Maternal mental health deserves more attention

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Background
Pregnancy and the post-partum period are times when women are more vulnerable to mental and emotional health problems. They are times of happiness and pride, but many women are anxious and fearful. Some women suffer serious depression. Mental and emotional health problems can have long-term consequences for the well-being, health and survival of both mothers and their babies.

Our systematic review shows studies of the prevalence and determinants of these disorders have only been published from 15% of low and lower-middle income countries, globally. These studies found that the mean average prevalence of postnatal mental health problems was about 20%, compared to 10-13% in high income countries.

Risk factors include socioeconomic disadvantage; lack of emotional and practical support from the spouse and in-law family; gender-based violence; lack of reproductive choice; perinatal health problems; and, in some contexts, the birth of a daughter.

There is little awareness of the problems of pregnancy-related and post-partum depression and anxiety in low income countries. Such problems are “invisible” and difficult for women to express. High rates of maternal deaths from obstetric complications have been the priority. Many believe that maternal mental health problems are less common than in developed countries, and that traditional cultural practices protect women.

There is a lack of policy frameworks and guidelines, and a danger that this vital health concern falls between general psychiatric and maternal health. Maternal health care providers are not at present well equipped to identify, assess and manage or refer mental health problems. Standard midwifery textbooks often do not include topics of mental health or communication skills.

The WHO Making Pregnancy Safer Department has produced a useful manual and adaptation guide “Counselling for Maternal and Newborn Health Care: a Handbook for building skills. (2009)”. However, our consultations have identified a range of
barriers slowing its uptake into pre and in-service training curricula in the Asia and Pacific regions. So far, there is little awareness of the WHO Handbook among MCH public health officials.

Key strategies

- Increase awareness of and knowledge about pregnancy and post-partum mental health as a public health and health services priority.

- Ensure that mental health services at community and referral level include awareness of the vulnerability of the pregnancy and post-partum periods, and knowledge of treatment and support measures.

- Address health system issues, such as crowded health service facilities; lack of privacy; heavy workloads for health care workers; lack of uniformity in antenatal, delivery and post-natal care protocols; lack of skilled trainers; lack of standardization of national training curricula; and lack of referral and management services when mental health problems are identified.

- Foster respectful and supportive attitudes among maternal health care providers. Interpersonal skills are as important as technical skills. There are broad benefits for health outcomes for mothers and newborns, and for the satisfaction and retention of health care providers.

- Address socio-cultural determinants through encouraging community participation and women’s groups.

Policy Recommendations

Incorporate maternal mental health as a cross-cutting issue in maternal health policy guidelines and national maternal and newborn health strategies.

Include information about maternal mental health in community education efforts and encourage community and family support for pregnant and post-partum women. Engage expectant fathers in antenatal and postnatal care, and through antenatal parent-craft classes.

Allocate resources for training maternal health care workers and supervisors in communication and counseling skills, and antenatal assessment of women’s mental health. Adapt and translate the WHO manual: Counseling for Maternal and Newborn Health Care. Include maternal mental health in pre and in-service curricula, and train trainers.

Include attitudes of health care providers in quality of care assessments; explore and address causes of stress for health care providers.

Strengthen referral and management services for maternal mental health problems.

Encourage research using locally validated tools to determine local prevalence and determinants of common pregnancy-related mental health disorders.

References


Further reading


What shapes the attitudes of maternal health care workers towards their work and their patients, and what are the effects on maternal and newborn health outcomes? Holmes W; Goldstein M. Burnet Institute. April 2011.

For further information and resources see: www.wchknowledgehub.com.au

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