

Workshop: Mothers with major mental illness and their young infants: Can we meet the challenges?

W037

Risks and challenges in perinatal mental health

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Mental illness affects 1 in 5 women during pregnancy and the first year postnatal and in about 1 in 20 women the condition is serious. When a woman with major mental illness becomes pregnant she and her child face a number of risks. These include poor pregnancy and neonatal outcomes and a sharp rise of psychiatric admissions after childbirth. Mental illness is also one of the leading causes of maternal death. Risks to children are impaired parenting and developmental disadvantage in emotional, behavioral and cognitive domains. Parental mental illness also has a significant role in infanticide and abuse-related serious harm to children, with infants <1 year old being most at risk.

A recent analysis has shown that the resulting economic costs to public services and the wider society are extremely high. In view of the wide-ranging consequences, a number of European countries have set up specialized perinatal mental health services. These consist of specialized inpatient units and community teams. The essential components of their service are preconception counselling, expert advice on the use of medication during pregnancy and breastfeeding, joint inpatient admissions of mothers and babies, interventions to improve parenting, and advice to children's social services. None of these countries, however, are yet offering universal access.

In order to improve service provision and outcomes it is important that perinatal mental health is acknowledged more widely as a public health priority. The workshop will provide an opportunity for participants to discuss approaches to raise awareness and promote perinatal service developments.

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Psychiatric mother and baby inpatient units

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During the perinatal period, women may experience severe mental health problems. Research has shown the potential negative impact of mother-baby's separation and of parental psychiatric illness, on the child. MBUs care requires different staff's expertise in order to: treat women with psychiatric disorders, ensure child care and development, and support appropriate mother-infant interaction with "good enough" mothering. For this, a multidisciplinary team is needed. Specific attention is also given to the child's father. Most

MBUs may admit women with infants from birth till one year old and during several weeks or months.

More than two third of admitted women are discharged either symptom-free or greatly improved. An efficient follow up at discharge should be prepared with the women, the child's father, when presents, and linked to familial, social and medical resources. Moreover, MBUs staff should collaborate with other psychiatrists, obstetricians, midwives, pediatricians, and social workers. Mother-baby units should be part of a local health perinatal network including maternity unit, neonatal care, and community resources.

Referral for admission in MBUs may be required for women with a first acute episode, or a relapse, of a severe psychiatric disorder such as postpartum psychosis, manic disorder, major depressive episodes, schizophrenia, personality or behavior disorders. Moreover for prevention purposes, referral of women with known chronic mental health problems may start already during pregnancy.

Challenge of beneficence and limit of MBUs' care will be discussed with participants.

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W039

Maternal mental illness and early parenting interventions

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The importance of the "1001 critical days" (conception to age 2) underlies the need to act early in life to enhance children's developmental outcomes. Lack of intervention is likely to affect the children of today but also the generations to come. For adults, transition to parenthood is a major stressful life event. The strong emotional load of this experience can make this transitional period much more challenging for adults with psychological, social and economic vulnerabilities, and lead to unadjusted interactions.

Then, applying the "transactional model of development" (Sameroff, 2009) to the early perinatal period helps us to understand how the needs of infants can easily affect a parent's mental state and induce inadequate parenting behaviors. These in turn make the infant's interactions more difficult and the infant's development more likely to be impaired. Perinatal mental health is thus an important public health challenge for it is essential to provide services to enhance maternal and infant emotional well-being at a moment that is simultaneously when the mother's social and emotional vulnerabilities are at their height and a critical time in the child's development.

Perinatal mental health policies, including joint care of parents and infants, must provide positive support for the potential virtuous circle between the skills and vulnerabilities of the infant and the parents.

This presentation will explore the different types of joined perinatal care for parents and infants that cover a range of services, from parent-infant psychotherapies to joint mother-baby hospitalizations.

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