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

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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.