

## Mother-infant separation among mothers with mental illness: An exploratory observational study in Japan

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### ABSTRACT

Mother-infant separation may influence child development and behavior problems. We reviewed charts for 3639 female patients to investigate rates, reasons, and predictors for mothers with mental illness being separated from their infants during the first year after childbirth in Japan. Of 77 patients with childbirth, 26 cases (34%) presented with maternal separation. The most common reason was psychiatric hospitalization. Diagnoses of schizophrenia spectrum disorders or mood disorders were independent contributors for maternal separation. Clinicians should pay particular attention to relapse or onset of psychotic or mood disorders during the perinatal period.

### 1. Introduction

Separating a mother and infant during the first year can negatively impact the developing attachment relationship (Main, 1958). The mother-infant bond may influence child development and behavior problems (Fuchs et al., 2016; Branjerdporn et al., 2016). Mother-child separation of 1 week or longer within the first 2 years of life has been related to high levels of child negativity and aggression (Howard et al., 2011). Children placed in out-of-home care may have poor outcomes in young adulthood as well as in mid- and late-life (Brännström et al., 2017; Gao et al., 2016). Parental separation in childhood is a risk factor for psychotic and mood disorders (Morgan and Gayer-Anderson, 2016; Bohman et al., 2017).

Parental diagnosis of severe mental illness (e.g., schizophrenia, bipolar disorder, and unipolar depression) and factors such as substance abuse, unemployment, low educational level, and reliance on a disability pension are prominent risk factors for children being placed outside the home in Denmark (Ranning et al., 2015). Maternal postpartum hospitalization in psychiatric wards (not including mother-and-baby units) results in mother-infant separation. Primiparas with mental disorders have higher psychiatric readmission rates compared with multiparas with mental disorders, and women with a history of bipolar affective disorder are at particular risk of postpartum readmissions (Munk-Olsen et al., 2009). High maternal age (35 years or older) increases the risk of psychoses among women without any previous psychiatric hospitalization (Valdimarsdóttir et al., 2009) and increases postpartum psychiatric admissions in women with schizophrenia

(Vigod et al., 2016). Hospital psychiatric admission rates increased significantly between 2001 and 2010 in Australia, with this increase mainly attributed to diagnoses of unipolar depression (Xu et al., 2014).

To date, no studies examining mother-infant separation among mothers in psychiatric care settings have been published in Japan. Therefore, we conducted an exploratory retrospective observational study to investigate rates, reasons, and predictors for mothers with mental illness being separated from their infants during the first year after childbirth.

### 2. Methods

#### 2.1. Patients and infants

We collected data using a retrospective observational review of charts for 3639 female patients (continuous sampling) who were seen at the Okayama Psychiatric Medical Center between April 1, 2012 and March 31, 2015. This is a tertiary psychiatric public hospital without specialized perinatal mental healthcare or a mother-and-baby unit, located in a Japanese city with a population of about 700,000 people. We included female patients who had given birth during the study period (Fig. 1). For women with more than one childbirth in the study period, we examined caregiving for the first infant. The study was approved by the Institutional Review Board of our hospital. As data for this study were collected during routine clinical care, analyzed retrospectively, and anonymized, patients' informed consent for inclusion in the analysis and publication was not required.

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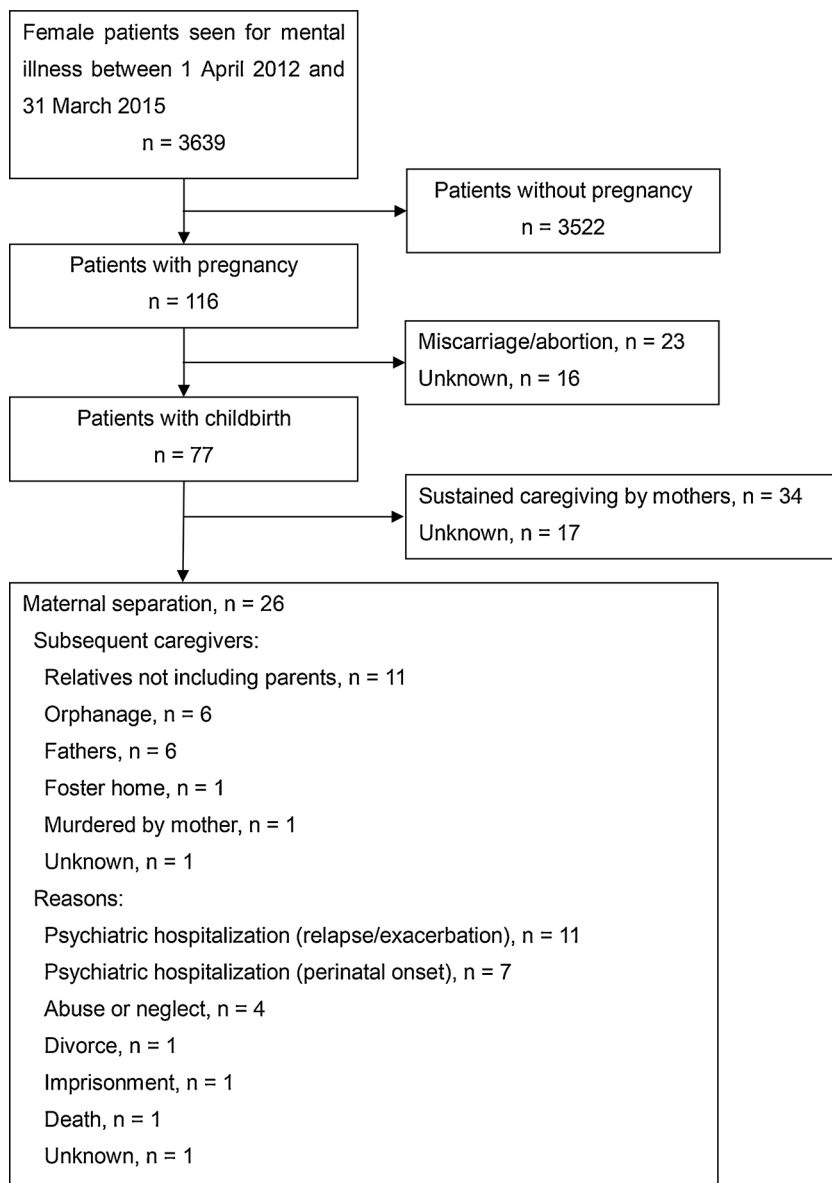


Fig. 1. Mother-infant separation among mothers with mental illness.

## 2.2. Assessments

The primary outcome measure was mother-infant separation among mothers (patients) of the infants. We defined maternal separation as: (1) an infant's placement in out-of-home care for reasons other than the infant's physical problems (e.g., for abuse, neglect, divorce) for 1 week or longer, (2) a mother's inability to care for her infant for reasons other than her physical problems (e.g., for psychiatric hospitalization, imprisonment) for 1 week or longer (Howard et al., 2011), or (3) an infant-murder by a patient. Patients' clinical and socioeconomic characteristics were measured at the child's day of birth.

## 2.3. Statistical analyses

The maternal separation group was compared with the sustained caregiving group. Patients with an unknown caregiving outcome were excluded from the analyses. Binary logistic regression analysis was used to search for independent variables related to maternal separation, with maternal separation considered as the dependent variable. Independent variables were late birth (mother's age  $\geq 35.0$  years), primiparity, mental retardation, perinatal-onset, diagnosis of schizophrenia and related psychotic disorders (F2) or mood disorders (F3) according to the

International Classification of Diseases, Tenth Revision (ICD-10), and welfare cases. Statistical analyses were performed using SPSS Version 22 (IBM SPSS Statistics for Windows, Version 22.0. Armonk, NY: IBM Corp.). The level of significance was set at  $p < 0.05$ .

## 3. Results

Among 3639 female patients, we identified 77 patients with childbirth (Fig. 1). The mean age of these patients was 29.5 years (standard deviation 5.8 years; range 19–41 years); 48 patients (62%) were primiparas, 24 (31%) developed mental illnesses during the perinatal period, and four (5%) were welfare recipients. Patients' ICD-10 diagnoses were: mental and behavioral disorders due to psychoactive substance use (F1),  $n = 2$ ; (F2),  $n = 17$ ; (F3),  $n = 18$ ; neurotic, stress-related and somatoform disorders (F4),  $n = 29$ ; behavioral syndromes associated with physiological disturbance and physical factors (F5),  $n = 7$ ; disorders of psychological development (F8),  $n = 1$ ; epilepsy (G4),  $n = 1$ ; and unknown,  $n = 1$ . Eight patients (10%) had comorbid mental retardation (F7 in the ICD-10).

Caregiving outcomes were maternal separation ( $n = 26$ , 34%), sustained caregiving ( $n = 34$ , 44%), and unknown ( $n = 17$ , 22%). Infants' subsequent caregivers after maternal separation and associated

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