

An evaluation of interventions provided for women with acute severe perinatal mental disorders in England

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Category:

Key words: postnatal care; patient care; mother and baby units

Objectives/Background

The National Institute for Health and Care Excellence in England recommends development of, and research into, services for women with acute postnatal severe disorders. To date, there has been little systematic research on the effectiveness of Mother and Baby Units. We are therefore conducting a study to investigate the effectiveness of Mother and Baby Units compared with general psychiatric wards or Crisis Resolution Teams for acute severe postnatal disorders. This presentation presents data from our process evaluation survey of interventions provided by the three service types for mothers and their families.

Methods:

A cross-sectional survey of 37 Mental Health Trusts to examine the type of interventions available to women in contact with specialist Mother and Baby Units, general psychiatric wards or Crisis Resolution Teams. Senior staff across Mother and Baby Units (n=5), general psychiatric wards (n=188) and Crisis Resolution Teams (n=126) were asked to complete a structured questionnaire about the provision of the following interventions within their unit: (1) psychological, (2) infant-parent relationship, (3) support for partners/carers, (4) social.

Results:

Data will be presented on the types and availability of interventions provided by different specialist Mother and Baby Units in England and how these compare against the interventions provided by general acute wards and Crisis Resolution/Home Treatment teams with or without perinatal community teams.

Conclusion/Discussion:

The extent of interventions provided to mothers and their significant others differs substantially across the three service types. Implications for services and women will be discussed.

References:

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DISCLOSURES:

• **Please list any financial supports**

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• **Are you aware of any conflict of interest? If yes, please explain.**

No

• **The submitter may leave a short message, if they wish, about their abstract or the results represented.**

N/A

• **Should the presentation be accepted, does the presenter require an invitation / acceptance letter to support any visa applications? PERMISSIONS All submitters will be required to respond to two permission questions:**

No invitation required.

• **Do you consent for your abstract being made available to conference delegates and published as proceedings?**

Yes

• **Do you consent to a copy of your PowerPoint presentation being made available to delegates?**

Yes

Symposium Title Mother-baby units (MBUs): new clinical and research reports from UK, France, India and USA

Chair Nine M-C Glangeaud-Freudenthal

Symposium chairperson summary :

Objectives of the symposium is to present new clinical reports and researches from data collected in Mother-bay units in different countries and to discuss best practices and effectiveness for joint parents-infant mental health care.

Methods are diverse: A process evaluation within a quasi-experimental cohort study investigating the nature of interventions provided for women with severe postnatal disorders by three service types for mothers and their families, including MBUs, home treatment teams and acute wards across England; A statistical analysis on French MBU data collection to assess demographic and perinatal variables related to (i) a mixed mood state in the mother (ii) the request for child foster-care; A validation study of a Scale-to-Rate-Maternal-Behaviour in MBU's patients in India; and finally an assessment of improvement of mental health care for women in a Mother-Baby-Psychiatric-Day-Hospital.

Results: Howard L.'s team presents the extent of interventions provided to mothers and their significant others across the three services: MBUs, general acute wards and Crisis Resolution/Home Treatment teams with or without perinatal community teams.

Sutter's team shows that mixed mood state in the mother is associated with unipolar past History, higher, socio-professional status and pregnancy onset of episode. They also show that higher risk for mother-child separation was associated with maternal diagnosis (psychotic disorder, personality disorders and/or addiction), young age and placement history in siblings.

Chandra's team found adequate inter-rater and test re-test reliability for their Scale to Rate Maternal behavior that also seems to have predictive validity not only on maternal behaviour but also on the need for supervision or child foster care.

Howard M. describes the support and care provided by MBU's staff that has a positive effect on mother and child outcomes.

Discussion: Implications for services and women care will be discussed, as well as methods to assess the risk and outcomes for the child.

3 Key words : Mother and baby units, efficient maternal care, child protection

References

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