

FROM INFANCY TO MODERN DAY: THE HISTORY OF MOTHER-BABY UNITS (MBUS) IN THE UNITED KINGDOM

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INTRODUCTION

Mother and baby units (MBUs) are inpatient units where women with severe acute postpartum psychiatric problems can be cared for alongside their babies.

This is currently considered to be gold-standard care, recognising the importance of early childhood bonding and family-centred care. The United Kingdom (UK) has spearheaded the development of the MBU, however the history of MBUs in the UK has never been published.

AIM

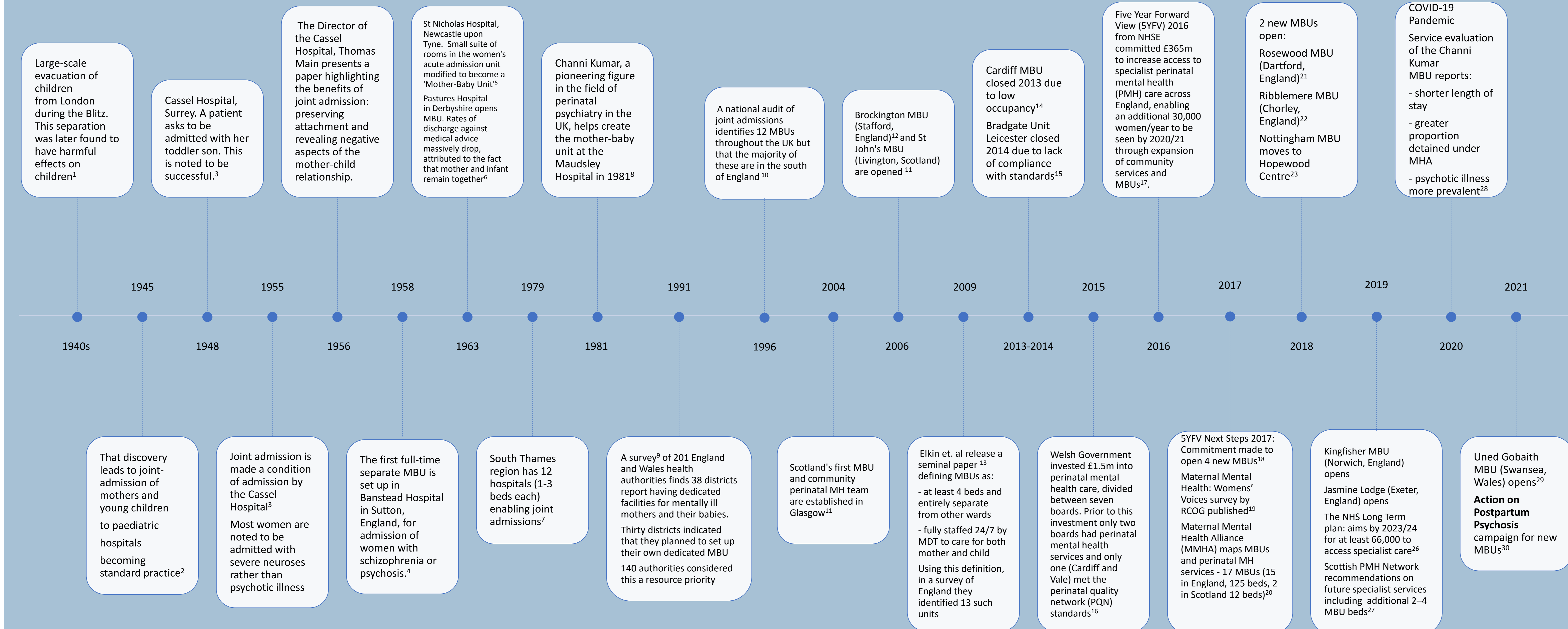
To explore the history and conception of the MBU in the UK as well as outline scientific, social and political factors contributing to this.

To briefly compare this to the state of MBU provision worldwide.

METHOD

We carried out a narrative review of published scientific, historical primary and secondary sources and grey literature (eg Royal College Reports, Charity/third sector resources) using the search terms “mother baby unit”, “MBU”, “mother-baby psychiatric”, “perinatal mental health”, “perinatal psychiatry”, “maternal mental health”. We also hand-searched reference lists of pertinent papers.

TIMELINE



DISCUSSION

The conception of the MBU has been an iterative process and a culmination of scientific evidence, particularly developments in both maternal and child mental health.

As demonstrated between 2016-2017, the development and expansion of MBUs (and specialist PMH services) however relies on the concerted efforts of clinicians providing care, scientific evidence and calls to action, campaign efforts from charities and the third sector, as well as political will to ringfence funding and thus enabling services.

LIMITATIONS

Gaps in literature (especially pertaining to social, cultural and economic driving factors) due to nature of search strategy and difficulty accessing material not easily available online. We have requested access to materials from the RCPsych archives to bridge these gaps.

However, some of these gaps may not be filled with secondary sources. As such, we have been in discussion with the RCPsych archives and the historian in residence, with possible plans to collect oral history from key players in this field.

Additionally, our search strategy does not cover papers in other languages which may result in literature pertaining to MBUs worldwide being missed.

Furthermore, understanding the driving factors behind the development of MBUs will also require a more rigorous and nuanced lens, looking beyond scientific papers and journals but broadening it to a multidisciplinary scope.

CONCLUSION

The story of the MBU is a work in progress, but one that can be emulated when it comes to the strategic planning of expanding cutting-edge, pioneering mental health services.

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