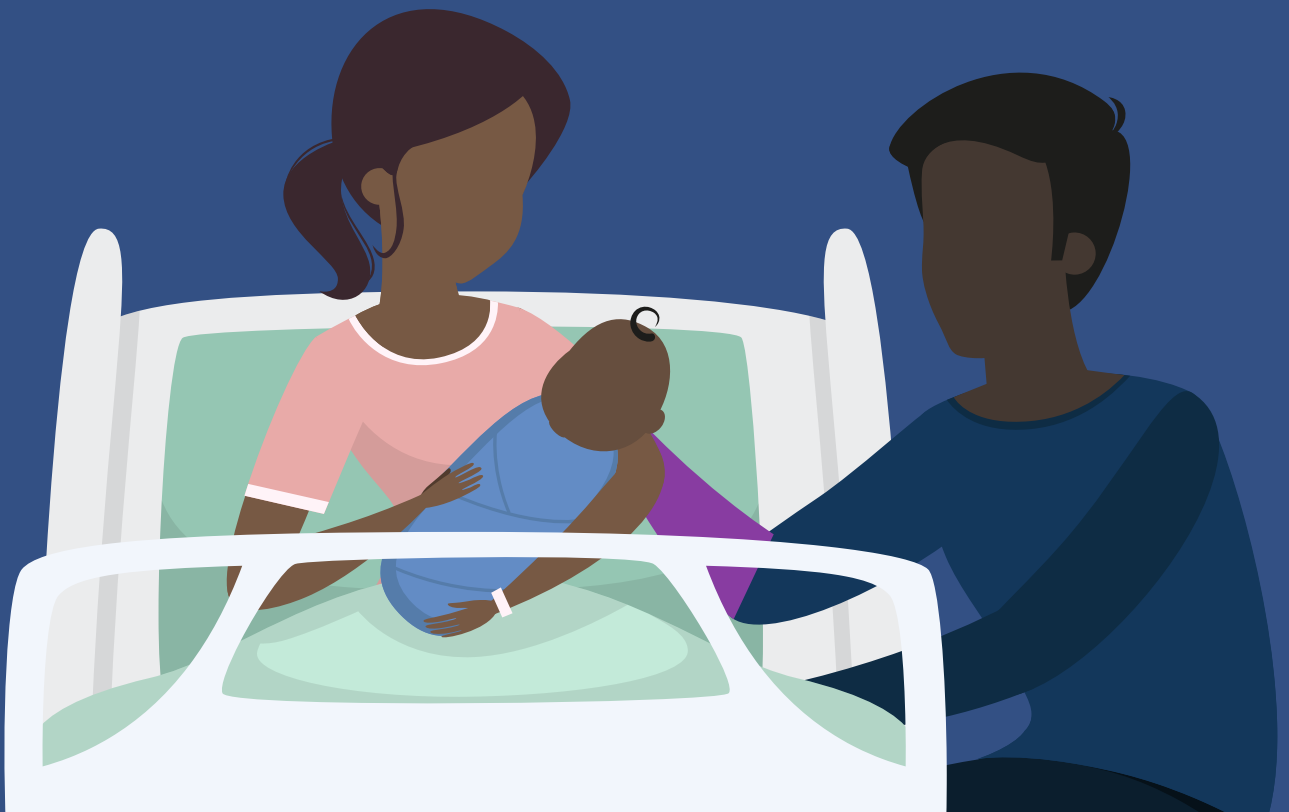


What is a Mother and Baby Unit (MBU)?



Visit our website executive.nhs.wales/PNMHSupport or scan this QR code for more information and resources.



This information is for anyone who wants to know more about the specialist mental health care that a Mother and Baby Unit (MBU) provides for women during late pregnancy or who have a baby up to nine months old.

We hope it will be useful for:

- Any woman who needs admission to a Mother and Baby Unit
- Partners and families of any woman who may need admission, or has been admitted to a Mother and Baby Unit.

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.

Disclaimer

This leaflet provides information, not advice. For further advice and guidance please contact your midwife, health visitor, GP, psychiatrist, psychologist or mental health practitioner.

Acknowledgements

This leaflet content was first produced by the Royal College of Psychiatrists' Public Engagement Editorial Board and further edited for use by HSE: The Specialist Perinatal Editorial Group a subset of the National Oversight Implementation Group, Specialist Perinatal Mental Health Programme, Clinical Design and Innovation, Health Service Executive (HSE).

It has been adapted and adopted with their kind permission for use across the Wales Perinatal Mental Health Network.

What is a Mother and Baby Unit (MBU)?

A mother and baby unit is a specialist in-patient unit providing support, care and treatment for women with severe mental health difficulties during pregnancy or after the birth of their child. Around one in five pregnant women will have a mental health difficulty during their pregnancy, and in the year following the birth of their baby¹⁻³.

A smaller number - five mothers out of 100 – will experience a severe mental health difficulty.

An even smaller number - around two to four in

every 1,000 women who have a baby - will need hospital care for their mental health difficulties and, where appropriate, will be offered an admission to a Mother and Baby Unit (MBU)^{4,5}.

A severe mental illness at this crucial time may affect a mother's relationship with her baby. It can undermine her confidence and belief in her ability to be a good mother. MBUs are designed to keep mothers and babies together. Specialist staff in the unit nurture and support the mother - infant relationship 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 nine months old. They are calm, welcoming places that are more homely than other hospital wards. Women have their own bedrooms with a cot for their baby. Entry to the unit is controlled by staff to ensure the safety of mothers and babies.

MBUs work closely with community mental health teams, specialist perinatal mental health teams, GPs, maternity services and health visitors.

The MBU team

The MBU team is made up of professionals with specialist knowledge and skills in caring for women with mental health difficulties in pregnancy, the postnatal period and their babies.

They work closely together as a team, so that they can develop a clear understanding of each woman's unique experience and circumstances and advise on what treatments will best help her recover.

The team includes:

Perinatal psychiatrist

A consultant psychiatrist who specialises in working with women with mental health difficulties 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.

Nursery nurses

Each mum and baby will also have a named nursery nurse, who will get to know them well. They offer advice and support to help mums care for their babies.

Psychologists

The psychologists provide talking therapies (see below).

Occupational therapists (OT)

These professionals focus on getting you back to doing the things that are important to you in a day-to-day life; the things you want to do, and the things you need to do.

Social worker

They provide additional support and counselling for other children and family members as needed.

Ward clerk/receptionist

They look after the administration of the unit.

Why would I need an admission to an MBU?

You may have an existing mental health difficulty that has got worse either during pregnancy or after birth. Or you might develop mental health difficulties for the first time in pregnancy or during the first year after having a baby.

MBUs specialise in treating severe mental health difficulties. These include bipolar affective disorder, schizophrenia, postpartum psychosis and other psychotic illnesses. You may also be admitted for treatment of severe depression or anxiety disorders, such as obsessive-compulsive disorder.

How would I be referred to an MBU?

To decide whether an admission to the unit is the right place for you, the MBU or your local specialist perinatal mental health team will carry out an assessment.

You will usually be referred to the MBU from your specialist perinatal mental health team, but referrals are also accepted from adult inpatient mental health services, community mental health teams*, crisis and home treatment teams*, liaison psychiatry*, and child and adolescent mental health services.* (*Following discussion with your local specialist perinatal mental health team prior to MBU referral).

Your referral will be made directly to the MBU following completion and submission of your referral form.

Who would an MBU not be suitable for?

Your MBU will not offer admission to:

- Women with significant 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 their baby independently, even with reasonable support
- 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 I be offered?

There are 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 you 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 you weigh up the risks and benefits of using medication in pregnancy and/or while breastfeeding. You and psychiatrist can decide together on the best option for you and your 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 the MBU. Many talking therapies are provided by psychologists, but sometimes other professionals are trained to provide these too.

Therapies can help with managing symptoms and thinking about any previous traumatic experiences or relationship difficulties. They can look at any difficulties in your relationship with your baby and help improve your confidence as a mother.

Group therapies may also be available. These can support you to realise that you are not alone in what you are experiencing. For example, it is common to have anxious thoughts and feelings, but these may be worse if you have a mental health difficulty. These worries are often about your baby, or about whether you are a good mother. It can help to know that others have similar symptoms or worries. Your therapist can teach you ways to reduce your anxiety and develop your confidence.

Occupational therapy

Occupational therapists will work with you to understand what is challenging within your routine, to help you overcome such challenges and get you back to living your life in a way which is satisfying and sustainable. This will include developing a satisfying routine with your baby, as well as thinking about the broader context of the demands of your everyday life, and how these interact with your health and well-being. The aim is to empower you to harness the things you do as a tool for your on-going well-being.

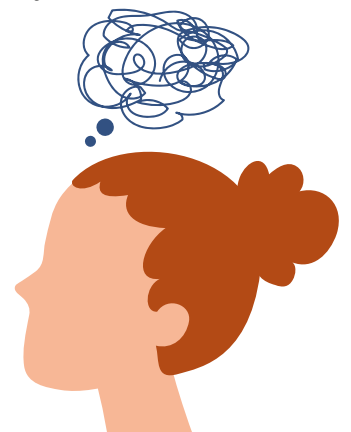
What other help and support would be available on the MBU for me?

The help and support offered within the MBU may vary, but there is always something to do, to support you to recover and to support your relationship with your baby.

Activities in the MBU are always 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.

There is also support and information available for partners and other family members.



What can I expect when I am in the unit?

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

Your baby will usually sleep in your room. If you need more sleep to help you recover, staff can take care of your baby through the night.

Staff will be there to support you to feed your baby, whether you have chosen to breastfeed, bottle feed or a combination of both.

Although you 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.

You will be offered regular meetings with the staff team. This will ensure they understand why you became unwell, agree a plan for your care and review your treatment and progress.

Your partner, or other family members, will be invited to join these meetings if you want them to.

Other professionals involved in your care will also sometimes attend. This may include your midwife, health visitor, care co-ordinator or social worker.

You will have a care plan which will outline your treatment. It will also include support to help you recover and to help keep you well when you go back home.

How long will I need to stay in an MBU?

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

How can my partner or family be involved?

You, your partner and other children (if you have them) need the opportunity to be together 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 you and your baby.

Your partner, or another relative if you choose, will be encouraged to support you to care for your baby when they visit.

Staff can talk to your partner or other relatives to answer any questions they have, but they will not share information about you without your consent. Staff will support your partner to understand your illness and treatment. They will talk to your partner about how they can best help and support you during your admission and when you go home.

Your partner may also need support and the MBU team will offer this as needed.



Advice for you from other women who have been admitted to an MBU

"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 and Support

We have extensive resources on our webpage - visit us at executive.nhs.wales/PNMHSsupport or scan this QR code.



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.



Contact Details

Include details for your midwife or health visitor here:

