



BRINGING LIGHT TO PERINATAL MENTAL HEALTH

Dr. Jija. D

Assistant Professor, Government College Of Nursing, Thiruvananthapuram

ABSTRACT

The perinatal period refers to the period during pregnancy and one year following delivery. Pregnancy and childbirth are life events in a woman's life that can be at times acts as a precipitating factor for mental illness. Perinatal mental problems have profound long-term psychiatric and medical consequences for the mother and family. Maternal mental health has to be addressed to reduce maternal morbidity and to have healthy babies. Early screening and treatment of perinatal mental problems has to be integrated with maternal health programs.

KEYWORDS : Perinatal mental illness, Early screening and treatment

Bringing light to perinatal mental health

Mental health of women during pregnancy and the postpartum is referred to as perinatal mental health. Perinatal mental illness refers to those mental health problems that occurs during pregnancy and within one year after delivery. These include depression, anxiety disorders and psychosis. Perinatal depression and anxiety are among the most common.

Globally maternal mental health problems pose a major public health challenge. Worldwide about 10% of pregnant women and 13% of postnatal women experience a mental disorder, mainly depression. In developing countries, it is reported to be 15.6% during pregnancy and 19.8% after child birth. The reported prevalence of postpartum depression in India ranges between 15.3% and 23.0% with an incidence of 11%. The pooled prevalence of postpartum depression in India in meta-analysis was 22% (95% CI: 19–25).

Effects of maternal mental disorders on the mother and the infant

Perinatal mental illness if not treated, can have significant and long lasting effects on the woman and her family. Perinatal mental health problems can have profound effects on children's emotional, social and cognitive development.

Antenatal depression often result in less participation in recommended antenatal practices and risk in engaging in high risk behaviours. This will ultimately lead to adverse obstetrical outcomes including preterm birth and low birth weight. Depression during pregnancy is an important predictor for postnatal depression.

Perinatal mental illness interferes with maternal infant bonding, there by hindering effective, breastfeeding and infant care. After delivery, the mother with depression is often reluctant to meet their activities of daily living, thus prone to ill health. The mother with depression is at risk of committing suicide and also for infanticide if there are psychotic features. Suicide is an important cause of death among pregnant and postpartum women. Maternal depression also influences the paternal mood, and thus affecting short and long-term functioning of the family. Perinatal mental illness often adversely affects the marital relationship.

Challenges in the delivery of perinatal mental health services

- **Screening and referral system inadequacies**

Inadequate screening of women during pregnancy and postpartum for mental health issues is an important challenge.

- **Existence of barriers in seeking care**

The barriers in seeking maternal mental health care include logistical barriers and system issues. Logistical barriers include lack of transportation facilities. System issues include use of separate care pathways for physical and mental illness.

- **Stigma**

Stigma is one of the largest barriers in seeking mental health services. Motherhood is considered to be one of the happiest moments in their lives, so women often feel ashamed and guilty when confronted with symptoms of perinatal depression and anxiety.

- **Limited work forces**

Inadequate health work forces often hinder with rendering of high-quality perinatal mental health services.

Recommendations

Programmes to integrate mental health needs into existing maternal health plans and activities has been recommended by World Health Organization (WHO) and United Nations Population Fund (UNFPA). Mental health approaches should be integrated with programmes aimed at achieving Millennium Development Goal (MDG 5) within their strategies for improved maternal and mental health.

Guidelines regarding the role of non-specialized mental health providers in the identification and management of mental disorders in the perinatal period have been provided by the Mental Health Gap Intervention Guide. Biopsychosocial assessment has to be carried out during the routine antenatal care and during visits to immunization clinic. Care pathways has to be developed for screening of perinatal mental illness and making referral if needed. Mass campaigns has to be initiated to create public awareness regarding perinatal mental illness so as to reduce the stigma.

Initiatives launched in India

The LaQshya (Labour Room Quality Improvement Initiative) program has been launched by Ministry of Health and Family Welfare for improving quality of care in labour rooms. This program has set certain guidelines for promoting respectful maternity care and has emphasised the need for emotional support for mother during pregnancy. This programme also allows for one family member to be with the pregnant mother during delivery as "labour companion".

'Prashanthi' and 'Sarathi' initiatives have been launched by Government of Kerala in a tertiary care hospital and in two medical health units to screen and treat women during pregnancy and postpartum. Perinatal mental health clinics are also run in many reputed mental health institutions.

Conclusion

Perinatal mental disorders often are in the shadow due to shame and stigma. Creating awareness among the health care providers and public regarding perinatal mental illness will gradually dismantle stigma. Bringing light to perinatal mental health ensures that every mother, child, and family have a healthy and a happy life.

REFERENCES

1. Bagadia,A,Chandra,P.S; Starting the conversation - Integrating mental health into maternal health care in IndiaIndian J Med Res. 2017 Mar; 145(3): 267–269. doi: 10.4103/ijmr.IJMR_910_16
2. Depression in India - WHO South-East Asia Region World HealthOrganization www.searo.who.int/india/depression_in_india.pdf
3. Improving Maternal Mental Health - World HealthOrganization Available from https://www.who.int/mental_health/prevention/.../Perinatal_depression_mmh_fin al.pdf
4. LaQshya - National Health Mission Available from nhm.gov.in/New_Updates_2018/NHM_Components/.../LaQshya-Guidelines.pdf
5. Meltzer-Brody,S, Stuebe.A; The long-term psychiatric and medical prognosis of perinatal mental illness Best Pract Res Clin Obstet Gynaecol. 2014 Jan; 28(1): 49–60.Published online 2013 Aug 27. doi:10.1016/j.bpobgyn.2013.08.009
6. Specialised Clinic For Treatment of Depression- The New Indian Express www.newindianexpress.com/.../thiruvananthapuram/.../specialised-clinic-for-- treatment
7. Upadhyay ,PR,Chowdhury ,Retal;WHO | Postpartum depression in India: a systematic review and metanalysis <https://www.who.int/bulletin/volumes/95/10/17-192237/en>WHO | Maternal mental health Available from https://www.who.int/mental_health/maternal-child/maternal_mental_health/en/