Middle Articles

Mother and Child in Hospital—Two Years' Experience

I. D. RILEY,* M.D., B.SC., F.R.C.P.GLAS., M.R.C.P., D.C.H.; J. SYME,† M.B., CH.B., M.R.C.P.ED.
M. S. HALL,‡ M.B., CH.B., D.C.H.; M. J. PATRICK,§ M.B., CH.B.

Brit. med. J., 1965, **2**, 990–992

Many hospitals are planning accommodation for mothers and children, and it is hoped that this record of experience in such a unit may be of assistance in this task.

The suggestion that mothers should be admitted to hospital to look after their children arose from two very different sources. A clinician, Sir James Spence, in his Charles West Lecture of 1946, told of how he had put it into practice in 1925 in the Babies' Hospital in Newcastle upon Tyne because of the unhappiness he had seen among children in hospitals and also because of the help that could be given to the mothers of small infants (Spence, 1947).

About the same time psychiatrists, as a result of analytical discoveries, were expressing the view that early separation from the mother was the cause of serious emotional disturbance in later life and that admission of the mother with the child might mitigate these effects. The subject has been reviewed by Bowlby (1951) and Robertson (1958).

It is generally agreed that such facilities are most valuable for children under 5 years of age, who are too young to understand the reason for, and the temporary nature of, their separation. Units of this type have been described by MacCarthy, Lindsay, and Morris (1962) in Amersham and Stoke Mandeville for children under 5; by Craig and McKay (1958) in Aberdeen for children under 1 year; and by Pickerill and Pickerill (1945, 1954) in New Zealand for surgical cases.

Description of Unit.—The Edward Unit in Stobhill General Hospital, Glasgow, accommodates ill children and their mothers. It was built with money provided by the estate of the late Mr. Alexander Edward, of Forres, and was opened in January 1963 by H.R.H. Princess Alexandra of Kent. This account of its first two years is offered for those interested in its problems.

The unit consists of seven bedrooms (Fig. 1), a sitting-room (Fig. 2), a kitchen, and the usual offices. It communicates with the main medical paediatric department by a short corridor. The architect's plan is shown in Fig. 3. The main unit consists of 110 medical beds and cots. The surgical paediatric unit is some distance away and contains some 30 beds and cots.

General Principles of Running the Unit

All types of cases are admitted apart from the acute infectious diseases of childhood. Children with acute illnesses such as respiratory infection and meningitis have been treated, as have those undergoing splenectomy and cardiac surgery. Dangerously ill cases have also been treated, but are probably better in a general ward under the direct supervision of the sister. The comparative isolation of the child with its mother reduces the risk of cross-infection and is particularly suited to small infants with feeding and other disorders. We have also found that the assessment of mentally handicapped children is easier with the mother present.

Children are admitted up to their thirteenth birthday. No mothers who are ill or in the early puerperium are admitted.

* Consultant Paediatrician, Stobhill General Hospital, Glasgow.
† Consultant Paediatrician, Stobhill General Hospital, Glasgow. Present address: Western General Hospital, Edinburgh.
‡ Paediatric Registrar, Stobhill General Hospital, Glasgow.
§ Research Registrar in Paediatrics, Stobhill General Hospital, Glasgow.

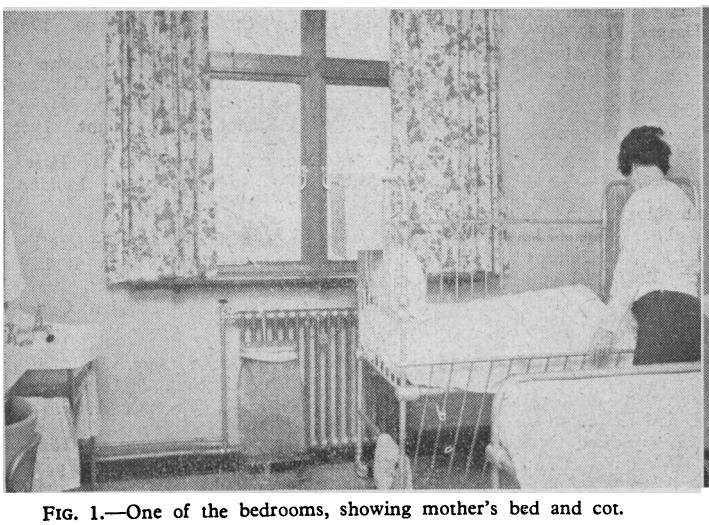

FIG. 1.—One of the bedrooms, showing mother's bed and cot.

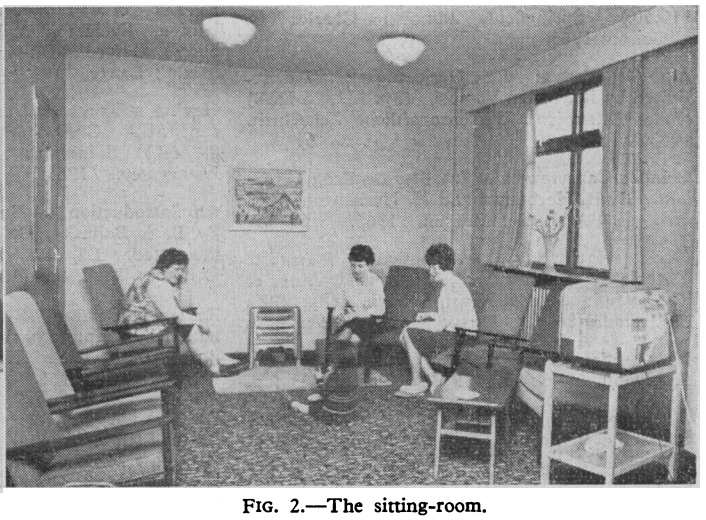

FIG. 2.—The sitting-room.

One grandmother and one older sister have replaced the mother. No written regulations for mothers and children have so far proved to be necessary.

Nursing staff are provided from the general paediatric wards, the unit itself having no allocation of nurses.

Analysis of Admissions

During the first 12 months after opening, 181 patients were admitted to the unit, the number increasing to 385 in the 25 months up to the time of writing. This paper is based on 200 admissions for which the requisite data were available, and also on the results of a questionary sent to 190 mothers which elicited 136 replies.

The weekly rate of admissions was 3.5. With the exception of one week the unit was never unoccupied, and all seven rooms have often been in use, with other mothers on the waiting-list. The average duration of stay was 6.2 days, and the first 197 patients took up 1,238 bed-days.

Type of Case.—Of the 200 cases 153 were medical, 29 surgical, 14 ear, nose, and throat, and 4 ophthalmic. The predominance of medical cases reflects the much larger size of the hospital's medical unit (100 beds in comparison with 30 surgical) and also the fact that the surgical wards and theatres are some distance away.

Source of Cases.—Ninety-one cases came from medical out-patient paediatric clinics and 22 from surgical clinics. Sixty cases were admitted as emergencies, while domiciliary visits and transfers from other units and other hospitals accounted for the remaining 27. The large number of emergencies shows how ready mothers are to come in at short notice despite the lack of time to make arrangements.

Age of Patients.—Table I shows that 177 (88.5%) of the patients were under 5 years of age and 100 (50%) were under

TABLE I.—*Age Distribution of Patients Admitted to the Edward Unit*

	Age of Child in Years							Total
	Under 1	1–	2–	3–	4–	5–	6+	
No. patients admitted	66	34	44	24	9	10	13	200

2 years. The unit is therefore serving its main purpose in avoiding the separation of small children from their mothers at an age when the consequences are most likely to be serious.

Geographic Area Served.—It may be asked whether such a unit would appeal only to those living near, or whether mothers would be prepared to journey from a distance with their children. Of the 200 patients 123 came from the city of Glasgow, and 46 more lived within 10 miles (16 km.) of the hospital; 18 lived from 20 to 25 miles (16 to 40 km.) away, and 13 over 50 miles (80 km.). These figures reflect the pattern seen in the rest of the children's wards and show that mothers are prepared to travel a considerable distance in order to be with their children.

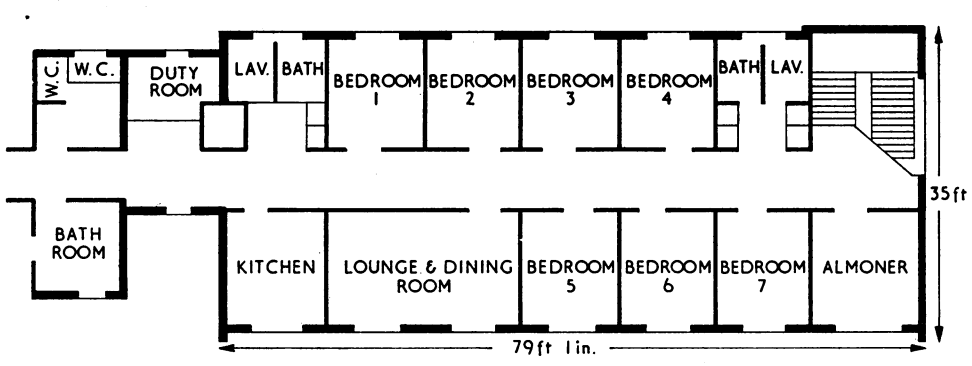

FIG. 3.—Plan of Unit.

Family Situation.—We are often asked whether parents with large families ever take advantage of the facilities we offer, and also whether the presence of another adult in the house makes it easier for mothers to come. Table II shows that 45 families

TABLE II.—*Sizes of Families from which the Patients were Drawn*

	No. of Children in Patient's Family					
	1	2	3	4	Over 4	Total
No. of families ..	86	69	30	8	7	200

had three or more children. It is apparent, therefore, that mothers with large families are able to use the unit but are in the minority compared with those having one or two children. A large family, however, need be no barrier. As regards the second question, Table III shows that in most cases the parents were the only adults in the house. Fifty-eight patients were only children, and therefore no special domestic arrangements

TABLE III.—*Number of Adults in the Homes of the Children*

No. of adults in house:	1	2	3	4	5	Total
No. of households ..	2	165	14	10	9	200
Percentage	1	82·5	7	5	4·5	

were necessary. In 78 cases there were other children at home, the father caring for the family unassisted in 17 of these, with help from relatives in 54, and from friends in 7. Thus it appears that an extra adult is not necessary in the home, but that the father requires some outside assistance, most often given by relatives.

Social Class.—In Table IV the social class of our patients is compared with that of a series of mothers interviewed by

TABLE IV.—*Numbers and Percentages of Patients Classified by Father's Occupation Compared with those Interviewed by Meadows (1964) in Banbury*

	Social Class					Total
	I	II	III	IV	V	
No. of patients ..	18	22	78	62	20	200
Percentage in each group	9%	11%	39%	31%	10%	100%
Percentages of patients interviewed by Meadow	11%	20%	46%	15%	8%	100%

Meadow (1964). He asked mothers in the town of Banbury whether they would be prepared to come into hospital with their children. It will be seen that the distribution of cases by social class admitted to the Edward Unit is similar to that of the mothers in Meadow's group and is not very different from the social-class distribution of the general population. This seems to indicate that maternal concern is evenly spread through the social classes. It was noted, too, that social distinctions were forgotten and caused no friction in the unit, the mothers deriving help from talking to each other.

Questionary

In this the mother was asked if her child had been upset at any time in the Edward Unit, and if so in what way. She was also asked whether her child had previously been in hospital alone and how behaviour had

been affected. Inquiry was made about the mother's own feelings when in the unit, and specific questions were asked regarding food, heating, quietness, and relations with other mothers and children and with the hospital staff. General comment was invited.

Analysis of Replies

Thirty-three children (24%) admitted to the unit were upset in some way. Thirteen were upset at the time of admission, being afraid they were to be left alone. Eighteen were upset while in the unit, by visits from the medical staff for physical examination, by the taking of blood samples, or by visits from the nursing staff for injections or setting up an oxygen tent. It is probable, nevertheless, that these procedures were more tolerable with the mother present. Two children were disturbed on return home by the fear that they might have to leave it again.

Fifty-eight of the children had previously been in hospital alone, and 49 (84%) had shown more prolonged and severe disturbances. Crying on admission or during and after visiting were the most frequent complaints. Refusal to eat was common, while one child "cried non-stop, making herself sick," another "didn't eat or speak to anyone, just lay in bed with his head covered." It is clear that after return home such misery had produced more lasting effects. Some were afraid lest they should have to go back to hospital and several had nightmares about it. One girl "refused to let her mother out of her sight for one second, and refused to sleep alone," while another "had nightmares and did not want to go out to play nor to be left alone even for a few minutes." None of these 58 children suffered any disturbance while in the Edward Unit or after their return home.

Eighteen mothers felt upset while in the unit, in eight instances because of their child's illness. Several mothers of surgical patients were distressed by the crying of their babies during the pre-operative fast. Obviously this period should be kept to a minimum and the mother warned about it. It was also suggested that, when practicable, temperatures should be taken and injections and other treatments given all at the same time so as to avoid disturbing the patient on several occasions, particularly at night. Some mothers thought that small babies should not be brought into the sitting-room, partly on account of infection and partly because older children wished to play with them. There was also a comment that all children should be in their rooms by 7 p.m.

Two items of equipment suggested were a telephone to allow mothers to keep in touch with home and an alarm bell to summon help in emergency without the mother having to leave the child.

The expected diversity of opinion occurred about food and heating. Most mothers were satisfied with their relations with the staff, but a few were not. Many parents expressed strong approval of the unit, and none doubted its value. "Been so homely; it's as if the medical and nursing staff were staying in our own house." "Meant absolute peace of mind for my wife and myself." "My little girl called it her 'other house' when she went home." "The unit was of great value to my child, as she talks of what she did in hospital and seems to have forgotten everything she suffered."

The most satisfactory feature of the replies was that all the mothers, without exception, expressed their willingness to come into the unit again, should it be necessary.

Comment

The greatest value of the unit has been the happiness of the children in it. This was obvious from the fact that children who had previously been in hospital alone were less upset when accompanied by their mothers.

Treatment of the patients is no more difficult, and in some cases is easier, and there is no doubt that parents with mentally handicapped children are helped to accept their children's problems when they are admitted with them. The mothers benefit from being able to talk to one another, but they are sometimes lonely if they happen to be the sole occupant of the unit.

We have found the unit a most useful addition to the paediatric wards and have no hesitation in enjoining those who contemplate the construction of such accommodation to proceed with their plans. One final quotation: "My son has been in hospital several times, but only when in the unit did he eat properly, sleep at nights, and was not lonely. The hospital nursing staff, marvellous though they are, can only do so much for a child. The mother can do much more."

Summary

The experience gained during two years' working of a unit with accommodation for seven mothers and their children is described. An analysis of 136 replies to a questionary sent to 190 mothers is given.

It was found that 88% of the children were under 5 years of age, and 50% under 2. In 45 instances there were three or more children in the family. Many of the patients came from considerable distances. All the social classes were represented.

It was obvious that, in comparison with previous admissions without their mothers, the children were much happier when accompanied by them.

The advantages of such a unit to the paediatric department are great.

References

Bowlby, J. (1951). *Wld Hlth Org. Monogr. Ser.*, No. 2.
Craig, J., and McKay, E. (1958). *Brit. med. J.*, 1, 275.
MacCarthy, D., Lindsay, M., and Morris, I. (1962). *Lancet*, 1, 603.
Meadow, S. R. (1964). *Brit. med. J.*, 2, 813.
Pickerill, C. M., and Pickerill, H. P. (1954). *Lancet*, 1, 425, 784, 1130.
Pickerill, H. P., and Pickerill, C. M. (1945). *Brit. med. J.*, 1, 159.
Robertson, J. (1958). *Young Children in Hospital*. Tavistock Publications, London.
Spence, J. C. (1946). *The Purpose of the Family*. National Children's Home, London.
—— (1947). *Brit. med. J.*, 1, 125.