

Things to bring in for an admission

For Mum

- Comfortable day clothes
- Slippers
- Pregnancy notes if applicable
- Night clothes
- Toiletries
- A small amount of money for pay phone, vending machine and local shops

For Baby

- Sterilising tablets / liquid
- A bottle brush
- Bottles and formula milk if using
- Baby clothes
- Any medication baby is on (including nappy creams, teething preparations)
- Pram or buggy and car seat (although we do have some on the ward available to use)
- A cot is provided, but Moses baskets may be brought from home if preferred. Baby's own blankets and a selection of toys may be brought in if desired.
- Your baby's red book
- Baby wipes / cotton wool
- Baby nail clippers
- Dummies if using
- Baby bowls/spoons if weaning

Please note that for health and safety reasons we ask people not to bring in baby walkers or cot bumpers. Electrical items such as a hairdryer, radio, small television etc. may be brought in. All property will be searched on admission and any items that staff feel may pose a risk to any person on the ward (including sharp items, medications etc.), will be locked in the clinic during your stay for safe keeping - you will be able to access these things on request and they will be returned when you are discharged.

Smoke Free Trust

We are a non-smoking NHS Trust, so it is not possible for you to smoke within the hospital or the surrounding grounds. However, our staff can provide you with support to help you not to smoke during your time on the ward. For example, they can provide you with Nicotine Replacement Therapy, which includes the provision of patches, gum and lozenges. Non-rechargeable eCigarettes are permitted in one area of the ward – please ask a member of staff if you would like more information.

Contact details:

**Chamomile Suite
The Barberrry
25 Vincent Drive
Edgbaston
Birmingham
B15 2FG**

**Nursing office: 01213012190
Patients payphone: 01213012392
Barberrry reception: 01213012007**

Ward manager: Mark Cox



Chamomile Suite

Perinatal Mental Health Service

What to Expect from an Admission

The Chamomile Suite Mother and Baby Inpatient Service offers conjoined hospital admissions for women and their babies where a mother is suffering from a mental health problem, and appropriate treatment and care cannot be provided at home. The unit also accepts admissions of women in the latter stages of pregnancy.

This leaflet is intended to give some basic information and about the mother and baby unit for patients who are being, or may be admitted. For more detailed information please contact the unit using the numbers at the back of this leaflet, or speak to the person who has referred you to the service.

Unit facilities

We are a purpose built unit with 8 separate bedrooms. All bedrooms have en-suite toilet and shower facilities, and are equipped with a single bed, a cot, a baby changing station and storage facilities. Communal ward areas consist of:

- Lounge area with TV and DVD player
- Dining room
- Nursery
- Pantry, equipped with tea, coffee and snack making facilities
- Milk kitchen (for sterilisation and preparation of baby formula)
- Laundry room, equipped with washing, tumble drying and ironing facilities
- Bathroom with accessible bath
- Multisensory room
- Crèche area
- 2 walled courtyard areas, one with outdoor toys

The unit also has a semi-independent flat, which can accommodate families and can be useful for some mothers as they prepare for discharge.



Staff at the mother and baby unit

The mother and baby inpatient team is made up of doctors, mental health nurses, nursery nurses, nursing assistants, a clinical psychologist and an occupational therapist. They are all experienced in treating perinatal mental health difficulties. This is known as the multi-disciplinary team (or MDT). The MDT is led by the Consultant Psychiatrist who will meet with patients at least once per week in a ward review meeting. The ward is staffed 24/7 by the nursing team who will provide support, one to one time and continuous assessment to every patient on the ward. A named nurse will be assigned to each patient throughout their stay and this person will co-ordinate care throughout the admission.

Care and Treatment on the mother and baby unit

The exact nature of the treatment that is provided will differ for each patient depending on the nature of their difficulties, and is decided upon jointly between the patient and the multi-disciplinary team. This treatment will be detailed in a care plan, which is written by the named nurse and patient together and kept up to date as things change throughout the admission. Some of the specific treatments available on the unit are:

Medication	Psychological therapy
Bonding interventions	Infant massage
Occupational therapy	Relaxation and anxiety management
Video Interaction Guidance	Physiotherapy
Complementary therapy	

Patients are also invited to participate in the daily therapeutic activity programme offering groups such as Sensational Baby, Breakfast Club, Play as Therapy and Story and Rhyme time.

In addition, there are a range of services available within the wider hospital environment such as physiotherapy, dietetics and spiritual care.

Care of babies

All babies admitted to the unit will have a named nursery nurse who will put a plan of care in place to ensure that their needs are met during the admission. Allocated community health visitors, and midwives regularly review mothers as and when clinically indicated. We also have a team of local health visitors that link with the unit and provide a bi-monthly baby clinic where growth and development checks are carried out, and parents can discuss any concerns they might have about their baby.



During admission mothers are supported by staff to provide as much care to their baby as they are able to. It is common for mothers to need a high level of support when first admitted and therefore there may initially be a member of staff with baby at all times. This level of support is reduced as the mothers health and confidence improves.

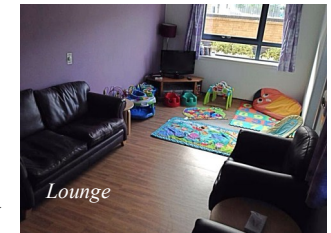
Carer / family input

The unit has a philosophy of family-centred care in which we see each individual patient as being a part of family. We therefore offer families individual or group meetings with nursing staff in order to share information, identify additional needs and signpost to other agencies where needed. If patients are not consenting to their personal information being shared, general information and support will still be offered.

Visiting Times

Visiting Times for identified partner/nearest relative are between 11am and 9pm.

Visiting times from other family members or friends are between 1pm and 7pm. These visits are normally expected to be limited to groups of no more than 3 (including children) and last for up to 2 hours. Visits outside of these limits can be arranged by discussing with the ward first.



We believe visitors can help a patient stay connected with their social networks, and recognise that it is important for other family members to build and maintain bonds with baby. In order to do this, whilst maintaining a safe and therapeutic environment for everybody on the ward, there may be other restrictions applied to visits. Please refer to the 'Visitors Information' leaflet, or contact the ward for more information.

Relatives travelling long distances can access the relatives wing at the nearby Queen Elizabeth hospital. For more information and current room rates please speak to a member of nursing staff or contact their Accommodation manager directly on 0121 3714524.

Discharge and Aftercare

Throughout admission the team work with patients and their families to identify what difficulties need to be resolved before discharge and put plans in place to address any issues that may be preventing the patient from being treated at home. Discharge is usually a gradual process, starting with small amounts of time at home when the patient is well enough and building up the length of home leave at a pace to suit the individual. An appropriate community mental health team will be identified for each patient during their stay, and this team will provide support during longer periods of home leave and then take over care upon discharge. In addition there may be other services or individuals that become involved to support the patient and family at home.