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Objectives/Background:

The first US-based MBU opened in 2000¹. This MBU is based on a partial hospital (“Day Hospital”) model which means mother and baby spend 5-6 hours in treatment each day but return home at the end of the day, with the goal of keeping family intact and providing more realistic gauge of treatment progress. This model differs from more traditional inpatient MBU’s found in other parts of the world². In this presentation we will describe the Day Hospital model of MBU care and summarize results from studies conducted with our patients, including evaluation of changes in symptom severity and patient satisfaction.

Methods:

Women admitted to the Day Hospital complete a packet of self-report questionnaires on their day of admission and day of discharge. Questionnaires measure a range of variables and symptoms including depression and anxiety symptoms, maternal bonding, and patient satisfaction.

Results:

Retrospective chart review studies of patients treated in the Day Hospital program revealed significant decreases ($p < .001$) in self-reported depression and anxiety symptoms following program completion³ as well as over 90% favorable patient satisfaction rates on several indices.⁴

Conclusion/Discussion:

The Day Hospital model of MBU is a cost-effective method for providing intensive treatment for women suffering from psychiatric illness during the perinatal period. This model of care represents an alternative to inpatient treatment except in rare cases of severe suicidality, homicidality, or psychotic impairment. Overall, patient satisfaction is very positive, suggesting that this is a highly acceptable model of MBU treatment.

Key words: MBU, Day Hospital, Partial Hospital Treatment

¹Howard M, Battle CL, Pearlstein T, Rosene-Montella K. A psychiatric mother-baby day hospital for pregnant and postpartum women. Archives of Women’s Mental Health, 9:213-218, 2006.

²Glangeaud-Freudental NMC, Howard LM, Sutter-Dallay A-L. Treatment-mother-infant inpatient units. Best Practice & Research Clinical Obstetrics and Gynecology, 28:147-157, 2014.

³Schofield CA, Battle CL, Howard M, Ortiz-Hernandez S. Symptoms of the anxiety disorders in a perinatal psychiatric sample: A chart review. Journal of Nervous and Mental Disease, 202(2): 154-160, 2014.

⁴ Battle CL, Howard M. A mother-baby psychiatric day hospital: History, rationale, and why perinatal mental health is important for obstetric medicine, Obstetric Medicine, 7(2):66-70, 2014.

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