

## Mother-Baby Day Hospitals: An Effective Option for Perinatal Mental Health Care?

### Hospitais de Dia Mãe-Bebê: Uma Alternativa Eficaz em Saúde Mental Perinatal?

**Keywords:** Hospitals; Mental Health; Mother-Child Relations/psychology; Mothers/psychology; Postpartum Period

**Palavras-chave:** Hospitais; Mães/psicologia; Período Pós-Parto; Relações Mãe-Filho/psicologia; Saúde Mental

Dear Editor,

In recent years, it has become well recognized that the perinatal period carries a high risk for the onset and recurrence of maternal mental health disorders, with an estimated one in five women developing a mental health condition postpartum, some of which are serious, requiring hospitalization. Psychiatric hospitalizations in the postpartum period often result in discontinuation of maternal care. This mother-baby separation has consequences for the mother, infant and family, negatively impacting the attachment relationship and increasing stress, which can lead to a higher risk of maladaptive coping skills, and emotional, social, and cognitive problems for all.<sup>1,2</sup> The gold standard for treating mental illness in the perinatal period is mother-baby units (MBU), in which mothers are co-admitted with their infants.<sup>3</sup> Some countries (United Kingdom, France, Australia, and Spain) have already implemented these units.<sup>2</sup> However, in Portugal there are no MBUs, even though some hospitals offer perinatal consultations. There are two possible modalities for dyad-based interventions: MBUs with inpatient treatment, and mother-baby day hospitals (MBDH) with partial hospitalization; few studies focus on MBDH, but those show good results.<sup>2,4,5</sup> Both function as specialized units, with similar multidisciplinary teams, ideally comprising adult and child psychiatrists, pediatricians, psychologists, nurses, occupational therapists, and social workers. They aim to support the mother's psychiatric recovery while helping navigate motherhood, including guidance in breastfeeding, social skills, and baby care, involving family

members, through individual and group interventions, and psychopharmacological treatment. When the condition is severe (e.g. psychosis, suicidal ideation, risk of dual-harm, or substance use) the mother should be guided towards an in-patient ward rather than an MBDH.<sup>5</sup> Structured discharge plans are important and should involve carers and health-care providers ensuring follow-up for the dyad to prevent relapses, emphasizing the importance of perinatal-community psychiatric teams, which provide continuous clinical surveillance and psychosocial support.

In conclusion, mother-baby admissions enable early intervention in the mother's mental disorder, ensuring continuity of dyad-focused care and mitigating the impact of maternal illness on child development. We recognize barriers to implementing MBDHs, namely the diversity of clinical presentations and the need for highly specialized multidisciplinary teams and appropriate settings. Nevertheless, we argue that MBDHs, which have been shown to improve patient outcomes, may offer a less restrictive option by reducing the need for full hospitalization, which often distances patients from their homes, and a cost-effective alternative making them a feasible solution within the Portuguese healthcare system, while still acknowledging the importance of inpatient care for severe cases.

#### AUTHOR CONTRIBUTIONS

CPD: Literature review, writing of the manuscript.

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All authors approved the final version to be published.

#### COMPETING INTERESTS

The authors have declared that no competing interests exist.

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