Mother-Baby Units: An Unmet Need for Mental Health Inpatient Care in Portugal?

Unidades Mãe-Bebé: Uma Necessidade por Suprir nos Serviços de Internamento de Saúde Mental em Portugal?

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Dear Editor,

In the past few years, the mental health of women during the perinatal period has received increasing attention. The literature has shown that pregnancy and the postpartum period are associated with increased vulnerability to many psychiatric disorders, which affect 10% to 20% of women during this period. Furthermore, mental illness in pregnant women and new mothers is associated with worse obstetric outcomes and can lead to long-lasting effects on their offspring’s mental and physical health. Therefore, the management of perinatal mental health is not only beneficial to the women receiving care, but may also work as a preventive intervention for the next generation.

Moreover, mental illness in the perinatal period is associated with substantial economic costs. It has been estimated that, in the United Kingdom (UK), the cost to the public sector of perinatal mental health problems is five times higher than the cost of improving services. Designing services tailored to the specificities and needs of patients during the perinatal period has been a priority in many countries. In Portugal, however, studies on this subject and specialized teams are still sparse. While some hospitals offer Perinatal consultations, women are usually admitted to a general inpatient ward whenever inpatient care is necessary.

Mother and baby units (MBUs), currently considered the best practice in the UK, are acute inpatient mental health services where women diagnosed with severe perinatal psychiatric disorders can be admitted with their babies. In MBUs, specialized care is provided by a multidisciplinary team, which can include psychiatrists, psychotherapists, occupational therapists and nurses. Their goal is to attend to women and babies’ particular needs during this vulnerable period. For this purpose, besides providing medication, activities like breastfeeding support, parenting interventions, help with infant-care and mother-baby interventions are offered. The partner and the family are also involved in the recovery journey. According to a recent study on cost-effectiveness of MBUs, the rate of readmission appears to be similar but service satisfaction seems higher compared to generic wards.

Although severe mental illness during the perinatal period is not common, its negative impact on a family can be devastating. MBUs offer specialized care which can improve the experience of inpatient care during this vulnerable period. On that account, we argue that MBUs could be an important addition to mental health care in Portugal. Cost-effectiveness studies applied to our population could help support its implementation.

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All authors contributed equally to this manuscript.

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REFERENCES

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