

Beyond Beds: A Novel Framework for Reimagining the Mother and Baby Unit in a Digital Era

Dr Aarzo Suman¹, Dr Bettina Mathew² and Dr Sharon Thomas³

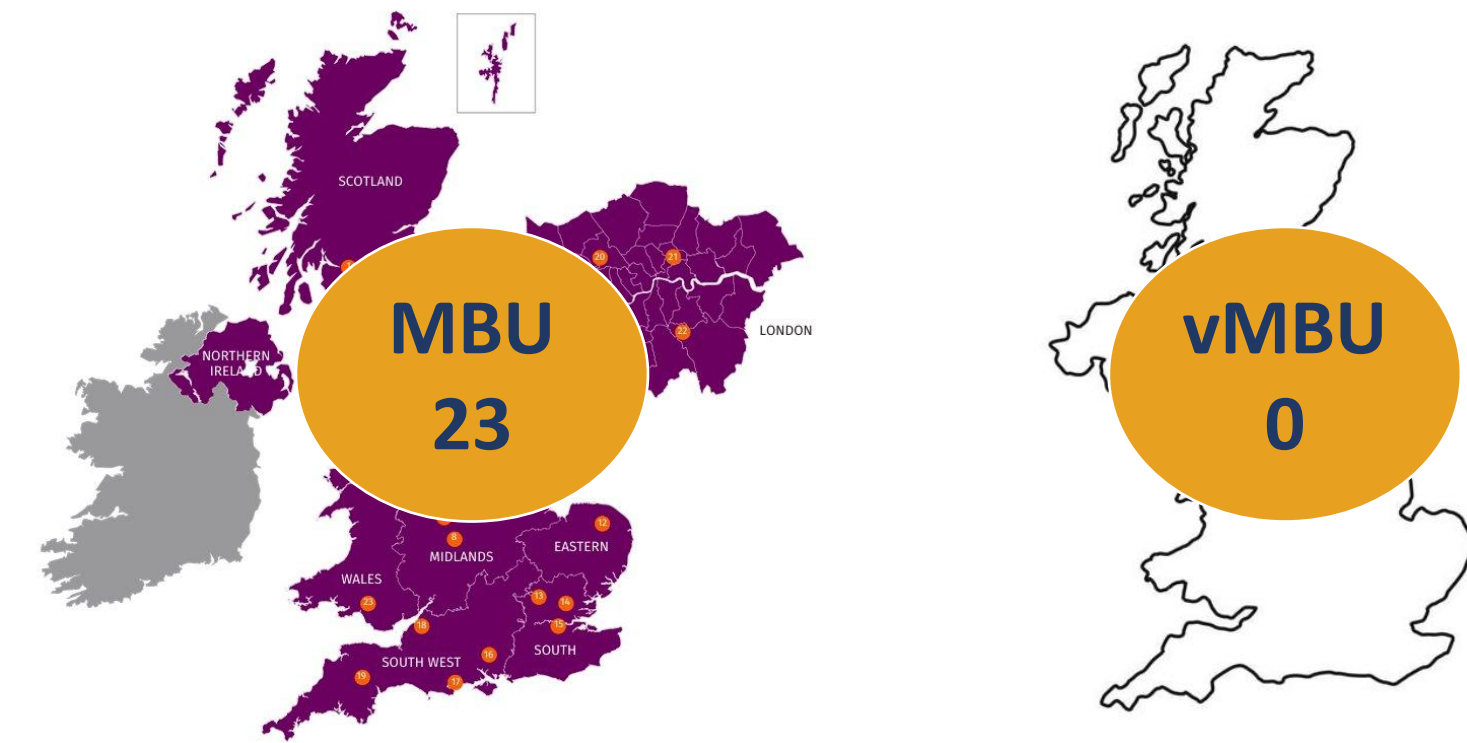
¹East London NHS Foundation Trust, ²Cambridgeshire and Peterborough NHS Foundation Trust, ³Navigo Health and Social Care CIC

BACKGROUND

Perinatal mental illness affects 25.8% of women in England. Despite significant NHS investment, specialist care remains inaccessible to many. Mother and Baby Unit (MBU) are absent, at-capacity or remotely located- leaving a critical gap between community care and hospital admission.

Without transitional support, women risk clinical deterioration and psychiatric crises. Untreated perinatal mental illness drives an intergenerational cycle: maternal illness manifests as behavioral, emotional and cognitive difficulties in children, increasing psychiatric morbidity into adulthood.

Global literature identifies virtual intensive perinatal clinics, but no Virtual Mother & Baby Unit (vMBU) model exists. There is an urgent clinical and ethical imperative to develop a system capable of reaching every woman and child in need.



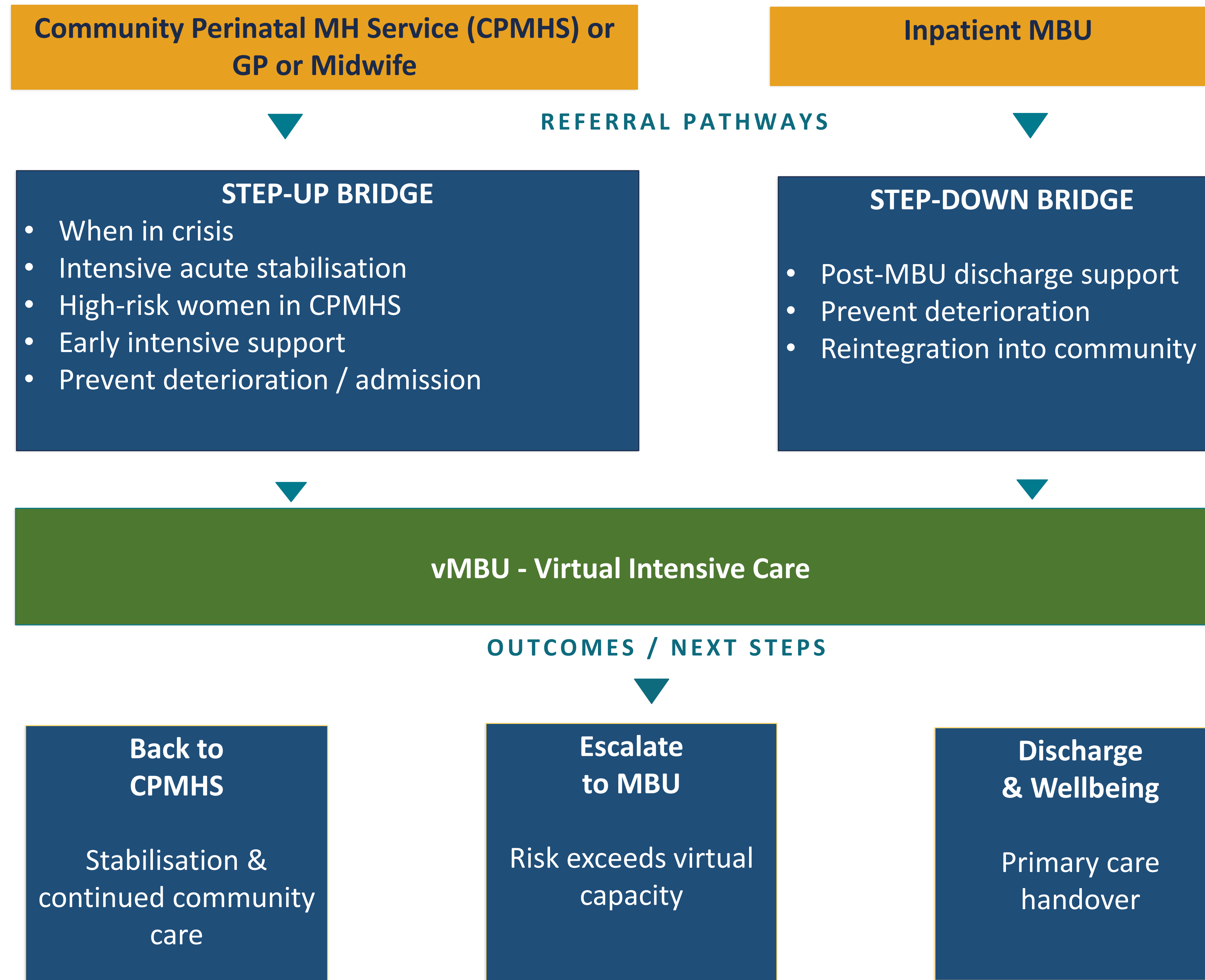
AIM

To present a novel concept of virtual Mother and Baby Units (vMBU). A clinical framework will be designed to bridge the gap between Community Perinatal Mental Health Service (CPMHS) and ward-based care in Mother and Baby Unit (MBU).

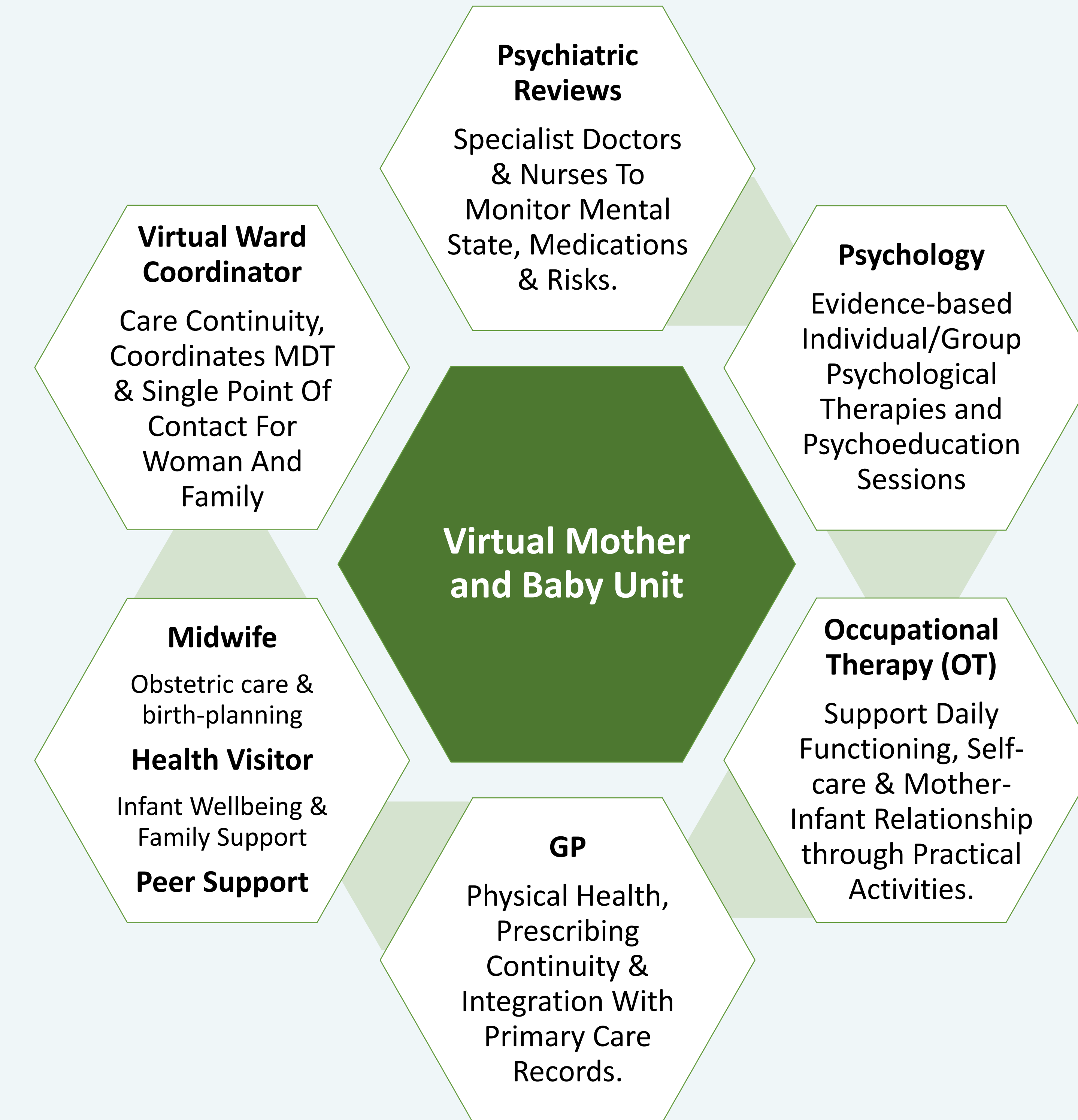
METHODS

Narrative review of existing perinatal care pathways & virtual medical ward models was conducted. Literature search included published papers (on PubMed, MEDLINE and Scopus) and grey literature (NHS policy documents, clinical guidelines, NHS trusts' websites and NICE guidelines) using search terms "perinatal mental health", "Mother and Baby Unit" & "virtual ward", limited to English-language publications from the past ten years. Four Focus Group Discussions were held among the authors and findings of the review were translated into a coherent conceptual framework for vMBU.

SERVICE MODEL



MULTI-DISCIPLINARY CARE TEAM (MDT)



CARE TIMELINE

	Intensive Phase			Consolidation Phase		Transition Phase
	Week 1-2	Week 3-4	Week 5-6	Week 7-8	Week 9-10	Week 11-12
Assessment & Care Planning	Full MDT Assessment · Care Plan			Review & Update At Phase Transitions		
Psychiatric Review	Daily Review · Medication Management			Twice-weekly		Weekly
Individual Psychology	Assessment	Weekly Individual Therapy (Cognitive Behavioral Therapy, Interpersonal Therapy etc.)				
Mother-Infant	Synchronous Virtual Dyadic Sessions Video-feedback Interaction to Promote Positive Parenting (if applicable)					
Peer Support Groups	Virtual Peer-facilitated Group · Weekly					
Digital Psychoeducation	Asynchronous Modules Available Continuously (Videos/ Leaflets/ Audio tools/ Mobile-based Applications)					
Transition Planning				Begin	Discharge / Handover Plan Finalised	

CONCLUSION

The vMBU is a specialist team delivering intensive hybrid care, combining in-person visits and virtual support, for mothers experiencing severe perinatal mental health difficulties. It incorporates medical/nursing reviews, psychology, OT, health visitor, GP and midwifery liaison making it a clinically robust & environmentally responsible framework bridging critical gaps in perinatal mental health care. vMBU can build patient self-efficacy, eliminate avoidable inpatient bed-days, reduce carbon emissions and extend reach to marginalised women-transforming outcomes for mothers and children across the UK.

References

- Royal College of Psychiatrists. Perinatal mental health services: recommendations for commissioners. College Report CR232. London: RCPsych; 2021.
- Litchfield J, Lewis R, Delanerolle G, Melyda M, Harper L. Factors Influencing the Implementation of a Multispecialty Virtual Ward Program in the United Kingdom: Qualitative Exploration of Staff Experiences and Perspectives. J Med Internet Res. 2025 Jun 19;27:e75406.
- Castillo BA, Shterenberg R, Bolton JM, Dewa CS, Pullia K, Hensel JM. Virtual Acute Psychiatric Ward: Evaluation of Outcomes and Cost Savings. Psychiatr Serv. 2023 Oct 1;74:1045-1051.

Declaration of Interest: None | Funding: None