

Mental health for pregnant women and new mothers: Why extra care is needed

17 August 2020, by Abel Fekadu Dadi



The childbearing age for females is a risky time to develop depression. Credit: Shutterstock

The experience of pregnancy and childbirth has been conventionally described as a happy and joyful period of time. On the other hand, the childbearing [age for females](#) is a risky time to develop depression. This is due to a range of hormonal and other changes women go through during pregnancy and childbirth.

There's much more awareness about depression today than there was two decades ago. In 2014 the World Health Organization (WHO) [reported](#) depression as a leading mental health issue. Recent global [evidence](#) has shown a substantial burden of [perinatal depression](#) in developed, low-income and middle-income countries. This implies that perinatal depression is a major public health issue globally.

Depression has many levels and factors, ranging from [biological to psychological](#). It also has social and cultural effects such as [isolation and inequality](#). Untreated perinatal depression has a number of complications as well. These range from short term fetal and newborn development, low birth weight,

preterm birth and still births, to psychological disorders [in later life](#). Early weaning off breastfeeding, infections and malnutrition are other consequences of [untreated perinatal depression](#).

COVID-19 has added a new layer of stress to people's lives, increasing the chances of [women](#) developing symptoms of perinatal depression symptoms. But steps can be taken to provide support and reduce the risk to women and their babies.

How COVID-19 could increase risk of depression?

The main contributor to perinatal depression is difficulties women have to contend with on a daily basis. For billions in developing countries, these range from feeding their families, to precarious earnings and poor healthcare.

COVID-19 has added to people's sense of danger and uncertainty. Its prevention and control approaches such as lockdown, quarantine, isolation and [social distancing](#) have created extra layers of anxiety.

Some of the other reasons why COVID-19 increases the risk of depression include:

Maternal health services are becoming compromised as efforts are focused on the coronavirus fight. Women are also likely to stay away from hospitals and doctors for fear of getting the virus. For example, perinatal women are being advised to attend their maternity care through video call instead of [in person](#).

Fears of mother to child transmission of the coronavirus. So far, there is no biological evidence for mother to child transmission of the disease. However, perinatal women are more likely to experience concern about their own and infant risk of infection.

Economic hardships associated with risk of unemployment put potential stress and depression on the woman and her family.

Delay in COVID-19 treatment and vaccine development may create fear and hopelessness in perinatal women.

Home-based violence and abuse have been also increasing over the COVID-19 time as a result of lockdown. This increases the risk of depression during the perinatal period.

What should be done?

With the short- and long-term consequences of perinatal depression, it is very important to keep an eye on the psycho-social health of perinatal women. There are a number of things women and their care providers can do to support perinatal mental health during COVID-19.

Midwives and other healthcare professionals first need to be informed about the increased risk of depression in perinatal women during the pandemic. Perinatal women might need to be informed about self-screening for depression and contact with their midwives. This could be done by using an [Edinburgh Postnatal Depression Scale](#), which is available online. Online support should be available for women who are at high risk of depression including through direct referral pathways. For example, mothers who are diagnosed with depression with urgent needs should be able to directly contact service providers.

There is also a need to reconsider some terms, including changing the "social distancing" language to "physical distancing" as the term "social distancing" may be thought to reduce the social relationship or decrease seeking social support. Free and accessible online perinatal support platform or networks during the pandemic should be made available. Materials that help to create awareness, common interventions, and ways of getting help from professionals should be part of the online platform.

Frequent online follow-up systems that facilitate

partners' involvement and improve coping ability and social support should be put in place. Other useful initiatives include keeping a diary, recognizing thoughts and emotional intensities, [physical activities](#), listening to music, and other methods of relaxing.

Perinatal women-friendly COVID-19 vaccine development and testing should be advocated for by considering this population as a highly vulnerable group. Mothers with perinatal depression should be listed as a priority should a vaccine be successfully developed.

It is important to keep perinatal women informed about the pandemic and control strategies. Media should promote positive information for the mental health of these women.

It is crucial to integrate and coordinate relevant stakeholders including government and nongovernmental organizations, professional associations, and perinatal mental health activists in preventing perinatal [depression](#).

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