**Rates and factors associated with readmission post-discharge from a statewide, public, mother-baby mental health unit**

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*Background:* For mothers with serious mental illnesses who require inpatient treatment admission with her baby, mother and baby units (MBUs) are considered best practice treatment to improve maternal mental health while facilitating the maternal-infant attachment. Despite this, there is scant evidence surrounding post-discharge outcomes for mother-infant dyads. This pilot study examines the rate of readmission of mothers (within six months post-discharge) and identifies factors possibly associated with readmission following admission to a MBU.

*Methodology*: A retrospective cohort study of clinical records was conducted of mother-baby dyads admitted to an Australian, public MBU. Mothers were categorised based on whether they were readmitted or not. A range of factors of interest were compared including Health of the Nation Outcome Scale (HoNOS) scores, mental health diagnosis, Mental Health Act (MHA) status, and the type and number of services referred.

*Results*: Of the 82 mother-baby dyads admitted to the Unit, 12 women (14.63%) were later readmitted and predominantly within the first 28 days post-discharge. Women who were readmitted were more likely to have been initially discharged with an involuntary MHA status, have higher admission HoNOS scores, and have Psychotic or Bipolar Affective Disorders. Both women readmitted and not readmitted were referred to between 4-5 services.

*Conclusion*: While further research is required to confirm these findings, this study points to the possible precursors to readmission and the longer-term outcomes of admission to a MBU. It identifies women who are particularly vulnerable to readmission and highlights the need for more intensive support from informal networks and services to support these women. The findings further inform discharge planning and hand-over guidelines to mitigate the risk of readmission. Development of a broader framework to compare longitudinal effectiveness and better shape perinatal mental health service provision across the continuum of inpatient and outpatient care is also recommended.