



MOTHER AND BABY UNITS :

What can they offer ?



History of Mother-Baby Units

- **1948** : first ‘toddler’ admitted with unwell Mother to Cassel hospital, by
1958 - 18 toddlers in 100 bed unit (Thomas Main)
- **1959** : Unit at Banstead established for 8 mothers & babies up to 1 year old.
1961- Control study 20 vs 20 improved maternal and relationship outcomes



International Picture

- UK units, max in late 80's, now 12.
- Variety of types on units throughout Europe and Canada
- Uncommon in USA.
- Australia, public funded : Melbourne 3, Adelaide 1, Perth 1. Several private units
- N.Z : Chch 1.
Beds in non specialised units.
- Inequitable access a feature in all countries



Christchurch Unit

- Regional – South Island
- Same site as outpatient service and overlap of staff
- Inpatient ward shared with eating disorders :
“13 bed unit” + 6 cots
- 6 beds , 6 cots. Shared ‘emergency’ bed
- Specialised rooms (nursery, milk, baby bath, kitchen)







Staff

- Nursing Teams (M&B ; E.D). Shifts ; Morning 4 (plus Charge), Afternoon 4, Night 2.
- Karitane Nurse (1.0), Infant Specialist (0.2)
- 0.6 Psychiatrist, 0.4 Registrar, 0.4 House Surgeon
- Psychologist (0.5), Social Worker (0.5)
- Pukenga Atawhai
- Physio, Dietician, Lactation Consultant
- Paediatric back-up.



Assessment

Relationship



Mother

Infant

Partner, Family, Other Children, Supports



Mother-Infant Interaction Assessment : nursing

Nursing Staff collect information by talking with patient and family and by observing over a one week period. This information is described:

- 1. Psychiatric Symptoms –effect on parenting**
- 2. Attitude to parenting**
- 3. General Routine**
- 4. Physical contact**
- 5. Eye contact**
- 6. Vocal contact**
- 7. Perceived Risk**
- 8. Contribution off other family members**



Separation of Mother and Infant

(a)Mother

Bonding,
Confidence

(b)Relationship

Attachment
Breast Feeding

(c)Baby

Continuity

BUT: Sometimes
separation necessary

Mother and Child by Frances Hodgkins



Levels of Evidence

I : systematic review of randomised controlled trials

II : at least one well designed r-c trial

III-1: well designed pseudo r-c trial

III-2: cohort or case control studies

III-3: comparative with historical control, two+
single-arm studies

IV : case series

V : expert opinion

Efficacy – The Evidence

Efficacious for what ?

- (i) Mothers Health or Wellbeing
- (ii) Babies Health or Wellbeing
- (iii) Mother-Baby Relationship
- (iv) Family Health
- (v) Family Relationships





What Might M & B Units Offer ?

Admission to General Psych. Unit :

(a) With Baby:

No - Specialised knowledge,

No - Specialised facilities,

No - Developed networks

Less Safe (Lindsay 1975)

(b) Without Baby:

All of above and separated from baby

What Else Might They Offer ?

Compared to home:

- (1) Safety
- (2) Asylum
- (3) Team input – excellence of care
- (4) Family relief
- (5) Flexibility in care
- (6) Contact with other Mothers
- (7) Economy of scale
- (8) Research opportunities

Why we need Mother and baby Units

- Three stories of women and their babies who were admitted from the regions of the South Island to the Mother and Baby Unit in Christchurch were presented to illustrate the need for an in-patient unit.



Three cases of unwell mothers

The three cases presented were of:

- an acutely unwell mother who would have otherwise been separated from her breast fed infant
- a depressed mother with severe bonding disorder who needed intensive intervention with her relationship with her infant, and
- a mother with a severe and chronic illness who required both treatment in the postpartum and assessment of her functioning including that of parenting

How can we not have Mother
and Baby Units.....?





Summary

Provide treatment of **Serious Mental Illness** while maintaining mother-infant relationship

Specialised multidisciplinary **team** approach

Specialised and **safest environment**

Mother-Infant Relationship Assessment and **Treatment** in context of maternal mental illness

Improved patient **adherence** and **family understanding** and provides **family relief**

Parenting Assessment in those with **severe chronic illness**



“Helping mothers of young families with psychiatric problems, is one of the main challenges for the mental health services: it also provides one of the best opportunities for a preventive approach.”

Brockington, 1996.

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Selected References, continued

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Units in the United Kingdom: 1985-6

