

Next Generation Higher National Unit Specification

Perinatal Mental Health and Trauma-Informed Practice (SCQF level 7)

Unit code: JVUJ 47

SCQF level: 7 (8 SCQF credit points)

Valid from: August 2026

This unit specification provides detailed information about the unit to ensure consistent and transparent assessment year on year. It is for lecturers and assessors, and contains all the mandatory information you need to deliver and assess the unit.

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Unit purpose

This unit helps learners to develop their knowledge and skills in relation to perinatal mental health and trauma-informed practice. Learners examine common perinatal mental health conditions, including pre-disposing risk factors, signs and symptoms, treatment and support options and services in Scotland. In addition, they consider the wider impact of perinatal mental illness as a public health issue, including the short and longer-term consequences for the infant and other parents. Learners examine the importance of providing care that is trauma informed to build therapeutic relationships and achieve optimal outcomes for new mothers, parents or carers and their families during the perinatal period and beyond.

The unit is suitable for learners on the HNC Healthcare Practice perinatal care pathway. It is primarily intended for learners who want to take up a career or further study in midwifery practice, but is also appropriate for those who want to develop their knowledge and skills in perinatal mental health and trauma-informed practice.

Entry to the unit is at your centre's discretion. Learners should have good communication skills, both written and oral. Before they start the unit, we recommend learners have one or more of the following:

- Higher English or a qualification equivalent to SCQF level 6
- completion of a pre-course interview, part of which could take the form of a written assignment

Learners study the unit as part of the HNC Healthcare Practice perinatal care pathway. They can also study it on a stand-alone basis. Learners can use the knowledge from the unit in their everyday life and work, or they may progress to further study, including Higher National Diploma (HND) or degree-level courses.

Unit outcomes

Learners who complete this unit can:

1. explain common perinatal mental health conditions, including signs and symptoms, prevalence and approaches to treatment and support
2. examine current evidence and government policy in relation to perinatal mental illness as a wider public health issue in Scotland
3. investigate the prevalence of trauma and its impact on health outcomes during the perinatal period

Evidence requirements

Learners will need to provide evidence to demonstrate their knowledge and/or skills across all outcomes by showing that they can:

- investigate a range of common perinatal mental health conditions, outlining the prevalence and associated signs and symptoms
- examine predisposing risk factors for the development of perinatal mental health conditions for the individual and, where appropriate, if any prophylactic treatment and support options exist
- explore approaches to treatment and support, including pharmaceutical, psychological and alternative therapies
- examine current evidence in relation to perinatal mortality rates where maternal mental illness is attributed
- explore the wider socio-economic risk factors that are linked to perinatal mental health and the impact on minority groups
- investigate current initiatives across both the statutory and third sector to improve health outcomes for new mothers, infants and their wider family unit
- explore the prevalence of trauma among women and individuals receiving perinatal care
- examine three factors that increase vulnerability to trauma, including the impact of adverse childhood experiences (ACEs)
- using current evidence, examine the impact of trauma on perinatal outcomes

Knowledge and skills

Knowledge	Skills
Outcome 1 Learners should understand: • a range of common perinatal mental health conditions • the signs and symptoms that a postnatal woman might display • how pre-disposing risk factors can increase the likelihood of perinatal mental illness, and any preventative measures that can be taken • the treatment and support options available for different diagnoses	Outcome 1 Learners can: • conduct research into common perinatal mental health conditions to gain a foundation knowledge • identify the importance of pre-pregnancy counselling for women with underlying mental illness • identify appropriate treatment and support solutions based on different diagnoses
Outcome 2 Learners should understand: • the relationship between poor mental health in the perinatal period and maternal mortality rates • how socio-economic factors and health inequalities can contribute to perinatal mental health issues • how minority groups may be disproportionately impacted when faced with a perinatal mental illness • current Scottish Government policy in relation to improving outcomes for new mothers, their infants and partners	Outcome 2 Learners can: • interpret data relating to perinatal morbidity and mortality where perinatal mental illness has been a contributing factor • explain the relevance of social determinants of health on perinatal mental health outcomes • identify which minority groups are disadvantaged when receiving perinatal care more generally and understand the impact this can have on their mental health during this period • explain current perinatal mental health policy in Scotland

Knowledge	Skills
Outcome 3 Learners should understand: • ACEs terminology and the prevalence of trauma during the perinatal period • the importance of tailoring care during the perinatal period to ensure appropriate signposting to specialist services where trauma has been disclosed • the potential poor outcomes caused by inadequate support for vulnerable women and individuals during the perinatal period • the impact of trauma on relationships and the importance of building trust and emotional safety • the role of infant feeding and safe sleep in supporting or challenging emotional wellbeing • how the infant feeding dyad relationship can be affected by trauma and how it can also support healing and bonding • the potential to improve outcomes by being trauma-informed in practice	Outcome 3 Learners can: • demonstrate a foundational knowledge of ACEs and make appropriate connections to health outcomes during the perinatal period • build awareness of specialist services in the geographical area that offer perinatal support • access the NHS Education for Scotland (NES) trauma-informed practice toolkit

Meta-skills

You must give learners opportunities to develop their meta-skills throughout this unit. We have suggested how to incorporate the most relevant ones into the unit content, but you may find other opportunities.

Self-management

This includes focusing, integrity, adapting and initiative. The most relevant are:

- focusing:
 - researching
 - evaluating understanding on an ongoing basis through formative assessment
- integrity:
 - discussing own values, ethics and personal development
- adapting:
 - critical reflection
 - accommodating new ideas through research and practical experience
- initiative:
 - independent research
 - collaborating with other professionals to share enthusiasm and knowledge

Social intelligence

This includes communicating, feeling, collaborating and leading. The most relevant are:

- communicating:
 - collaborative working

- sharing ideas and perspectives
- feeling:
 - discussing own values and personal development
 - showing empathy
 - personal reflection
 - building relationships
- collaborating:
 - teamworking
 - meeting shared goals within practice

Innovation

This includes curiosity, creativity, sense-making and critical thinking. The most relevant are:

- curiosity:
 - researching and observing to understand the link between theory and practice
- sense-making:
 - holistic thinking
 - researching
 - evaluating understanding
- critical thinking:
 - analysing research
 - making informed decisions

Literacies

This unit provides opportunities to develop the following literacies:

- academic writing and referencing
- the use of domain-specific language
- understanding evidence-based literature

Numeracy

Learners develop numeracy skills by:

- analysing research statistics within relevant data
- managing time-sensitive tasks

Communication

Learners develop communication skills by:

- participating in spoken question-and-answer sessions, and small and large group discussions
- receiving and responding appropriately to verbal and non-verbal communication in the learning and care practice environments
- creating and responding to written and digital communications in the learning and care practice environments
- completing written assignments and accurately referencing sources of information
- collaborating with others in the practice setting

Digital

Learners develop digital skills by:

- using digital platforms to access information to support learning and understanding
- using a PC or other devices to develop coherent portfolio and project work

- using digital platforms to engage and collaborate with professionals and carers in the sector
- completing risk assessments using digital communication

Learning for Sustainability

Throughout this unit, you should encourage learners to develop their skills, knowledge and understanding of sustainability.

This includes:

- a general understanding of social, economic and environmental sustainability
- a general understanding of the United Nations Sustainable Development Goals (SDGs)
- a deeper understanding of subject-specific sustainability
- the confidence to apply the skills, knowledge, understanding and values they develop in the next stage of their life

The SDGs that are most relevant for this unit are:

- SDG 3: Good Health and Wellbeing. Ensuring healthy lives and promoting wellbeing for all at all ages includes:
 - reducing maternal mortality rates
 - ending preventable deaths of newborns and children under 5 years of age
 - reducing premature mortality from non-communicable diseases through prevention and treatment
 - promoting mental health and wellbeing
 - strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
 - ensuring universal access to sexual and reproductive healthcare services, including for family planning, information and education
 - integrating reproductive health into national strategies and programmes
 - universal health coverage, including financial risk protection, ensuring access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
 - strengthening the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

- SDG 10: Reduced Inequalities. This includes:
 - empowering and promoting the social, economic and political inclusion of all
 - equal opportunity and reducing inequalities of outcome, including by eliminating discriminatory laws, policies and practices
 - providing wage and social protection policies to achieve equality
 - safe migration and mobility of people

Delivery of unit

This is a mandatory unit in the HNC Healthcare Practice perinatal care pathway. You can deliver it as a stand-alone unit, or partially integrate it with elements of other units.

The notional time for delivery and assessment is 40 hours. The amount of time you allocate to each outcome is at your discretion. We suggest the following distribution of time, including assessment:

Outcome 1 — Explain common perinatal mental health conditions, including signs and symptoms, prevalence and approaches to treatment and support (20 hours)

Outcome 2 — Examine current evidence and government policy in relation to perinatal mental illness as a wider public health issue in Scotland (10 hours)

Outcome 3 — Investigate the prevalence of trauma and its impact on health outcomes during the perinatal period (10 hours)

Additional guidance

The guidance in this section is not mandatory.

Content and context for this unit

This is a mandatory unit for learners studying the HNC Healthcare Practice perinatal care pathway. You can also deliver it as a stand-alone unit.

Explain common perinatal mental health conditions, including signs and symptoms, prevalence and approaches to treatment and support (outcome 1)

Learners develop a foundational understanding of perinatal mental health and the range of mental health conditions that may arise during the period from conception through to one-year post-birth. You should introduce learners to the term perinatal mental health as an umbrella concept encompassing both pre-existing and newly emerging mental health conditions during this time. Make them aware that approximately 1 in 5 women and individuals experience mental health challenges during the perinatal period, highlighting the importance of early recognition and appropriate referral. Learners should explore common perinatal mental health conditions, including:

- perinatal and postnatal depression
- anxiety disorders
- obsessive compulsive disorder (OCD)
- post-traumatic stress disorder (PTSD)
- eating disorders

In addition, learners might want to investigate uncommon but potentially life-threatening conditions requiring urgent intervention such as postpartum psychosis. You should encourage learners to explore the risk factors associated with this condition, including the significantly increased risk for women and individuals with a history of bipolar disorder, schizoaffective disorder, or previous psychosis.

Learners should investigate the signs and symptoms associated with each condition and understand the importance of early identification and referral. They should also explore treatment and support options, which may include:

- self-management strategies
- pharmacological interventions
- peer support
- specialist psychotherapy
- in-patient care where necessary

You should help learners develop an understanding of prophylactic treatment and support and pre-pregnancy planning, particularly for women and individuals with known mental health conditions. Introduce them to the role of specialist perinatal mental health teams, and the range of evidence-based interventions delivered by multidisciplinary professionals. Learners should become familiar with the tiered approach to care, recognising when referral to specialist services is appropriate, and how collaborative working across services supports positive outcomes. Encourage them to reflect on the importance of compassionate, trauma-informed care when supporting women and individuals experiencing perinatal mental illness.

Examine current evidence and government policy in relation to perinatal mental illness as a wider public health issue in Scotland (outcome 2)

Learners develop a broad understanding of the impact of perinatal mental health on women and individuals, infants, and their wider caring networks. Introduce them to the concept of perinatal mental health as a significant public health issue and a contributor to perinatal morbidity and mortality. Learners should explore how early identification and timely access to appropriate support can improve outcomes for both women or individuals and infants, and how these outcomes are shaped by the quality, accessibility, and responsiveness of care. While perinatal mental illness can affect women and individuals across all sociodemographic groups, learners should also recognise the disproportionate impact on those facing multiple disadvantages, including poverty, trauma, substance use, and domestic abuse.

Learners should develop an understanding of health inequalities in perinatal care, and reflect on how services can be improved to reduce disparities and promote equitable outcomes. This includes examining the wider impact of perinatal mental illness on the infant's development and on others within the caring network, such as partners, co-parents, and extended family. Learners should be aware of the limited support and research available for partners, non-birthing mothers, and new fathers, as well as for LGBTQIA+ parents and carers, whose experiences may be shaped by discrimination, lack of inclusive language, or assumptions about family structure. The protective role of mental health in all parents and carers, including non-birthing partners, should be recognised as vital to infant wellbeing. Additionally, learners should consider the unique challenges faced by disabled parents, who may encounter physical, attitudinal, or systemic barriers to accessing appropriate perinatal mental health care. Inclusive, accessible, and culturally sensitive approaches are essential to ensuring that all women and individuals, and families, receive the support they need during the perinatal period.

Learners should investigate current Scottish policy and strategy in relation to perinatal mental health, including national frameworks that support integrated, trauma-informed, and relationship-based care. They should engage with best practice guidance and pledges that outline the rights of parents and infants to receive compassionate, timely, and effective care. These may include national pledges, infant wellbeing guidelines, and strategic action plans published by government bodies or national health networks. Learners should explore the role of advocacy and public awareness in shaping services, including the impact of national campaigns and alliances that work to improve access to perinatal mental health care. They should examine how third-sector organisations contribute to service delivery, offering flexible, community-based support, such as peer support, counselling, and culturally responsive care. In addition, learners should explore the training and resources available to professionals through national education bodies, and public-facing tools that offer accessible information and support for new and expectant parents. There should be opportunities for learners to carry out local research to identify what perinatal mental health services and supports are available in their own area, and how these services collaborate across statutory and voluntary sectors to support women and individuals and their families.

Investigate the prevalence of trauma and its impact on health outcomes during the perinatal period (outcome 3)

Learners develop an understanding of the unique opportunity that perinatal care presents — not only to provide immediate support during pregnancy, but also to educate and empower new parents and carers in building nurturing, responsive relationships with their children. Learners should explore the impact of adverse childhood experiences (ACEs) on perinatal outcomes, recognising that ACEs are common and can significantly influence both physical and mental health during pregnancy and the postnatal period. Learners should investigate how ACEs may present in women and individuals accessing perinatal services and consider the implications for care delivery. National reviews into perinatal health have consistently highlighted that a significant proportion of women and individuals who experience severe mental health challenges or substance use during the perinatal period have a history of multiple adversities, with trauma frequently reported. Research has also identified associations between ACEs and conditions such as gestational diabetes, hypertension, and increased levels of anxiety and depression during pregnancy.

Learners should explore how infant feeding and sleep practices can influence emotional wellbeing. This includes understanding the mental health benefits of infant feeding, the emotional dynamics of the dyad, and how lactation challenges may impact parental mental health. Learners should also understand the role of safe sleep education in reducing anxiety and promoting infant safety, particularly in families affected by trauma or adversity.

Learners should understand the importance of preventative strategies, early identification, and the delivery of trauma-informed care to improve outcomes for both the individual and the infant. Screening for ACEs is often incorporated into early pregnancy assessments, and learners should understand the purpose of this screening and how it can help identify vulnerabilities and enable timely referral to appropriate support. These conversations are sensitive and must be conducted by professionals trained in trauma-informed approaches. Current definitions of trauma-informed practice include recognising when an individual may be affected by trauma, responding in ways that support recovery and resilience, and adapting care

to avoid re-traumatisation. Learners explain what trauma-informed practice involves and identify appropriate, respectful language for use in perinatal settings.

You should introduce learners to the concept of birth trauma, which refers to psychological distress experienced by women and individuals following a traumatic birth. A proportion of those affected may go on to develop post-traumatic stress disorder (PTSD), and this can also affect partners, co-parents, or others present at the birth. Learners should understand that birth trauma can result from both clinical events and subjective experiences, and that women and individuals with a history of trauma may be at increased risk of developing PTSD after birth. Learners should explore national trauma-informed care frameworks, such as the Trauma Transformation Programme or equivalent, and reflect on their own understanding and application of trauma-informed principles. This supports their ability to provide compassionate, inclusive, and effective care to women and individuals, and families affected by trauma during the perinatal period.

Resources

There is a variety of media resources that you can use to support your delivery of the unit. In addition, learners' experiences in their practice placements can enhance their learning and application in the unit.

Relevant research can include:

- Action on Postpartum Psychosis (APP), (2025) *What is Postpartum Psychosis?* Available at: <https://www.app-network.org/postpartum-psychosis/what-is-postpartum-psychosis/> [accessed February 2026]
- Birth Trauma Association (BTA), *What Is Birth Trauma?* Available at: <https://www.birthtraumaassociation.org/what-is-birth-trauma> [accessed February 2026]
- Mamun, et al., (2022) 'Adverse childhood experiences, the risk of pregnancy complications and adverse pregnancy outcomes: a systematic review and meta-analysis', *BMJ Open*, volume 13 (issue 8). Available at: <https://bmjopen.bmj.com/content/13/8/e063826> [accessed February 2026]

- Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE), (2024) *Saving Lives, Improving Mothers' Care 2024: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2020–22*. Available: <https://www.npeu.ox.ac.uk/mbrpace-uk/reports/maternal-reports/maternal-report-2020-2022> [accessed February 2026]
- Maternal Mental Health Alliance (MMHA), (2023) *About Maternal Mental Health*. Available at: <https://maternalmentalhealthalliance.org/about-maternal-mental-health/> [accessed February 2026]
- Maternal Mental Health Alliance (MMHA), (2023) *Our Impact*. Available at: <https://maternalmentalhealthalliance.org/about-us/our-impact/> [accessed February 2026]
- NHS Education for Scotland (NES), (2024) *Perinatal and Infant Mental Health*. Available at: <https://www.nes.scot.nhs.uk/our-work/perinatal-and-infant-mental-health/#:~:text=It%20is%20crucial%20that%20families,after%20a%20baby%20is%20born> [accessed February 2026]
- National Institute for Health and Care Excellence (NICE), *Perinatal Mental Health*. Available at: <https://stpsupport.nice.org.uk/perinatal-mental-health/index.html> [accessed February 2026]
- National Trauma Transformation Programme (NTTP), *Trauma Transformation*. Available at: <https://www.traumatransformation.scot/> [accessed February 2026]
- Perinatal Mental Health Network Scotland (PMHNS), (2024) *Women and Families Maternal Mental Health Pledge*. Available at: <https://www.nn.nhs.scot/pmhn/women-and-families-2/help-and-information-resources/> [accessed February 2026]
- Post Traumatic Stress Disorder UK (PTSDUK), (2025) *Birth Trauma and Postnatal PTSD*. Available at: <https://www.ptsduk.org/what-is-ptsd/causes-of-ptsd/post-natal-ptsd/> [accessed February 2026]
- Royal College of Psychiatrists (RCPSYCH), (2025) *Postpartum Psychosis*. Available at: <https://www.rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems/postpartum-psychosis> [accessed February 2026]
- Scottish Government, (2023) *Voice of the Infant: best practice guidelines and infant pledge*. Available at: <https://www.gov.scot/publications/voice-infant-best-practice-guidelines-infant-pledge/documents/> [accessed February 2026]

- Scottish Government, (2024) *Paternal perinatal mental health: evidence review*. Available at: <https://www.gov.scot/publications/paternal-perinatal-mental-health-evidence-review/documents/> [accessed February 2026]

Approaches to delivery

This unit is a mandatory unit for learners on the perinatal care pathway in HNC Healthcare Practice. We recommend that you deliver the unit at a point in the qualification where learners have already gained an insight into professional standards and social influences. Learners benefit from the opportunity to hear from guest speakers who are working with women and families during the perinatal period, either in statutory or third-sector organisations.

We recommend that you deliver the unit through:

- lectures
- group work
- practical classroom activities
- use of case studies
- visiting speakers
- visits to appropriate practice settings

You should support learners to carry out autonomous learning and independent research and use tutorials and group exercises to consolidate learning.

Approaches to assessment

You can use a range of assessment methods and instruments, such as:

- written assignments
- individual or group presentations
- video diaries
- critical incident analyses
- reflective accounts
- professional discussions
- portfolios

Equality and inclusion

This unit is designed to be as fair and as accessible as possible with no unnecessary barriers to learning or assessment.

You must consider the needs of individual learners when planning learning experiences, selecting assessment methods or considering alternative evidence.

Guidance on assessment arrangements for disabled learners and those with additional support needs is available on the [assessment arrangements web page](#).

Information for learners

Perinatal Mental Health and Trauma Informed Practice (SCQF level 7)

This information explains:

- what the unit is about
- what you should know or be able to do before you start
- what you need to do during the unit
- opportunities for further learning and employment

Unit information

This unit helps you to develop your knowledge and skills in relation to perinatal mental health and trauma-informed practice. You examine common perinatal mental health conditions, including predisposing risk factors, signs and symptoms, and treatment and support options and services in Scotland. In addition, you consider the wider impact of perinatal mental illness as a public health issue, including the short and longer-term consequences for the infant and other parents. You also examine the importance of providing care that is trauma informed, to build therapeutic relationships and achieve optimal outcomes for new mothers, parents or carers and their families during the perinatal period and beyond.

The unit is part of the Higher National Certificate (HNC) Healthcare Practice perinatal care pathway. It is helpful if you want to take up a career or further study in midwifery practice, but it's also appropriate if you want to develop your knowledge and skills in perinatal mental health and trauma-informed practice.

Entry to the unit is at your centre's discretion. You should have good communication skills, both written and oral. Before you start the unit, we recommend you have one or more of the following:

- Higher English or a qualification equivalent to SCQF level 6
- completion of a pre-course interview, part of which could take the form of a written assignment

You may study this unit as part of the HNC Healthcare Practice perinatal care pathway, or you can study it on a stand-alone basis. You can use the knowledge from the unit in your everyday life and work, or you may progress to further study, including Higher National Diploma (HND) or degree-level courses.

Meta-skills

Throughout this unit, you develop meta-skills that are useful for the healthcare practice sector.

Meta-skills are transferable behaviours and abilities that help you adapt and succeed in life, study and work. There are three categories of meta-skills: self-management, social intelligence and innovation.

Self-management

This meta-skill includes:

- focusing:
 - researching
 - evaluating understanding on an ongoing basis through formative assessment
- integrity:
 - discussing own values, ethics and personal development

- adapting:
 - critical reflection
 - accommodating new ideas through research and practical experience
- initiative:
 - independent research
 - collaborating with other professionals to share enthusiasm and knowledge

Social intelligence

This meta-skill includes:

- feeling:
 - discussing own values and personal development
 - showing empathy
 - personal reflection
 - building relationships
- communicating:
 - developed through collaborative working, sharing ideas and perspectives
- collaborating:
 - teamworking
 - working towards shared goals in practice

Innovation

This meta-skill includes:

- curiosity:
 - research and observations, to understand the link between theory and practice

- sense-making:
 - holistic thinking
 - researching
 - evaluating understanding
- critical thinking:
 - analysing research
 - making informed decisions

Learning for Sustainability

Throughout this unit, you develop skills, knowledge and understanding of sustainability.

You learn about social, economic and environmental sustainability principles and how they relate to the healthcare practice sector. You also develop an understanding of the [United Nations Sustainable Development Goals](#).

The SDGs that are most relevant for this unit are:

- SDG 3: Good Health and Wellbeing. Ensuring healthy lives and promoting wellbeing for all at all ages includes:
 - reducing maternal mortality rates
 - ending preventable deaths of newborns and children under 5 years of age
 - reducing premature mortality from non-communicable diseases through prevention and treatment
 - promoting mental health and wellbeing
 - strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
 - ensuring universal access to sexual and reproductive healthcare services, including for family planning, information and education
 - integrating reproductive health into national strategies and programmes

- universal health coverage, including financial risk protection, ensuring access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- strengthening the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks
- SDG 10: Reduced Inequalities. This includes:
 - empowering and promoting the social, economic and political inclusion of all
 - equal opportunity and reducing inequalities of outcome, including by eliminating discriminatory laws, policies and practices
 - providing wage and social protection policies to achieve equality
 - safe migration and mobility of people

Administrative information

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History of changes

Version	Description of change	Date

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