

Written Ministerial Statement

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Department of Health

REGIONAL MOTHER AND BABY UNIT

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Mr Nesbitt (The Minister of Health): I am providing this written statement to update Members on progress in relation to the establishment of a Regional Mother and Baby Unit (MBU) in Northern Ireland.

Northern Ireland remains the only part of the United Kingdom without a dedicated Mother and Baby Unit. This has been an unacceptable gap in our health and social care system for too long and addressing it has been a clear and personal priority for me as Minister.

A Regional Mother and Baby Unit will provide specialist inpatient mental health care in a safe, therapeutic environment, allowing mothers to remain with their babies while receiving treatment. This model of care is recognised across the UK as best practice. It supports recovery, protects infant wellbeing, and strengthens the earliest bonds between mother and child, bonds which are critical for lifelong health and development.

In October 2025, I advised the Assembly that before committing to the Belfast City Hospital site for a permanent facility, I would direct officials to undertake further urgent scoping of alternative temporary and permanent options, including potential interim solutions. That work has now been completed.

Following this detailed scoping, undertaken at the direction of the Permanent Secretary, and informed by clinical, operational and financial evidence, I can today confirm that I have agreed that the planned permanent Regional Mother and Baby Unit at the Belfast City Hospital site should now proceed. This assessment confirmed that alternative locations or construction approaches would not deliver a materially shorter timeline or better value for money, and in some cases would introduce additional costs, staffing pressures and increased clinical risk. Most importantly, they would not offer the same level of safety and assurance for mothers and babies.

Co-location with an acute mental health inpatient facility and proximity to obstetric led maternity services are essential for safe, high quality care. Severe perinatal mental illness can escalate rapidly, and immediate access to specialist support can be lifesaving. My decision reflects clear clinical advice from departmental officials, the Public Health Agency and Royal College of Psychiatrists' best practice guidance.

Unfortunately, no agreement was possible with clinicians on a temporary/interim solution. However, I have secured a significant shortening of the timeframe for construction, by at least two years, meaning the unit should open no later than 2028/29.

The Outline Business Case for the facility has been approved at Trust Board level and submitted to the Strategic Planning and Performance Group. Departmental Health Estates has confirmed that preparatory work is complete and as the Commissioner's Letter of Support has been issued, a Design Team can be appointed immediately and the project can proceed to the next stage of delivery. This represents a significant step forward from commitment to delivery.