Birth Reflections and Trauma Service

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The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

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Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	July 2019
2	Changes to pathway to include: change of screening tools, appointment letter, discharge letters. Flowchart for plan of care.	Oct 2023

Engagement & Consultation

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Consultant Midwife
Specialist PNMH Midwife

Circulated to the following for Consultation

Date	Role / Designation
14-8-2023	Powys Midwives and health visitors
14-8-2023	Midwifery leadership and management team
14-8-2023	Powys Perinatal Mental Health (PNMH) Team
14-8-2023	Clinical psychologist in ABUHB
14-8-2023	National clinical lead for PNMH
14-8-2023	Members of the W&C policies and guidelines group
14-8-2023	Safeguarding team

Date	Group Approved at
4-9-2023	Maternity Guidelines group
28-9-2023	Women & Children's Policies and guideline group

Evidence Base

Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area?

- National Institute for Clinical Excellence (NICE)(2020) *Antenatal and postnatal mental health: clinical management and service guidance. CG192.* NICE, London.
- National Institute for Clinical Excellence (NICE)(2021) *Postnatal care, NG194.* NICE, London.
- NHS Wales Executive (2023) *Perinatal Mental Health Programme and Pathways.* NHS Wales Executive. https://executive.nhs.wales/networks-and-planning/wales-mental-health-network/perinatal-mental-health/perinatal-mental-health-programme-and-pathways/

Impact Assessments

Equality Impact Assessment Summary					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement** Please remember policy documents are published to both the **intranet** and **internet.** The version on the internet must be translated to Welsh.
Age	X				
Disability	X				
Gender reassignment	X				
Pregnancy and maternity				X	
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				
Human Rights	X				

Risk Assessment Summary
Have you identified any risks arising from the implementation of this policy / procedure / written control document? If yes, note the risk/s and action taken to mitigate. If no please state no risks identified
Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document? As above
Have you identified any training and / or resource implications as a result of implementing this? Ongoing CPD for trained practitioners.

This Standard Operating Procedure (SOP) uses the terms 'woman' or 'mother' throughout. These should be taken to include people who do not identify as women but are pregnant or have given birth. Similarly, where the term 'parents' is used, this should be taken to include anyone who has main responsibility for caring for a baby. It is recognised that there are many different family arrangements.

Policy Statement / Introduction

1 Background and definition

Childbirth is a major and complex life event. While many women feel that their experience of giving birth is positive overall, a significant proportion of women feel that their birth was particularly difficult or traumatic and this can have serious repercussions for their postnatal emotional wellbeing. Birth trauma has been identified as a cause of stress and distress for women and families, with a suggested 22-24% of women experiencing Post Traumatic Stress Disorder (PTSD) symptoms in the first week following birth, reducing to 13-20% (De Schepper et al. 2016) by 6 weeks postnatal. Other research has identified that 22% of women reported positive symptoms after 1 month postnatal, but recovered by 6-months (Ayers, 2017). It is suggested that 1-6% of women will have PTSD symptoms lasting longer than 1-year post-birth (Bromley et al, 2017). This is known to be more likely when women have experienced transfer from home/Midwife Led Unit (MLU) to an obstetric unit during labour, experienced severe labour pain, had a pregnancy with risk factors, induction of labour or had a caesarean section or instrumental birth (Sorenson & Tschetter, 2010). However, it has been identified that a straightforward birth without intervention or complication can be perceived by some as traumatic (De Schepper et al, 2016).

'Traumatic birth' has been defined as 'the emergence of a baby from its mother in a way that involves events or care which cause deep distress or psychological disturbance, which may or may not involve physical injury, but resulting in psychological distress of an enduring nature' (Greenfield et al 2016). Trauma relates to a woman's subjective experience of childbirth independently of any obstetric complications.
Birth trauma can lead to altered mother-infant bonding and interaction (NICE, 2021), negative changes in family and social relationships and fear of childbirth in subsequent pregnancies with increased requests for caesarean section (McDonald, Slade, Spiby & Iles, 2011; Borg-Cunen, McNeil & Murray, 2014; Coates et al. 2014). It may also be mis-diagnosed as postnatal depression (Ayers, 2014; Yildiz, 2017). Women and their families may therefore benefit from having the opportunity to discuss their experience, with the offer of further support when indicated.

2 Objective

This document provides a definition of birth trauma, factors associated with birth trauma and possible treatments. It also provides guidance on the process for supporting women and their families who may be experiencing trauma symptoms following their pregnancy and birth. The referral pathway is included.

3 Definitions

- **BRTS –** Birth Reflections and Trauma Service
- **CMHT** – Community Mental Health Team
- **DGH** – District General Hospital
- **EPDS** – Edinburgh Postnatal Depression Scale
- **GP** – General Practitioner
- **ITQ** – International Trauma Questionnaire
- **LPMHSS** – Local primary mental health support service
- **MLU** – Midwife Led Unit
- **NICE** – National Institute of Health and Care Excellence
- **PNMH** – Perinatal Mental Health
- **PTHB** – Powys Teaching Health Board
- **PTSD** – Post Traumatic Stress Disorder
- **SUD** – Subjective Unit of Distress
- **WCCIS** – Welsh Community Care Information System
- **WPAS –** Welsh Patient Administration System

4 Responsibilities

4.1 Head of Department

The Head of Midwifery and Sexual Health must:

- Ensure all staff read and understand this procedure
- Arrange regular review to monitor compliance with this procedure

4.2 Consultant Midwife and Specialist PNMH midwife

The consultant midwife and specialist PNMH midwife must:

- Review and triage referrals into the service, assessing suitability for referral
- Monitor the service, reviewing outcomes and service user feedback
- Liaise with the Perinatal Mental Health (PNMH) specialist service, as well as psychology, local primary mental health support service and secondary mental health services, where required

	• Ensure regular and frequent supervision is offered to staff working within the service
	4.3 Maternity & Health Visiting Staff All staff must: • Ensure they read and understand this procedure • Work within their scope of practice in accordance with this procedure • Follow the appropriate referral process into the service
	4.4 Staff trained in birth reflections and trauma In addition to the above, staff who have undertaken training to work within the birth reflections and trauma service must: • Complete a course identified as suitable by PTHB for this purpose, with at least 2 further mentorship/coaching sessions to gain confidence in using the technique • Actively engage in regular supervision to fulfil the role (quarterly for acting practitioners, or twice per year for those with no current cases) • Ensure competence is maintained through regular supervision and practicing of the technique • Escalate to their line manager should they experience difficulty in maintaining competence • Assess suitability of women and/or birth partners to receive support from the birth reflections and trauma service • Refer women on to the most appropriate practitioners when necessary, if the need for further care or treatment is identified.
5 Identification of birth trauma	
	5.1 Antenatal care During routine antenatal care all women will be asked about their mental health and well-being and feelings around a previous birth, if relevant. Where concerns arise, these will be explored further with the midwife or health visitor by gentle questioning using a trauma-informed approach. Primary tokophobia is a severe fear of childbirth that precedes conception and may lead to avoidance of birth or even pregnancy. If identified in pregnancy this will require referral to psychological or psychiatric input via the GP or obstetrician. Women with primary tokophobia are not suitable for support under the Birth Reflections and Trauma Service (BRTS).

Secondary tokophobia is defined as phobic fear resulting from a distressing or even traumatising childbirth experience and can lead to avoidance of childbirth (Striebich et al, 2018). It is therefore important that women who wish to access the birth reflections and trauma service during the antenatal period are referred promptly, after 12-weeks' gestation but ideally before 36-weeks, in order to give time for an appointment to be made with BRTS. Women may be offered a referral to other services more appropriate for secondary tokophobia.

5.2 Postnatal care

During routine postnatal care all women will be asked about their mental health and well-being and where concerns arise these will be explored further. Should a woman, or her family, wish to discuss elements of their care they should be encouraged and assisted to do so through the appropriate channels such as the local or district general hospital Patient Liaison Service (PALS) or Putting Things Right team.

Health care staff should offer women the chance to discuss their birth experience if, and when, they desire - enabling them to express their feelings and the opportunity to be listened to, whilst acknowledging that this is not a formal debriefing intervention (Borg-Cunen et al, 2014). Staff should also consider the impact of traumatic birth on the woman's partner and family and exploration of support from family and friends (NICE, 2018).

Factors that have been associated with post birth PTSD include:
- Lengthy labour or short and very painful labour
- Induction
- Poor pain relief
- Feelings of loss of control
- Traumatic or emergency deliveries
- Impersonal treatment or problems with staff attitudes
- Not being listened to
- Lack of information or explanation
- Lack of privacy and dignity
- Baby admitted to Special Care Baby Unit (SCBU) or Neonatal Intensive Care Unit
- Poor postnatal care
- Previous trauma (for example, in childhood, with a previous birth or domestic violence)

The first line of response for women who present with potential symptoms of trauma should be active monitoring or 'watchful waiting' (NHS Wales, 2023) for the first month following the

	traumatic event, with follow up within a month (NICE, 2021). They should be listened to, observed and assured that it is normal to experience various emotions in the initial postnatal period. Midwives should communicate this information to the health visitor via the 'handover to health visitor' form, as part of discharge from maternity services so that there can be ongoing assessment of need. All women should be provided with information about the birth reflections and trauma service, irrespective of whether they display trauma or not.
	5.3 Outside the Perinatal period There is no upper time frame to access support from the service, as it may not be until a woman is considering a future pregnancy, or accessing alternative services (for example, gynaecology, women's health and colorectal), that the opportunity arises for a woman to enquire about support options. In these instances, women should be referred through the usual route as outlined in section 6.

6 Referral pathway

Referrals will be accepted into the service for women and their partners not less than 1 month postnatal. (Referrals will be accepted during the antenatal period for clients/partners who are experiencing trauma from a previous pregnancy, after 12 weeks' gestation; see 5.1 above). Referrals during the postnatal period will be accepted at any stage beyond one month postnatal. There is no upper time limit for referrals post-birth and may include several years.

A referral form (Appendix A) must be completed by the health care professional who is the referrer.
Screening tools (Appendix B) must be considered during the referral process and include:

- Whooley score or General Anxiety Disorder Diagnosis (GADD) 2. If positive, the Edinburgh Postnatal Depression Score (EPDS) (for use antenatally or up to 12 months postnatal) scoring should be assessed in line with WC071: Management of Perinatal Mental Health in Women's and Children's services.
- An EPDS score of over 20 will require offer of immediate referral to the Perinatal Mental Health team, with consent. The PNMH team will assess the suitability for referral to BRTS in this instance.
- An EPDS of less than 20 will be accepted, but for women with scores of 16-20 referral to primary mental health services via the general practitioner should be recommended, as well as BRTS
- If EPDS < 16, referrals will be accepted.
- GADD-7 may also be used. However, a GADD-7 score of >15 will require referral to the PNMH team in the first instance.
- Birth partners should be assessed using GADD-7 criteria: Scores <15 only will be considered appropriate for this service. Scores >15 should be referred to the general practitioner.

Refer to WCH071 regarding referral criteria: referral to the most appropriate service should be considered, including the offer of Silvercloud, Mum's Matter etc.
NB: women and families should not automatically be referred to all services at the same time.

Referrals that are sent to the perinatal mental health (PNMH) service may be assessed as suitable for the birth reflections and trauma service also. These will be passed on by the PNMH team via the BRTS email address with a copy of the initial completed PNMH referral form (see below).

Any referral should include details of the traumatic experience and/or the trauma-related symptoms but should not be for a specific

intervention e.g. Rewind. It is for the BRTS triage staff to assess and, where appropriate, discuss with the woman or birth partner the most appropriate birth-trauma treatment.

The referrer should assess the suitability for referral to the service considering the following circumstances where it is unlikely that the Rewind element of the service will be offered:

- Drug and alcohol use which may influence symptoms and or/ability to engage effectively with the Rewind technique
- Complex trauma history
- Risk concerns identified (i.e. danger to self and/or others)
- First trimester of pregnancy (for antenatal service-users)
- Complex mental health history, unless referred via the PNMH multi-disciplinary team (see below)
- Death of baby

Additional considerations:

- The woman must not be in an episode of crisis
- Consider other physical health conditions that may be exacerbated by stress
- If any concerns arise in relation to care of the baby/child then the practitioner should discuss with the named midwife/nurse for safeguarding and follow procedures as per the PTHB Safeguarding Policy (SGP 036)
- Women who have been receiving support through the Perinatal Mental Health Pathway (PNMH) in accordance with the Perinatal mental health guideline WC071: Management of Perinatal Mental Health in Women's and Children's services, are not exempt from receiving support through the birth reflections and trauma service. Individual assessment will be carried out by the PNMH practitioner and a referral form sent as necessary.

The above list does not exclude a woman from having the birth reflections element of the service.
Referrals should be emailed to Powys.BRTS@wales.nhs.uk
This will be followed up by a member of the birth reflections and trauma service. Direct enquires from women will be accepted, but this will be followed up with a named health professional for addition of clinical background and details.

7 Assessment

7.1 Triage and initial assessment

All referrals will be triaged on a weekly basis for initial suitability for the service. Referrals that are deemed appropriate will be allocated to a suitable practitioner for either of the two levels of service. These are:

- Birth Reflections
- Birth Reflections with Rewind technique.

The service aims to conduct an initial assessment within 4-weeks of referral, which may be by phone, virtual appointment or in person. This will last approximately 1-hour.
A letter of confirmation of the appointment will be sent to the client by email or post as per sample in Appendix C and a copy filed in the hospital notes or scanned to WCCIS. The screening tools (Appendix B) will be sent with the appointment letter/email so that the woman can complete these prior to the appointment. Appointments can be conducted face to face or via virtual means.

If the woman is displaying or reporting signs of trauma, then screening tools will be used to further assess suitability for the service. If women are requesting a birth reflections discussion without reporting or displaying signs of trauma, screening tools are not necessary.

The screening tools that will be used are:

- International Trauma Questionnaire (ITQ)
- GADD7 (completed by referrer)
- Scoring from EPDS (completed by referrer)
- SUD: The practitioner should also establish the woman's Subjective Unit of Distress [SUD] on scale of 0-10 (0 being neutral when thinking about the event and 10 being a high level of distress).

Paperwork will be completed as shown in Appendix D.
Initial assessment will involve review of the referral form, noting any significant history.

All families who live in Powys, including women and/or their birth partners, can be offered birth reflections to enable them to talk about their birth experience – either with, or without notes available. This includes those women who give birth outside of Powys. For some instances, a notes review within the relevant district general hospital may be appropriate to clarify issues, before consideration of Birth Reflections or

	Rewind with the BRTS in Powys. (The BRTS team can assist families to contact the relevant health boards for this).

7.2 Unsuitable referrals

The BRTS practitioner completing the initial assessment must consider the suitability of using the Rewind technique. Where there is uncertainty as to the suitability to proceed with the Rewind element of the service, support should be sought through individual clinical supervision (see section 12). Exclusion criteria for the Rewind technique include:

- First trimester of pregnancy (for antenatal service-users)
- Drug and alcohol use which may influence symptoms and or/ability to engage effectively with the Rewind technique
- Complex trauma history
- Complex or severe mental illness
- Receiving care under Psychiatric services
- Risk concerns identified (i.e. danger to self and/or others)

Other referrals unsuitable for the Rewind technique include:

- The client is unable to establish a relaxed state/engage with relaxation exercise
- Previous experience of Rewind has not assisted to mitigate trauma symptoms.

For these cases Birth reflections **only** may be offered, with offer of referral to other services e.g. access to Primary mental health or secondary mental health teams through the gp or obstetrician, or referral to the PNMH team, if appropriate.

Where referrals are considered unsuitable for any part of the BRTS pathway, feedback in the form of an SBAR (Appendix E) will be sent to the initial referrer with a suggested plan of care.

7.3 Care for women who did not birth in Powys

Women who did not give birth in Powys are eligible to access the service. Notes can be requested from the District General Hospital (DGH) in which the woman birthed; however, the purpose of the birth reflections service is for the woman to be able to have her story heard. Practitioners are unable to comment on the care received although factual information from the notes can be stated. Staff may find it useful to have access to the notes to review, but if the woman has specific questions about her care, she should be offered a review in the hospital in which she had her baby.
This can be arranged by contacting either the Consultant Midwife (if applicable), the Patient Experience Team or Patient Advice and Liaison Service (PALS) for the relevant DGH. Some women may find it helpful to have a notes review in the obstetric unit initially, and if symptoms of trauma still exist, they can be referred back to the Powys BRT service for exploration of trauma support.

7.4 Staff

Staff who are impacted by secondary trauma in work can access support through:

- Occupational Health services including counselling
- CANOPI
- Access to clinical supervision
- Debrief with ambulance service staff following a clinical incident
- 2wish (in the case of a death of a child/person under the age of 25).

Rewind can also be used to support staff after traumatic events, ensuring that access to clinical supervision and debrief with a line manager has been utilised. Traumatic events associated with development of PTSD can include work-related exposure to trauma (NICE, 2018).

Staff may benefit from being able to access support following a traumatic experience. Should a member of staff wish to access Rewind they should approach the clinical supervisor in the first instance, who can arrange this. They can also self-refer via the generic email address. A separate record of all staff referred to the service will be kept by the clinical supervisor for midwives.

	7.5 Non-engagement with the service Women will be contacted by phone up to three times to arrange an appointment. If there is no response, a letter should be sent (Appendix F) stating that contact has been attempted but not achieved, and they have been discharged from the service but are able to re-refer themselves at a later date (if the need is still present or desirable). A copy of this letter should be sent to the referrer.

8 Birth reflection and trauma process

Initial assessment appointment:

All women will be offered birth reflections following the initial triage, which may be conducted as part of the initial assessment appointment either virtually, by phone or face to face. Depending on presentation, symptoms and assessment, some women may be suitable for the Rewind technique.

A discussion should take place around the evidence base for Rewind specifically that currently this does not feature in NICE guidance due to the lack of outcomes from randomised control trials.
Appendix G has guidance on how to explain the Rewind technique to clients.

If the woman is suitable for Rewind, the practitioner should arrange a follow up meeting to complete this. The practitioner should establish how the woman would like to feel about the event in the future and establish goals through solution-focused questioning.
A checklist to support this discussion can be found in Appendix D.
A sample script, which can be personalised to be more suitable for each woman and her goals, is found in Appendix H.

About Rewind.

Rewind is a non-intrusive, gentle, brief and effective intervention for reducing the levels of distress people can experience and is only performed once a person is in a state of deep relaxation. When they are fully relaxed, they are encouraged to recall their birth events and then are calmed down again by being guided to recall or imagine a place where they feel totally safe and at ease.
This intervention is underpinned by the notion that the memory of the trauma is laden with distressing emotion and that the opportunity to recall the memory in a relaxed state allows for re-processing. As such the memory is able to be held and stored but with less dangerous and life-threatening emotional arousal, which in turn allows it to be experienced as less distressing. It is this theoretical basis by which the intervention is predicted to be effective.
The Rewind intervention has proven beneficial for a cohort of women with PTSD, appropriately screened by the specialist perinatal mental health midwife (or a midwife with additional trauma training) during pregnancy, for which the time interval between identifying the birth-related anxiety/trauma and being able to access evidence-based trauma therapies such as CBT or EMDR is insufficient. (This is because CBT/EMDR therapies are facilitated over a period of 6-12 weeks and

hence are highly unlikely to begin after the second trimester of pregnancy).

Rewind intervention is a relatively new technique and, as yet, does not have a large randomised-control trial evidence-base behind its use. There is limited evidence for the use of Rewind, although small-scale studies have demonstrated some positive outcomes, the results have not been subjected to peer review (Muss, 2002; Uteza et al, 2012, Adams and Allan, 2018). These studies include two relating to maternity (Mullan, 2017; Slater, 2015).

However, over a three-year period the audit results at PTHB and other trusts consistently show that more than 90% of women reported that their distress was meaningfully reduced following their engagement with the Rewind intervention. The feedback gained from audit also did not contain any reports of harm due to the intervention. Other maternity units who offer the Rewind intervention have found similar results.

It is important to note that Rewind is not a standalone intervention. The actual Rewind intervention is one small part of the support available, and it is acknowledged that at least some of the perceived effectiveness may result from the safe and containing therapeutic relationship that is established between a woman and the BRTS practitioner.

9 Remote consultations

If consultations are held remotely, please use guidance MAT078: Guideline for the Management of Remote Consultations to guide the process.

In addition, the following factors should be considered which incorporates information from the British Psychological Society (BPS) best practice guidance: Working remotely with parents and infants during pregnancy and postpartum.pdf (bps.org.uk)

General guidance/tips:

- Consider what form of technology is accessible to the woman and will best support the facilitation of the Rewind procedure. For example, technology that can be handsfree/self-supporting and positioned so a good proportion of the woman's body can be visible to the practitioner on the screen (to monitor breathing rate, signs of physical tension etc.)

- Allow extra time at the beginning of a session to set up the technology appropriately and agree how to proceed if the call gets cut off or those concerned can no longer see or hear one another properly (e.g. how/when contact will be re-established, if necessary, what safeguarding procedures will be followed if the presenting concerns include risk).

- Agree clear expectations for who will be in the room/available during the session and discuss why this is important (see: S*etting up a safe rewind environment in the home,* below)

- Discuss if it is helpful to have a code word that could be used if someone else in the household enters the room and the session needs to be terminated for confidentiality or safety reasons.

- If the woman is postnatal, discuss the availability of another responsible adult to look after their baby. They will require childcare for Rewind – doing Rewind with no childcare could lead to an incomplete rewind process that may be detrimental to the mother's mental health.

- Emphasise the importance of the other adult taking the baby out of the house during rewind. If this is really not possible, it may be difficult to engage in the Rewind process (e.g. if they can hear their baby even if their needs are being met by another

care-giver). Consider the use of headphones if they have access/are comfortable to. Clinicians will need to allow extra time for the rewind process in case of interruption.

- Consider what is likely to be happening directly after the session – discuss the possibility of allowing some time to decompress before they engage in the rest of their day/responsibilities.

Setting up a safe Rewind environment in the home

- If they are comfortable, ask whether it would be possible to involve another person in the house, in case of dissociation or heightened distress during a Rewind session (i.e. alert other person when a session is taking place). With permission, ask to have the other person's mobile number so you can call/text that person to come and assist should difficulty or an adverse reaction occur.

- Try to conduct sessions where the woman will have an opportunity afterwards to do something calming and/or soothing (with or without the baby/other children present).

- Do not conduct a session in an area of their home that would otherwise be associated with calm and relaxation. Do not have the session in their bedroom (to avoid interfering with sleep). Consider a room or space where they are unlikely to be disturbed, and ideally, do not spend a lot of time in. Alternatively, suggest they sit in a different chair/area than they would usually.

- Consider symbolic ways they can bring the session to a close/let go of what you have been working on together, or 'cleanse' the space they are in. For example, opening a window, putting on some music or lighting a candle.

- If an element of the trauma occurred in the home, e.g. traumatic home birth, then try to avoid remote Rewind. If this is not possible then even more careful consideration of remote rewind will be required.

Remote working and practitioner self care:
Delivering interventions remotely places different demands on practitioners compared to working face to face. Responding is limited

to audio and visual information, without the 'felt sense' of being in a room with someone. This requires intense concentration and can be experienced as physically and psychologically tiring. It can be more difficult to pick up non-verbal cues, which may impact on practitioner ability to respond sensitively and pace discussions.

- If delivering Rewind in a remote format, consider increasing the frequency of supervision to support reflection and learning and draw on peer support networks for additional support.

- Observe your limits and boundaries. Because delivering interventions remotely can be psychologically and physically taxing, consider a reduced number of sessions that day.

- Pay particular attention to your own self-care strategies. Taking regular breaks (e.g. every hour) and planning gaps in between sessions can be helpful. Ensuring enough rest and sleep continue to be very important.

- Take account of your own personal responses to online/remote approaches. This may include personal preferences for how and where you conduct interventions, and familiarity/liking of technology. For those facilitating remote sessions in their own homes, it can be important to create a physical or sense of separation between your clinical work and your home/living space as a practitioner as well.

Exclusion criteria for Remote Rewind:
Do not proceed with a remote rewind format if any of the following is present/relevant:

- × Trauma occurred in the same environment that you are planning to undertake remote rewind.
- × Service user has no childcare.
- × Service user does not have access to suitable technology.
- × There are no quiet/safe places in the house where remote rewind can be undertaken.

Rewind practitioner lacks confidence in delivering rewind remotely (in this case, build confidence up face to face, and practice remote rewind with a volunteer before going live).

10 Raising concerns

If a woman or family are raising concerns about the care they have received within Powys, the practitioner should be sensitive to this and explain the options for raising concerns in accordance with Guideline PTHB / PEP 001 Putting things right: Policy for the effective management and resolution of concerns. When appropriate, the birth reflections and trauma service may be able to offer some emotional support. However, this may lead to a slight delay in receiving BRTS care as Rewind will need to be postponed until after any complaint has been considered.

11 Outcome measures

Outcome measures will be assessed by the use of:

- SUDS – subjective unit of distress
- ITQ- international trauma questionnaire
- PREMS – Patient Recorded Experience Measures

All practitioners must send the women/birth partner an outcome/discharge letter (Appendix I), which will contain a QR code for Patient Reported Experience Measures. A copy of this letter should be sent by post or email to the health professional referrer, the general practitioner and the health visitor or midwife (where appropriate).
An audit form (Appendix J) is completed by the practitioner after the Birth reflections/Rewind intervention and all forms will be sent for collation by the BRTS service to be placed in the patient hospital records.

12 Clinical Supervision and Training

It is important that staff using the Rewind Technique are supported with supervision within the following framework (see PTHB CDP005: Clinical supervision for therapy, health sciences, midwifery, nursing and mental health (excluding all medical staff).
Supervision will be available monthly and will be facilitated by supervisors from several disciplines related to trauma work. This will be available on a rotational basis throughout the year.

- Supervision will be offered monthly and for practitioners who are regularly seeing woman and using the techniques, it is encouraged that they attend at least bi-monthly. Attendance can be achieved in a group setting or individually. This is separate from, and in addition to, any other managerial supervision. Advice is available by phone should a practitioner require this.
- Supervisors will keep accurate records of supervision sessions commensurate with the responsibilities of a supervisor, to include attendance and general themes of discussions.

13 Record keeping

- Referrals from health care professionals will be sent to the Birth Reflections and Trauma service email address using the referral form (see Appendix A)(as for referral to the Perinatal Mental Health team).
- Woman and birth partners may choose to self-refer, in which case an email alone is sufficient. The BRTS staff will assess self-referrals by way of a phone call to gather further information and complete the referral form. The lead health professional involved in the woman's care (midwife, health visitor etc) will be contacted to assist with completion of this.
- Details of all referrals and allocated practitioners will be kept securely on an audit spreadsheet that is password protected and accessed by the BRTS staff only in carrying out this work (see below).
- After initial triage, an appointment letter or email will be sent by the practitioner to the woman with a date, time and place for appointment noted (Appendix C).
- The completed screening tools will be filed in the woman's hospital notes and any notes made during the assessment and treatment must be completed and filed in the woman's hospital notes
- Records of outcome scores after treatment must be recorded using the audit form (Appendix J) which must be returned to the BRTS service after the last contact with the woman
- A discharge/outcome letter must be sent to the woman within a week of the follow up contact occurring (Appendix I), with copies to be sent to the health visitor or midwife, the gp and a copy must be filed in the hospital notes.
- A contact form/diary entry for BRTS must be completed on WCCIS or WPAS (whichever is most appropriate) by the practitioner carrying out the BRTS appointment.

14 Monitoring Compliance, Audit & Review

An audit spreadsheet will be kept to assess the service and record outcomes for cases. This will be reviewed on a yearly basis. Staff compliance will be explored through supervision and through audit of 10% of records over a year, as identified through the audit spreadsheet. This document will be reviewed every three years or earlier should audit results or changes to legislation/practice within PTHB indicate otherwise.

15 References / Bibliography

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Appendices

Appendix A: Birth Reflections and Trauma Service (BRTS) Referral Form

Appendix B: Screening tools

Appendix C: Appointment letter template

Appendix D: Initial assessment and plan of care (with checklist and desired outcomes)

Appendix E: SBAR for declined referrals

Appendix F: Discharge template letter – no contact

Appendix G: Literature review and evidence

Appendix H: Rewind script (for personalisation)

Appendix I: Discharge template letter with outcome and QR code

Appendix J: Audit form

Appendix A: BRTS referral form

Specialist Community Perinatal Mental Health Referral Form

Gwasanaeth Iechyd Meddwl Amenedigol
Perinatal Mental Health Service

GIG CYMRU NHS WALES | Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board

Tel: 01874 442 516

Please Note:

1. **Referrals will not be accepted if not discussed with the PNMHT/ CMHT prior to submission, unless for Birth Reflections and Trauma Service (BRTS) only.**
2. **Please complete all clear/white boxes on this form. Referrals will be returned if incomplete**
3. **Please ensure you complete all of the pages and provide as much information as possible around the current presenting problem in order to prevent any delay in the patient being offered an appointment.**

Patient/Client Information:

Name:	**Title:**	**Dob:**
Previous names:	**NHS No:**	
Address:	**WCCIS:**	
	Expected due date (EDD)/Gestation/Birth of Baby:	
Postcode:		
Contact Telephone no(s):		
Who else lives at this address?		
Name:	**Dob:**	**Relationship:**
First Language (✓): **Welsh** ☐ **English** ☐ **Other** ☐ **Interpreter required Y/N** *If other, please specify:*		
Developmental difficulties? eg ASD/LD:	**Physical disability(ies):**	

Referrer Information:

Date of Referral:	**Name of Referrer:**
Role/Profession:	**Address of referrer:**
Contact telephone no(s):	
Email:	**Postcode:**

Key Contacts (*name/address/contact numbers)*

GP:	**Surgery:**
Midwife:	**Health Visitor:**
Consultant:	**Social Worker:**

CPN:	Other:
Mental Health (or CAMHS) Care Coordinator:	

Risks:

☐ Risk to Self ☐ Health and Safety ☐ Self-neglect ☐ Vulnerability

☐ Risk from Others ☐ Risk to Others ☐ Physical Health ☐ Other – please specify

Please specify/comments:

Safeguarding:

Please specify if open to/referred to *(if previous children have been removed/fostered/adopted – please give details):*

POVA ☐ **MAPPA** ☐ **MARAC** ☐ **CAMHS** ☐ **CHILDREN'S SERVICES** ☐

Please specify/comments:

Reason for Referral:

What is your reason for referring this client to the Community Mental Health Service?	
	Red Flags (Tick to indicate Red Flag Present)
	Presenting in the first four weeks post-partum (highest risk period for presenting psychosis)
	Sudden deterioration of mental health presentation
	Thoughts of violent method of suicide
	Estrangement/feeling estranged from infant bonding
	Thoughts of absconding
	Previous history of suicide or self-harm
	Any thoughts of harm to child or psychotic thoughts relating to child increases risk
	Fluctuation in presentation

Significant Mental Health/Medical History:

Previously known to Mental Health Service? Y/N
Diagnosis:
Confirmed by:

If yes, please state which service(s) *please include and detail previous post-partum psychosis, previous postnatal depression, History of bipolar disorder, schizophrenia, depression, outpatient, inpatient, any treatment given and by whom*	**Q Have you felt like this before, or are you seeing someone for help?**
	Q What intervention(s) or therapies have you had previously?

Results of Assessment measures (NB: EPDS required):

Whooley		**EPDS**		**PHQ9**		**GAD7**	

Please give details of presenting problems *(include information on emotional difficulties; Attachment/Bonding; feelings about pregnancy; relationship problems, social/financial circumstances etc.)* Please ask and record client responses to the following questions:
Q.1 Briefly describe your current emotional difficulties?
Q.2 How are your emotional difficulties affecting you, and for how long/much time?
Q.3 Do you have any suicidal thoughts, plans or intent? (Link to EPDS Question 10).
Q.4 Do you have a support network or anyone you can talk to about your problems?
Q.5 Do you have any physical problems (other than pregnancy related)?
Q.6 Are you taking any medication? Is it helping? Have you stopped taking any medication because of the Pregnancy/birth?

Client's Perception of Needs/Desired Outcome:

Is the client aware of the referral? Y/N

For referrals to the Powys Birth Reflections and Trauma Service
Send Email to Powys.BRTS@wales.nhs.uk

Appendix B: Screening tools

For referrer: use EPDS and Whooley Questions, GADD2, GAdd7, PHQ9

GIG CYMRU NHS WALES
Rhwydwaith Iechyd Meddwl Amenedigol
Perinatal Mental Health Network

Perinatal Mental Health Screening Process Ask, Assess and Act

Individual Details

Name:	D.O.B:
Title:	NHS Number:
Preferred Name:	Name of assessor:
Date assessment:	

Step 1: Ask all individuals 'How are you feeling today?'- Using the Whooley & GAD-2 questions below

Depression Identification Questions (Whooley):	Outcome:
During the past month, have you often been bothered by feeling down, depressed or hopeless?	☐ Yes ☐ No
During the past month, have you often been bothered by little interest or pleasure in doing things?	☐ Yes ☐ No

Generalised Anxiety Disorder Scale (GAD-2)				
Over the **last two weeks**, how often have you been bothered by the following problems:	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge				
2. Not being able to stop or control worrying				

Step 2: Assess all positive responses - by offering further screening using the EPDS and/or Gad-7 (PHQ9 may be required when referring into specialist team. Screening tools are offered to guide your decision making. The outcome of these, together with your professional judgement and discussion with the individual, should influence what is offered next).

Screening Tools	Yes	No
EPDS		
GAD-7		
PHQ-9 (if required)		

Perinatal Assessment Questionnaire V.8 November 2022

EPDS

As you are pregnant/your partner is pregnant or you have recently had a baby, we would like to know how you are feeling. Please tick (✓) the answer that comes closest to how you have felt IN THE PAST SEVEN DAYS, not just how you feel today. The EPDS can be used to assess the mental health of all parents.

1. I have been able to laugh and see the funny side of things

- 0 - As much as I always could ☐
- 1 - Not quite so much now ☐
- 2 - Definitely not so much now ☐
- 3 - Not at all ☐

2. I have looked forward with enjoyment to things

- 0 - As much as I ever did ☐
- 1 - Rather less than I used to ☐
- 2 - Definitely less than I used to ☐
- 3 - Hardly at all ☐

3. I have blamed myself unnecessarily when things went wrong

- 3 - Yes, most of the time ☐
- 2 - Yes, some of the time ☐
- 1 - Not very often ☐
- 0 - No, never ☐

4. I have been anxious or worried for no good reason

- 0 - No, not at all ☐
- 1 - Hardly ever ☐
- 2 - Yes, sometimes ☐
- 3 - Yes, very often ☐

5. I have felt scared or panicky for no very good reason

- 3 - Yes, quite a lot ☐
- 2 - Yes, sometimes ☐
- 1 - No, not much ☐
- 0 - No, not at all ☐

6. Things have been getting on top of me

- 3 - Yes, most of the time I haven't been able to cope at all ☐
- 2 - Yes, sometimes, I haven't been coping as well as usual ☐
- 1 - No, most of the time I have coped quite well ☐
- 0 - No, I have been coping as well as ever ☐

7. I have been so unhappy that I have had difficulty sleeping

- 3 - Yes, most of the time ☐
- 2 - Yes, sometimes ☐
- 1 - Not very often ☐
- 0 - No, not at all ☐

8. I have felt sad or miserable

- 3 - Yes, most of the time ☐
- 2 - Yes, quite often ☐
- 1 - Not very often ☐
- 0 - No, not at all ☐

9. I have been so unhappy that I have been crying

- 3 - Yes, most of the time ☐
- 2 - Yes, quite often ☐
- 1 - Only occasionally ☐
- 0 - No, never ☐

10. The thought of harming myself has occurred to me

- 3 - Yes, quite often ☐
- 2 - Sometimes ☐
- 1 - Hardly ever ☐
- 0 - Never ☐

Total score ☐

Source: Cox, J L, Holden, J M, and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10 item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 158.782-786
Source: K L Wisner, B L Parry, C M Prontek, Postpartum Depression. N Engl J Med vol 347 No 3 July 18, 2002, 194-199

Source: Cox, J L, Holden, J M, and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10 item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 158.782-786

Source: K L Wisner, B L Parry, C M Prontek, Postpartum Depression. N Engl J Med vol 347 No 3 July 18, 2002, 194-199

Perinatal Assessment Questionnaire V.8 November 2022

GAD - 7

This easy-to-use self-administered patient questionnaire is used as a screening tool and severity measure for generalized anxiety disorder (GAD)

Over the last 2 weeks, how often have you been bothered by the following problems?
(Use "✓" to indicate your answer)

0 = Not at all
1 = Several days
2 = More than half the days
3 = Nearly every day

Feeling nervous, anxious or on edge?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Not being able to stop or control worrying?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Worrying too much about different things?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Trouble relaxing?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Being so restless that it's hard to sit still?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Becoming easily annoyed or irritable?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Feeling afraid as if something awful might happen?

☐ 0 ☐ 1 ☐ 2 ☐ 3

☐ Total score

PHQ - 9

This easy-to-use self-administered patient questionnaire is used as a screening tool and severity measure for generalized anxiety disorder (GAD)

Over the last 2 weeks, how often have you been bothered by the following problems?
(Use "✓" to indicate your answer)

0 = Not at all
1 = Several days
2 = More than half the days
3 = Nearly every day

Little interest or pleasure in doing things?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Feeling down, depressed, or hopeless?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Trouble falling or staying asleep, or sleeping too much?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Feeling tired or having little energy?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Poor appetite or overeating?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Feeling bad about yourself — or that you are a failure or have let yourself or your family down?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Trouble concentrating on things, such as reading the newspaper or watching television?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Moving or speaking so slowly that other people could have noticed? Or so fidgety or restless that you have been moving a lot more than usual?

☐ 0 ☐ 1 ☐ 2 ☐ 3

Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?

☐ 0 ☐ 1 ☐ 2 ☐ 3

☐ Total score

Complete a suicide risk assessment in individuals who respond positively to item 9 - "Thoughts that you would be better off dead or of hurting yourself in some way."

Further assessment should be completed by Specialist Perinatal Mental Health colleagues.

Perinatal Assessment Questionnaire V.8 November 2022

Further assessment should be carried out by Birth Reflections and Trauma staff or Perinatal Mental Health colleagues.

For BRTS practitioners use: International Trauma Questionnaire

THE INTERNATIONAL TRAUMA QUESTIONNAIRE (ITQ)

OVERVIEW:
The attached instrument is a brief, simply-worded measure, focusing only on the core features of PTSD and CPTSD, and employs straightforward diagnostic rules. The ITQ was developed to be consistent with the organizing principles of the ICD-11, as set forth by the World Health Organization, which are to maximize clinical utility and ensure international applicability through a focus on the core symptoms of a given disorder. The ITQ is freely available in the public domain to all interested parties. Evaluation of the measure continues particularly as it relates to the definition of functional impairment for both PTSD and CPTSD and possibly the content of the items as they might relate to being predictive of differential treatment outcome.

DIAGNOSTIC ALGORITHMS are as follows:
PTSD. A diagnosis of PTSD requires the endorsement of one of two symptoms from the symptom clusters of (1) re-experiencing in the here and now, (2) avoidance, and (3) sense of current threat, plus endorsement of at least one indicator of functional impairment associated with these symptoms. Endorsement of a symptom or functional impairment item is defined as a score ≥ 2.

CPTSD. A diagnosis of CPTSD requires the endorsement of one of two symptoms from each of the three PTSD symptoms clusters (re-experiencing in the here and now, avoidance, and sense of current threat) and one of two symptoms from each of the three Disturbances in Self-Organization (DSO) clusters: (1) affective dysregulation, (2) negative self-concept, and (3) disturbances in relationships. Functional impairment must be identified where at least one indicator of functional impairment is endorsed related to the PTSD symptoms and one indicator of functional impairment is endorsed related to the DSO symptoms. Endorsement of a symptom or functional impairment item is defined as a score ≥ 2.

An individual can receive either a diagnosis of PTSD or CPTSD, not both. If a person meets the criteria for CPTSD, that person does not also receive a PTSD diagnosis.

Scoring instructions are available at the end of this document.

THE REFERENCE for the measure is:
Cloitre, M., Shevlin M., Brewin, C.R., Bisson, J.I., Roberts, N.P., Maercker, A., Karatzias, T., Hyland, P. (in press). The International Trauma Questionnaire: Development of a self-report measure of ICD-11 PTSD and Complex PTSD. *Acta Psychiatrica Scandinavica.* DOI: 10.1111/acps.12956

BACKGROUND PUBLICATIONS:
Brewin, C. R., Cloitre, M., Hyland, P., Shevlin, M., Maercker, A., Bryant, R. A.,…Reed, G. M. (2017). A review of current evidence regarding the ICD-11 proposals for diagnosing PTSD and complex PTSD. *Clinical Psychology Review*, 58, 1-15. doi: 10.1016/j.cpr.2017.09.001.

Karatzias T., Shevlin M., Fyvie C., Hyland P., Efthymiadou E., Wilson D.,…Cloitre M. (2017). Evidence of distinct profiles of posttraumatic stress disorder (PTSD) and complex posttraumatic stress disorder (CPTSD) based on the new ICD-11 trauma questionnaire (ICD-TQ). *Journal of Affective Disorders,* 207, 181-187. http://dx.doi.org/10.1016/j.jad.2016.09.032

Hyland, P., Shevlin M., Brewin C.R., Cloitre M., Downes A.J., Jumbe, S.,...Roberts, N.P. (2017). Validation of post-traumatic stress disorder (PTSD) and complex PTSD using the International Trauma Questionnaire. *Acta Psychiatrica Scandinavica*. 136, 313-322. doi: 10.1111/acps.12771.

Shevlin, M., Hyland, P., Roberts, N. P., Bisson, J. I., Brewin C.R. & Cloitre M. (2018). A psychometric assessment of Disturbances in Self-Organization symptom indicators for ICD-11 Complex PTSD using the International Trauma Questionnaire, *European Journal of Psychotraumatology*, 9:1, DOI: 10.1080/20008198.2017.1419749

International Trauma Questionnaire

Instructions: Please identify the experience that troubles you most and answer the questions in relation to this experience.

Brief description of the experience _____

When did the experience occur? (circle one)

a. less than 6 months ago
b. 6 to 12 months ago
c. 1 to 5 years ago
d. 5 to 10 years ago
e. 10 to 20 years ago
f. more than 20 years ago

Below are a number of problems that people sometimes report in response to traumatic or stressful life events. Please read each item carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

	Not at all	*A little bit*	*Moderately*	*Quite a bit*	*Extremely*
P1. Having upsetting dreams that replay part of the experience or are clearly related to the experience?	0	1	2	3	4
P2. Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now?	0	1	2	3	4
P3. Avoiding internal reminders of the experience (for example, thoughts, feelings, or physical sensations)?	0	1	2	3	4
P4. Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities, or situations)?	0	1	2	3	4
P5. Being "super-alert", watchful, or on guard?	0	1	2	3	4
P6. Feeling jumpy or easily startled?	0	1	2	3	4

In the past month have the above problems:

P7. Affected your relationships or social life?	0	1	2	3	4
P8. Affected your work or ability to work?	0	1	2	3	4
P9. Affected any other important part of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

Cloitre et al. (2018) *Acta Psychiatrica Scandinavica.* DOI: 10.1111/acps.12956

Below are problems that people who have had stressful or traumatic events sometimes experience. The questions refer to ways you typically feel, ways you typically think about yourself and ways you typically relate to others. Answer the following thinking about how true each statement is of you.

How true is this of you?	***Not at all***	***A little bit***	***Moderately***	***Quit a bit***	***Extremely***
C1. When I am upset, it takes me a long time to calm down.	0	1	2	3	4
C2. I feel numb or emotionally shut down.	0	1	2	3	4
C3. I feel like a failure.	0	1	2	3	4
C4. I feel worthless.	0	1	2	3	4
C5. I feel distant or cut off from people.	0	1	2	3	4
C6. I find it hard to stay emotionally close to people.	0	1	2	3	4
In the past month, have the above problems in emotions, in beliefs about yourself and in relationships:					
C7. Created concern or distress about your relationships or social life?	0	1	2	3	4
C8. Affected your work or ability to work?	0	1	2	3	4
C9. Affected any other important parts of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

Cloitre et al. (2018) *Acta Psychiatrica Scandinavica.* DOI: 10.1111/acps.12956

1. Diagnostic scoring for PTSD and CPTSD

PTSD
If P1 or P2 ≥ 2 criteria for Re-experiencing in the here and now (Re_dx) met
If P3 or P4 ≥ 2 criteria for Avoidance (Av_dx) met
If P5 or P6 ≥ 2 criteria for Sense of current threat (Th_dx) met
AND
At least one of P7, P8, or P9 ≥ 2 meets criteria for PTSD functional impairment (PTSDFI)
If criteria for 'Re_dx' AND 'Av_dx' AND 'Th_dx' AND 'PTSDFI' are met, the criteria for PTSD are met.

CPTSD
If C1 or C2 ≥ 2 criteria for Affective dysregulation (AD_dx) met
If C3 or C4 ≥ 2 criteria for Negative self-concept (NSC_dx) met
If C5 or C6 ≥ 2 criteria for Disturbances in relationships (DR_dx) met
AND
At least one of C7, C8, or C9 ≥ 2 meets criteria for DSO functional impairment (DSOFI)
If criteria for 'AD_dx' AND 'NSC_dx' AND 'DR_dx', and 'DSOFI' are met, the criteria for DSO are met.

PTSD is diagnosed if the criteria for PTSD are met but NOT for DSO.
CPTSD is diagnosed if the criteria for PTSD are met AND criteria for DSO are met.
Not meeting the criteria for PTSD or meeting only the criteria for DSO results in no diagnosis.

2. Dimensional scoring for PTSD and CPTSD.

Scores can be calculated for each PTSD and DSO symptom cluster and summed to produce PTSD and DSO scores.

PTSD
Sum of Likert scores for P1 and P2 = Re-experiencing in the here and now score (Re)
Sum of Likert scores for P3 and P4 = Avoidance score (Av)
Sum of Likert scores for P5 and P6 = Sense of current threat (Th)
PTSD score = Sum of Re, Av, and Th

DSO
Sum of Likert scores for C1 and C2 = Affective dysregulation (AD)
Sum of Likert scores for C3 and C4 = Negative self-concept (NSC)
Sum of Likert scores for C5 and C6 = Disturbances in relationships (DR)
DSO score = Sum of AD, NSC, and DR

Appendix C: Template appointment letter

GIG CYMRU NHS WALES | Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board

Gwasanaeth Iechyd Meddwl Amenedigol
Perinatal Mental Health Service

[Name]

[Address]

[Date]

RE: Birth Reflections and Trauma Service (BRTS) Discharge

Dear

Following a recent referral from [name and position of referrer], I am writing to offer you an appointment with the Birth Reflections and Trauma Service.

This will take place on [date and time]

At [place]

The pathway includes a birth reflections discussion and possible use of the Rewind technique (if appropriate).

As discussed, please complete the screening tools enclosed prior to the discussion.

If you are unable to attend, or wish to cancel the appointment please contact the service via the email address PowysBRTS@wales.nhs.uk

Yours sincerely

[Your name and signature]

Powys Birth Reflections and Trauma Service

4 Copies to: midwife, GP, HV, hospital notes.

Appendix D: Initial assessment and plan of care (with checklist and desired outcomes)

GIG CYMRU NHS WALES | Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board

Gwasanaeth Iechyd Meddwl Amenedigol
Perinatal Mental Health Service

PTHB Birth reflections and trauma service

Addressograph/Woman's name, address & DOB:	Date of referral to service: Date referral received: Method of referral: Name of referrer if relevant: Woman's contact details: Person dealing with referral:

Inform client: As part of our work to promote best practice and new ideas the team collect data that we review within our service, but may be used by us for audit/research purposes. This includes information such as the number of referrals we receive, how many appointments someone has and average scores when we assess the level of trauma they have.

All information is anonymous with neither the person's name nor location used.

Our aim would be to publish the results in a scientific journal to allow other professionals to learn of our work here.

If you have any questions or would rather not have your data used please contact Powys.BRTS@wales.nhs.uk

Your care will not be different whether you choose for your data to be used in the research or not. **Client agrees YES or NO** (Also complete on audit form)

Relevant medical and mental health history: Other Services involved:

Obstetric history Previous pregnancies/baby's DOB: Where delivered: Brief summary of birth:

Reflective birth discussion Offered: yes/no Accepted: yes/no Summary of discussion if relevant: Signed: Print: Date:

Version 4 – Sept 2023

Gwasanaeth Iechyd Meddwl Amenedigol
Perinatal Mental Health Service

If progressing to Rewind please complete the following, otherwise complete audit form.

International Trauma Questionnaire score:	Subjective Unit of Distress (SUD) pre-rewind:	EPDS Score pre-referral:	Any other significant trauma:	Proceed: Yes No

Rewind – brief summary

Signed: Print: Date:

Follow up

SUD post Rewind:
ITQ post Rewind:

Signed: Print: Date:

Final outcome (please circle):

Discharged (file in maternity hospital record or scan to WCCIS)

Refer on to CMHT Date:

Woman happy to be contacted to provide user feedback? (please circle):

Yes / No

Please complete the attached audit form and scan to Powys.BRTS@wales.nhs.uk

Remember only send the audit form.

Version 4 – Sept 2023

Checklist for preparing for a Rewind Session

1. **What is the feeling they want to unhook?**
2. **What is their SUDS rating?**
3. **What would they like to feel when looking back at the memory? (see below)**
4. **What is their relaxed safe place in nature (optional)**
5. **What is the starting point and ending point of the memory (optional)?**
6. **What will they be doing when you put them into the future image?**
7. **Have you reminded them that they can stop if ever they want to?**

Solution focused questioning

1. **Elicit: What would they like to feel when looking back at the memory:**

   - ***"When the old feeling has been unhooked, what would you LIKE to feel when you think back to the memory?" (they might still say it in the negative – "I just don't want to feel so upset")***
   - ***"Okay, imagine that you can think back to it without feeling {upset}, how would you LIKE to feel instead?"***
   - ***"Are there any positives that you can draw from what happened/what you learned/what you did?"***
   - ***"Looking back now, are there any positives that you can draw from this awful experience?"***
   - ***"Imagine that the old feelings have completely gone. How do you feel now about it all?"***

2. **Once you have elicited the new goal feeling (such as at peace, or proud, or strong, or able to focus on seeing my baby for the first time etc) EXPAND it.**

   - ***"Great, so when you look back and feel at peace with what happened, how might that make a difference to you your life now?"* (they might say, I would feel more relaxed*)***
   - ***"That's lovely, so when you feel more relaxed about it, what parts of your life might be affected positively from that?"***
   - ***"Tell me, might it make a difference to your relationships?"* (wait for a response – give them time to think*) With your partner maybe? With your baby? With yourself? With your friends?***
   - ***"Imagine now, that you are already at peace with it. How does that affect how you talk about it? What are you like when you think back about it. What might others notice. Imagine the expression on your face, your tone of voice".***

www.yourbirthright.co.uk

Appendix E: SBAR feedback for declined referrer

Gwasanaeth Iechyd Meddwl Amenedigol
Perinatal Mental Health Service

Birth Reflections and Trauma Service – Referrals declined

Woman's Name: Address: DOB:	Midwife: Woman's phone number: Date/Time:

Situation: Reason for call
Background:
Assessment:
Recommendation: (Include requests made by you and time frames)
Follow up:
Signature:

Send copy to the initial referrer.

Appendix F: Discharge template letter – unable to contact

GIG CYMRU NHS WALES | Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board

Gwasanaeth Iechyd Meddwl Amenedigol
Perinatal Mental Health Service

[Name]

[Address]

[Date]

RE: Birth Reflections and Trauma Service (BRTS) Discharge

Dear

Following a recent referral from [name and position of referrer], I am writing to say that we have tried to contact you three times but have had no success.

I am therefore discharging you from the service at this time, but please be advised that you are able to self-refer via the email address PowysBRTS@wales.nhs.uk if you would like an appointment any time in the future.

Yours sincerely

[Your name and signature]

Powys Birth Reflections and Trauma Service

Copy to file and to referrer.

Appendix G: How to explain Rewind to clients

Explaining the Rewind technique to clients

This can be done very simply, or you may wish to explain in some detail. A very simple example is: 'The Rewind is a way of changing how you feel about the memory. It takes about 40 minutes, I'm going to guide you, but you can stop or take a break at any point you need. We do it while you are relaxed, it's a thought exercise, so there is not anything you need to do, just follow my lead'.

Or you can go into more detail and include the following:

- Explain about the amygdala and the neocortex
- Explain that difference between emotional memory (in the amygdala) and episodic memory (in the neocortex)
- Explain that trauma happens when the memory gets 'locked into' the amygdala and stays there
- Explain that we want the memory reprocessed and moved from the emotional memory bank to the episodic memory bank
- Explain that the Rewind helps this to happen
- Explain that for the first time, your client will remember the event in three different ways: when they are relaxed, when thinking, and when looking at it (rather than seeing it throught their own eyes)

(Mia Scotland, Perinatal Clinical Psychologist, Rewind Workshop. www.yourbirthright.co.uk)

Appendix H: Rewind script (for personalisation)

This is your Script – use verbatim, or as a guide only. Using your electronic copy, you can adapt it to suit you, or you can even adapt it to suit each individual that you work with.

Remember:

1. Keep the client relaxed throughout. Any signs of tension, and you should ask the person if they are okay to continue. If they say yes, then focus on increasing their relaxation levels again. Don't confuse emotion with tension. They may cry or shake, and that may be a good thing (cathartic).
2. Let the client be in control. If they want to stop, you stop.
3. You might make mistakes, burp, cough, repeat stuff and so on. Don't worry, the person will probably not notice, and if they do, they probably won't care. (When we are relaxed, our "critical mind" tends to pipe down, so we just don't notice or care about these distractions any more).
4. You should already have established a sense of rapport with your client, and you should have an idea of how they would like to feel when thinking back on the birth.

(one – focusing on the here and now)

"Now that you are sitting really comfortably.....notice your feet resting on the floor.....notice the chair underneath you, holding you up.....notice the sound of my voice.... and know that at some point... but not yet... you can drift down into a really nice relaxed state of mind.... if you haven't already....you can allow

your eyelids to begin to close.....just feel how nice it is to allow your eyes to remain gently closed.....

(two - focusing on the breath)

...take a lovely deep breath in now, and feel that gentle expansion of your ribcage as your lungs fully inflate. And as you breathe out.... you can notice how nice that feels.... imagine your breath as a wave of relaxation..... Each breath washing over you and carrying away the day's worries or cares..... Each breath helping you to relax a little bit more..... As you place your awareness on your breathing..... you may notice... that the air feels cooler as you breathe in.....and warmer as you breathe out.....with every breath....feeling more and more comfortable....you may notice...the changes taking place in your body..... changes brought about by a growing sense of relaxation...

(three – progressive muscle relaxation)

"You may notice the muscles in and around your forehead, temples and eyes....begin to relax.....your eyes closing more thoroughly now....as you begin to enjoy this feeling of letting go..... allowing all of these muscles to become thoroughly loose and limp.... Feeling those muscles beginning to melt into relaxation..... And the same quality of relaxation can drift down over the muscles around your cheeks and jaw as you give them permission to soften and loosen.... releasing and letting go of any tension.... As this area relaxes....it's natural to find that your jaw may recede slightly....your teeth might part a little....And this soothing feeling of relaxation can continue to spread down and around.... through all of the muscles in your neck... gently easing them into comfort..... And this same feeling of relaxation can drift down and around the muscles in your shoulders.... Shoulders sinking into the frame of your body.....as you feel these muscles loosen and soften...Shoulders dropping away from your neck... as you release and let go of any tension....and that lovely relaxing feeling can move down into your arms.....and you may be

wondering….which arm is relaxing more than the other….and it really doesn't matter….you can just enjoy that nice feeling….of letting go…..letting go of the need to do anything…..or think anything….just allowing the sound of my voice….to relax you deeper and deeper….as that relaxation drifts down…..into your chest and abdomen…..releasing and relaxing……and during this relaxation you may be aware of sounds around you…..sounds from inside the room…..or from outside the room….and these sounds have no consequence for you….they just serve to send you…even deeper into relaxation…..all tension drifting away…..that lovely sensation of letting go…..moving down into your legs…..down to your knees….and as you relax deeper and deeper….you may feel heavier….or you may feel lighter….and it really doesn't matter…..you can just enjoy that feeling….of letting go…..of letting the relaxation drift…..all the way down….past your knees….down to your ankles……and into your feet….and when you feel the tingling sensation of relaxation all the way down into your toes….you'll know that you are directing the course of your own body's natural relaxation…..so comfortable ….enjoying this feeling…."

(four – place of relaxation)

"and now that you are so comfortable….your body so relaxed…. it's natural to find that your mind can relax too…. Your thoughts can begin to slow down. ….And your imagination can become fluid and free…. And you can imagine yourself in a very calming place in nature now….. Somewhere that you naturally feel relaxed and completely at ease…it may be a place that you're fond of now….. or a place that you remember from your childhood…… or a place that you are creating in your imagination……it is a beautiful, calm place….. let me know with a nod of your head…..when you have settled on a place…..a place that fills you with peace and serenity… a place where you can feel free…. This is a place of abundant beauty… and you can experience this place now using all of your senses….enjoying the beautiful colours all around you….. Maybe you can hear the sounds around you, or the stillness… helping you to relax even further ….. it is the perfect temperature….a beautiful day…..

Perhaps you can feel the gentle warmth of the sun on your skin…or a cooling breeze….so relaxing….and I wonder if you can take in a lovely breath and breathe in the fresh healthy air around you, taking in any scents that are carried on the air around you…. As you enjoy this peaceful, serene place…you can experience a sense of enormous wellbeing spread through every part of you….

(five – the TV and countdown – each count tallies with the outbreath)

"….and as you continue to enjoy this special place of relaxation, I want you to notice that a little way ahead of you…in this lovely place…. is a TV or computer screen…..I'd like you to begin to walk towards it…. and with every step you take…..you go even deeper into relaxation…. I am going to count….from 10 down to 1….and with every count… and with every step that you take….and with every breath out….you can go deeper and deeper into relaxation…..ten ….nine…..eight…deeper and deeper…..seven…..six….sensing the wonderful serenity around you…..five…..four….three…..so relaxed…..two….and one….completely relaxed in this beautiful place……the screen is now in-front of you …. And I'd like you now to settle yourself down comfortably in front of the screen…..in this beautiful place in nature….somewhere where you sense all the peace and tranquility around you….it is private and peaceful….. there may be a really comfy chair there for you….or you may settle really comfortably on the ground….whatever feels most relaxing…most comfortable….that's it…..and as you settle and get really comfortable….

(Stop here if you are just doing relaxation. Go straight to section 12 on the last page to finish off)

(six – double dissociated rewind)

'you're surrounded by this special place in nature….and this lovely place engulfs you with a sense of relaxation. In a moment's time… the memory of your birth will play forward on the screen….but before it does…… Take a

moment to float up out of your resting place and travel a few feet up, so that you are looking down at yourself watching the screen. You can see yourself sitting there….so relaxed and at peace in your beautiful place. You are now able to watch yourself, watching the television screen….in a moment, the film of what happened will play forward…. it will start at the point just before… when you felt safe and everything was fine…and it will run right to the end….when you knew you were safe again and it was all over…. While the film is playing… I want you to know… that you are in control of the process….. the film can be paused at any time that you need it to…. or you can create distance if you need to….by making the screen smaller…..or fuzzier……so that you are always in control…… and if… at any point…..you want to pause the process…..all you have to do….. is let me know…… and while you are in this deeply relaxed state….. the film can play forward… super fast….while you remain in this lovely…..deeply relaxed state…..so…when you are ready….in your own time…..let the film play fast forward through the memory of what happened….and it will do so….very quickly….. off you go…. And just let me know with a nod of you head when the film has reached the end.

Wait for your client to signal they have reached the end

'Excellent, well done. Now, imagine floating into the screen, and into your body, so that you are seeing it through your eyes, and in a moment, the film is going to whizz backwards, super-fast, as though you are in a video that is being rewound. Let it rewind now, let me know when that has happened.

Wait for your client to signal they have reached the beginning

Well done. And rest back down in your comfortable place in nature…. And look around you at the peaceful serene views around you…. I wonder what sounds of nature you can hear…it's all so peaceful….Now when you are ready… and in your own time…float back up, out of your resting place, and once again, allow

the film to play fast forward to the very end while you watch yourself down there watching the screen, so relaxed….and let me know when you are done.

Wait for your client to signal they have reached the end

That's great.
Now, imagine floating into the screen and into your body once again, so that you are seeing it through your eyes, and in a moment, the film is going to whizz backwards, super-fast, as though you are in a video that is being rewound. Let it rewind now, let me know when that has happened.
Very good. And now, I would like you to repeat that process, of letting the film play forward, and you rewinding it through your eyes, until all the negative feelings associated with that memory have become neutral and you no longer feel any strong emotion. Let me know when that has happened.

Wait for your client to signal they have finished

'Well done, thank you. Now see yourself floating back in to your body into your comfortable place. Now, rest back in that place, and look around you, connect once again with that special place in nature. Take in the peace and serenity of this place, it's so beautiful. The screen is still there. Now it is just you watching the screen.

(seven – dissociated rewind)

When you are ready and in your own time play the memory of what happened again from the very beginning, when everything was fine and you felt safe….right through to the end, in fast forward mode, to when it was over and you knew you were going to be okay. Of you go, in your own time….Just let me know with a gentle nod of you head when you are at the end'

Wait for your client to signal they have reached the end

Excellent, well done. Now, imagine floating into the frame so that you are seeing it through your eyes, and in a moment, the film is going to whizz backwards, super-fast, as though you are in a video that is being rewound. Let it rewind now, super fast, and let me know when that has happened.

Wait for your client to signal they have reached the beginning again

Well done, that's excellent. And now, I would like you to repeat that process, of letting the film play forward, and you rewinding it through your eyes, until all the negative feelings associated with that memory have become neutral and you no longer feel any strong emotion. Let me know when that has happened.

Wait for signal.

'Well done, thank you. Now, rest back in that comfortable place in nature, and look around your special, peaceful surroundings. It's so beautiful, you can see the colours, there may be sounds around you that relax you even deeper. Take in the peace and serenity of this place, it's so beautiful.

(eight – associated rewind)

That's lovely. Now see yourself floating out of your comfy place and this time, imagine that you are floating into the screen itself…..and into your own body….so that you are seeing it all through your eyes from the very beginning…..allowing you to become a part of the memory once again …… When you are ready and in your own time play the memory of your birth again with you in it this time…starting at the very beginning and going to the very end when it was all over…. Just let me know with a nod of you head when you are at the end'

Wait for your client to signal they have reached the end

'Excellent, well done. Now when you are ready and in your own time rewind that film and play it backwards with you in it, seeing it through your eyes, superfast, all the way back to the beginning. And just let me know with a gentle nod of your head when you are there.'

Wait for your client to signal they have reached the beginning again

(nine - disposal of the memory stick)

Well done. That's fantastic. Once again, reconnect with this beautiful, calming place that you are resting in. look around you, see the beautiful colours, smell the fresh air....feel deeply calmed by this serene place. Take in the peace and serenity of this place, it's so beautiful. Now imagine yourself in front of the TV screen once again and if you look at the side of the screen you will notice that there is a memory stick plugged into the side... allow yourself to take the memory stick out.... this stick contains all of those difficult emotions that you experienced way back then.... *but that you no longer need.* In this deeply relaxed state now you have the opportunity to dispose of that memory stick and all of the negative emotions with it....Your memory of your birth will remain but it will no longer provoke those old, negative emotions that belong to that time....but that you don't need any more..... Take a moment now to deal with the stick in a way that is appropriate to you at this moment..... You can burn it, bury it, throw it in the sea, grind it up to dust or put it in your pocket. Just take a moment now to deal with that stick.... and let me know with a gentle nod of your head when you have.

Wait for your client to signal they have dealt with the memory stick

Excellent, well done. Allow yourself to take a few calming and cleansing breaths. And you may experience a feeling of lightness, stillness and peace

now that you have freed yourself from those feelings that were burdening you....

(ten optional reframe (an opportunity to hypnotically strengthen a new way of looking at the birth. If you choose not to do this, if not, just jump to step 11)**)**

....and with that sense of freedom and peace....I'd like you to take a walk in your beautiful place....enjoying the new sense of lightness and relief....with a sense of peace and excitement for your future.....and I want you to know....that (insert reframe according to their individual situation, ideas that they want to be able to take on board eg.... "that your friends and family are all around you/that you can feel immensely proud of yourself/knowing that you are strong/knowing that you are a fighter/knowing that you have built a beautiful family around you/knowing that you protect and love your children" and anything that feels appropriate to them.

(eleven Building the future).

"Resting in your beautiful place once again....feeling the serenity all around you...so peaceful.....In a moments time you can play another film on the screen in front of you. As you watch the screen now, you can see yourself from the future. Just take a few moments to observe yourself from the future. Notice how much calmer, and happier you are. As you watch yourself looking after your baby, you notice how content and confident you are, how you are really enjoying yourself. Just take a moment to observe yourself on the screen, and really noticed your facial expressions, your interactions. ..... And if you like what you see you can float up out of your chair again now and into the screen, and become a part of that future you. As you experience what it's like to be in your future, you can also experience these feelings of calm and confidence filling up inside of you now. With each breath that you take you can feel those feelings growing.....spreading.....through every cell... and every fibre.....

creating a blueprint for future feelings..... So that feelings of calm and confidence..... can run through your entire body.....

(twelve Finishing)

That's perfect.
In a moment's time I will count up from 1 to 10 and by the count of 10 you can come back to the room, fully wide awake. You will wake up feeling fine, feeling fully refreshed with a sense of optimism and wellbeing flowing through every part of you.

1, 2, 3... becoming more aware of your surroundings... 4, 5, 6 more and more alert. 7, 8 you can open your eyes. 9, 10 you are fully wide awake.

Note: there is a temptation to analyse and talk about the experience when the person opens their eyes, but this is unnecessary. It might even interrupt the subconscious process of healing. So I usually just say something like

(smile) "okay, that's fab. I could see your mind was working during that, so that's great. Sometimes the effect is immediate, and you'll notice a change right away, and sometimes the changes happen over the next few days. Either way, we can just wait and look forward to the changes that occurring".

If they ask me how I could see that their mind was working, I tell them that their eyes were moving, similar to REM, and that this shows the brain processing stuff.

Appendix I: Discharge template letter

Gwasanaeth Iechyd Meddwl Amenedigol
Perinatal Mental Health Service

[Name]

[Address]

[Date]

RE: Birth Reflections and Trauma Service (BRTS) Discharge

Dear

Following your recent appointment, I am writing to confirm that you have received care under the BRTS pathway including Three-Step Rewind and birth reflections discussion.

We completed the screening tools prior to the discussions:

ITQ score:

SUDS (Subjective unit of distress score):

Following on from this appointment, we repeated the screening tools, and your scores were now:

ITQ:

SUDS:

As discussed on the phone you will now be discharged, but please get in touch if there is anything further that you need from the service.

Best wishes

[Your name and signature]

Powys Birth Reflections and Trauma Service

4 Copies to: midwife, GP, HV, hospital notes.

Appendix J: Audit form

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Gwasanaeth Iechyd Meddwl Amenedigol
Perinatal Mental Health Service

PTHB Birth reflections and trauma service audit form:

Reference number: Year Number Initials

Date referred		
Referral method (self,midwife, HV)		
Stage of care (a/n or p/n)		
If p/n – how old is child?		
Mode of birth		
Date seen		
Seen by (name of person)		
Birth reflections discussion	Yes	No
Rewind	Yes	No
Birth trauma scale score ITQ	Pre	
EPDS pre-referral		
Pre-Rewind SUD		
Follow up	Phone	Face-to-face
Post-Rewind ITQ		
Post-Rewind SUD		
Rewind repeated	Yes	No
Referred on to CMHT	Yes	No
Venue woman seen for Rewind		
Theme from trauma (eg transfer)		
Woman agrees to anonymised data being used for audit/research		

Woman happy to be contacted to provide user feedback? (please circle): Yes No

Please detach and send this form to:

Anthea Francis MSW, Newtown Birth Centre, Powys

Version 4 – Sept 2023

Appendix K: Flowchart for BRTS referral