A Mother–Baby Day Hospital for Perinatal Mental Health: The ASL Roma 1 SaMeP Model

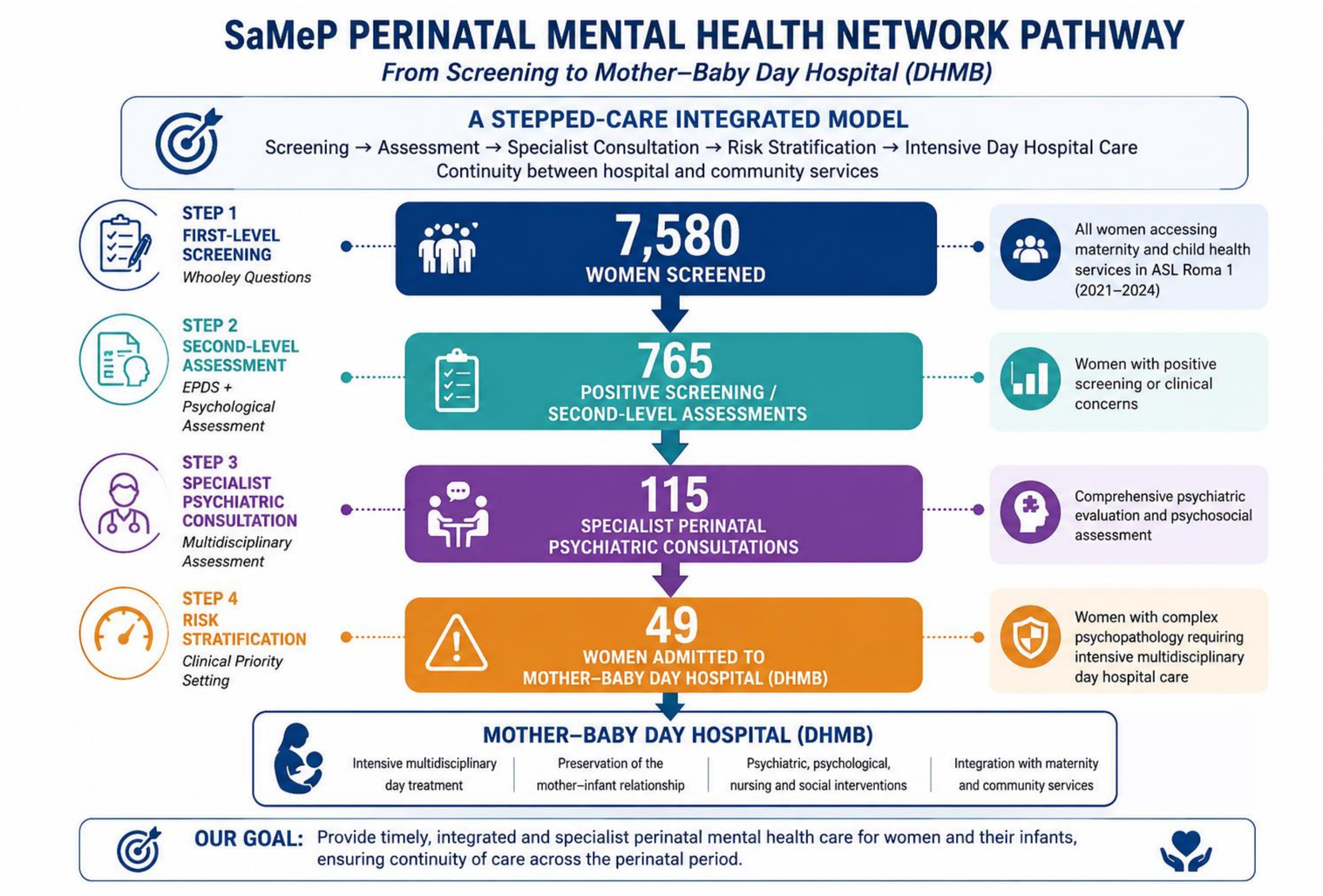
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BACKGROUND AND AIM

Perinatal mental disorders are common and may substantially affect maternal wellbeing, infant development and family functioning. Despite their clinical relevance, access to specialist and integrated perinatal mental health care remains limited.

In Italy, dedicated Mother–Baby Units allowing joint psychiatric admission of mothers and infants are currently unavailable. The SaMeP Perinatal Mental Health Network, developed by ASL Roma 1, provides a stepped-care pathway integrating maternity services, community mental health services and specialist psychiatric care. Within this network, a Mother–Baby Day Hospital (DHMB) was established at San Filippo Neri Hospital as an intermediate level of care between outpatient treatment and psychiatric hospitalization.

This study describes the preliminary clinical activity of the Mother–Baby Day Hospital and to characterize the demographic, psychiatric and psychosocial profile of women requiring this level of specialist perinatal mental health care.



METHODS

Retrospective observational study of 49 women admitted to the DHMB between 2021 and 2024. Assessment included EPDS, BPRS, GAF, DSM-5-TR diagnosis and psychosocial vulnerability factors. Exploratory analyses examined associations between vulnerability factors and clinical outcomes, with Bonferroni correction.

RESULTS

The mean age of participants was 35.9 ± 6.4 years, and 61.2% were primiparous. Admission occurred during pregnancy in 20 women, postpartum in 26, and during the preconception period in 3.

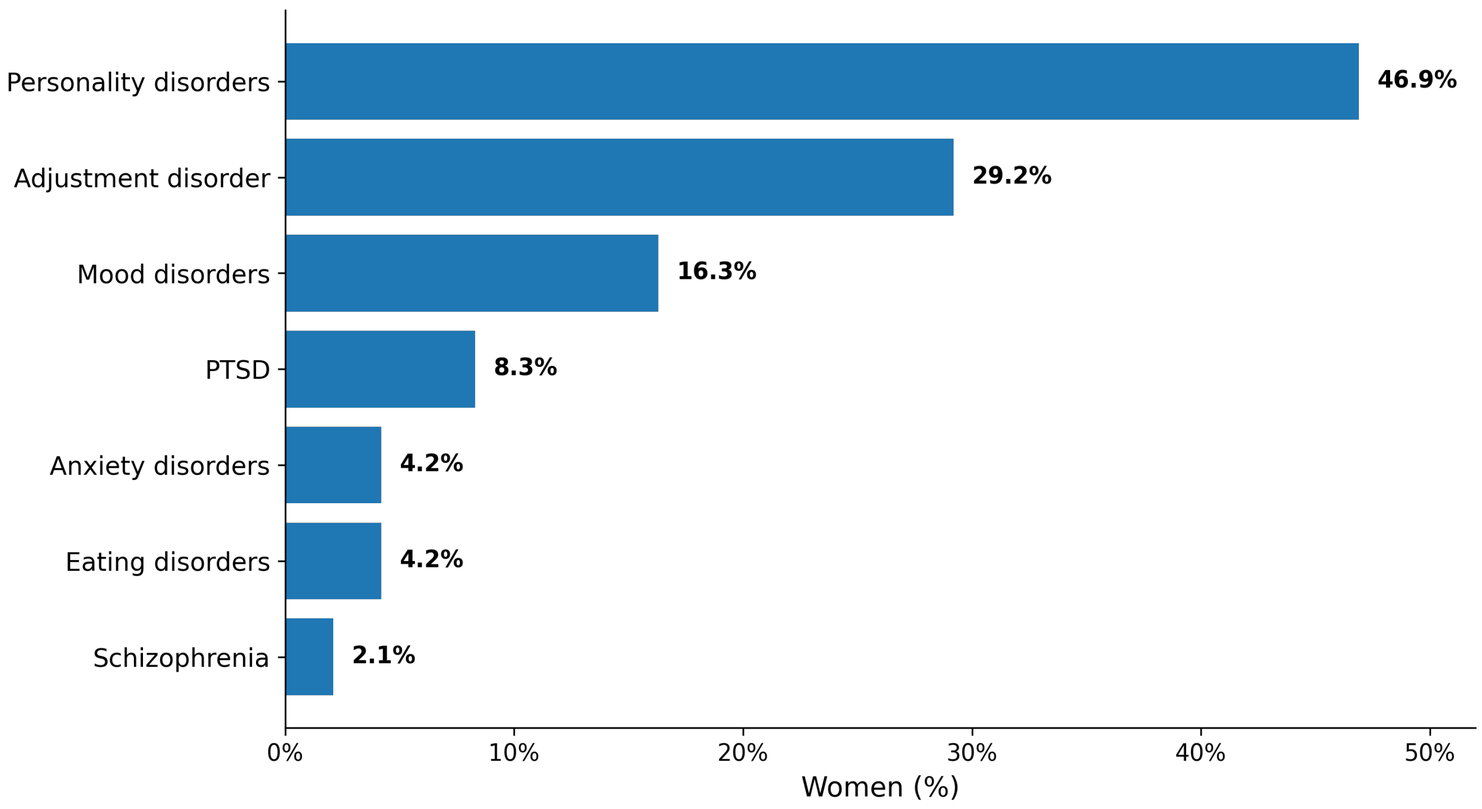
At admission, the mean Edinburgh Postnatal Depression Scale (EPDS) score was 13.1 ± 5.9, while the mean Brief Psychiatric Rating Scale (BPRS) score was 37.0 ± 7.0.

The most frequent psychiatric diagnoses were personality disorders (46.9%), followed by adjustment disorder with mixed anxiety and depressed mood (29.2%), mood disorders (16.3%), and post-traumatic stress disorder (PTSD) (8.3%).

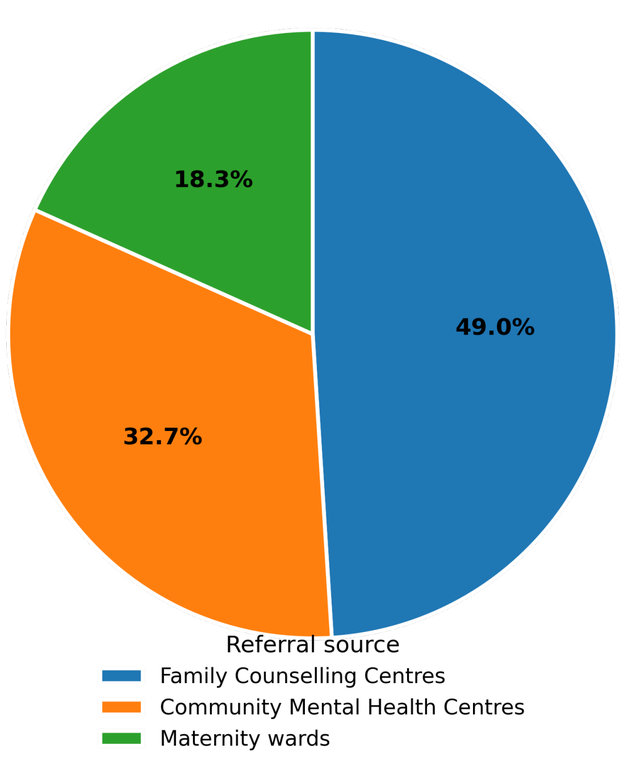
Participants were primarily referred by Family Counselling Centres (49.0%), followed by Community Mental Health Centres (32.7%) and maternity wards (18.3%).

Exploratory analyses showed that psychiatric history, previous perinatal psychopathology, developmental trauma, and socio-environmental vulnerability were associated with poorer clinical outcomes before correction for multiple testing. After Bonferroni correction, socio-environmental vulnerability remained the only factor significantly associated with lower global functioning.

Diagnostic profile of women admitted to the DHMB



Referral sources to the DHMB



DISCUSSION

The DHMB provides intensive multidisciplinary care while preserving the mother–infant relationship. Psychiatric treatment is integrated with psychological, nursing and social interventions and coordinated with maternity and community mental health services. Compared with established international specialist perinatal mental health services, the DHMB represents an intermediate-care model adapted to the Italian healthcare context, where dedicated Mother–Baby Units are not currently available.

CONCLUSION

The Mother–Baby Day Hospital represents a pioneering Italian model of intermediate specialist perinatal mental health care. The SaMeP pathway enables progressive risk stratification and provides a structured transition from screening to specialist multidisciplinary treatment for women with complex perinatal psychopathology.Further multicentre studies are needed to assess maternal and infant outcomes, effectiveness, cost-effectiveness and scalability of the model.

References

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