S1-5

Psychiatric Mother & Baby Units

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The first time an infant was admitted, with its mother, to a psychiatric unit was in 1948, by Dr Tom Main. Since then many units have been opened in England, Australia, France and Germany and a few in USA, New Zealand, Belgium, Holland and Portugal. These units greatly increase therapeutic scope in maternal mental illness. They enable resistant disorders - for example, postpartum psychosis & suicidal depression - to be handled by experts without disturbing the mother-infant 'bond'. They enable the investigation and treatment of severe bonding disorders, as Main himself predicted: "Remarkably little has been written about mothering and its disturbances. Psychiatry needs opportunities to study severe disturbances of the mother-child relationship". They have accelerated research, by concentrating postpartum psychiatric disorders, so that clinicians see hundreds of cases, and can see new patterns, and explore new treatments. They are expensive - among the most expensive units in psychiatry, comparable to forensic and intensive care wards. The infants' safety is an important consideration, and demands high staffing levels. Cost-effectiveness studies are lacking, but extensive experience in Europe has shown that they have an important role in mother-infant psychiatry.

S1-6

Are Traditional Postpartum Rituals Useful in Preventing Postnatal Depression?

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It has been proposed that postnatal depression is rare in traditional societies, and such is related to the observation of postpartum customs (such as satogaeri-bunben and peiyue). Over the past decade, a number of studies had been conducted to examine this proposed relationship, but the findings were thus far conflicting. This paper reviews previous quantitative studies on the association between postnatal depression and traditional postpartum customs. In addition, ethnographic data are drawn on to examine how the lived experience of modern motherhood is shaped by traditional postpartum customs, which are constantly re-made and re-invented in many parts of the world. More studies are needed to study the impact of postpartum socio-moral rituals on maternal psychological well being. Future studies need to differentiate postpartum support rituals from other forms of postpartum customs, like food taboos. The relationship between the mother and the support carer as well as the perceived usefulness of the support rituals may modify the effects of the support rituals. The shifting meanings of observing traditional cultural customs in modern motherhood also deserve closer examination.