

The aim of treatment in Mother Baby Units (MBU) is to treat the mother's disorder, facilitate and enhance a secure mother-baby attachment, promote the child's development, and when necessary for the child's safety, arrange separation from the mother and placement of the baby at discharge. We have collected data from MBUs in France (11 of the 17 MBUs) and Belgium (3 of the 4) about admission of women and their babies (less than 1 year old at admission) since January 1999. Analysis of data collected from January 2002 through December 2004 (N>400) has enabled us to detail models of risk factors related to admission outcomes (non-recovery of maternal mental health, disturbed mother-baby relationships, and impaired infant development). These results will be compared to previously published results of the data collected in 1999 and 2000 (178 cases, Glangeaud-Freudenthal N MC & the MBU-SMF working group, 2004; Mother-baby psychiatric units (MBUs): National data collection in France and in Belgium, 1999-2000; Archives of Women's Mental Health, 7, 59-64). We confirmed and supplemented previous risk factor models and observed some changes in clinical practices between these study periods

361 Perinatal Networks And Their Role In Mental Health Prevention

Catherine Isserlis, Maurice Toledano (France)

Care for and prevention of mental health disorders during pregnancy may be influenced by various factors including the structural reorganization of institutions offering care for very severe pathologies, changes in the distribution of patient-flow between hospital and community services, and reductions in the number of specialists. All of these are currently occurring in France, and management of community care programs must change concomitantly. A network called "Perinatal Community" in the town of Versailles focuses on care of the mother and baby dyad. The aim of this network is to improve early screening for psychological and emotional disorders and to set up programs to prevent mental illness. The interests and mental health care of the pregnant women is at the center of such a network, and within it, follow-up comes from community health professionals in liaison with the maternity ward, from community-based midwives (private or from mother and child protection unit) and, when needed, from mental health professionals (liaison psychiatry, perinatal psychiatric department, mental health centers) and social workers. Each of these professionals have a specific role to play and they may interact with one another. A network makes it possible to share information about women easily and quickly (history, family context, on-going care, needs, and problems to be solved) and to set up plans to meet her various needs. Such networks must meet and work on a regular basis if they are to solve problems quickly and effectively while focusing on the patient's needs.

364 Emotional Availability In Mothers With A History Of Abuse

E. Moehler (Germany), Z. Biringen (United States), C. Kaufmann, A. Wiebel, P. Parzer, F. Resch (Germany)

Emotional availability is a well established construct assessing the quality of the parent-child relationship. This study analyzed whether emotional availability may be altered by a mother's experiences of physical or sexual abuse during her upbringing. From October 2004, all women giving birth to a child in the cities of Heidelberg and Mannheim were contacted by mail and administered questionnaires regarding socioeconomic and medical data concerning the pre-, peri-, and postnatal periods, the Childhood Trauma Questionnaire, and the Parenting Stress Index. Women who reached a cut-off for sexual and/or physical abuse and whose children were term babies with APGAR-Scores > 7 were included in the study to form the index group. They were invited to the laboratory when their infants were 5 and 12 months. Emotional availability and the Bayley Mental, Motor, and Behavior Scales as well as maternal psychopathology were assessed on both occasions and compared with a control group of mother-infant pairs matched for infant age, gender, maternal education, and marital status. To be included in the control group, mothers had to have a score of 0 on the physical and sexual abuse scale. Preliminary analysis of data from a small subset of the sample indicates an association between maternal history of abuse and maternal postnatal depression with a possible impact of childhood abuse on emotional availability.

365 Cultural Differences In Emotional Availability And Parenting In Young Us Mothers

Jana Chaudhuri, A. Easterbrooks (United States)

The parenting literature demonstrates differences in parenting styles of families of various cultural