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North East London NHS
NHS Foundation Trust

A Survey of Referrals requiring Mother and Baby Unit Admissions

for a Community Perinatal Service lacking local Mother and Baby Unit (MBU) facility

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AIM:

The Community Perinatal Service was established in 2009 and covers 15,500 deliveries over 4 outer London Boroughs. There are a limited number of Mother and Baby Unit beds available and these are not available locally for women. The aim of the survey was to look at the implications of not having a local MBU facility upon referrals and the outcome for women.

METHOD:

All women referred to MBU by the Community Perinatal Service from 2009 to 2011 were reviewed by accessing their electronic records. The following parameters were analysed: Demographic Details, Parity, Diagnosis, involvement of childrens' services, duration of acute psychiatric ward admission prior to MBU admission, duration of MBU stay, reason for non admission to MBU and outcome following MBU admission.

Figure 1

Diagnosis

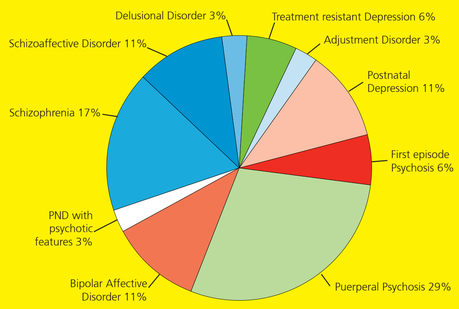


Figure 2

Reason for non-admission to MBU

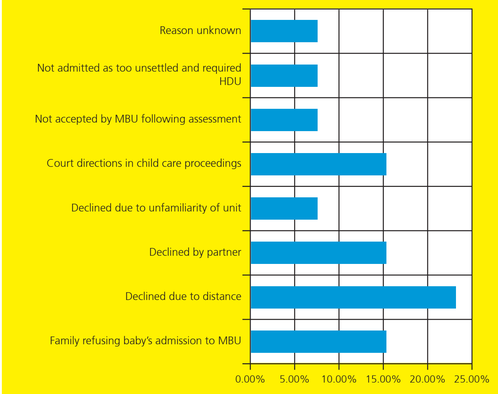


Figure 3

Referrals and admissions

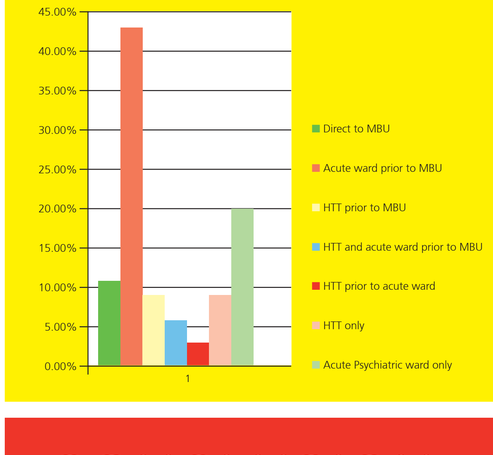
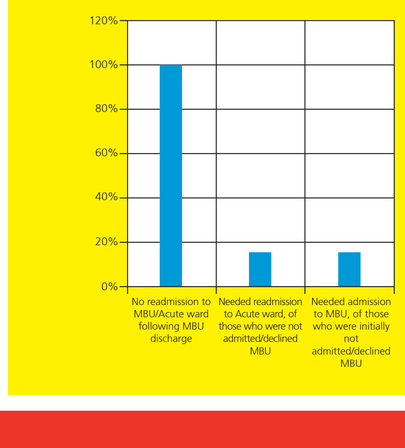


Figure 4

Outcome in the first postnatal year



RESULTS:

All women were assessed by a Psychiatrist from Perinatal Service prior to referral for MBU admission. The mean age for this group of women was 29 years. The commonest Psychiatric Diagnosis was Puerperal Psychosis (29%) (Figure 1). Childrens' services were involved in 48.5% of cases.

35 women were assessed as requiring MBU beds. 13 declined admission. The reasons were distance to MBU, unfamiliarity of unit, family refusal of baby to be admitted to MBU, a preference to remain in an acute psychiatric ward with family members caring for children and delay due to Childrens' Services awaiting court directions in child care proceedings. There was also a delay in admission to MBU whilst funding was agreed and admission accepted by MBU which was also subject to bed availability (Figure 2).

69% required admission to an acute psychiatric ward. Of those, 58% agreed for a transfer to MBU following an average length of stay of 10 days in an acute ward. 17% needed admission to Home Treatment Team whilst admission was being arranged. Only 11.4% were admitted directly to MBU (Figure 3).

The average length of stay in MBU was 68 days. None required readmission to MBU following discharge from MBU. Of those who were initially not admitted/declined MBU, 31% were readmitted in the first postnatal year - half to an acute psychiatric unit and half required MBU (Figure 4).

CONCLUSION:

The NICE Guidance recommends that women who need inpatient care for a mental disorder within 12 months of childbirth should be admitted to a specialist mother and baby unit unless there are specific reasons for not doing so, to prevent avoidable separation of mother and baby and to promote early return if separated.[1] It has been emphasised that mother's separation from infant is distressing and compounds the problems for them and the entire family.[2] If the hospitalisation is necessary, a specialist MBU is recommended where there are skills to flourish mother/infant relationship and meeting the child's needs.[3]

In services where there is no local MBU facility, there is a delay in admission to MBU with separation of mother and baby when it is not safe to keep the mother in the community. This survey suggests that the outcome following MBU admission is more favourable in maintaining maternal mental health than admission to acute psychiatric wards. Future commissioning of MBU beds is under review at a national level. The impact on women who do not have local MBU facility and direct access to admission, needs to be considered in local planning.

REFERENCES:

1. NICE clinical guideline 45. Antenatal and postnatal mental health: clinical management and service guidance 2007.
2. Brockington I. Puerperal Disorders. *Advances in Psychiatric Treatment* 1998; 4: 312-319.
3. Oates M. Risk and Childbirth in Psychiatry. *Advances in Psychiatric Treatment* 1995; 1:146-153.