



HSE NATIONAL PROGRAMME

Specialist Perinatal

MENTAL HEALTH SERVICES

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What is a
Mother & Baby
Unit (MBU)?

IN CONJUNCTION WITH



Clinical Design
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Person-centred, co-ordinated care



What is a Mother & Baby Unit (MBU)?

About this Leaflet:

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Note: there are no MBUs available in Ireland at present (2020). Planning for Ireland's first MBU, to be located on St. Vincent's Hospital Campus, Dublin is currently underway. This is in line with recommendations made in the Specialist Perinatal Mental Health Model of Care for Ireland.

This leaflet outlines:

- The important role the planned National Mother and Baby Unit will play in providing specialist care for women who require admission in an acute mental health unit during late pregnancy or within a year of giving birth.

The leaflet covers:

- What a Mother and Baby Unit is
- When and why you might be referred to a Mother and Baby Unit
- The professionals who work in a Mother and Baby Unit
- The treatment and support available in a Mother and Baby Unit

What is a Mother and Baby Unit (MBU)?

It is a specialist in-patient unit for some women with mental health problems during pregnancy or after the birth of their child. If you have a more severe mental health problem, you might need to come into hospital. This should be a specialist psychiatric Mother and Baby Unit (MBU) where you, and your baby, can be admitted together. **However, there are no MBUs available in Ireland at present though the development of an MBU is underway, so currently women are admitted to a general acute mental health unit.** The following information relates to planned MBUs as recommended in the *Specialist Perinatal Mental Health Model of Care for Ireland*, 2017.⁽⁷⁾

Around 1 in 5 pregnant women will have a mental health problem during their pregnancy, and in the year after they have a baby⁽¹⁻³⁾.

For a smaller number, 5 mothers out of a 100, this will be a serious mental health problem.

An even smaller number (around 2 to 4 per 1,000 women who have a baby) will need admission to hospital for their mental health problems.⁽⁴⁾ These women would usually be admitted to a Mother and Baby Unit (MBU).⁽⁵⁾

Mental illness at this crucial time can affect a mother's relationship with her baby. It can undermine a woman's confidence and belief in her ability to be a good mother. MBUs are designed to keep mothers and their babies together. Specialist staff nurture and support the mother-infant relationship on the unit at the same time as the mother has treatment for her mental illness.

MBUs can admit women in late pregnancy and at any point until their baby is one year old. They are calm, welcoming places that are more homely than other wards. Each mum will have their own bedroom, with a cot for the baby. The entrance to the unit is controlled by staff to ensure the safety of mothers and babies.

MBUs will work closely with community mental health teams, specialist perinatal mental health teams, maternity services and public health nurses.

Who would work on an MBU?

Professionals with specialist knowledge and skills in caring for women with mental health problems in pregnancy, the postnatal period and their babies. They will work closely together as a team, so they can together develop a clear understanding of each mum's unique experience and circumstances. They can advise you on what treatments will best help you recover. Proposed staff include:

Perinatal psychiatrist: A consultant psychiatrist who specialises in working with women with mental health problems in pregnancy and after birth. They are usually the most senior professional on the team and have particular expertise in the use of medication in pregnancy and breastfeeding. There may also be junior doctors who work closely with the consultant and the rest of the team.

Perinatal mental health nurses: On an MBU, each mum has a named specialist mental health nurse. This nurse will be the staff member they have most contact with during their stay on the ward and they will get to know them very well. The nurse manager is in charge of the unit.

Child Care worker: Each mother and baby will also have a named child care worker, who will get to know their baby well. They provide advice and support to help mums care for their babies.

Psychologists: The psychologists provide talking therapies (see below).

Occupational therapists (OT): will provide activities to help mothers spend their time in a therapeutic and creative way, to help their recovery.

Social Worker: to provide additional support and counselling for other children and the family as a whole.

Ward clerk/receptionist: will run the administration of the ward.

What kind of mental health problems mean that admission to an MBU is needed?

A mother may have an existing mental health problem that has got worse either during pregnancy or after birth. Or she might develop mental health problems for the first time in pregnancy or the first postnatal year.

MBUs specialise in treating severe mental health problems. These include Bipolar Affective Disorder, Schizophrenia, Postpartum Psychosis and other psychotic illnesses. A mother can also be admitted for treatment of severe Depression or Anxiety Disorders, such as Obsessive-Compulsive Disorder.

How would a mother be referred to an MBU?

As stated earlier, currently (2020) there are no MBUs available in Ireland. Referrals would be through the GP or community mental health team to the local perinatal psychiatrist. As the planned unit is a national unit, the local perinatal psychiatrist would then contact the MBU perinatal psychiatrist directly.

As part of the referral process, the woman's health professionals will complete a referral form. This will include information about her, her family and the current concerns. It will also include other important information, for example about current and past mental health problems and treatment.

Are there any reasons why the MBU may not agree to admission?

In general, MBUs do not offer admission to:

- Women with severe personality disorder, learning disability or substance misuse, unless they also have a serious mental illness
- Women who have very aggressive behaviour that might pose a risk of harm or injury to their own or other babies
- Women who are unlikely to be able to care for a baby independently, even with reasonable support (for example, some women who need to live in supported accommodation)
- Women who just need an assessment of their ability to parent, but who do not need treatment for a serious or complex mental illness

What treatments would be offered?

There will be a range of treatments available. These include:

Medication - This includes antidepressants, antipsychotics and medicine to help with anxiety and sleep. A psychiatrist will talk to each mother about the different medicines which may help. They will explain the side effects, how the medicines might help and how long they might take to work. They will also help her weigh up the risks and benefits of using medication in pregnancy and/or while breastfeeding. The mother and psychiatrist can decide together on the best option for her and her baby. The team will review medication and any side effects every week.

Psychological therapies – Talking therapies, such as CBT (cognitive behavioural therapy), will be available on MBUs. Many talking therapies are provided by psychologists, but sometimes other professionals are trained to provide these.

Therapies can help with managing symptoms and thinking about any previous traumatic experiences or relationship difficulties. They can look at any problems in

the mother's relationship with her baby and help improve her confidence as a mother.

Group therapies may also be available. These can help everyone realise that they are not alone in what they are experiencing. For example, new mothers commonly have anxious thoughts and feelings – but these may be worse if you have a mental health problem. These worries are often about the baby, or about whether she is a good mother. It can help to know that other women have similar symptoms or worries. The therapist can teach ways to reduce anxiety and develop confidence.

What other help and support would be available on the MBU?

Internationally MBUs vary, but there is always something to do, to help each mother's recovery and support her relationship with her baby. Activities in the MBU are optional. Examples include cooking, baby massage, relaxation and mindfulness. Arts and crafts are often available and might include baby hand and footprint painting, collage work, crocheting, scrapbooking or photography.

They also have support and information for partners and families.

Staff will be on the unit 24 hours a day, 7 days a week. They will understand mental health problems and will be there to give help and support. There will always be someone to talk to, at any time of the day or night, and staff will make sure that each mother and her baby are looked after. They will help her to care for her baby herself as much as possible.

The baby will usually sleep in his/her mother's room. If she needs more sleep to help her recover, staff can take care of the baby through the night.

Staff will be there to support mothers to feed their baby whether they have chosen breastfeeding, bottle feeding or a combination of the two.

Although each mother will be encouraged to use communal spaces and get to know the other mums, there will also be quiet spaces. There are also private spaces for individual therapy and for visits from friends and family.

There will be regular meetings with the staff team. This will ensure they understand why each mother became unwell, agree a plan for each mother's care and review her treatment and progress. Her partner, or other family members, will be invited to join these meetings if she wants them to. Other professionals involved in her care will also sometimes attend. This may include her midwife, public health nurse, care co-ordinator or social worker. She will have a care plan which will outline her treatment. It will also include support to help her recover and to help keep her well when she goes back home.

How long does someone need to stay in an MBU?

On average, people stay for 8 weeks - but some will stay for a couple of weeks, some for a few months. Leaving the ward happens gradually, with increased periods of leave so each mother can get used to being at home. This helps to maintain the recovery that she has made on the unit. It also means there is time to make sure she has the right support for her mental health and to increase her confidence as a mother.

How can partners or families be involved?

Mothers with partners and other children need the opportunity to bond as a family. Visiting is encouraged and visiting times are more flexible than on other units. The number and timing of visits will depend on what's best for each mother and her baby.

Each partner, or another relative if she chooses, will be encouraged to help her care for her baby when they visit.

Staff can talk to partners or other relatives to answer any questions they have – but they will not share information about mothers without their consent. Staff will help partners to understand their illness and treatment. They will talk to partners about how they can best help and support each mother during a mother's admission and when she goes home.

Partners are offered support for themselves. It is common for partners to be stressed and worried if a mother is unwell enough to need MBU admission.

Advice from women who have been admitted to MBUs – in the UK

“Ask for as much help as you need – don't be afraid to ask for help when you need it. You WILL get better and to a point when you are ready to go home”

“Talk to the staff about your thoughts and feelings, do not bottle them up”

“Even on your darkest days have faith in yourself keep going. I will be forever grateful to all the staff and doctors for making me well again! You WILL GET BETTER!”

“Take it hour by hour, day by day try and find one thing positive each day, even on your worst days”

“Remember there is light at the end of the tunnel and things will get better”

“I can pinpoint the turning point in my recovery. It was in the middle of a session with the unit's child psychologist (who helped mums and babies bond together and kept an eye on the babies' development). She had a gentle, calming air and she encouraged me to actually look into my son's eyes and smile and laugh with him. Before that point I had never even seen him as a little person. I had struggled anxiously with every nappy change, every bottle feed, every bath time. But here we were, smiling at each other. I cried some happy tears then – my baby was going to be ok! My family was going to be ok! I was going to be ok!”

“I came to see the MBU as a place of safety. It offered baby massage sessions, weaning classes and splash play activities, all of which enabled me to be the mother I wanted to be. There was also the opportunity to meet other mothers who were going through the same thing and discuss the impacts of our various treatments as well as the trials and tribulations of motherhood. In short, it was a place that helped me to re-grow the confidence that my disease had decimated, making me feel positive about our ability to thrive together at home.”

Further information/ online resources



Websites:

HSE'S Your Mental Health (<https://www2.hse.ie/mental-health/>). Find advice, information and support services for mental health and well-being.

MyChild (<https://www2.hse.ie/my-child/>). Your guide to pregnancy, baby and toddler health. Trusted information from experts and Health services and support.

Cuidiú (<https://www.cuidiu.ie/>). Caring Support for Parenthood. A parent to parent voluntary support charity.

Dadvice (<https://healthyfamilies.beyondblue.org.au/pregnancy-and-new-parents/dadvice-for-new-dads>). Tips for supporting yourself and your family.

Dadpad (<https://thedadpad.co.uk/>). It's the essential guide for new dads, developed with the NHS.

Partners supporting breastfeeding: <https://www2.hse.ie/wellbeing/child-health/how-to-care-for-your-partner-during-breastfeeding.html>.

Psychological Society of Ireland (<https://www.psychologicalsociety.ie/>) This online voluntary directory is to help you find a psychologist who is recognised by the Psychological Society of Ireland (PSI) as being a Chartered Member of Society.

Tusla community based supports – family resource centres. (www.tusla.ie/services/family-community-support/family-resource-centres/).

Tommy's - www.tommys.org/pregnancy-information/im-pregnant/mental-wellbeing Mental wellbeing in pregnancy – patient information written by midwives.

Action on Postpartum Psychosis - www.app-network.org/. A national charity for women and families affected by postpartum psychosis. Provides information and peer support, including online forums and workshops.

Maternal OCD - www.maternalocd.org/. Support and Information for women with Perinatal Obsessive Compulsive Disorder.

Citizen's Information: <https://www.citizensinformation.ie/en/search/?q=pregnancy>. Your rights and entitlements from the citizen's information board.

References:

1. Howard LM, Molyneaux E, Dennis C-L, Rochat T, Stein A, Milgrom J. Non-psychotic mental disorders in the perinatal period. *The Lancet* 2014; **384**: 1775-88.
2. Howard LM, Ryan EG, Trevillion K, Anderson F, Bick D, Bye A et al. Accuracy of the Whooley questions and the Edinburgh Postnatal Depression Scale in identifying depression and other mental disorders in early pregnancy. *Br J Psychiatry*. 2018; **212**: 50-56.
3. Jones I, Chandra PS, Dazzan P, Howard LM. Bipolar disorder, affective psychosis, and schizophrenia in pregnancy and the post-partum period. *Lancet*. 2014; **384**: 1789-99.
4. Royal College of Psychiatrists (2015). Perinatal mental health services: Recommendations for the provision of services for childbearing women. College Report CR197
5. NICE Antenatal and postnatal mental health: clinical management and service guidance. Clinical guideline [CG192] Published date: December 2014 Last updated: August 2017 <https://www.nice.org.uk/guidance/cg192>
6. Royal College of Psychiatrist's CCQI Perinatal Quality Network Service Standards for Mother and Baby Units: 5th Edition (2016). Eds: Peter Thompson and Harriet Clarke.
7. HSE (2017). Specialist Perinatal Mental Health Service Model of Care for Ireland. <https://www.hse.ie/eng/services/list/4/mental-health-services/specialist-perinatal-mental-health/>

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