

Millennium Development Goal 5 – improving maternal health

Improving Maternal Mental Health



World Health
Organization

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KEY MESSAGES:

- ⇒ The links between mental health problems and maternal health are a major cause for concern as they directly or indirectly increase maternal morbidity and mortality.
- ⇒ Attention to mental health problems of pregnant women and mothers and integration of mental health care in the existing maternal health programmes and activities contribute to achieving Millennium Development Goal (MDG) 5 - improving maternal health.

What we know

How big is the problem?

Mental health problems during pregnancy and after childbirth are common

Mental health problems such as depression and anxiety are very common during pregnancy and after childbirth in all parts of the world. One in three to one in five women in developing countries, and about one in ten in developed countries, have a significant mental health problem during pregnancy and after childbirth. For example, high rates of mental health problems in pregnant women and mothers have been reported from many countries in Africa such as Ethiopia, Nigeria, Senegal, South Africa, Uganda, Zimbabwe and many others (1).

Why does it occur?

The risk factors for mental health problems are gender-specific

Social determinants are an important cause of mental health problems in pregnant women and mothers. Women, especially those living in developing countries are more exposed to risk factors, which increase their susceptibility to develop mental health problems. Some of these include poor socioeconomic status, less valued social roles and status, unintended pregnancy and gender-based violence (2). Rates of mental health problems are at least 3 to 5 times higher in women exposed to intimate partner violence (3). Following rape, nearly 1 in 3 women develop post-traumatic stress disorder compared with 1 in 20 non-victims (4). Pre-existing psychological disturbances often surface as depression, substance abuse or attempts at suicide, particularly when combined with a pregnancy that is unwanted.

What are the consequences?

Effects of poor mental health on maternal morbidity

Mental health problems are often undiagnosed, because many of its core features such as fatigue and poor sleep are also commonly associated with motherhood itself and/or part of the gender stereotype of what motherhood should include. These symptoms and signs are not trivial conditions. Pregnant women or mothers with mental health problems often have poor physical health and also have persistent high-risk behaviours including alcohol and substance abuse. They have increased risk of obstetric complications and preterm labour (5). Pregnant women or mothers with mental health problems are much more disabled and less likely to care adequately for their own needs. These women are less likely to seek and receive antenatal or postnatal care or adhere to prescribed health regimens.

Increased maternal mortality

Suicide is a leading cause of maternal death in developed countries. The 1997-1999 Report of the Confidential Enquiries into Maternal Deaths in the UK identified psychiatric disorders, and suicide in particular, as the leading cause of maternal death (6). Suicide is now a leading cause of death in young women in the reproductive age group in the world's two most populous countries, India and China (7). Mental health problems in mothers can lead to increased maternal mortality, both through adversely affecting physical health needs as well as more directly through suicide.

Impact on children

The mental health of women not only adversely affects them, but its impact on their developing infant is also severe. If the ability of women to take care of their baby is compromised, the survival and development of the infant is jeopardized. Maternal depression in resource-constrained settings is linked directly to lower infant birth weight, higher rates of malnutrition and stunting, higher rates of diarrhoeal disease, infectious illness and hospital admission and reduced completion of recommended schedules of immunization in children. It also adversely affects physical, cognitive, social, behavioural and emotional development of children (1).

What can be done?

Efforts to achieve MDG 5 - improve maternal health - should include measures to prevent and manage mental health problems during pregnancy and after childbirth. A mental health component should be incorporated as an integral part of maternal health policies, plans and activities in countries. Mental health approaches are simple to integrate into ongoing maternal health services and require strengthening of basic health-care systems. There are simple, reliable and affordable tools for the recognition of mental health problems in women during pregnancy and after childbirth within the context of primary health care. A series of community-based interventions have been demonstrated to be useful and effective for women with mental health problems during pregnancy and after childbirth. For example, health care providers working in sexual and reproductive health services and caring for pregnant women can be trained to recognize symptoms and signs suggestive of a mental health problem and provide counselling to the women about stress as well as provide effective psychological support and other interventions. A small proportion of women with severe impairment in daily functioning would require specialist support and prescription of psychotropic medicines. Referral and a supervisory system will need to be put in place to ensure that appropriate support services are available.

The World Health Organization (WHO) and United Nations Population Fund (UNFPA) have jointly initiated a programme to integrate mental health needs into existing maternal and child health policies, plans and activities. Simply, there can be "no health without mental health." Programmes aimed at achieving MDG 5 should integrate mental health approaches within their strategies for improved maternal and mental health.

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