**Love and fear in the mother-baby unit: looking closer at infant outcomes**

Liz Coventry1, Rebecca Hill1,2, and Meg Prior1

1. Helen Mayo House, Perinatal and Infant Mental Health Service, Child and Adolescent Mental Health Service, Women’s and Children’s Health Network, Adelaide, Australia
2. University of Adelaide, Adelaide, Australia

rebecca.hill@sa.gov.au

Co-admission in mother-baby units (MBUs) of mentally ill mothers and their infants has long been seen as intuitively positive for both members of the dyad, due to a number of inbuilt factors: separation trauma is prevented, breastfeeding is supported, and the rehabilitation of mothering behaviours is facilitated in tandem with the mother’s psychiatric recovery. While there is a moderate amount of literature from MBUs concerning maternal disorders and outcomes, there is only a very small amount addressing the infants and how they fare, before, after and during co-admission. The limited data so far suggests that this group, perhaps unsurprisingly, tend to come to the MBU intervention with poorer-than-expected physical well-being and development, and with signs of disturbance in the mother-infant relationship – that is, they may be considerably disadvantaged compared to their peers without maternal mental illness, and thus potentially at risk of a poorer developmental and psychological trajectory. It is unclear how the MBU intervention affects these factors for the infants concerned. Our program is undertaking a prospective cohort study of infants admitted to the MBU, seeking to define objective characteristics at admission and discharge by recording systematic paediatric and developmental assessments, and using a number of standardised measures including the Parental Reflective Functioning Questionnaire, the Maternal Postnatal Attachment Scale, the Alarm-Distress Baby Scale, and the Parent-Infant Relationship Global Assessment Scale. The infants will also be assessed according to the DC 0-5 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood to fully characterise their current mental health status. Pilot data will be presented to provide a preliminary picture of infant health and well-being in the MBU. Ultimately we expect this data will assist in refining the MBU intervention and post-discharge treatment to more accurately reflect the needs of this vulnerable group of infants.