



MOTHER & BABY MENTAL HEALTH INPATIENT PROVISION FOR WALES

March 2025



GIG
CYMRU
NHS
WALES

Cyd-bwyllgor
Comisiynu
Joint Commissioning
Committee



CB
SEIC
COLEG BRENHINOL
SEICATRYDDION



RC
PSYCH
ROYAL COLLEGE OF
PSYCHIATRISTS



Executive Summary

Between 10% and 15% of women who have delivered a baby will experience mild/moderate mental health issues, the majority will be cared for in primary care

Between 2 to 4 per 1000 women who have delivered a baby will experience serious/ complex mental illness and need admission to hospital

A total of 164 women from NHS Wales were admitted to a Mother & Baby Unit between 2021 and 2024. Of these 164, 133 (81%) were admitted to a Mother & Baby Unit in Wales and 31 (19%) were admitted to a Mother & Baby Unit in England

The numbers of Welsh mothers being admitted to a Mother & Baby Unit is consistent with clinical projection of incidence of perinatal mental illness, so we have the number of mothers being admitted we would expect in Wales

Each bed in a Mother and Baby Unit costs, (for a full year's occupancy) approximately £350,000-£400,000. This would be equivalent to the salary and staff costs of around 5 experienced community perinatal mental health staff for a year

Average length of stay in a Mother & Baby Unit for a mother from Wales is approximately 41 days

63 miles was the average travel distance to an Mother & Baby Unit for mothers being admitted

A Lived Experience Group, consulted as part of this Report, identified 'no more than 1 hour' as the preferred travel time to a Mother & Baby Unit. 73% of all Mother & Baby Unit admissions from Wales were within a 1 hour travel time

Mothers from Betsi Cadwaladr University Health Board are currently travelling further and for longer time to a Mother & Baby Unit than those mothers from other Health Boards areas. This is because they are accessing Units across England. Travel time and distance will be significantly reduced once a new Unit opens in Chester in the autumn of 2025. Modelling shows that mothers travelling for less than 1 hour would rise from 13% to 69% , and that Average travel time would change from 1 hr 45 mins to 48 mins.

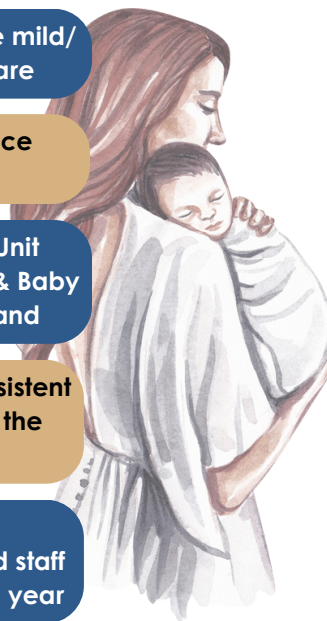
Uned Gobaith (the NHS Wales Mother & Baby Unit in Tonna) is reaching capacity, being regularly full. This means, in order to not have delayed admissions, that mothers travel to Units in another areas

For mothers in South Wales access to 8 beds (two more than currently available in Uned Gobaith) would mean no admission would wait more than a two days.
Access to 9 beds would mean no admission would wait more than 1 day

For mothers in North Wales access to 2 beds (as currently planned) would mean no admission would wait more than four days.
Access to 3 beds would mean no admission would wait more than 1 day

Any consideration of an increase in Mother & Baby Unit provision should take into account the value and effectiveness of investment into community services to reduce the need for admission

If a decision is made to build a new & Baby Unit in Wales then planners should take into account the location to reduce travel time for mothers and families



Overview

This Report was commissioned in November 2024 by the Welsh Government from the NHS Wales Joint Commissioning Committee. The NHS Wales Joint Commissioning Committee worked alongside the Royal College of Psychiatrists Wales, via its Joint Working Project, to produce this Report. The primary goals of this Report are to evaluate and predict demand, analyse historical and current utilisation, model new innovations that may affect demand, and understand the service within the NHS healthcare system context. Please note that the Report is constrained by a completion timeline of four months.

Data & Data Limitations

The data in this Report covers the period from November 2024 to January 2025, with data modeling conducted by personnel from Cardiff University.

Information regarding the Welsh language preferences of individuals admitted to Mother & Baby Units is not consistently collected. As a result, we are unable to include this data in our findings; however, we have gathered insights through the lived experience group. Likewise, the number of admissions to General Adult Mental Health Units for individuals with specialist perinatal care needs is not routinely gathered or shared with commissioners. Both of these metrics are essential for collection.

We do not have information on the travel preferences of visitors to those admitted to Mother & Baby Units; thus, we have estimated travel distances based on Google Maps car journey calculations. Additionally, public transport availability and infrastructure should be further considered when evaluating travel options. Note that modelling uses retrospective data and the home addresses of future admissions may affect travel time

Authors

This Report was authored by Shane Mills from the NHS Wales Joint Commissioning Committee and Oliver John from the Royal College of Psychiatrists Wales.

We extend our gratitude to Sharon Fernandez for her support, and to the mothers with lived experience who generously shared their stories and insights.

Contents

Section 1: Background

In this section, we examine the necessity of this report and explain the importance of Mother & Baby Units, as well as their functions.

Page 7

Section 2: Population Health

In this section, we explore the perinatal mental health of the population in Wales to gain a clearer understanding of the need for Mother & Baby Units.

Page 13

Section 3: Admissions & Activity

In this section, we explore data related to admissions, occupancy rates of NHS Units, and the distance mothers travelled to reach a Mother and Baby Unit.

Page 18

Section 4: Listening to Experience

In this section, we explore the opinions of mothers who have been admitted to a Mother and Baby Unit or to a General Mental Health Unit with a perinatal mental health issue.

Page 35

Section 5: Modelling

In this section, we examine the various options available for meeting demand and the assumptions that should be considered.

Page 40

Section 6: Reducing Demand, Improving Experience

In this section, we explore whether three service innovations can minimise the necessity for admissions, shorten the duration of stays, or enhance the experience for those who are admitted.

Page 44

Section 7: References

Page 49



Section One

Background

In this section, we examine the necessity of this Report and explain the importance of Mother & Baby Units, as well as their functions.



Background to Report

This Report was commissioned in November 2024 by the Welsh Government from the NHS Wales Joint Commissioning Committee.

The primary objectives of this Report are to:

Assess Demand & Utilisation:

- Examine historical patterns of patient referrals, admissions, and service usage.
- Recognise peak periods and trends in demand.
- Project future demand based on historical data.

Modelling & Scenario Planning:

- Utilise capacity modelling tools to evaluate various service scenarios.
- Recommend new services that could reduce admission delays and ensure timely discharge.

This Report is part of the work plan of the Mental Health, Learning Disabilities, and Vulnerable Groups Commissioning Directorate within the NHS Wales Joint Commissioning Committee.

The Director of Commissioning for Mental Health, Learning Disabilities, and Vulnerable Groups of the NHS Wales Joint Commissioning Committee is responsible for this Report.

The NHS Wales Joint Commissioning Committee has partnered with the Royal College of Psychiatrists Wales through its Joint Working Project to finalise this Report.

The agreed timeframe for this Report was that it would be completed within four months, which has limited the extent and depth of the information gathered, as well as the number of stakeholders engaged.

Perinatal Mental Health Services

Women who require specialist treatment for mental health problems in the perinatal period need different facilities and service responses from those provided by general adult mental health services. This has been acknowledged and promoted in a range of evidence-based publications, particularly the NICE clinical management and service guidance on antenatal and postnatal mental health (2014) and the associated quality standard (2016).

Key recent national strategies have also outlined perinatal mental health as a Welsh Government and NHS priority where improvements in access and outcomes for women and families are required. These include the Welsh Government's Together for Mental Health strategy.

Perinatal mental health services encompass both specialist community teams and Mother & Baby Units. Mother & Baby Units are highly specialised services focused on the treatment and recovery of women with the most severe and complex mental ill health. It is recognised in NICE guidance that community teams and Mother & Baby Units must function in an integrated manner.



Overview of Mother & Baby Units

Mother & Baby Units are specialised psychiatric inpatient facilities designed to support both the mother's mental health and the care of their baby.

The Key Features of Mother & Baby Units are to:

- Provide intensive mental health treatment while allowing mothers to stay with their babies.
- Offer a safe and supportive environment with expert perinatal mental health teams.
- Aim to strengthen the mother-infant relationship while ensuring both receive appropriate care.

Mother & Baby Units normally care for mothers with the following needs:

- Postpartum psychosis.
- Severe postnatal depression.
- Bipolar disorder.
- Severe anxiety disorders, including OCD related to pregnancy and birth.
- Other serious mental health conditions exacerbated by pregnancy or childbirth.

The Mother & Baby Unit staff team normally comprises:

- Perinatal psychiatrists.
- Specialist nurses.
- Psychologists and therapists.
- Midwives and obstetricians.
- Nursery nurses and social workers.

The Mother & Baby Units' multi-professional staff team normally provides the following treatment and support:

- Medication management tailored for pregnancy and breastfeeding.
- Tailored psychological therapies.
- Parent-infant bonding support.
- Peer support and social care involvement if needed.

Each bed in a Mother & Baby Unit costs, for a full year's occupancy, approximately £350,000-£400,000. The responsibility for commissioning all Mother & Baby Unit beds for NHS Wales is with the NHS Wales Joint Commissioning Committee.

The costs to build a new Mother & Baby Unit typically involve significant investment, influenced by factors such as location, size, and specific facility requirements. New builds can cost over £20 million, and repurposing existing buildings can cost £5 million to £15 million.

As with many services, with Mother & Baby Units there needs to be sufficient specialist and experienced staff and a critical mass of admissions to ensure skills are utilised and knowledge practiced.

Mother & Baby Unit Provision for Wales

South Wales

In Wales there is a single specialist NHS Perinatal Inpatient Mental Health Unit situated within Tonna Hospital in Neath, South Wales.

This Unit, called 'Uned Gobaith' or 'Unit of Hope', has capacity for six mothers and seven babies, which allows for multiple births. The Unit opened in April 2021, and offers specialised treatment to women experiencing significant mental health difficulties during pregnancy or if they have a baby under 12 months old.

The inpatient services offer assessment and treatment of their mental illness whilst ensuring the developing relationship with the baby. It has six individual bedrooms for women and their babies and mothers have access to a shared living room and kitchen areas along with a playroom, quiet room and sensory room. In addition, accommodation is available for family members travelling from further away to visit their loved ones.



North Wales

When the South Wales unit reaches full capacity or for mothers from North Wales, NHS Wales commissions beds in England. Currently, these commissioned beds are located in several places, but NHS Wales has agreed to jointly commission, with NHS England, beds from a new unit in Chester, which will serve mothers from both England and Wales. This unit, named 'Seren Lodge,' is set to open in the autumn of 2025.

Seren Lodge will have the capacity for 8 mothers, and will provide specialised treatment for women facing significant mental health challenges during pregnancy or for those with a baby under 12 months old. NHS Wales plans to commission 2 of these 8 beds, although commissioners from NHS Wales and NHS England both agree to be flexible and prioritise the needs of mothers.

The Unit features 8 individual bedrooms for mothers and their babies, along with access to an activity space, kitchen area, playroom, and quiet room. Additionally, accommodations will be available for family members traveling from afar to visit their loved ones.

As this unit is located in England but will cater to mothers from Wales, arrangements have been made to ensure that Welsh patients feel as connected as possible. These arrangements include:

- Interior bilingual signage
- Care plans translated into Welsh
- Information leaflets translated into Welsh
- Availability of Welsh-speaking staff
- Job advertisements provided in Welsh
- A desirability criterion in job descriptions for staff to speak Welsh

NHS Wales and NHS England commissioners have ensured that the 'expert by experience' group remains actively engaged and includes representatives from North Wales.

It is expected the availability of this Unit will have an impact on the travel time for patients and their families.



Section Two

Population Health

In this section, we explore the perinatal mental health of the population in Wales to gain a clearer understanding of the need for Mother & Baby Units.



Population Demand

In order to ensure that we have the right number of Mother & Baby Unit beds available at the right time and in the right place for the population of Wales, it is vital that we understand current and future demand for these services. These projections will allow NHS Wales to understand future workforce requirements, ensure services have adequate funding and capacity, identify health inequalities by targeting areas with differing demand, and ensure financial sustainability by investing in preventative care and longer-term solutions.

Using population statistics, it is possible to estimate the number of women both nationally and regionally who may require care in a Mother & Baby Unit. This can be measured in terms of the number of women who require a referral to a perinatal community mental health team who may subsequently require inpatient admission, using established epidemiology and data on 'live births'.

Perinatal Mental Health Overview

The perinatal period is defined in this Report as pregnancy and the first 12 months following childbirth, although note that there is consideration to extend this to the first 24 months in other countries. Perinatal mental health problems include both conditions which occur during the perinatal period and pre-existing conditions that may relapse or recur in pregnancy or the postpartum year.

Up to 20% of women experience a mental health problem in the perinatal period. They range from mild to extremely severe, requiring different pathways, management, and care. They include antenatal and postnatal depression, anxiety disorders including obsessive-compulsive disorder and panic disorder, eating disorders, post-traumatic stress disorder, relapse of known severe mental illnesses including schizophrenia, schizoaffective disorder, and bipolar affective disorder, and postpartum psychosis.

While treatment is also just as effective for women in the perinatal period as at other times, what is different is the heightened need for prompt and effective care. This is because a mental health problem during the perinatal period not only has the potential to adversely affect the mother but also to have lasting consequences for her developing child. These may include emotional and behavioral problems, delayed physical development, reduced cognitive development, impaired mother-baby interactions, and an increased risk of parental conflict and relationship breakdown. Linked to this, the separation of mother and infant can have serious effects on the mother-infant relationship and be difficult to reverse.

For women, inadequate or absent treatment can result in a range of adverse psychological, social, and employment outcomes, including an increased risk of relapse.

Although maternal deaths are generally low in the UK, perinatal mental illness is associated with maternal mortality. Ten percent of women who died in the perinatal period died as a result of completed suicide, and 23% of women who died in the postnatal period (6 weeks–12 months postpartum) had a mental disorder.

Perinatal mental health problems that are not treated effectively are also associated with substantial economic and social costs to both the NHS and public services, and society as a whole. The 2014 London School of Economics/Centre for Mental Health report highlights a long-term cost to UK of £8.1 billion for each birth cohort, with £1.2bn falling directly on health and social care. The report also highlights that nearly three-quarters (72%) of the total costs are associated with adverse impacts on the child rather than the mother. Additionally, it notes that about half of all cases of perinatal depression and anxiety go undetected, and many of those that are detected do not receive evidence-based treatment.

Postpartum mental illness has a number of distinctive clinical features including acute onset in the early days and weeks following delivery, rapid deterioration and severe symptoms and behavioural disturbance.

Postpartum Disorders

The epidemiology of postpartum psychiatric disorders and their service uptake is well established. 3% of women in the perinatal period will be referred to secondary care mental health services; 10 to 15% of all delivered women will experience mild to moderate postnatal depression, the majority of whom will be cared for in primary care.

Around 2 to 4 per 1000 women who have a baby will need admission to a hospital for mental health care. Of these 4 per 1000; 2 per 1000 will experience postpartum psychosis and 2 per 1000 will experience other serious/complex mental health disorders. All of these require specialised Mother & Baby Units and subsequent follow-up by a specialist perinatal community team.



Disorders in Pregnancy

The incidence overall of mental disorders in pregnancy is up to 20%. The rate of new onset serious mental illness in pregnancy is reduced. However, women with a previous history of serious illness, even if recovered, are at high risk of recurrence or relapse in pregnancy and after delivery. Proactive, preventative assessment and management will reduce morbidity and the need for admission. There is little national data on the prevalence of these high-risk women, but it is thought to be approximately four per 1000 of women in the perinatal period.

Based on a minimum of two admissions per 1000 live births annually and the number of live births for the population of Wales (WG Maternity & Birth Statistics: 2023 (most recent figures), which stood at 27,374), it is anticipated that there will be at least 55 women requiring admission and subsequent specialist community follow-up per year nationally.

It is estimated that approximately 3–5% of pregnant women will be referred to psychiatric services. Based on this and the number of live births for the population of Wales, each year there will be approximately 1,368 women with serious mental illness who require a specialist perinatal mental health service.

Evidence shows that the treatment of serious mental illness in pregnancy and following childbirth by specialised perinatal mental health services (in-patient Mother & Baby Units and/or perinatal community mental health teams) results in improved mental health outcomes for women, their children, and wider family, compared to standard psychiatric care. These benefits are well recognized in the short, medium, and long term. The economic cost to the public sector and society as a whole of failing to provide services to support women with perinatal mental illness is significant.

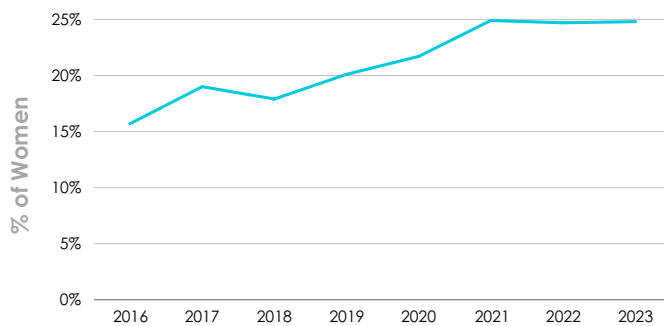
Mental health by Health Board

At their initial midwifery assessment, pregnant women are asked to self-report any mental health conditions. Conditions included are puerperal psychosis (severe postnatal depression); bi-polar affective disorder/manic depression; psychosis; psychotic depression; schizophrenia; and other (any other mental health condition).

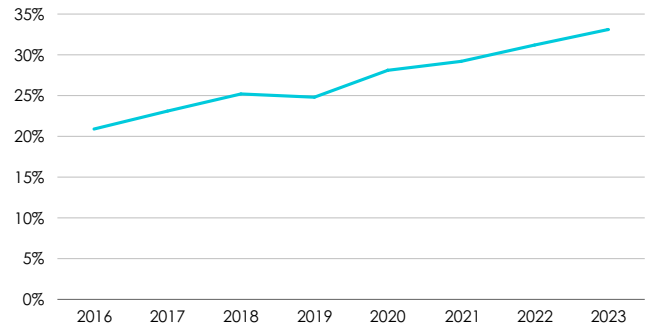
In Wales, 32% of pregnant women reported a mental health condition at their initial assessment in 2023. This is an increase of 1.4% from the previous year, and an increase of 12.2% from 2016 (first year of comparable data).

The percentage of women ranged from 25% in Aneurin Bevan to 40% in Swansea Bay as shown below [Note 2]. The range may result from differences in population need or self-reporting issues.

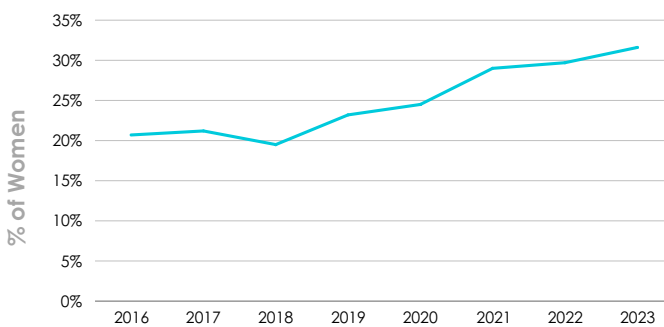
Aneurin Bevan University Health Board



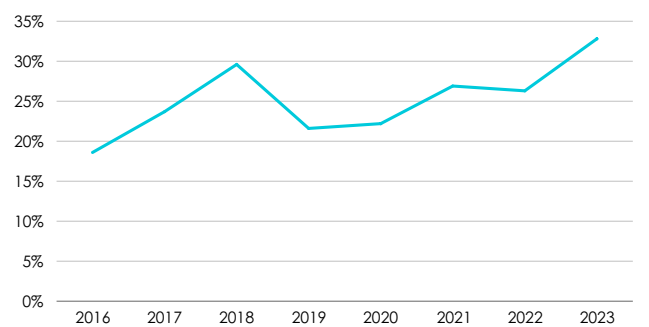
Cardiff & Vale University Health Board



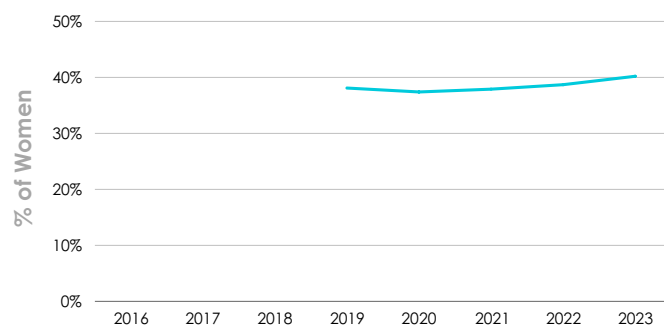
Hywel Dda University Health Board



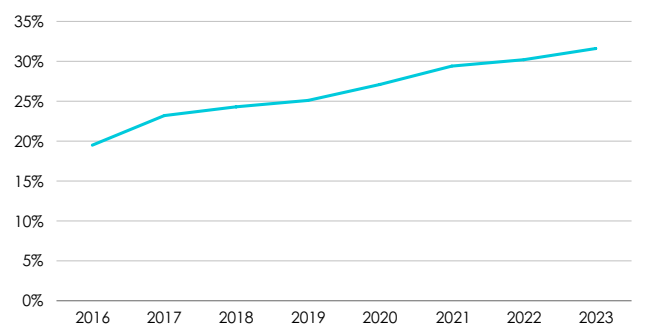
Powys Teaching Health Board



Swansea University Health Board [Note 3]



All Wales [Note 1]



Number and percentage of women at initial assessment who had reported a mental health condition, by health board providing the service (StatsWales)

[Note 1] Wales percentage excludes all records from Betsi Cadwaladr and Cwm Taf/Cwm Taf Morgannwg health boards because mental health data recorded in these two health boards is of low reliability for all years.

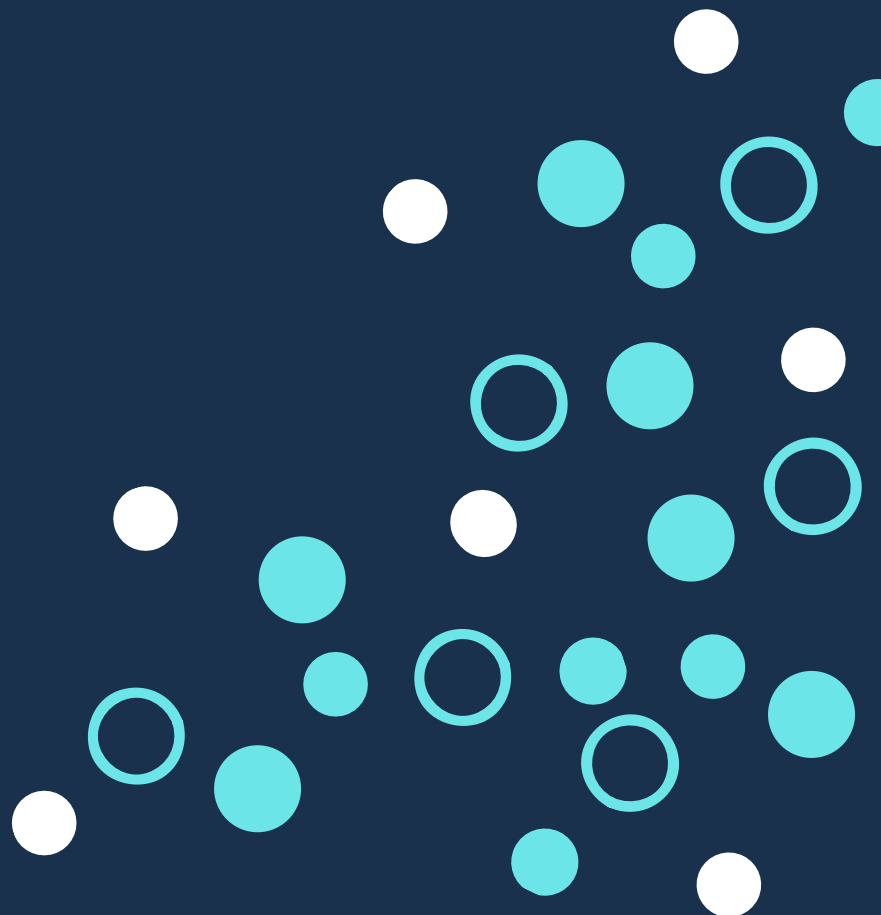
[Note 2] The percentages are based on all records with valid data recorded for mental health condition at initial assessment.

[Note 3] In 2019 changes to the boundaries of Abertawe Bro Morgannwg Local Health Board led to the creation of Swansea Bay, so data prior to 2019 is not presented in this chart.

Section Three

Admissions & Activity

In this section, we explore data related to admissions, occupancy rates of NHS Units, and the distance mothers traveled to reach a Mother and Baby Unit when being admitted.



Summary of Admissions & Activity Data

- The numbers of admissions between 2021 and 2023 across Health Boards in Wales are consistent with clinical projection of incidence of perinatal mental illness. 2024 has seen fewer admissions.
- Between 2022 and 2024 the proportion of admissions (as a percentile of all admissions to Mother & Baby Units) to the Uned Gobaith Unit at Tonna Hospital in Neath, South Wales has remained consistent at 78-80% of admissions.
- Since 2021, Swansea Bay University Health Board has had the highest number of admissions to the Uned Gobaith Unit, year on year.
- Betsi Cadwaladr University Health Board has admitted mothers to 7 different Mother & Baby Units for its 16 admissions. Aneurin Bevan University Health Board has also admitted mothers to 7 different Mother & Baby Units, albeit for a higher number of 38 admissions. These are the highest numbers across Health Boards in Wales.
- On average 73% of all Mother & Baby Units admissions were within a 1 hour travel time. The 1 hour figure was identified as the optimum by the Lived Experience group that the Authors engaged with .
- The fewest admissions falling within a 1 hour travel time were seen in Betsi Cadwaladr University Health Board at 13%, and then Hywel Dda University Health Board at 33%. Whilst admissions from Cardiff, Swansea and Cwm Taf University Health Boards that fell within a 1 hour travel time, ranged from 95-100%.
- The longest average travel time for a Mother & Baby Unit admission was in Betsi Cadwaladr University Health Board at 1 hour 45 minutes. The shortest average travel time for a Mother & Baby Unit admission was in Swansea University Health Board at 28 minutes.

Total Admissions to Mother & Baby Units

Population Forecast

Drawing from a foundation of at least 2 admissions per 1,000 live births each year (from the lower end of the 2 to 4 per 1000 detailed on Page 15), coupled with the birth figures for Wales, it is anticipated that a minimum of 55 women will require admission and ongoing specialist community care annually across the nation.

Actual Admissions

- In 2021, commencing from June, when data collection began post the Unit's opening, 24 mothers were admitted to a Mother & Baby Unit (23 in the Uned Gobaith Unit and 1 in other Units).
- In 2022, this number was 49 mothers admitted (39 in the Uned Gobaith Unit and 10 in other Units).
- By 2023, the figure increased to 55 mothers (43 in the Uned Gobaith Unit and 12 in other Units).
- In 2024, up until November, the latest point of data collection, 36 mothers were admitted to a Mother & Baby Unit (28 in the Uned Gobaith Unit and 8 in other Units).

Forecast Verses Actual

The data reveals that the number of admissions to Mother & Baby Units in 2021, 2022, and 2023 across all Health Boards in Wales align with the anticipated incidence projections.



Occupancy Rate of the Uned Gobaith Unit

Note that the term 'Occupancy Rate' describes the percentage of the total number of beds available that were occupied by a mother.

Occupancy in 2021

- Whilst the Unit opened in April 2021, we have presented data from July 2021 so that it's consistent with the Health Board data set.
- The occupancy rate reached its peak for 2021 in September, at 96%.
- The average occupancy rate for the 6 presented months of 2021 was 79%.

Occupancy in 2022

- The occupancy rate reached its peak for 2022 for the duration of September, at 100%. Of note, there were only 4 days in June 2022 when the occupancy wasn't at full capacity.
- There were significant drops in occupancy in May and August. In May the occupancy rate dropped to its lowest for 2022, at 16%.
- The average occupancy rate for 2022 was 74%.

Occupancy in 2023

- The occupancy rate reached its peak for 2023 for the duration of March, at 99%. There were only 2 days in this month when the occupancy was not at full capacity.
- There was a significant drop in occupancy in August where the rate dropped to its lowest for 2023, at 47%.
- The average occupancy rate for 2023 was 81%.

Occupancy in 2024

- The occupancy rate reached its peak for 2024 for the duration of June, at 94%. There were only 10 days in this month when the occupancy was not at full capacity.
- There were significant drops in occupancy in October and December. The occupancy rate was its lowest for 2024, in October, at 53%.
- The average occupancy rate for 2024 was 81%.



Comparison of Admissions Across Health Boards

Total Admissions to All Mother & Baby Units

- Between 2022 and 2024 the proportion of admissions (as a percentile of all admissions to Mother & Baby Units) to the Uned Gobaith Unit has remained consistent at 78-80% of admissions.
- Between 2022 and 2024 the proportion of admissions (as a percentile of all admissions to Mother & Baby Units) to other Mother & Baby Units (so not Uned Gobaith Unit and in England) has remained consistent at 20-22% of admissions.
- 2023 saw the highest number of admissions into Uned Gobaith (43), as well as the highest number of admissions to other Units (12).

	Total Admissions (All Health Boards)		% of Total Admissions (All Health Boards)	
	Uned Gobaith	Other Mother & Baby Unit	Uned Gobaith	Out of Area
2021*	23	1	96%	4%
2022	39	10	80%	20%
2023	43	12	78%	22%
2024	28	8	78%	22%

*Data collection began at the end of June 2021.

Total Admissions to Uned Gobaith

- Between 2021 and 2023, Swansea Bay University Health Board has had the highest number of admissions to Uned Gobaith, ranging from between 25% to 35% of all admissions.
- In 2024, Cardiff and Vale University Health Board has had the joint highest (with Swansea Bay University Health Board) number of admissions to Uned Gobaith, accounting for 25% of all admissions.

Key for Table below

- ABUHB - Aneurin Bevan University Health Board
- BCUHB - Betsi Cadwaladr University Health Board
- CVUHB - Cardiff and Vale University Health Board
- CTMUHB - Cwm Taf Morgannwg University Health Board
- HDUHB - Hywel Dda University Health Board
- PTHB - Powys Teaching Health Board
- SBUHB - Swansea Bay University Health Board

Red box denotes the highest proportion of admissions in that year and the green box the lowest proportion of admissions in that year.

Note the numbers for Betsi Cadwaladr University Health Board can be affected by other Mother & Baby Units being closer.

Further work should be undertaken to examine the reasons for these differences and if it is related to proximity of the Unit or local service configurations.

Total Admissions to Uned Gobaith Numbers denote total admissions that year and [% of total admissions that year]							
	ABUHB	BCUHB	CVUHB	CTMUHB	HBUHB	PTHB	SBUHB
2021*	4 [17%]	0 [0%]	3 [13%]	3 [13%]	4 [17%]	2 [9%]	7 [30%]
2022	7 [18%]	1 [3%]	10 [26%]	4 [10%]	5 [13%]	1 [3%]	11 [28%]
2023	12 [28%]	0 [0%]	11 [26%]	4 [9%]	1 [2%]	0 [0%]	15 [35%]
2024	4 [14%]	0 [0%]	7 [25%]	4 [14%]	5 [18%]	1 [4%]	7 [25%]

*Data collection began at the end of June 2021.

Total Admissions to Other Mother & Baby Units Other than Uned Gobaith

- In 2021, Betsi Cadwaladr University Health Board had the only admission to another Mother and Baby Unit other than Uned Gobaith. Note that data collection began at the end of June 2021.
- In 2022, Aneurin Bevan University Health Board had the highest number of admissions to another Mother and Baby Unit other than Uned Gobaith (4), accounting for 40% of the total.
- In 2023, Betsi Cadwaladr University Health Board had the highest number of admissions to another Mother and Baby Unit other than Uned Gobaith (8), accounting for 67% of the total
- In 2024, Betsi Cadwaladr University Health Board had the highest number of admissions to another Mother and Baby Unit other than Uned Gobaith (4), accounting for 50% of the total.

Key for Table below

- **ABUHB**-Aneurin Bevan University Health Board
- **BCUHB**-Betsi Cadwaladr University Health Board
- **CVUHB**-Cardiff and Vale University Health Board
- **CTMUHB**-Cwm Taf Morgannwg University Health Board
- **HUHB**-Hywel Dda University Health Board
- **PTHB**-Powys Teaching Health Board
- **SBUHB**-Swansea Bay University Health Board

Red box denotes highest proportion of admissions in that year and green box the lowest proportion of admissions in that year.

Total Admissions to Mother & Baby Units other than Uned Gobaith Numbers denote total admissions that year and [% of total admissions that year]							
	ABUHB	BCUHB	CVUHB	CTMUHB	HUHB	PTHB	SBUHB
2021*	0 [0%]	1 [100%]	0 [0%]	0 [0%]	0 [0%]	0 [0%]	0 [0%]
2022	4 [40%]	3 [30%]	1 [10%]	0 [0%]	0 [0%]	0 [0%]	2 [20%]
2023	4 [33%]	8 [67%]	0 [0%]	0 [0%]	0 [0%]	0 [0%]	0 [0%]
2024	3 [38%]	4 [50%]	1 [13%]	0 [0%]	0 [0%]	0 [0%]	0 [0%]

*Data collection began at the end of June 2021.

Admissions & Comparison against 2022 & 2023 Live Birth data

- Aneurin Bevan University Health Board had the highest number of births in both 2022 and 2023, with Betsi Cadwaladr University Health Board being the second highest.
- In 2022, the percentage of mothers from Swansea Bay University Health Board being admitted was two times higher than those from Aneurin Bevan University Health Board and over five times higher than those from Betsi Cadwaladr University Health Board.
- In 2023, the percentage of mothers from Swansea Bay University Health Board being admitted was three times higher than those from Betsi Cadwaladr University Health Board.
- In 2022 and 2023, Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Swansea Bay University Health Board had admissions (as a percentage of live births) higher than the Welsh average.

Key for Table below

- **ABUHB**-Aneurin Bevan University Health Board
- **BCUHB**-Betsi Cadwaladr University Health Board
- **CVUHB**-Cardiff and Vale University Health Board
- **CTMUHB**-Cwm Taf Morgannwg University Health Board
- **HDUHB**-Hywel Dda University Health Board
- **PTHB**-Powys Teaching Health Board
- **SBUHB**-Swansea Bay University Health Board

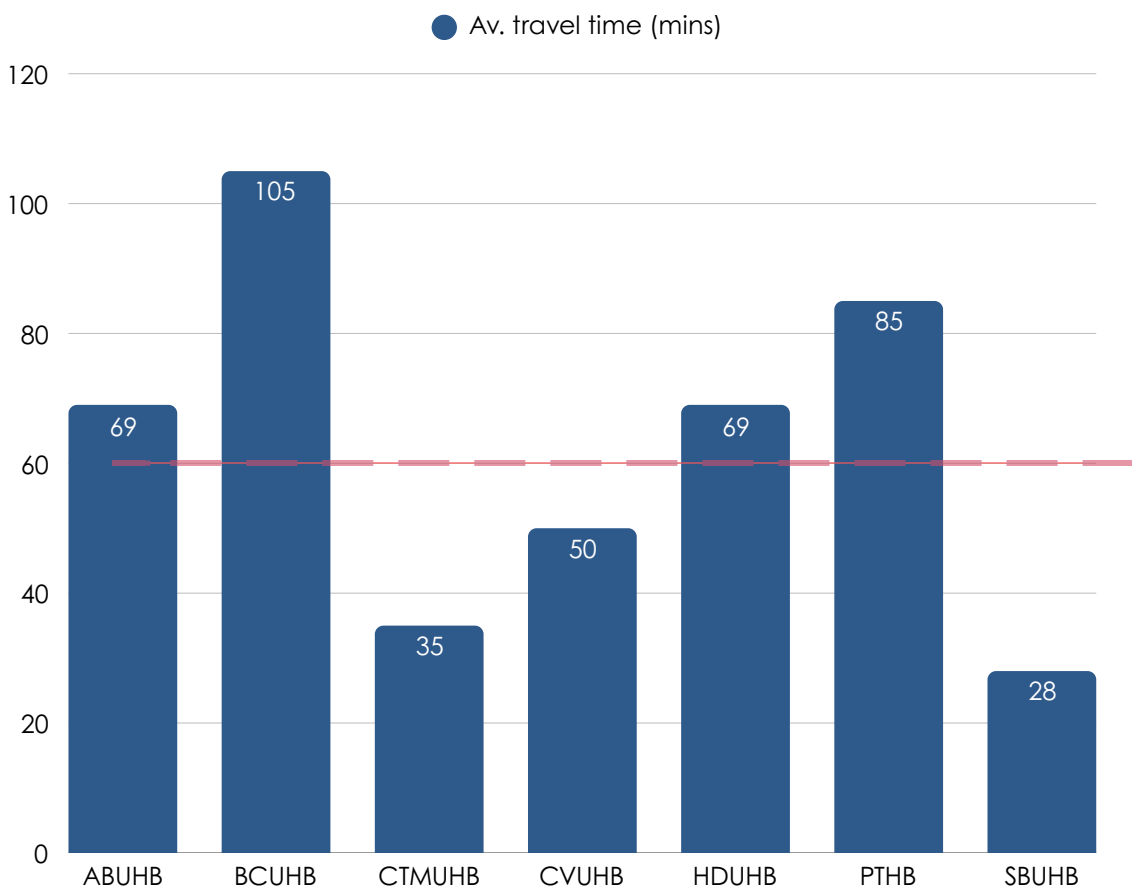
	2022			2023		
	Births	Admissions	%	Births	Admissions	%
ABUHB	5660	11	0.194%	5518	16	0.289%
BCUHB	5403	4	0.074%	5284	8	0.151%
CVUHB	4748	11	0.231%	4613	11	0.238%
CTMUHB	4074	4	0.098%	3895	4	0.102%
HDUHB	2841	5	0.175%	2900	1	0.034%
PTHB	572	1	0.174%	583	0	0
SBUHB	3266	13	0.398%	3293	15	0.455%
Wales	26770	49	0.183%	26133	55	0.21%

Average travel time to a Mother & Baby Unit by Health Board Admission

- The graph below shows the average travel time from the recorded postcode to the Mother & Baby Unit by road.
- Other methods of travel or addresses traveled from may distort the data as can weather, congestion, and road conditions.
- This data is inclusive of both admissions into Uned Gobaith and into all other Mother & Baby Units.
- During consultation with the Lived Experience group, they proposed a figure to say that an admission should fall within an hour's travel distance.
- The red line in the graph below shows the 1-hour mark.

Key for both the graph below and table on following page

- **ABUHB** - Aneurin Bevan University Health Board
- **BCUHB** - Betsi Cadwaladr University Health Board
- **CVUHB** - Cardiff and Vale University Health Board
- **CTMUHB** - Cwm Taf Morgannwg University Health Board
- **HDUHB** - Hywel Dda University Health Board
- **PTHB** - Powys Teaching Health Board
- **SBUHB** - Swansea Bay University Health Board



- The table below shows that mothers from Betsi Cadwaladr University Health Board had the longest average travel time (105 mins), whilst mothers from Powys Teaching Health Board had the second longest (85 mins).
- 44 mothers had to travel for more than 1 hour, with the highest number coming from Aneurin Bevan University Health Board (15), and the second highest from Betsi Cadwaladr University Health Board (14).
- The Health Boards with the highest percentile of mothers within the 1-hour travel time were Cwm Taf Morgannwg University Health Board (100%), Cardiff and Vale University Health Board (97%), and Swansea Bay University Health Board (95%).
- Overall in Wales 73% of mothers travel time was within 1-hour.

	Number of admissions	Average travel time (mins)	Average distance to travel (miles)	Number within 1 Hour	Number outside 1 Hour	% of admissions within 1 hour
ABUHB	38	69	54	23	15	61%
BCUHB	16	105	91	2	14	13%
CTMUHB	15	35	26	15	0	100%
CVUHB	33	50	44	32	1	97%
HDUHB	15	69	55	5	10	33%
PTHB	4	85	58	2	2	50%
SBUHB	42	28	19	40	2	95%
Wales	163	63	50	119	44	73%

Seren Lodge Modelling

As detailed on Page 12, NHS Wales and NHS England have jointly commissioned a 8 bedded Mother & Baby Unit to open in the autumn of 2025. The current plan is for 2 of these 8 beds to be dedicated to mothers from Wales, although commissioners from NHS Wales and NHS England both agree to be flexible and prioritise the needs of mothers.

We modelled the impact on travel time if Seren Lodge had been available to admit mothers from since 2021 and the results are detailed below. Note that modeling uses retrospective data the home address of future admissions may affect travel time

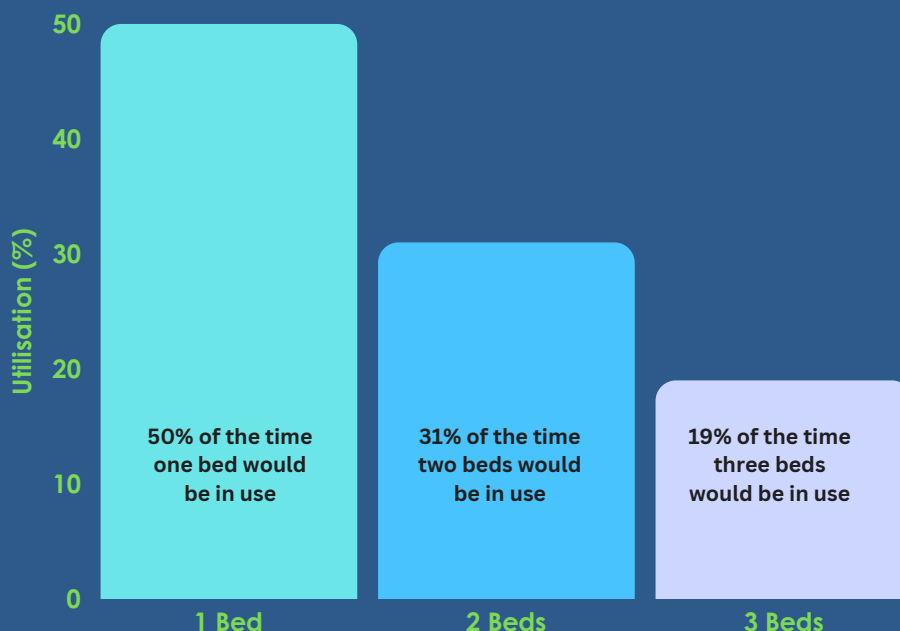
Impact of Seren Lodge on occupancy & travel time for mothers from Betsi Cadwaladr University Health Board being admitted to a Mother & Baby Unit

If **ALL** mothers (2021 to 2024) from Betsi Cadwaladr University Health Board had been admitted into Seren Lodge Mother & Baby Unit, then:

- The average travel time would be 46 minutes.

When modelling the timing of referrals and admissions from Betsi Cadwaladr University Health Board since 2021:

- 8 of the 16 (50%) admissions to Seren Lodge would have accounted for 1 bed at the time of admission, with no other patients from Betsi Cadwaladr University Health Board admitted
- 5 of the 16 admissions (31%) to Seren Lodge would have required for the use of the 2nd bed at the time of admission, as another patient from Betsi Cadwaladr University Health Board would have already been admitted
- 3 of the 16 admissions (19%) to Seren Lodge would have required a 3rd bed at the time of admission, as another 2 patients from Betsi Cadwaladr University Health Board would have already been admitted.



Admission & Activity Data Summary by Health Board

Aneurin Bevan University Health Board

Admissions

- A total of **38** mothers were admitted to a Mother & Baby Unit from this Health Board between November 2021 and November 2024.
- **11** mothers were admitted to Mother & Baby Units in England.
- **27** mothers were admitted to Uned Gobaith.
- **7** different units were used for admissions (including Uned Gobaith), this included:
 - Avon & Wiltshire Mental Health Partnership NHS Trust (**5**).
 - Devon Partnership NHS Trust (**2**).
 - Dorset Healthcare, Florence House (**1**).
 - Leeds & York Partnership NHS Foundation Trust (**1**).
 - Midlands Partnership NHS Foundation Trust, Brockington (**1**).
 - Southern Health NHS Foundation Trust, Melbury Lodge (**1**).

Activity

- Average age of patient was **31** years old.
- Average distance to travel for treatment was **54** miles.
- Average length of stay was **41** days.
- Average travel time for treatment was **1 hour 9 minutes**.

Travel Time

- **61%** of admissions (23) were within 1 hour travel time, this is below the average across Wales of 73%.

Of note

- 5 admissions to Avon & Wiltshire fell within the 1 hour travel time.
- 9 of the 27 admissions to Uned Gobaith exceeded a 1 hour travel time, albeit marginally, with the longest being 1 hour 21 minutes.

Betsi Cadwaladr University Health Board

Admissions

- A total of **16** mothers were admitted to a Mother & Baby Unit from this Health Board between November 2021 and November 2024.
- **15** mothers were admitted to Mother & Baby Units in England.
- **1** mother was admitted to Uned Gobaith.
- 7 different units were used for admissions (including Uned Gobaith), this included:
 - Derbyshire Healthcare NHS Foundation Trust (**1**)
 - Greater Manchester Mental Health Foundation Trust, Anderson Ward (**3**)
 - Lancashire Teaching Hospitals NHS Foundation Trust, Ribblesmere (**7**)
 - Manchester University NHS Foundation Trust (**2**)
 - Midlands Partnership NHS Foundation Trust, Brockington (**1**)
 - Nottinghamshire Healthcare NHS Foundation Trust (**1**)

Activity

- Average age of patient was **33** years old.
- Average distance to travel for treatment was **91** miles.
- Average length of stay was **44** days.
- Average travel time for care was **1 hour 45 minutes**.

Travel Time

- 13% of admissions (**2**) were within 1 hour travel time, this is below the average across Wales of 73%
- **IF** Seren Lodge, the Mother & Baby Unit opening in Chester in the autumn of 2025 (see Page 12) was the admission destination then **69%** of admissions would be within the 1 hour travel time (see Page 28)

Of note

- 1 of the 3 admissions to Greater Manchester fell within the 1 hour travel time.
- 1 of the 2 admissions to Manchester University fell within the 1 hour travel time.
- The 1 admission to Uned Gobaith exceeded a 1 hour travel time, at 2 hours 58 minutes.

Cardiff & Vale University Health Board

Admissions

- A total of **33** mothers were admitted to a Mother & Baby Unit from this Health Board between November 2021 and November 2024.
- **2** mothers were admitted to Mother & Baby Units in England.
- **31** mothers were admitted to Uned Gobaith.
- 3 different units were used for admissions (including Uned Gobaith), this included:
 - Avon & Wiltshire Mental Health Partnership NHS Trust (**1**).
 - Devon Partnership NHS Trust (**1**).

Activity

- Average age of patient was **33** years old.
- Average distance to travel for treatment was **44** miles.
- Average length of stay was **31** days.
- Average travel time for treatment was **50** minutes.

Travel Time

- 97% of admissions (**32**) were within 1 hour travel time, this is above the average across Wales of 73%.

Of note

- The 1 admission to Avon & Wiltshire fell within the 1 hour travel time.
- All of the admissions to Uned Gobaith (31) fell within the 1 hour travel time.



Cwm Taf Morgannwg University Health Board

Admissions

- A total of **15** mothers were admitted to a Mother & Baby Unit from this Health Board between November 2021 and November 2024.
- No mothers were admitted to Mother & Baby Units in England.
- **15** mothers were admitted to Uned Gobaith.

Activity

- Average age of patient was **33** years old.
- Average distance to travel for treatment was **26** miles.
- Average length of stay was **63** days.
- Average travel time for treatment was **35** minutes.

Travel Time

- 100% of admissions (**15**) were within 1 hour travel time, this is above the average across Wales of 73%.

Hywel Dda University Health Board

Admissions

- A total of **15** mothers were admitted to a Mother & Baby Unit from this Health Board between November 2021 and November 2024.
- No mothers were admitted to Mother & Baby Units in England.
- **15** mothers were admitted to Uned Gobaith.

Activity

- Average age of patient was **30** years old.
- Average distance to travel for treatment was **55** miles.
- Average length of stay was **40** days.
- Average travel time for treatment was **1 hour 9 minutes**.

Travel Time

- 33% of admissions (**5**) were within 1 hour travel time, this is below the average across Wales of 73%.

Powys Teaching Health Board

Admissions

- A total of **4** mothers were admitted to a Mother & Baby Unit from this Health Board between November 2021 and November 2024.
- No mothers were admitted to Mother & Baby Units in England.
- **4 mothers** were admitted to Uned Gobaith.

Activity

- Average age of patient was **32** years old.
- Average distance to travel for treatment was **58** miles.
- Average length of stay was **42** days.
- Average travel time for treatment was **1 hour 25 minutes**.

Travel Time

- 50% of admissions (**2**) were within 1 hour travel time, this is below the average across Wales of 73%.



Swansea University Health Board

Admissions

- A total of **42** mothers were admitted to a Mother & Baby Unit from this Health Board between November 2021 and November 2024.
- **2** mothers were admitted to Mother & Baby Units in England.
- **40** mothers were admitted to Uned Gobaith.
- **3** different units were used for admissions (including Uned Gobaith), this included:
 - Devon Partnership NHS Trust (**1**).
 - Southern Health NHS Foundation Trust, Melbury Lodge (**1**).

Activity

- Average age of patient was **31** years old.
- Average distance to travel for treatment was **19** miles.
- Average length of stay was **39** days.
- Average travel time for treatment was **28** minutes.

Travel Time

- 95% of admissions (**40**) were within 1 hour travel time, this is above the average across Wales of 73%.

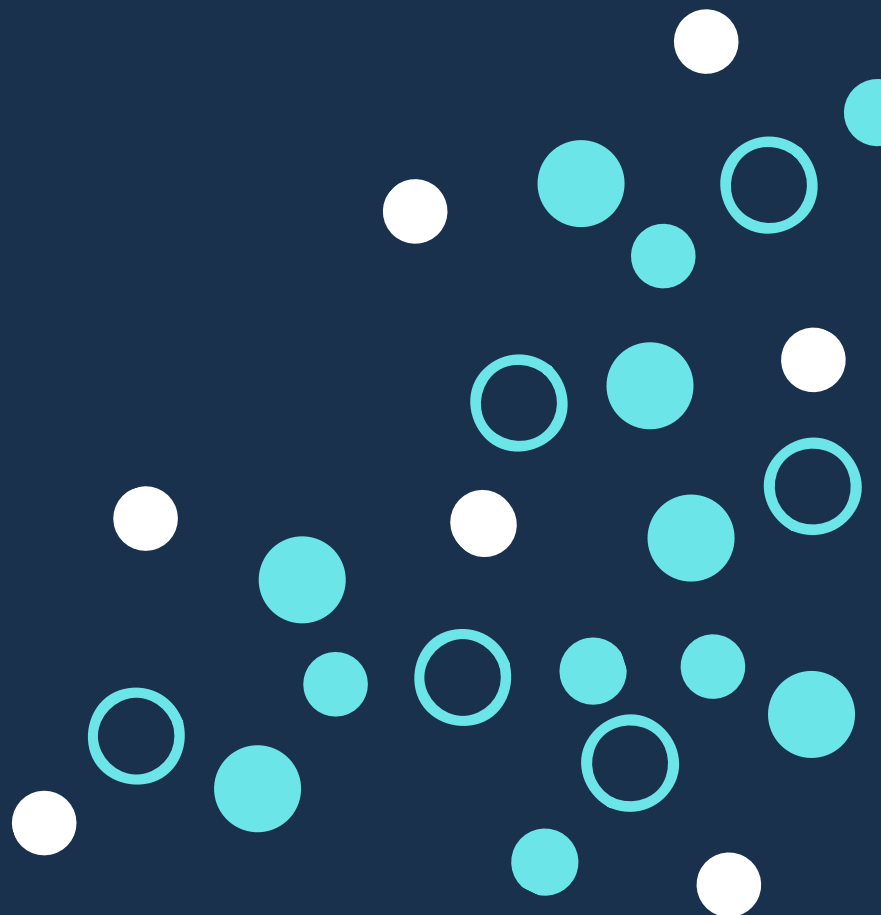
Of note

- The 2 admissions that exceed the 1 hour travel time, were the only admissions that were not to Uned Gobaith.

Section Four

Listening to Experience

In this section, we will explore the opinions of mothers who have been admitted to a Mother and Baby Unit or to a general mental health unit with a perinatal mental health issue.



Listening to Experience

With the support of NHS Wales' Perinatal Clinical Implementation Network, we hosted a forum of experts through lived experience.

The forum consisted of women who have experienced care and support for different perinatal mental illness, at both Mother & Baby Unit, and General Adult Mental Health Unit. The forum was conducted in the English language, whilst a follow-up forum was offered in the Welsh language to ensure that participants had full opportunity to express views.

The forum has helped to shape areas of further consideration throughout this review, including several of the areas further explored in Section 6 of this report.

Focus areas

Several focus areas were identified by the lived experience group, and shaped discussion. These included:

- People's experiences of Mother & Baby Unit provision (this included the environment, location and accessibility of an Mother & Baby Unit, as well as the care received),
- Whether any practical issues (such as language, distance, location, suitability of estate, environment, etc.) affected care, and what was the impact?

It's important to note that we also asked the same questions for people who had been admitted to a General Adult Mental Health Unit.

Throughout all of these questions, and discussions, we asked if there would be anything that could or should be changed?



Key Points

The Lived Experience group identified:

There is a significant difference between the care experienced within a Perinatal Mother & Baby Unit, and a General Adult Mental Health Unit

- The group were unanimous in response that a General Adult Mental Health Unit was an inappropriate environment for specialist perinatal care. The group cited several reasons, including:
 - General Adult Mental Health Units are often mixed-sex environments, and this creates anxiety and vulnerability.
 - The admission to a General Adult Mental Health Unit involves different criteria & language etc. This can cause added confusion, and uncertainty of what care will be received.
 - There is a lack of specialist perinatal knowledge across General Adult teams, this is most apparent when receiving care.
 - Communication across departments in a hospital/General Adult Mental Health Unit is often poor, which can lead to patients having to re-tell their story, and this can itself be traumatising. (Further instances of poor continuity of care were identified, with the group expressing that this was less of an issue in a Mother & Baby Unit)
- Conversely, the group highlighted that a Perinatal Mother & Baby Unit, was a much more appropriate environment for specialist perinatal care. The group cited several reasons, including:
 - The environments are 'not like a hospital' with several of the group highlighting how a Mother & Baby Unit is a more therapeutic environment.
 - The group highlighted a 'home from home' approach within a Mother & Baby Unit, and how this was more conducive to better outcomes and quicker recovery.
 - There were positive reflections on what Mother & Baby Unit's should provide in comparison to a General Adult Mental Health Unit, this included:
 - The range of support and care that's available through a specialist perinatal team
 - Therapeutic environment, (including design of environment, music for babies etc)

Mother & Baby Unit, provision should be available within a 1 hour travel distance

- The group proposed a figure for what should be acceptable for anyone to travel to receive care. The group cited several reasons, including:
 - There are often strong feelings of 'guilt' and further anxiety experienced when family and friends have significant distance to travel.
 - General consensus that anything over an hour was too far to travel.
 - Public transport infrastructure is often uncertain and unreliable, and this can be further challenging in certain areas of Wales.
- The group highlighted several other factors that are crucial when considering location of a Mother & Baby Unit:
 - There was strong recognition for the importance of the language needs of the patient. Importantly this was distinguished as a clinical need, as opposed to solely an individual preference.
 - There was strong recognition of the importance of necessary wider clinical care on-site. The group queried whether there was enough paediatric nursing expertise on general hospital sites; as well as whether there was enough physical health expertise through nursing in a Mother & Baby Unit.

It's me, I'm the problem.

In response to how an individual felt when a family member was unable to visit her after she was admitted to a Perinatal Mother & Baby Unit, in Manchester, as the distance was too far.

It's not a question of simply preference. When my Bipolar is bad, I revert to my Welsh.

In response to how appropriate language provision is necessary for clinical care and intervention, and not just an issue of solely individual preference.

'More' could be done to complement care whilst admitted to a Perinatal Mother & Baby Unit

- The group gave several examples of 'often practical' interventions that could support an admission to a perinatal Mother & Baby Unit, this included:
 - Having an available option of accommodation for families to stay on site/overnight if visiting would be a significant benefit.
 - One person suggested a Family Fund (as implemented by NHS Scotland) would be a positive introduction, and could remove a financial barrier for family and friends to visit.
 - One person highlighted the rapid assessment team in Leeds as a positive development and a model that is worth further consideration. They did also highlight a challenge that the service currently operates as a '9-5' service throughout the week.
 - There was unanimous support for the role of peer support workers and wider peer support groups.

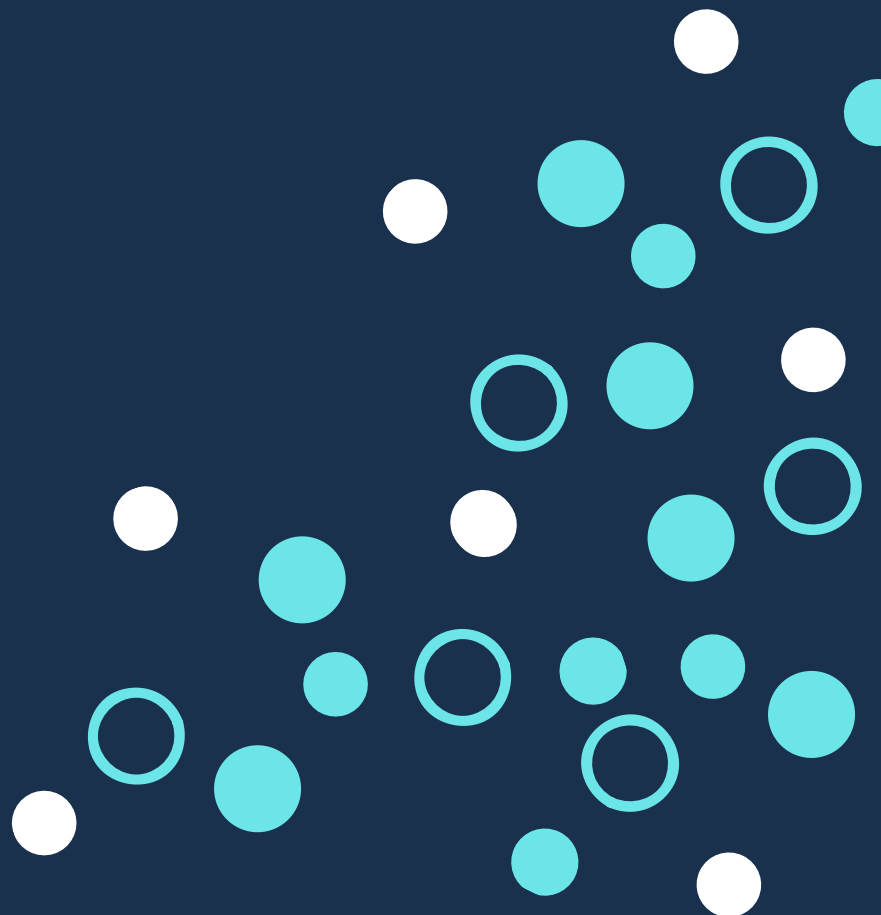
**A Mother & Baby Unit should
be a
'home from home'**

Mother with lived experience responds to the appropriateness and accessibility of the environment of care.

Section Five

Modelling

In this section, we will examine the various options available for meeting demand and the assumptions that should be considered.



Modeling Methodology

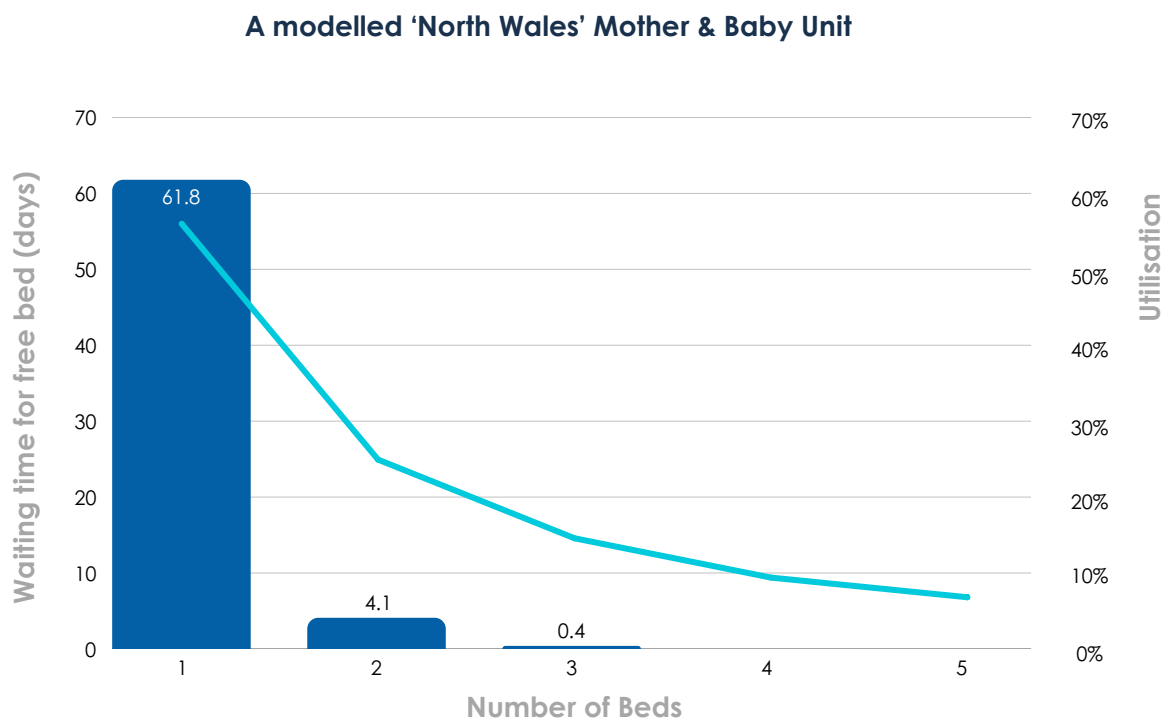
- Between November 2021 and November 2024, a total of 164 mothers from Wales were admitted to Mother & Baby Units. 31 (19%) of these mothers were admitted to a Mother & Baby Unit in England and 133 (81%) were admitted to Uned Gobaith.
- The average length of stay is around 41 days.
- We assumed that inter-arrival times and lengths of stay are exponentially distributed and tested to ensure that arrivals and distributions fit this assumption.
- It was assumed that mothers from Betsi Cadwaladr University Health Board would not be admitted to a Unit in South Wales.
- Conversely, we assumed that mothers from the other six Health Boards would be admitted to a Unit in South Wales.
- To compare the average lengths of admissions for mothers from Betsi Cadwaladr University Health Board and those from the other six Health Boards, we conducted a t-test with a significance level of 0.05. The resulting p-value of 0.6807 indicates no significant differences in lengths of stay.
- For both units, we assume a length of stay of 40.3 days, which translates to a recovery rate of 0.0236 mothers per day.
- For Betsi Cadwaladr University Health Board, we calculated an average inter-arrival time of 69.3 days, resulting in an admission rate of 0.014 mothers per day.
- In contrast, the other six Health Boards have an average inter-arrival time of 8.43 days, leading to approximately 0.12 admissions per day.
- We modeled the system as a parallel queuing system, where mothers from 'North Wales' or 'South Wales' are admitted (randomly), queue, recover (with a random length of stay), and are then discharged.



Meeting Demand in ‘North Wales’

- A one-bed Mother & Baby Unit in North Wales would lead to over 60 days of waiting time for admission, with the unit being at full capacity nearly 60% of the time.
- In contrast, a three-bed Mother & Baby Unit would allow for an admission waiting time of under six hours.
- Typically, a Mother & Baby Unit accommodates between six to eight beds.
- Constructing a two- or three-bed Mother & Baby Unit may not be efficient in terms of building costs or staffing.
- Should a six-bed Mother & Baby Unit be established in North Wales, most of the beds would likely need to be occupied by mothers from England or South Wales to ensure cost-effectiveness.

Considering these factors and as illustrated in the graph below, the ideal configuration would be to have two beds available for mothers in North Wales, aligning with the current commissioning plan.

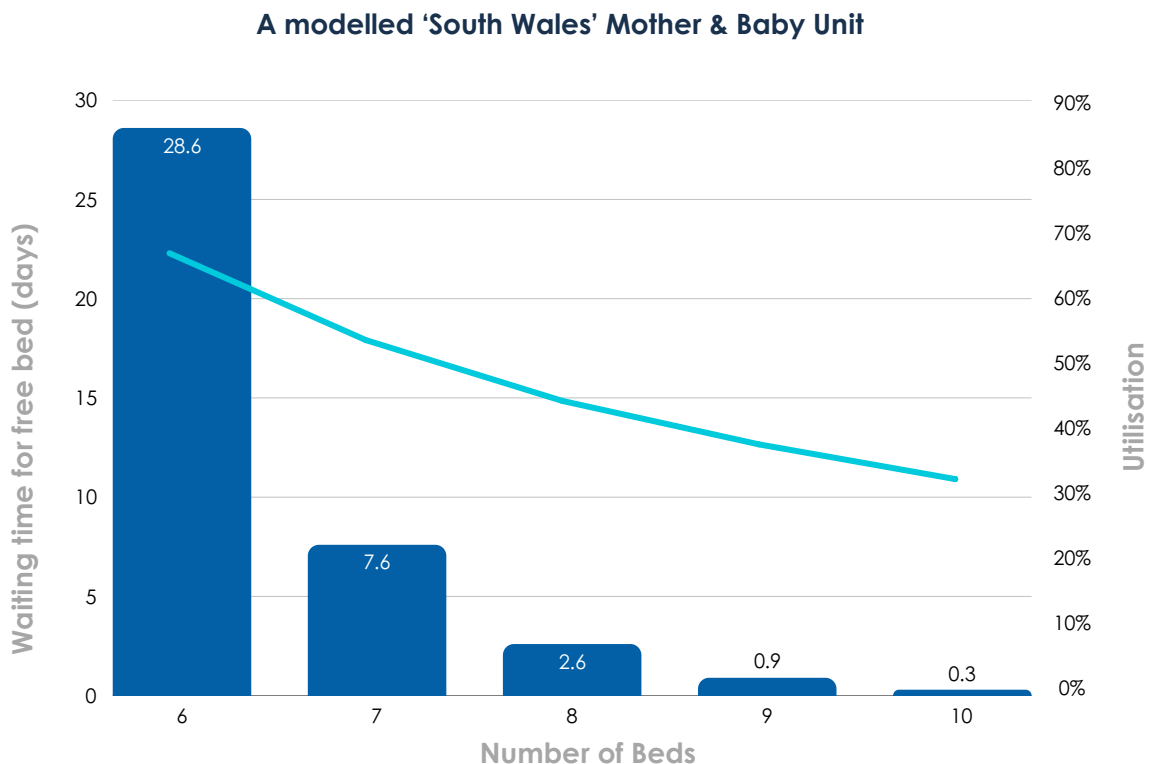


Meeting Demand in 'South Wales'

- Modelling confirms that Uned Gobaith is at capacity limit.
- If 7 beds were available in South Wales (1 more than currently), then the waiting time for a free bed would be about 1 week.
- If 8 or more beds were available in South Wales (2 more than currently), then the waiting time for a free bed would be about 2 days.
- If 9 or more beds were available in South Wales (3 more than currently), then the waiting time for a free bed would be less than a day.

Considering these factors and as illustrated in the graph below, the ideal configuration would be to expand Uned Gobaith by two beds. As Uned Gobaith is not a bespoke built Mother & Baby Unit, future build plans should consider an 8-bedded Unit.

More modelling would pinpoint the optimum site to build such a 'South Wales' Mother & Baby Unit to minimise travel times for the six 'South Wales' Health Boards.



Section Six

Reducing Demand, Improving Experience

In this section, we will explore whether three service innovations can minimise the necessity for admissions, shorten the duration of stays, or enhance the experience for those who are admitted.

These innovations were highlighted during the Expert by Experience forum.



Reducing Demand, Improving Experience

During our research for this Report, we identified several initiatives in the UK that may help reduce admissions, decrease the length of hospital stays, or improve the experience for those who are admitted.

- **Duty and Urgent Assessment Team:** A rapid response and intensive intervention team dedicated to monitoring the most unwell mothers.
- **Community Perinatal Mental Health Weekend Service:** An enhanced community service ensuring that support is available to mothers seven days a week.
- **Mother and Baby Unit Family Fund:** A program designed to assist with the costs of visiting mothers and babies receiving treatment in a Mother & Baby Unit.

The lived experience group thought that each of these initiatives, especially the Mother and Baby Unit Family Fund, had merit and should be explored further.

There are probably other initiatives that should be examined and tested for suitability in NHS Wales.

Each of these three initiatives are explained in more detail on the following pages.



Duty & Urgent Assessment Team (DUAT)

The Leeds & York Partnership NHS Foundation Trust introduced the Duty and Urgent Assessment Team in December 2022. The team was an extension of the community perinatal mental health team, to focus on assessing and monitoring the most unwell service users referred to the service. The team shared a service evaluation with us.

Summary

Method

The service evaluation reviewed quantitative and qualitative data to provide a thorough overview of the effectiveness of the team. An anonymous survey was sent to care coordinators and consultants before and 6 months after the DUAT team started. An anonymous survey was also sent to service users and partners previously under the DUAT team to provide valuable and informative feedback. The survey sent in December 22 and June 23 was completed by 100% of consultants and 32% of care coordinators. The evaluation attempted to contact 31 service users, for those successfully contacted and who agreed to complete the survey, the evaluation received 7 responses and 2 from partners/carers.

Results

Consultants and service users both commented on how the DUAT team had increased time and availability for routine assessments and review of service users already under the service. Comments included the benefits of having a dedicated consultant and being able to respond more rapidly to amber assessment. 75% of consultants and 83% of care co-ordinators would support the continuation of the DUAT team. The majority of service users reported that they were given a timely appointment, their wishes and views were considered, diagnosis and treatment plan were explained and they were treated with dignity and respect.

Conclusion

Overall, the introduction of the DUAT team has been beneficial for service users, care coordinators and consultants. Feedback indicated that service users, partners/carers have found DUAT to be responsive, compassionate and patient-centred. Service users have felt listened to, respected and consulted in decision-making in their care and treatment. There have been positive impacts on time management, continuity of care and availability to review existing service users under the team. Staffing pressures have had a significant impact on the ability of the DUAT team to provide all the planned functions, however with increased staffing this will hopefully lead to improvements.

Community Perinatal Mental Health Weekend Service

Leeds & York Partnership NHS Foundation Trust has expanded its perinatal services to include weekends as part of a six-month trial running from October 1, 2023, to March 31, 2024. A service evaluation was conducted to assess the effectiveness of this weekend operation, and the team shared their findings with us.

Summary

Method

The service evaluation analyzed both quantitative and qualitative data to provide a comprehensive assessment of the weekend service's effectiveness. An anonymous survey was distributed to multidisciplinary team (MDT) professionals and to service users (SUs) and their partners/carers who had previously been under the care of the DUAT team during the trial. Before the trial, 9 professionals completed the survey, while 18 did so afterward. Among the service users, 2 responded (25% of those contacted), but unfortunately, there were no responses (0%) from partners/carers.

Results

During the trial period, there were 11 referrals, 2 assessments completed, and a total of 25 SUs contacted. A significant majority of professionals believed that weekend working would be advantageous for SUs, with 89% supporting it before the trial and 72% afterward. Support for the continuation of weekend working came from 7 professionals (78%) pre-trial and 44% (n=8) post-trial. Both service users endorsed the continuation of weekend services. Feedback from professionals indicated that weekend working facilitated continuity of care and provided specialized input to minimize risks and alleviate anxieties for SUs and their families. However, staff members expressed concerns about the service's cost and questioned the long-term staffing arrangements. Both service users noted that they received prompt responses, resulting in no delays in treatment.

Conclusion

In summary, the trial of weekend working has proven beneficial for service users and the broader service, contributing to a decrease in referrals to the Crisis Resolution Intensive Support Service (CRISS) by the perinatal team.

Mother & Baby Unit Family Fund

Scottish Government established their Mother and Baby Unit Family Fund in 2020. The Fund provides a contribution towards the cost of visiting a mother and baby being treated in an Mother & Baby Unit for perinatal mental illness. The Fund facilitates support for the woman and baby in the unit, support continued family bonding and allow staff in the unit to work with the family group.

Partners, fathers and main carers, in addition to existing children up to school leaving age (16), can make claims for reasonable accommodation, travel expenses and a flat rate contribution of £8.50 per person per day for food and non-alcoholic drinks. Claims can be submitted incrementally during an ongoing Mother & Baby Unit stay (e.g. weekly) or in full for the entire stay, up to three months, following discharge.

The Fund was evaluated in 2022, informed from a consultation. From this evaluation, we have highlighted several key areas that should be given consideration if proposed for adoption in Wales:

There were several identified barriers to people applying for the Fund

- Around a third of respondents felt a barrier to using the Fund was because it is paid in arrears and that not all individuals can afford to make upfront payments from their own pockets.
- The cap of £500 was also noted as a barrier by around one in five respondents with comments that this is not enough for those travelling long distances. Some of these respondents suggested a greater cap than £500.
- The stigma of having to ask for financial help was noted as a barrier by around one in ten of these respondents.

Several areas of improvement emerged through public consultation

- The key improvement identified by around two in five of these respondents was to increase awareness of the Fund, among both professionals and patients. The highest numbers of respondents referring to this issue were women with lived experience of mental health problem in pregnancy or after childbirth who received care and treatment in the community.
- Around one in five respondents referred to immediate access to the fund in the form of upfront payments for items such as rail fares or fuel cards.
- A similar number of respondents also referred to changes to the capped amount of £500 and suggested an increase in this amount, with a small number of comments that this should also cover loss of earnings. Linked to this, there were also some suggestions for flexibility in the operation of the fund, for example, weighting the available funding level or offering a sliding scale based on the distance to be travelled and the length of admission. One individual suggested this could be offered in the form of a loan to be paid back over time.
- Informing patients about the fund prior to admission was suggested by a few respondents so that families can make informed choices about whether to access the service.

Section Seven

References



References

- Bauer, A. Parsonage, M. Knapp, M., Lemmi, V. Adelaja, B. Costs of perinatal mental health problems (2014) Centre for Mental Health.
- Kendell RE, Chalmers JC, Platz C. Epidemiology of puerperal psychoses. *Br J Psychiatry*. 1987 May;150:662-73. doi: 10.1192/bjp.150.5.662. Erratum in: *Br J Psychiatry* 1987 Jul;151:135.
- Oates M. Perinatal psychiatric disorders: a leading cause of maternal morbidity and mortality. *Br Med Bull*. 2003;67:219-29.
- Kumar R, Robson KM. A prospective study of emotional disorders in childbearing women. *Br J Psychiatry*. 1984 Jan;144:35-47.
- Munk-Olsen T, Laursen TM, Mendelson T, Pedersen CB, Mors O, Mortensen PB. Risks and predictors of readmission for a mental disorder during the postpartum period. *Arch Gen Psychiatry*. 2009 Feb;66(2):189-95
- Munk-Olsen T, Laursen TM, Pedersen CB, Lidegaard Ø, Mortensen PB. Induced first-trimester abortion and risk of mental disorder. *N Engl J Med*. 2011 Jan 27;364(4):332-9
- NICE, Antenatal and Postnatal Mental Health: Clinical Management and Service Guidance (2014) and Quality Standard (2016)
- Mental Health Task Force, Five Year Forward View for Mental Health for the NHS in England (2016)
- National Maternity Review, Better Births, Improving Outcomes of Maternity Services in England (2016)
- The British Psychological Society (BP8 2016), Perinatal Service provision: The Role of Perinatal Clinical Psychology
- Falling through the gaps: perinatal mental health and general practice, Centre for Mental Health (2015)
- The Royal College of Psychiatrists – Perinatal Mental Health Services College Report CR197 (2015)
- Saving Lives, Improving Mothers' Care Surveillance of maternal deaths in the UK 2011–13 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009–13 (2015)
- Department of Health Chief Medical Officer annual report 2014: women's health (2015)
- Public Health England 0–19 service specification
- National Institute for Health and Care Excellence – The Management of Bipolar Disorder: Assessment and Management (2014)
- Department of Health Publication: Closing the gap: priorities for essential change in mental health (2014)
- The costs of perinatal mental health problems: LSE and Centre for Mental Health (2014)
- 1001 Critical Days: The Importance of Conception to Age Two Period. Cross Party Manifesto (2013)
- Prevention in mind: All Babies Count; Spotlight on Perinatal Mental Health. NSPCC (2013)
- Maternal Mental Health Alliance, NSPCC and Royal College of Midwives (2012) Specialist Mental Health Midwives – what they do and why they matter
- The Scottish Intercollegiate Guidelines Network – Management of Perinatal Mood Disorders: A National Clinical Guideline (2012)
- Joint Commissioning Panel – Guidelines for the Commissioning of Perinatal Mental Health Services (Royal College of Psychiatrists (RCPsych) 2012)
- Centre for Maternal and Child Enquiries – Saving Mothers' Lives: Reviewing Maternal Deaths to make Motherhood Safer 2006-2008 (2011)
- Royal College of Psychiatrists' College Centre for Quality Improvement – Quality Network for Perinatal Mental Health Services - Standards for Mother and Baby In-Patient Units (2014)
- Royal College of Obstetricians and Gynaecologists (RCOG) Guidelines on Management of Women with Mental Health Issues during Pregnancy and the Postnatal Period (Good Practice No 14) 2011
- The British Association of Psychopharmacology – Evidence-Based Guidelines for Treating Bipolar Disorder (2016)
- Healthy Child Programme – Pregnancy and the First Five Years of Life (2009)
- New Horizons – A Shared Vision for Mental Health (2009)
- Maternity Matters – Choice, Access and Continuity of Care in a Safe Service (2007)
- The National Service Framework for Children, Young People and Maternity Services - Maternity standard 11 (2004)
- 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.
- 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.
- 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.
- Royal College of Psychiatrists (2015). Perinatal mental health services: Recommendations for the provision of services for childbearing women. College Report CR197

