

SHORT COMMUNICATION

Maternal Mental-Health During Pregnancy and Postpartum Period: A Review of Recent Trends and Interventions

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ABSTRACT

Maternal mental health has gained increasing attention as a critical component of maternal and child well-being. Depression, anxiety, and other mood disorders during pregnancy and the postpartum period can adversely affect both mother and child. This review explores the prevalence, risk factors, screening tools, and intervention strategies related to maternal mental health, with a special focus on low- and middle-income countries (LMICs). Despite the growing awareness, gaps remain in the integration of mental health services into maternal healthcare. The review recommends culturally appropriate and scalable mental health interventions to enhance maternal outcomes.

KEYWORDS

- Maternal Mental Health • Antenatal Depression • Postpartum Depression
- Interventions • Screening • Developing Countries

INTRODUCTION

Maternal mental health is an essential yet often overlooked aspect of obstetric care. The perinatal period is a critical time marked by significant psychological, physiological, and social transitions. According to the World Health Organization (2022), up to 20% of

mothers in LMICs suffer from mental health Numbers during this period. These conditions can impact not only maternal well-being but also fetal development and infant health. Early detection and timely intervention are crucial for improving outcomes.

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PREVALENCE AND BURDEN

Several studies have indicated high rates of maternal mental health disorders. Field (2017) reported antenatal depression rates ranging from 10% to 25%, with higher prevalence in resource-limited settings. Shorey et al. (2018) found a global postpartum depression (PPD) prevalence of 17.7%, with variations based on socio-demographic factors. In India, prevalence rates of PPD range between 10% and 22% (Upadhyay et al., 2020).

RISK FACTORS

Multiple factors contribute to maternal mental health disorders:

Psychosocial: Lack of family/partner support, domestic violence, unplanned pregnancies.

Biological: Hormonal fluctuations, previous history of mental illness.

Socioeconomic: Poverty, illiteracy, limited access to healthcare.

Nasreen *et al.* (2015) found a strong association between maternal depression and social deprivation in rural Bangladesh.

SCREENING AND DIAGNOSIS

The Edinburgh Postnatal Depression Scale (EPDS) is the most commonly used tool for screening PPD (Cox et al., 1987). Although effective, the EPDS may lack cultural adaptability. In India, localized tools and translated versions are being tested for validity (Upadhyay et al., 2020). Routine screening during antenatal visits is still not widely implemented, especially in public health settings.

INTERVENTIONS

Several interventions have been studied for managing maternal mental health:

Cognitive Behavioral Therapy (CBT): Proven effective in reducing symptoms of depression and anxiety.

Mindfulness-Based Cognitive Therapy (MBCT): Helps in emotion regulation and stress management.

Group Counseling and Peer Support: Particularly useful in rural areas and low-resource settings.

Digital Interventions: Mobile-based mental health support is gaining popularity but requires further validation.

Sokol et al. (2014) emphasized that preventive interventions, especially during the antenatal period, significantly reduce the risk of postpartum depression.

Research Gaps

Lack of longitudinal studies on the impact of interventions.

Poor integration of mental health services into routine maternal care.

Limited culturally validated screening tools in LMICs.

Insufficient mental health training among primary care providers.

Recommendations

Policy-Level Changes: Integration of mental health screening in national antenatal programs.

Capacity Building: Training community health workers to identify and refer cases.

Research: More robust studies assessing the impact of interventions across different cultural settings.

Awareness Campaigns: Community-level education to reduce stigma

CONCLUSION

Maternal mental health must be considered a public health priority. Early detection, culturally sensitive interventions, and community-based support can improve both maternal and child health outcomes. Strengthening the healthcare system to incorporate mental health services will be vital in addressing the silent epidemic of perinatal mental illness.

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