Suspected postpartum psychosis: transfer

Original independent practice. All patient details, observations and individual care arrangements are fictional. Assume that today's date is 3 November 2026. Ms Shannon remains under staff supervision while awaiting the ambulance already arranged for immediate transfer. Allow 45 minutes: 5 minutes reading and 40 minutes writing. You are the general practitioner assessing Ms Bristol Shannon. Using the case notes, write a transfer letter to Dr Renae Osinski, Receiving Doctor, Emergency Mental Health Service, 40 Church Road, N1 8XX, United Kingdom. Hand over her suspected postpartum psychosis, immediate risks, current mother-and-baby safeguarding arrangements and supervised transfer for emergency assessment. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Ms Bristol Shannon	☐	☐	☐
2. DOB: 18/08/1995 (31 yrs)	☐	☐	☐
3. 03/11/26: urgent GP consultation; partner provided collateral history	☐	☐	☐
4. 25/10: first baby; uncomplicated vaginal birth; nine days postpartum	☐	☐	☐
Social background			
5. Lives with partner; breastfeeding	☐	☐	☐
6. Partner available to care for baby during assessment	☐	☐	☐
7. Complained about reception parking charges	☐	☐	☐
Medical history			
8. No previous psychiatric diagnosis or admission	☐	☐	☐
9. No regular medication; no known drug allergies	☐	☐	☐
10. Antenatal mood screening negative; no mental health treatment	☐	☐	☐
11. Remote ankle sprain; recovered fully	☐	☐	☐
Earlier observations			
12. 30/10 midwife review: tired but coherent; appropriate infant care	☐	☐	☐
13. 01/11 onwards: almost no sleep despite opportunities to rest	☐	☐	☐
14. Partner reports ↑ agitation, rapid speech and restless activity	☐	☐	☐
Current assessment — 03/11/26			
15. Today: believes baby replaced; hears voice telling her to take baby away	☐	☐	☐
16. Attempted to leave consultation with baby	☐	☐	☐
17. Denies suicidal intent; cannot establish safety of mother or baby	☐	☐	☐
18. Limited insight; does not believe she needs assessment	☐	☐	☐
19. Afebrile; no headache, focal neurological signs or physical complaints	☐	☐	☐
20. No psychotropic medication administered today	☐	☐	☐
21. GP impression: suspected postpartum psychosis; emergency assessment required	☐	☐	☐
Immediate safeguarding and transfer plan			
22. Continuous staff observation of mother; no unsupervised infant contact	☐	☐	☐
23. Baby safe with partner and staff member in separate room	☐	☐	☐
24. Dr Renae Osinski accepted immediate transfer by telephone	☐	☐	☐
25. Ambulance arranged directly to emergency mental health service; clinical escort	☐	☐	☐
26. Receiving team: continue safeguarding; assess admission need, including mother and baby unit	☐	☐	☐
27. Partner informed of urgent plan; agrees to remain with baby	☐	☐	☐
28. Patient currently accepting ambulance transfer; staff supervision maintained	☐	☐	☐

Teachers: free class packs at oetace.com/oet/teachers