP**, of outcomes including non-engagement. **Consider Safeguarding risks**.

For details of pre-birth procedures and guidance use the BSCB website: www.bucks-lscb.org.uk

Routine maternity care

No MH Issue Identified

All ask NICE CG192 Questions at each contact to screen for depression (Also consider GAD – 2 for anxiety)

(HV from 28-36 weeks)

At each and every stage all professionals should ensure that **ALL** other agencies involved in care are informed of referral/outcomes/contact/non engagement. Add documentation plan to maternity record. ??Safeguarding?? ? link to LSCB policy pre-birth practice guidelines and procedures.

Psychotic disorders (BPAD, schizophrenia, schizoaffective disorder, psychotic depression, previous puerperal psychosis); severe depression and severe anxiety disorders. Refer to Perinatal Mental Health Midwife and BPNMHT **01865 901749 (**Response Times; Urgent – Within 2 calendar days, Non-Urgent – within 14 calendar days)

Referral by **GP, MW or HV.** For prescribing information: UK Teratology Information Service (UKTIS) www.uktis.org 0344 892 0909; for pregnancy-specific medication information leaflets BUMPS [www.medicinesinpregnancy.org](http://www.medicinesinpregnancy.org),

or if under care of Oxford Health NHS Trust: www.choiceandmedication.org/oxfordhealth;

Contact specialist Perinatal Psychiatrist/ pharmacist 01865 901749 Bperinatal.referrals@oxfordhealth.nhs.uk

**Pre-conception appointments:** For women who are planning a pregnancy, currently well and have an established diagnosis of BPAD (particularly type I, higher risk) schizophrenia, schizoaffective disorder, previous psychotic depression or previous puerperal psychosis (even if currently well). And/or have complex medication regime. Refer to

BPerinatal.referrals@oxfordhealth.nhs.uk

BPNMHT**01865 901749**. For an appointment to consider perinatal risk, medication and treatment options in perinatal period. Aim to see in 6 weeks.

**ANTENATAL MENTAL HEALTH CARE PATHWAY for women with pre-existing Mental Illness**

Developed in accordance with NICE CG192 To be used in conjunction with local policies and clinical judgment.

**Mild to Moderate Mental Health
Concerns**

**Severe Mental Health concerns.
Emergency Referral**

**Moderate to Severe Mental Health
Concerns. Already Open to BPNMHT or other secondary Mental Health Services**

**Moderate to Severe Mental Health
Concerns.
 Not open to Mental Health services.**

**Moderate Mental Health Concerns**

**Arising from/ related to maternity experience (fear, loss & trauma).**

**Not open to Mental Health Services**

**Mild Mental Health Concerns**

**ReConnect**

Consider referral to ReConnect if there are safeguarding risks to the unborn child or infant under 2

Professional or self-referral to BTT

**01865 901600.
GP to consider medication**

**MW/FNP/HV/GP**Provide additional monitoring and support during pregnancy.
Consider professional or self-referral to BTT

**GP**

Emergency Referral -
Within 4 hours **01865 901749**
**01865 902000**

Inform MW/FNP /HV and GP and named mental health worker/team BPNMHT to consider if in-reach with other secondary mental health team indicated

Assessment by Specialist BPNMHT Clinician

**01865 901749**

Should consider risks and benefits of prescribing in perinatal period considering/ intention of breastfeeding

Consider early referral for talking therapies.

For prescribing information: UK Teratology Information Service (UKTIS)

www.uktis.org 03448920909.

For pregnancy-specific medication information leaflets check BUMPS [www.medicinesinpregnancy.org](http://www.medicinesinpregnancy.org),

Contact Specialist Perinatal Psychiatrist/ Pharmacist for advice 01865 9017479**.**

**Do not routinely stop prescribing medication for mental health in pregnancy.** Consider risks of relapse and of NOT treating mental illness

Assessment by Maternal Mental Health Service Clinician

**01865 901764**

Complete PNMH Care Plan and share with; woman, keyworker, CPN, MW, FNP/HV and GP and other involved professionals

Inform referrer and GP of outcome / plan.

Inform **GP, MW FNP/HV** Admission, if required, to Psychiatric Mother and Baby Unit from 32 weeks pregnant.

BTT prioritise pregnant women. Assess within 2 weeks, treatment to start within 4 weeks of assessment.

Inform referrer and GP of outcome / plan.

Complete PNMH Care Plan and share with woman, **MW, HV, GP and other involved professionals**

Complete Written Maternity Care Plan and share with woman **MW and GP**

Signpost to local community support

https://www.bucksfamilyinfo.org

 Urgent – Within 2 calendar days

Non-Urgent – within 14 calendar days

All professionals must document information and plan in maternity record (and/or organisational notes) and inform all other agencies, **including GP**, of outcomes including non-engagement. **Consider Safeguarding risks**. For details of pre-birth procedures and guidance use the BSCB website: www.bucks-lscb.org.uk

**POSTNATAL MENTAL HEALTH CARE PATHWAY (up to one-year post-partum)**

Developed in accordance with NICE CG192. To be used in conjunction with local policies and clinical judgment.

**No MH issue previously identified**

**Appendix A** - **Criteria for Definitions of Mental Illness and Guide to levels of mental health concerns when making referrals to Perinatal Mental Health Services.** (Clinical judgement is fundamental, if in doubt seek specialist advice.)

**Moderate to Severe Mental Health concerns.
New referrals**

Inform GP & HV/ FNP of referral & plan, or

non- engagement

Inform referrer and GP of outcome/ plan.

MW/HV/FNP/GP

Provide additional monitoring and support during
post- natal period.

Signpost to local community support:

Home Start

Children Centre

Barnardos

**Moderate to Severe Mental Health Concerns**

**Already open to mental health services**

Consider professional or self-referral to BTT for Postnatal Wellbeing Group or alternative talking therapies
**01865 901600.**

Assessment by BPNMHT Clinician **01865 901749**Urgent –within 2 calendar days

Non-Urgent – within 14 calendar days

Referrals for females under 18 years will be considered by CAMHS.

who may liaise with BPNMHT> The Specialist Perinatal Team

Professionals to liaise with named Mental Health Worker/ team.
who can consider in-reach from BPNMHT

EPDS at 6-8 weeks and any other contact. If >10 offer listening visits. Consider professional or self-referral to BTT for Postnatal Wellbeing Group or alternative talking therapies, or GP

MH issue identified.

No Mental Health issue identified.

 Mental Health Worker/ team to liaise with named HV /FNP regarding care.
For those with increased risk ensure increased monitoring for minimum of 4 weeks post-partum.

Urgent – within

 2 calendar days

Non-urgent within 14 calendar days

Admission if required to Psychiatric Mother and Baby Unit

All ask NICE CG192 Questions at each contact (Consider GAD-2 for anxiety)
see above

**FNP/HV** @ 10 -14 Days

Professional or self-referral to BTT and/or discuss with HV
**01865 901600.**

**Moderate mental health concerns at least 4 weeks following perinatal loss/**

**Baby loss**

**Mild Mental Health Concerns**

Referral to BTT for Postnatal Wellbeing Group or alternative talking therapies. **(See Appendix B)**

All professionals must document information and plan in maternity record (and/or organisational notes) and inform all other agencies, **including GP**,

of outcomes including non-engagement. **Consider Safeguarding risks**.

For details of procedures and guidance use the BSCB website: www.bucks-lscb.org.uk

ReConnect

**Severe Mental Health Concerns.
Emergency Referral**

Emergency Referral – Within 4hrs
01865 901749/
01865 902000
Inform **GP, MW, FNP** / **HV**

**Mild to Moderate Mental Health Concerns**

Assessment by Maternal Mental Health Service Clinician **01865 901764**

Inform referrer,

MW, GP, HV /FNP of outcome/agreed plan, or of non-engagement.

Refer if parent is presenting with safeguarding risks to the child (under 2 years)

Consider risk of mental health problem. Consider early referral to BTT. Prescribing advice via BPNMHT01865 901749 For pregnancy-specific medication information leaflets: www.choiceandmedication.org/oxfordhealth Or UKTIS:

0344 892 0909
www.uktis.org
Consider breastfeeding intention
breastfeeding.

Routine Care

**MW/FNP**

**HV/ FNP**

**GP**

|  |
| --- |
| **Step 1: Primary Care** |
| Mild Mental Health Concerns | Women with minimal mental health concerns.Low mood, mild anxiety, mild stress.Usually managed within the Primary Healthcare Team. |
| **Step 2: Buckinghamshire Talking Therapies** |
| Mild to Moderate Mental Health Concerns | Mild to moderate symptoms of depression or anxiety.Managed via Buckinghamshire Talking Therapies and Primary Healthcare Team.  |
| **Step 3 Buckinghamshire Talking Therapies** |
| Moderate to Severe Mental Health Concerns | Step 3 Moderate need- Working with Buckinghamshire Talking Therapies (BTT) for: depression, anxiety, phobias, stress associated with parenting as a symptom of other mental health issues. Client is stable enough to receive care at Step 3 only from BTT and medical input from GP if required.Specialist Perinatal Mental Health Team at Step 4 can be consulted by BTT where there are concerns that a client requires a Community Coordinated Mental Health Team approach and a client can be moved up to Step 4.**Please note that a client cannot be open to Step 3 and Step 4 services at the same time**. If a client is accepted at Step 4 then arrangements are made to close Step 3 |
| **Step 4: Various**  |
| Moderate mental health concerns | Moderate to severe mental health difficulties directly arising from or related to maternity experience including fear (tokophobia), birth trauma and pregnancy loss/baby loss. Professional referrals via health or social care to Maternal Mental Health Service (MMHS). Self-referrals direct into MMHS.  |
| Safeguarding Concerns | If a family is on Child Protection Plan or PLO, consider the ReConnect Service. ReConnect works with parents offering long-term specialised therapies to reduce safeguarding risks. Referrals or consultations emailed to ReConnect@oxfordhealth.nhs.uk. Dr Nicola Connolly, Clinical Lead for ReConnect - Nicola.connolly@oxfordhealth.nhs.ukJoseph Madamombe, Team manager for ReConnect - Joseph.madamombe@oxfordhealth.nhs.uk  |
| Bonding and Attachment Issues | If a family is on Child Protection Plan or PLO, refer to the ReConnect Service  |
| Severe Mental Health Concerns | Severe deterioration of mental health including possible presentation of psychosis. Intensive and specialist support and monitoring required, possible admission to psychiatric Mother and Baby Unit. Referral to Specialist Perinatal Mental Health Team, out of hours Crisis services. https://www.nice.org.uk/guidance/cg123/chapter/1-Guidance  |

**Appendix B -** **Contact Details for Perinatal Mental Health Pathway for Buckinghamshire.**

Perinatal Mental Health Team and AMHT to communicate with named HV and liaise regarding care.
HV to consult with PMH Champion regarding advice and concerns

|  |  |  |
| --- | --- | --- |
| **Title** | **Phone number** | **Email/Contact Details** |
| Buckinghamshire Perinatal Mental Health Team (BPNMHT) | 01865 901749(Out of hours -01865902000) | * **Referrals Inbox** - Bperinatal.referrals@oxfordhealth.nhs.uk ; GPs can send urgent or routine referrals via NHS E-Referral System (ESR)
* **Enquiries Inbox** – BperinatalAdmin@oxfordhealth.nhs.uk
* **Website -**  <https://www.oxfordhealth.nhs.uk/buckinghamshire-perinatal-mental-health-service/>
* Joseph Madamombe –Team Manager - joseph.madamombe@oxfordhealth.nhs.uk
* Sabina Denslow - Deputy Team Manager – sabina.denslow@oxfordhealth.nhs.uk
* Lisa Sutton – Perinatal Lead Practitioner -lisa.sutton@oxfordhealth.nhs.uk
* Dr Amanda Elkin – Perinatal Consultant Psychiatrist – Amanda.elkin@oxfordhealth.nhs.uk
* Dr Natasha Patel – Perinatal Consultant Psychiatrist - natasha.patel@oxfordhealth.nhs.uk
* Lauren Aitken – Perinatal Principal Clinical Psychologist - Lauren.Aitken@oxfordhealth.nhs.uk
* Kasia Mullan – Senior Clinical Psychologist - kasia.mullan@oxfordhealth.nhs.uk
* Aimee Mckinnon – Senior Clinical Psychologist - aimee.mckinnon@oxfordhealth.nhs.uk
* Louisa Rowlands – Perinatal Pharmacist - Louisa.Rowlands@oxfordhealth.nhs.uk
 |
| Buckinghamshire Talking Therapies(BTT) | 01865 901600 | * **Email** - Bucks-Talking-Therapies@oxfordhealth.nhs.uk
* **Website** - <https://www.oxfordhealth.nhs.uk/bucks-talking-therapies/>
* Elizabeth Smith – CBT & IPT Therapist – elizabeth.smith@oxfordhealth.nhs.uk
 |
| Health visitor for Maternal and Infant Mental Health.  | 07833912225 | * **Email** - bht.pmh@nhs.net
* **Website** - [www.buckshealthcare.nhs.uk](http://www.buckshealthcare.nhs.uk)
* Sam Mylam - Specialist Health Visitor for Maternal and Infant Mental Health -
 |
| Maternal Mental Health Service(MMHS) | 01865 901764(Out of hours 01865902000) | * **Professionals referrals Inbox** - Bperinatal.referrals@oxfordhealth.nhs.uk
* **Self-referrals** via: https://www.oxfordhealth.nhs.uk/maternal-mental-health-service/self-referral/
* **Enquiries Inbox** – BMMHSAdmin@oxfordhealth.nhs.uk
* **Website**: <https://www.oxfordhealth.nhs.uk/maternal-mental-health-service/>
* Joseph Madamombe - Team Manager - joseph.madamombe@oxfordhealth.nhs.uk
* Lauren Aitken – Principal Clinical Psychologist – lauren.aitken@oxfordhealth.nhs.uk
* Chrissie Dransfield – Senior Psychological Therapist - christine.dransfield@oxfordhealth.nhs.uk
 |
| Postnatal Wellbeing Group | 01865 901600 | * Refer via Buckinghamshire Talking Therapies: Bucks-Talking-Therapies@oxfordhealth.nhs.uk
 |
| ReConnect | 01865 901 166 | * **Referrals Inbox** - ReConnect@oxfordhealth.nhs.uk
* **Enquiries** – reconnectadmin@oxfordhealth.nhs.uk
* **Website:** <https://www.oxfordhealth.nhs.uk/reconnect/>
* Joseph Madamombe – Operational Manager - joseph.madamombe@oxfordhealth.nhs.uk
* Nicola Connolly- Consultant Clinical Psychologist Nicola.Connolly@oxfordhealth.nhs.uk
 |
| Specialist Mental Health Midwives | 07867 442117/07833756852  | * **Generic email for midwives** - bht.specialistmentalhealthmidwives@nhs.net
* Darcey Croft – darcey.croft@nhs.net
* Pam Alphonse – pam.alphonse@nhs.net
 |
| Bucks Mind | 07375 070231 | * [www.bucksmind.org.uk](http://www.bucksmind.org.uk)
* Jo Ibbett -Recovery and Wellbeing Manager - Joanna.Ibbett@bucksmind.org.uk
 |
| Bucks Safeguarding Board |  | * www.bucks-lscb.org.uk
 |
| Buckinghamshire Children’s Services | 01296 674887 | * Cariena Voss – Team Manger - Cariena.Voss@buckinghamshire.gov.uk
 |
| Bucks Council, Public Health | 01296383547 | * Louise Hurst -Public Health Consultant - Louise.hurst@buckinghamshire.gov.uk
 |
| Local Community Support | 0845 688 4944 | * <https://www.bucksfamilyinfo.org>
 |

**Appendix C - Glossary of Terms**(See Supplementary Information Document for additional information about speciality services)

|  |  |
| --- | --- |
| CMHT | Community Mental Health Team  |
| **Anxiety disorders**  | These include generalised anxiety disorder, panic disorder, obsessive‑compulsive disorder, phobias, post‑traumatic stress disorder and social anxiety disorder. http://www.nice.org.uk/guidance/cg192/chapter/1-recommendations  |
| BCC | Buckinghamshire County Council |
| BHT | Buckinghamshire Healthcare Trust |
| BSCB | Bucks Safeguarding Children’s Board www.bucks-lscb.org.uk  |
| BPNMHT | Buckinghamshire Perinatal Mental Health Team |
| BTT | Buckinghamshire Talking Therapies offers talking therapies, practical support, and employment advice to people experiencing difficulties with anxiety and low mood and who are registered to a Buckinghamshire GP surgery. |
| CBT | Cognitive Behavioural Therapy |
| CG192 | NICE Clinical Guideline 192 Antenatal and postnatal mental health: clinical management and service guidance (issued December 2014, ongoing revisions) <http://www.nice.org.uk/guidance/cg192/chapter/1-recommendations>  |
| CORE 34 | Clinical Outcomes in Routine Evaluation A34-item generic measure of psychological distress. Used as a rating scale (and outcome measure) |
| EPDS | Edinburgh Postnatal Depression Scale – a screening (not diagnostic) tool. . Scores of 9-12+ may indicate depressive disorder. |
| FNP | Family Nurse Partnership (specialist service for mothers under 21y (referral at <20y and <28/40) and expecting first baby. Provide support until baby is 2y old. [Family nurse partnership - Buckinghamshire Healthcare NHS Trust - Birth Choices Website (buckshealthcare.nhs.uk)](https://www.buckshealthcare.nhs.uk/birthchoices/specialist-maternity-services-and-clinics/family-nurse-partnership/) |
| GAD-2 | Generalised Anxiety Disorder Scale: These were new additions to NICE CG192 issued in December 2014. http://www.nice.org.uk/guidance/cg192/chapter/1-recommendations  |
| GAD 7 | Generalised Anxiety Disorder Scale: These were new additions to NICE CG192 issued in December 2014 http://www.nice.org.uk/guidance/cg192/chapter/1-recommendations  |
| GP | General Practitioner |
| HV | Health Visitor |
| IAPT | Improved Access to Psychological Therapy. Previous name for the service now known as Bucks Talking Therapies.  |
| **Local Support** | **Bucks Family Information Service.** http://www.bucksfamilyinfo.org/kb5/buckinghamshire/fsd/home.page **Bucks Children’s Centres** https://www.buckscc.gov.uk |
| MARF | Multi Agency Referral Form [www.bucks-lscb.org.uk](http://www.bucks-lscb.org.uk)  |
| MH | Mental Health |
| **MI** | Mental Illness |
| **MMHS** | Maternal Mental Health Service |
| MW | Midwife |
| NICE CG192 NICE Clinical Guidelines 192 Questions(Previously referred to as ‘Whooley Questions’ | Used to identify possible low mood:‘During the past month, have you often been bothered by feeling down, depressed or hopeless?During the past month, have you often been bothered by having little interest or pleasure in doing things?’With the addition of a third question, “Is this something with which you would like help?” |
| Perinatal | Pregnancy and up to one-year post-partum |
| PHQ9 | Patient Health Questionnaire:[www.nhs.uk/Tools/Documents/Mood](http://www.nhs.uk/Tools/Documents/Mood) <http://www.nice.org.uk/guidance/cg192/chapter/1-recommendations>  |
| **PMH Champion** | Perinatal Mental Health HV with Specialist knowledge  |
| PMHM | Perinatal Mental Health Midwife  |
| **Psychotropic medication**  | This is defined in this guideline as all medication used to treat mental health problems.<http://www.nice.org.uk/guidance/cg192/chapter/1-recommendations>  |
| Re-Connect | Specialist service for vulnerable families where infant is at risk of developing a disorganised attachment due to parental mental health concerns, parental background history of abuse/neglect, concerns about domestic violence or parental substance misuse. Referral to ReConnect should be considered for women antenatally with pre-existing mental health problems as infant is at high risk of developing an insecure or disorganised attachment. Email: Reconnect@oxfordhealth.nhs.uk  |
| SC | Social Care |
| **Severe mental illness** | This is defined in this guideline as severe and incapacitating depression, psychosis, schizophrenia, bipolar disorder, schizoaffective disorder and postpartum psychosis.<http://www.nice.org.uk/guidance/cg192/chapter/1-recommendations>  |
| **SPMHT** | Specialist Perinatal Mental Health Team |
| **Stepped Care for Mental Health**  | <https://www.nice.org.uk/guidance/CG123/chapter/1-Guidance#stepped-care>  |
| **Woman/women** | **R**efer(s) to female(s) of childbearing potential, including girls and young women under 18 years. http://www.nice.org.uk/guidance/cg192/chapter/1-recommendation |