

because the load has been spread across a number of psychiatric hospitals and units in teaching and district general hospitals that are scattered across the region. An obvious advantage of a decentralised service is the relative proximity of the hospital to the patient's home. One disadvantage of a thinly spread service is an inevitable limitation of the types of specialised in-patient care and treatments that can be offered to mothers and their families. Although large units are costly, they do also provide an essential platform for research into puerperal mental illness and its consequences.

The great majority of mothers want to be with their babies and to look after them if they can, in spite, quite often, of very severe mental and behavioural disorganisation. Most such women are first-time mothers (two-thirds of our sample were primiparae) and the amount and quality of the interaction between mother and baby may have enduring consequences for both of them. Prolonged admissions in which infants are inevitably cared for by many pairs of hands may create their own problems. The circumstances in which the benefits of joint admissions of mothers and babies outweigh the possible disadvantages therefore need to be clarified. The lack of research into these kinds of questions is striking. In the case of multiparae, who made up a third of our sample, admissions effectively meant separation from their other, older children; their short stays in hospital presumably reflected a greater pressure to return home, but there was no evidence that illnesses in the multiparae were in any way less severe than in primiparae.

Most facilities are working in isolation from each other and there are no accurate registers of the services that are available.¹¹ Post-partum psychotic illnesses usually present as acute psychiatric emergencies within a week or two of delivery. Liaison between obstetricians and general practitioners and psychiatric and social services could be greatly facilitated by the availability of such registers. At present there are few opportunities for comparing notes, discussing operational policies at a local or a regional level, or for carrying out research, e.g. into outcome, following differing treatments and methods of clinical management. It is our hope that by documenting what is happening in one region, we and our colleagues have made a start in this direction.

Recommendations

- (1) Compilation of regional and national registers of in-patient facilities for mentally ill mothers with young infants.
- (2) Clarification of the status of babies who are in hospital with their mothers.
- (3) Planning and coordination of services at a regional level to link day and community care with local in-patient facilities and, where possible, with large, specialist mother and baby units.
- (4) Studies of the clinical efficacy and cost-effectiveness of different forms of services for mothers and babies and the promotion of research into prevention and treatment of severe postnatal mental illness.

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Apology

We very much regret the recent delays in delivery of the *Journal* and the *Bulletin*, which have been due to printing difficulties. Every effort is being made to ensure that future issues reach readers on time.

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Editor

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Programmes for the **Study Tour to Spain** to be held 16-22 October 1986 in Madrid and Granada and abstract forms for poster presentations at this meeting are available from Deborah Hart, Assistant Secretary. Members are requested to contact the College as soon as possible.