

Mental health in pregnancy and the year after giving birth

Information for the public

Published: 17 December 2014

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About this information

NICE guidelines provide advice on the care and support that should be offered to people who use health and care services.

This information explains the advice about mental health in pregnancy and the year after giving birth that is set out in NICE guideline 192.

This is an update of advice that NICE produced in 2007.

Does this information apply to me?

Yes, if you:

- are planning to have a baby, or
- are pregnant, or
- have had a baby or been pregnant in the past year.

Mental health in pregnancy and the year after giving birth

Pregnancy and having a baby can be exciting but also demanding as women adjust to the change in their lifestyle. It's not uncommon for women to feel more anxious and 'down' at this time. Some go on to develop a mental health problem.

Some women who have a mental health problem stop taking their medication when they find out they are pregnant. This can make their problem come back or get worse. For some women who have had a mental health problem in the past, being pregnant, giving birth and caring for their baby can bring the problem back.

Some of the problems that might happen are listed below.

- Depression and anxiety disorders are the most common mental health problems at this time.
- Women can experience anxiety disorders, including obsessive-compulsive disorder (OCD), tokophobia (extreme fear of giving birth) and post-traumatic stress disorder (PTSD).
- Changes to body shape can be a particular concern for women with eating disorders.
- Women with a severe mental illness such as psychosis, schizophrenia or bipolar disorder are more likely to have a relapse (become unwell again) than at other times.
- Severe mental illness may develop more quickly immediately after childbirth than at other times and can be more serious.

The range of mental health problems is the same during pregnancy and after birth as at other times, but some treatments may be different because of possible effects on the baby. Professionals supporting you during pregnancy and after birth might identify that you are at particular risk of developing a mental health problem, or the problem might develop unexpectedly. If you are concerned about your thoughts or feelings, you should seek help and advice.

Your care

A range of professionals may be involved in caring for you in pregnancy and the year after birth. These could include doctors, specialist nurses, midwives, psychologists and health visitors. They should work together so that:

- your care is coordinated

- treatment is available when you need it
- information is shared among professionals and with you (and your partner, family and carers, if you agree), and
- your mental health is taken into account when planning your care.

Working with you

The professionals involved in your care should talk with you about mental health problems in pregnancy and the year after giving birth. They should explain any treatments or support you should be offered so that you can decide together what is best for you and your baby. Your partner, family or carer can be involved in helping to make decisions, but only if you agree. Depending on your circumstances, your parent or carer may be involved in helping to make decisions. There is a [list of questions](#) to help you talk with your healthcare professional.

You may also like to read NICE's information for the public on [patient experience in adult NHS services](#) and [service user experience in adult mental health](#). These set out what adults should be able to expect when they use the NHS. We also have more information on the NICE website about [using health and social care services](#).

Planning to have a baby

If you have a mental health problem or you've had a problem in the past and you're planning to have a baby, your doctor should talk with you about:

- how being pregnant and giving birth might affect your mental health problem, and
- how your mental health problem and any treatments for it might affect you and your baby.

Your doctor may refer you to a specialist service for advice if you are taking medication (drugs) for a mental health problem. Some types of medication can affect the baby if taken in pregnancy or while breastfeeding. Your doctor will advise you which these are and may suggest changes before you get pregnant.

See below and [more information about medication](#) and [deciding on possible treatments](#) for more details.

Antipsychotics

Some types of antipsychotic medication can make it harder for you to become pregnant. If a blood test shows that the antipsychotic you are taking is making it difficult for you to become pregnant, your doctor may offer you another type of antipsychotic.

Anticonvulsants

Anticonvulsants, which are used to treat bipolar disorder, are generally not suitable for women who are planning a pregnancy because there are serious risks to the baby. The anticonvulsant called valproate is not recommended for any women who might become pregnant. If you are taking valproate or another anticonvulsant called carbamazepine and you are planning to have a baby or become pregnant, your doctor should advise you to stop the medication gradually.

Benzodiazepines

If you are taking a benzodiazepine and you are planning to have a baby, your doctor should talk to you about possibly stopping it gradually.

Lithium

You shouldn't be offered lithium if you are planning to have a baby, unless you have tried antipsychotic medication and it hasn't helped. If you are offered lithium, your doctor should tell you about how it might affect your baby if you take it while you are pregnant. They should also talk with you about how often you will need to have check-ups.

Recognising mental health problems

Healthcare professionals (such as health visitors, midwives and GPs) who see you when you are pregnant and in the year after birth should take the time to talk with you about how you are feeling. They should realise that you may be worried about talking about any problems and they should be understanding.

- They should talk with you and may ask you a few questions to check that you aren't depressed or unusually anxious.
- They may offer to refer you to your GP or to a specialist.

Psychosis

The first time you see a healthcare professional (a GP, midwife or health visitor) when you are pregnant and after you have had your baby, they should ask whether you've had any severe mental illness (for example, psychosis, schizophrenia or bipolar disorder). If you have a severe mental illness, or your GP, midwife or health visitor thinks you might have one, they should refer you to a specialist service. This is to make sure that you can get the best help quickly if you become unwell.

Your GP, midwife or health visitor should also ask:

- whether you've been treated by specialist mental health services in the past (including staying in hospital for treatment), or
- whether any close relatives (your mother or sister) have had a severe mental illness (for example, psychosis) around the time of giving birth.

These things might mean that you have a higher risk of developing a mental health problem (such as psychosis in the first few weeks after giving birth), so you should have check-ups more often when you are pregnant and in the first few weeks after giving birth.

Deciding on possible treatments

All healthcare professionals should involve you in decisions about your care and the care of your baby. They should give you information about the risks and benefits of different treatments and discuss the options with you. They should treat you with compassion and should respect your role in caring for your baby.

There are 2 main types of treatments for mental health problems:

- psychological therapy (talking with a therapist about feelings and thoughts and how these affect behaviour and wellbeing, or working through a computer program or book, on your own or with some help from a therapist), and
- medication.

If you have a mental health problem or are at risk of developing one, your doctor should discuss with you how your symptoms might be monitored while you are pregnant. You may be offered more support and your doctor may see you more often.

If you have or might have a mental health problem when you are pregnant or in the year after giving birth, you should be able to get treatment more quickly. You should have an assessment within 2 weeks of being referred. If psychological therapy is an option, you should be able to have this within a month of your first assessment.

Taking medication

If you decide to take medication when you are pregnant or when you are breastfeeding, you should be offered the type with the least risk for you and your baby. You should be offered the lowest amount that will still work and should usually not take more than 1 type.

Some medication can cause problems for unborn babies if taken in the first 3 months of pregnancy. If you are taking one of these types of medication and you think you might be pregnant, your doctor should confirm your pregnancy as soon as possible. They should arrange counselling if you are unsure about continuing the pregnancy and should offer to check your unborn baby for possible problems. They should make sure you know about the risks if you carry on taking the medication and explain that you'll need more checks throughout pregnancy.

There is more information about the risks with different types of medication in [more information about medication](#).

Psychological therapy and other options

If you would like to stop medication when you are pregnant, but medication is the best treatment for your mental health problem, your doctor should talk to you about your reasons for wanting to stop medication and about the risks to you and your baby.

One option is to change to a medication that has lower risks for both of you. If you decide that you don't want to take any medication while you are pregnant, you should be offered psychological therapy if you're not having this already and it is appropriate for your mental health problem. You should be able to carry on with psychological therapy if you were having it before you became pregnant.

Depression

Healthcare professionals should follow the guidelines that NICE has produced on depression (see [other NICE guidance](#) for more information) but should adapt them as explained below. This is

because some of the choices about treatment may be different for women during pregnancy and the first year after giving birth.

Some treatments or care described here may not be suitable for you. If you think that your treatment does not match this advice, talk to your care team and/or healthcare professional.

The treatment you are offered will depend on how severe your condition is and whether you've had the condition before.

Mild to moderate depression

If you have mild to moderate depression when you are pregnant or in the first year after you've had your baby, you may be offered:

- self-help (6 to 8 sessions with a practitioner over 9 to 12 weeks), or
- medication if you have mild depression but have had severe depression in the past.

Moderate to severe depression

If you have moderate to severe depression, you may be offered:

- psychological therapy such as cognitive behavioural therapy ('CBT' for short), or
- medication if you decide to take this after thinking about the risks, or
- psychological therapy with medication if you understand the risks of medication and psychological therapy alone hasn't worked.

If you are already taking medication when you become pregnant

The advice will depend on how severe your condition is.

If you have mild to moderate depression, your doctor should talk with you about stopping the medication gradually and starting a programme of self-help (6 to 8 sessions with a practitioner over 9 to 12 weeks).

If you have moderate depression and would like to stop your medication, your doctor should talk with you about:

- changing to a psychological therapy (such as CBT) and stopping medication, or
- changing to a medication with a lower risk for you and your baby.

They should take into account the stage of your pregnancy, whether you might have a relapse (become unwell again) without your medication and how well medication has worked for you in the past.

If you have severe depression, your doctor should take into account how well your treatment is working, the risk to you and your baby if you carry on taking medication, the risk of your condition getting worse without medication and the stage of your pregnancy. They should talk with you about the following options:

- carrying on with the medication
- changing to a medication with a lower risk for you and your baby if this is likely to work
- having psychological therapy (for example, CBT) as well as medication.

If you understand the risks to you and your baby and still decide you would like to stop medication, your doctor should discuss changing to psychological therapy (CBT).

Anxiety disorders

Healthcare professionals should follow the guidelines that NICE has produced on anxiety disorders such as generalised anxiety disorder, obsessive-compulsive disorder (OCD), panic disorder, post-traumatic stress disorder and social anxiety disorder (see [other NICE guidance](#) for more information) but should adapt them as explained below. This is because some of the choices about treatment may be different for women during pregnancy and the first year after giving birth.

If you have an anxiety disorder you should be offered psychological therapy. The type of therapy will depend on your symptoms and the type of anxiety disorder. You should have regular check-ups. If your symptoms haven't got better after 2 weeks of psychological therapy, you should be offered more intensive therapy.

If you are already taking medication for an anxiety disorder when you become pregnant, your doctor should talk with you about the following options:

- stopping the medication gradually and changing to psychological therapy (for example, CBT)

- carrying on with the medication if you understand the risks and you don't want psychological therapy or you've had it before and it hasn't worked very well (you may decide to carry on with the medication and have psychological therapy as well if you and your doctor think this might help)
- changing to a medication with lower risks if this is likely to work for you.

If you have a phobia about giving birth

If you have a phobia about giving birth (called tokophobia), you should be offered the chance to talk about your fears with a professional experienced in supporting women with this problem.

Severe mental illness

Bipolar disorder

Healthcare professionals should follow the guideline that NICE has produced on bipolar disorder (see [other NICE guidance](#) for more information) but should adapt it as explained below, because some of the choices about treatment may be different in pregnancy and the first year after giving birth.

If you have bipolar disorder, you may be offered psychological therapy, including a type of therapy to lower the chance of it coming back. This might be particularly helpful if you change or stop medication.

If you develop mania or psychosis and you're not taking medication already, you should be offered a type of medication called an antipsychotic.

If you develop mania and you're already taking medication, your doctor should check the dose and increase this or suggest changing to another type; if this doesn't work and your mania is severe your doctor may suggest other treatment such as lithium or, as a last resort, electroconvulsive therapy (also known as ECT).

If you're taking medication for bipolar disorder and you plan to breastfeed, your doctor should make sure that you can take the medication while breastfeeding. You should be offered 1 of the antipsychotics recommended in NICE's guideline on bipolar disorder (see [other NICE guidance](#) for more information) if you are not taking 1 of these already.

If you're taking lithium and decide to stop this when you become pregnant, your doctor should offer you an antipsychotic recommended in NICE's guideline on bipolar disorder.

Psychosis and schizophrenia

Healthcare professionals should follow the guideline that NICE has produced on psychosis and schizophrenia (see [other NICE guidance](#) for more information) but should adapt it as explained below, because some of the choices about treatment may be different in pregnancy and the first year after giving birth.

You may be offered psychological therapy if you are pregnant and:

- there is a risk that your condition might get worse because you have changed medication or you are feeling stressed, or
- you've stopped taking medication.

During pregnancy and the year after birth you should be able to start psychological therapy more quickly than at other times.

If you are pregnant and need urgent sedation

If you have a severe mental illness and your behaviour is very disturbed, you may be given medication to help calm you down quickly. You should not be left alone after this has happened.

Electroconvulsive therapy

Electroconvulsive therapy (also known as ECT) is used only rarely to treat severe mental illness, such as severe depression and severe mania. ECT is always given in hospital and involves passing a small electric current through the brain. Doctors should fully explain the risks and benefits of this treatment.

Eating disorders

Healthcare professionals should follow the guidelines that NICE has produced on eating disorders (see [other NICE guidance](#) for more information) but should adapt them because some of the choices about treatment may need to be different for women during pregnancy and the first year after giving birth.

If you have an eating disorder (for example, anorexia nervosa, bulimia nervosa or binge eating disorder), you should be offered psychological therapy. You may be offered extra scans during pregnancy to check how your baby is growing. Your doctor, midwife or health visitor should discuss the importance of healthy eating when you are pregnant and after you've had your baby. They should also advise you about feeding your baby.

Alcohol and drug problems

If you are pregnant and dependent on alcohol or drugs, you should be offered a 'detox' programme. If you don't want to take up the offer, healthcare professionals should work with you to help you cut down your alcohol or drug intake. After you've had your baby, healthcare professionals should offer you psychological therapy and support. They should recognise that there is a risk of accidental overdose if you start to use drugs again after the baby is born.

Sleep problems in pregnancy

If you have problems sleeping during pregnancy, you should be given advice about how to get into a good sleep routine (such as relaxing and avoiding caffeine before bed time). If the problem is more serious or long term, you may be offered medication called promethazine to help you sleep.

More information about medication

Many types of medication for mental health problems may affect your baby if you take them when you are pregnant or when you are breastfeeding. But there is also a risk for your baby if you become seriously unwell because you are not taking medication. Whether you take medication will depend on the particular type of medication and how likely you are to become unwell without it.

Your doctor should give you information about the risks of starting, stopping, continuing or changing medication and should discuss this with you.

Your doctor should discuss breastfeeding with you and tell you about treatments that you could take if you decide to breastfeed.

Anticonvulsants (valproate, carbamazepine, lamotrigine)

There are serious risks to your baby if you take valproate (spina bifida and learning difficulties) or carbamazepine (spina bifida, heart problems and cleft palate) when you are pregnant.

- Valproate is not recommended for women with a mental health problem until they are past their childbearing years.
- Carbamazepine is not recommended for women who are planning to have a baby, pregnant or breastfeeding.

If you are already taking valproate or carbamazepine and you are planning to have a baby or become pregnant, you should be advised to stop the medication.

If you decide to take lamotrigine when you are pregnant, your doctor should carry out regular checks of the levels in your blood because these can vary quite a lot at this time.

Antidepressants

Antidepressants can be used to treat anxiety disorders as well as depression. Your doctor should discuss the risks from different antidepressants with you, including:

- what is known about their safety during pregnancy (for example, there is a risk your baby may have heart problems or be born with high blood pressure)
- the risk your baby will have some 'withdrawal' symptoms caused by antidepressants taken during pregnancy, particularly venlafaxine and paroxetine.

Antipsychotics

If you're taking an antipsychotic and are likely to become unwell without medication, you should be advised to carry on taking it.

Antipsychotics can make you put on weight and are linked to diabetes. Your doctor should advise you on healthy eating and staying a healthy weight. If you take an antipsychotic for a mental health problem, you should have your weight checked and be tested for diabetes regularly.

You shouldn't usually be given an antipsychotic by injection (known as a depot antipsychotic) unless you've got on well with this in the past and have trouble taking tablets regularly.

If you are taking clozapine you should be advised not to breastfeed because clozapine can cause problems for your baby (fits and blood problems).

Benzodiazepines

You should not usually be offered this medication when you are pregnant, because of risks to your baby, except for a short time if you have severe anxiety or are extremely agitated.

If you are taking a benzodiazepine and you're pregnant or thinking about breastfeeding, you should think about gradually stopping the medication.

Lithium

You should not usually be offered lithium if you are pregnant because there is a risk of heart problems for your baby. But your doctor may offer it to you if you've taken an antipsychotic and it hasn't helped. Your doctor should make sure you know the risks to yourself and your baby. They should advise you not to breastfeed while taking lithium because high levels of lithium in breast milk may cause problems for your baby.

- If you become pregnant while taking lithium, you should usually be advised to stop taking it gradually over 4 weeks. But even if you do this, there is still a risk to your baby.
- If you are unwell, or likely to become ill again, your doctor may advise you to continue on lithium, or gradually change to an antipsychotic. Another option is to stop taking lithium for a while and start again later in pregnancy.
- If you continue to take lithium, you should take as low a dose as possible, you should have regular blood tests and drink plenty of water.
- When you go into labour, you should stop taking lithium.
- You should have your baby in hospital so that you can be monitored during labour.

Off-label medicines

In the UK, medicines are licensed to show that they work well enough and are safe enough to be used for specific conditions and groups of people. Some medicines can also be helpful for conditions or people they are not specifically for. This is called 'off-label' use. Off-label use might also mean the medicine is taken at a different dose or in a different way to the licence, such as using a cream or taking a tablet.

There aren't any medicines licensed in the UK for treating mental health problems in women when they are pregnant or breastfeeding. Any medication you take to treat a mental health problem

when you are pregnant or breastfeeding would be described as 'off-label'. If you are offered any 'off-label' medicines, then your doctor should tell you this and discuss this with you. There is more information about licensing medicines on [NHS Choices](#).

Traumatic birth, stillbirth and miscarriage

Most women have healthy pregnancies and smooth births but sometimes a woman loses her baby during pregnancy (miscarries), has a stillbirth or has a difficult (traumatic) birth. If this happens to you, healthcare professionals should be understanding and offer you advice and support if you would like it. They should not offer therapy that involves 're-living' the experience because evidence suggests that this isn't helpful.

Occasionally women develop post-traumatic stress disorder after a miscarriage or difficult birth. If this happens, you should be offered a psychological therapy recommended for this type of problem (see [other NICE guidance](#) for more information).

If your baby is stillborn or dies soon after birth, a person with skills and experience in this area should talk with you sensitively about whether you would like to see a photograph of your baby, have a memento of your baby or see or hold your baby. If your baby has died during pregnancy, this discussion should happen before the birth. Your wishes should be respected at all times and you should be offered another later appointment to talk things over.

After you've had your baby

Your mental health

If you have hallucinations, delusions or mania after giving birth, you should be referred to a specialist service for immediate assessment (within 4 hours).

If you had a mental health problem when you were pregnant, or there is a risk you could develop one, your doctor should arrange for you to be seen regularly in the first few weeks after the birth.

You should have the support you need to feel well and cope with the demands of looking after yourself and your family. If there is a risk you could harm yourself, healthcare professionals should advise you, your partner and your family to ask for more help if you need it.

If you have a severe mental illness (for example, psychosis, schizophrenia or bipolar disorder), they should advise you about starting, restarting or changing medication. The medication you are

offered will depend on your condition and whether you would like to breastfeed. See [more information about medication](#) for more details about risks.

Breastfeeding

Healthcare professionals should encourage you to breastfeed if you can. They should discuss breastfeeding with you and tell you about treatments you could take if you decide to breastfeed. (See [more information about medication](#))

You may find breastfeeding straightforward. But if you can't breastfeed because you need to take particular types of medication or you find breastfeeding too difficult or stressful, you should be supported and should not be made to feel guilty about this.

Your baby's health

If you took medication for a mental health problem when you were pregnant, your baby should be checked after birth for any effects. Some side effects are mild and get better by themselves. Some medication can cause problems for unborn babies if taken in the first 3 months of pregnancy. If you've taken this medication in early pregnancy, you should have extra scans during pregnancy and doctors should know which problems to look out for in your baby. Your baby will also need extra checks if you've had alcohol or drug problems in pregnancy.

If you are breastfeeding and are taking medication for a mental health problem, your baby should be checked regularly for any side effects.

Your relationship with your baby

If you have or develop a mental health problem you may worry that this will affect your relationship with your baby. If it does, this usually improves with treatment of the mental health problem. Women who continue to have difficulties should be offered support to help with this.

Supporting partners, families and carers

Healthcare professionals should take into account the needs of family members and carers of pregnant women and mothers with mental health problems. They should consider:

- the welfare of the baby, and any other children and family members

- the support provided by the woman's partner, family members or carers
- how the mental health problem is affecting the woman's relationship with family members or carers

Questions to ask about mental health problems in pregnancy and the year after birth

These questions may help you discuss your condition or the treatments you have been offered with healthcare professionals.

Finding out what's wrong (diagnosis)

- Can you tell me what an assessment involves?
- Where will I have an assessment?
- How long will I have to wait until I have an assessment?
- How long will it take to get the results of the assessment?

About your condition

- Can you tell me more about mental health problems in pregnancy and the year after giving birth?
- Are there any support organisations in my local area?
- Can you provide any information for my partner and family/carers?

Treatments

- Can you tell me why you have decided to offer me this type of treatment?
- What are the pros and cons of this treatment?
- Can we discuss the risks for me and my baby in having and not having the treatment?
- Can you give me some information about these risks?
- How will the treatment help me? What effect will it have on my symptoms and everyday life? What sort of improvements might I expect?

- How long will it take to have an effect?
- How long will I need to have the treatment?
- Are there any serious side effects of this treatment?
- Will I have any problems when I stop taking the treatment?
- What are my options for taking other treatments?

For partners, family members, friends or carers

- What can I/we do to help and support?
- Is there any other support that I/we as carer(s) might benefit from or be entitled to?

Following up on your treatment

- When should I start to feel better and what should I do if I don't start to feel better by then?
- Does the length/dose of my current treatment need to be changed?

Confidentiality

- Who will have access to my records and how long are they kept?

Terms explained

Antidepressants

Medication used to treat depression and some anxiety disorders. Antidepressants work by increasing the activity and levels of certain chemicals in the brain that help to lift a person's mood.

Antipsychotic medication

Medication used mainly to treat psychosis (the main symptoms of which are hallucinations and delusions).

Assessment

Meeting with a health or social care professional to discuss your mental and physical health, family background and everyday life, to find out what the problem is, how severe it is and the most suitable treatments.

Bipolar disorder

A mental health problem in which a person has periods of mania (extreme happiness or feeling 'high' or overconfident) and periods of depression.

Benzodiazepines

Medication used to treat sleep problems, agitation, seizures and muscle spasms. Examples include chlordiazepoxide, diazepam and lorazepam.

Cognitive behavioural therapy (or CBT for short)

A psychological therapy that is based on the idea that the way we feel is affected by our thoughts and beliefs and by how we behave. Negative thoughts can lead to negative behaviour (such as avoiding doing things), which can affect how we feel. CBT encourages people to engage in activities and to write down their thoughts and problems. It helps them to identify and counteract negative thoughts.

Depression

A common mental health problem, the main symptoms of which are losing pleasure in things that were once enjoyable and losing interest in everyday activities and other people. Mild depression is when a person has a few symptoms that have a limited effect on their daily life. A person with moderate depression has more symptoms that can make their daily life much more difficult than usual. Severe depression is when a person has many symptoms that can make their daily life extremely difficult.

Mania

Feelings of elation (extreme happiness or feeling 'high') or irritability, or both. People with mania also feel overconfident, sleep less than usual, can have 'speeded-up thoughts' and can take unnecessary risks.

Obsessive-compulsive disorder

A type of anxiety disorder in which a person has thoughts, images or impulses that keep coming into their mind and are difficult to get rid of (called obsessions) and a strong feeling that they must carry out or repeat certain physical acts or mental processes (called compulsions).

Post-traumatic stress disorder

A type of anxiety disorder that can sometimes follow a threatening or traumatic event.

Psychological therapy

A treatment that involves meeting with a therapist to talk about feelings and thoughts and how these affect behaviour and wellbeing, or working through a computer program or book, on your own or with some help from a therapist.

Psychosis and schizophrenia

Mental health problems, the main symptoms of which are hallucinations and delusions.

Self-help

A treatment in which a person works through a book, often called a self-help manual. A healthcare professional will provide support and check progress either face to face or by phone. Self-help is a type of psychological therapy.

Sources of advice and support

- Action on Postpartum Psychosis, 020 3322 9900 www.app-network.org
- Association for Post Natal Illness, helpline 020 7386 0868 or urgent out of hours 020 8785 2689 www.apni.org
- Mind, 0300 123 3393 www.mind.org.uk
- NCT, 0300 330 0700 www.nct.org.uk
- PANDAS, 0843 289 8401 9 am until 8 pm 7 days a week www.pandasfoundation.org.uk
- Child Bereavement UK, 0800 028 8840 www.childbereavement.org.uk

- Sands – Stillbirth and neonatal death charity, helpline 020 7436 5881, general enquiries 020 7436 7940 9.30 am until 5.30 pm www.uk-sands.org

You can also go to [NHS Choices](#) for more information.

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

Other NICE guidance

- [Diabetes in pregnancy](#) (2016) NICE guideline NG3
- [Intrapartum care](#) (2014) NICE guideline CG190
- [Postnatal care](#) (2014) NICE guideline CG37
- [Bipolar disorder](#) (2014) NICE guideline CG185
- [Psychosis and schizophrenia in adults](#) (2014) NICE guideline CG178
- [Social anxiety disorder](#) (2013) NICE guideline CG159
- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- [Service user experience in adult mental health](#) (2011) NICE guideline CG136
- [Common mental health disorders](#) (2011) NICE guideline CG123
- [Alcohol dependence and harmful alcohol use](#) (2011) NICE guideline CG115
- [Anxiety](#) (2011) NICE guideline CG113
- [Weight management before, during and after pregnancy](#) (2010) NICE guideline PH27
- [Alcohol-use disorders: preventing harmful drinking](#) (2010) NICE guideline PH24
- [Alcohol-use disorders: physical complications](#) (2010) NICE guideline CG100
- [Depression in adults](#) (2009) NICE guideline CG90
- [When to suspect child maltreatment](#) (2009) NICE guideline CG89
- [Borderline personality disorder](#) (2009) NICE guideline CG78

- [Antisocial personality disorder](#) (2009) NICE guideline CG77
- [Antenatal care](#) (2008) NICE guideline CG62
- [Maternal and child nutrition](#) (2008) NICE guideline PH11
- [Drug misuse: psychosocial interventions](#) (2007) NICE guideline CG51
- [Obsessive-compulsive disorder](#) (2005) NICE guideline CG31
- [Depression in children and young people](#) (2005) NICE guideline CG28
- [Post-traumatic stress disorder](#) (2005) NICE guideline CG26
- [Eating disorders](#) (2004) NICE guideline CG9

ISBN: 978-1-4731-0876-9

Accreditation

