

# Barriers to MBU Access – An audit of non-MBU admissions to psychiatric inpatient care of women within one year of child’s birth in Scotland

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## Aims

- To identify whether women who require psychiatric admission within one year of childbirth are admitted jointly with their infants to clinically suitable mother and baby facilities.
- For women not admitted with their infants, to identify barriers to joint admission in order to improve access to appropriate care.

## Objectives

- Barriers to joint admission will be identified.
- Perinatal Mental Health Network Scotland (PMHNS) Managed Clinical Network (MCN) will have access to information which will facilitate the development of improved care pathways for women requiring postnatal inpatient psychiatric care.
- Information derived will assist planning for future service development to meet the clinical needs of women with the most severe forms of postnatal mental illness, their infants and families.
- Baseline data will be created to measure the impact of the improved care pathways put in place by the network.

## Background

The Mental Health (Scotland) Act (2015) Section 24 ‘Services and accommodation for mothers’ places a statutory duty on all health boards to “provide for any woman who is the mother ... of a child less than one-year-old ... [and] who has been admitted to hospital...for the purposes of receiving treatment for ... a mental disorder ... such services and accommodation as are necessary to ensure that the woman is able, if she wishes, to care for the child in hospital.”. Existing evidence shows that between a third and a half of postnatal women in Scotland, who require psychiatric inpatient care, are not admitted to a mother and baby unit (MBU)<sup>1</sup>. The reasons for non-MBU admission are not clear.

An earlier review of these non-MBU admissions conducted by the Mental Welfare Commission for Scotland found a number of reasons why joint admission did not occur. These included (i) distance to travel to an MBU, (ii) existing family commitments, (iii) the woman’s preference to be treated without her baby, (iv) the woman not being the primary carer of her baby, and (v) poor local staff knowledge and awareness of MBU provision.<sup>2</sup>

## Methods

Women admitted to any facility in Scotland for mental health treatment within 12 months of delivery were identified through national data linkage using maternity and mental health datasets. Demographic data, diagnosis and length of stay were recorded for each admission episode. For women not admitted to MBU setting, clinicians (consultant psychiatrist +/- ward senior charge nurse) were asked to complete a questionnaire on reasons for the location of admission. The questionnaires were sent to them via email and were followed by a phone call to boost completion rate.

Data collection commenced on 1st June 2023 and this poster reports on the first 6 months of the project. Ethical approval was provided by the Public Benefit and Privacy Panel for Health and Social Care (HSC-PBPP) Scotland.

## Results

In the time period 68 admission episodes were initially identified. A further 50 were subsequently identified from data linkage and will be followed up in the next cycle. Of the 68, 22 (32.3%) were non-MBU admissions. At the time of writing the abstract, 7 out of 22 completed questionnaires were available for data analysis. All had been admitted to a general adult mental health ward. Only 3 of these admissions were informal. In 4 cases, MBU admission was considered prior to hospital admission and in an additional 2 cases, during admission. The most common reasons cited for non-MBU admission were that the infant was not in mother’s care (n=3) and MBU staff judged that woman did not meet criteria for MBU admission (n=3). One woman was later transferred to an MBU, one to ICU, one discharged to a rehabilitation facility and four women were discharged home. In 3 cases local staff had deemed women’s presentation unsuitable for MBU admission. No responses identified lack of beds, or patient or relatives’ refusal as a reason for non-MBU admission. There was no clear evidence that distance from an MBU was a factor.

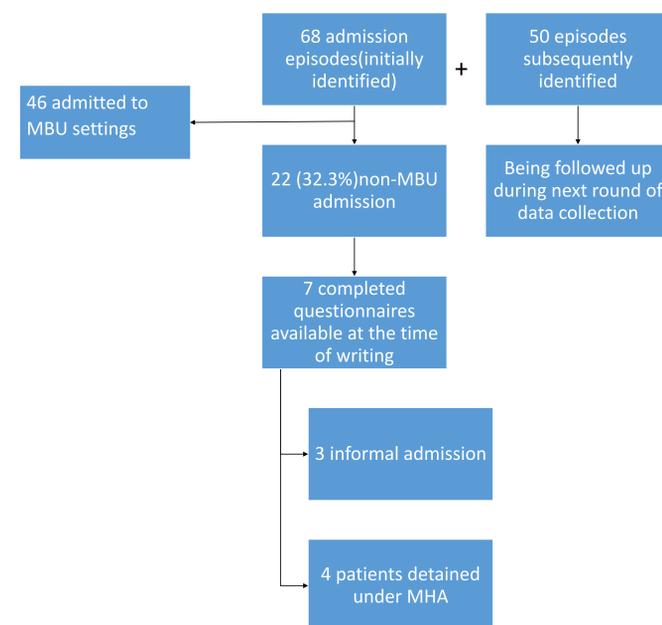


Fig 2: Chart describing the total number of admissions identified during the first 6 months 1<sup>st</sup> June 2023- 30<sup>th</sup> Nov 2023

## Conclusions

Although the audit is in its early stages and the numbers are small, reasons for non-MBU admission appear to differ from the Mental Welfare Commission findings in 2016, relating more to clinical decision making rather than non-clinical barriers to MBU care.

## References:

- Delivering Effective Services: Needs assessments and Service Recommendations For Specialist and Universal Perinatal Mental Health Services (2019) <https://www.nhscot.nhs.uk/wp-content/uploads/sites/11/2019/03/PMHN-Needs-Assessment-Report.pdf>
- Keeping mothers and babies in mind (2016) [https://www.mwscot.org.uk/sites/default/files/2019-06/perinatal\\_report\\_final.pdf](https://www.mwscot.org.uk/sites/default/files/2019-06/perinatal_report_final.pdf)

## Acknowledgements

We would like to thank all the clinicians who took time out of their busy schedules to complete the questionnaires sent to them.

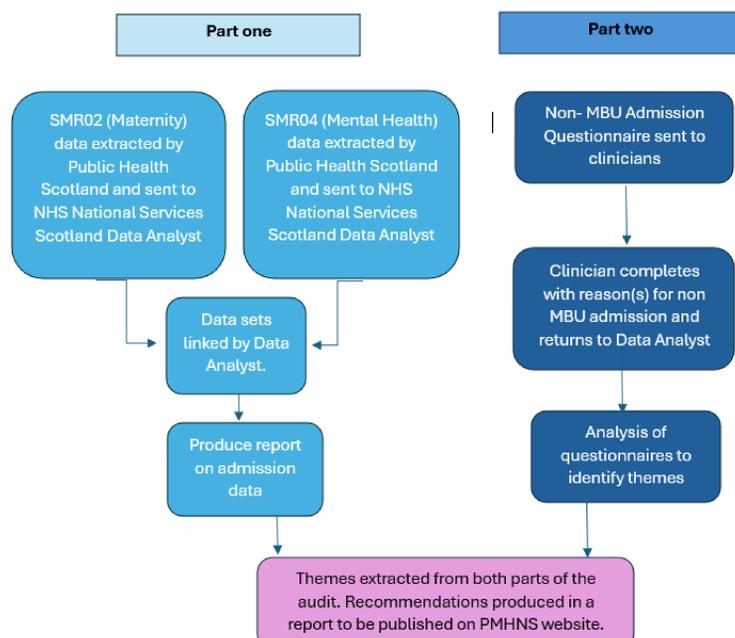


Fig 1: Flowchart outlining the data collection process for the study