

## ***Editorial***

### **Maternal Mental Health – a serious neglected issue**

Maternal mental health, also known as perinatal mental health, refers to a mother's overall emotional, social and mental well-being, both during and after pregnancy <sup>(1)</sup>. This includes mental disorders during pregnancy and in the first year after the birth of the baby. Factors such as poverty, migration, stressful and extreme situations, domestic and other types of gender based violence, conflict situations, natural disasters, and low social support will increase risks for these disorders in this vulnerable group.

Mental health issues, as well as putting the mother in danger of her health and wellbeing, seriously hamper the mother's capacity to look after her newborn effectively; such issues vary from improper breast feeding to child neglect and abuse, sometimes leading even to infanticide. It is also a serious issue for the mother, sometimes leading to instances of maternal suicide.

Globally, it has been shown that around 10% of pregnant women and 14% of postpartum women experience mental health problems; mainly depression. In developing countries this figure is higher; with up to 20% of mothers developing postpartum depression<sup>(1)</sup>. Post partum psychosis is a well known problem but there are other important mental health issues as well, which include intentional self harm (ISH), suicide ideation and suicide itself<sup>(1)</sup>.

In Sri Lanka, maternal mental wellbeing is not given as much priority as the rest of the ante and postnatal care. Although the latter are well established, with Sri Lanka boasting to have the best antenatal care and coverage in the South Asian region, perinatal mental health has taken a back seat. According to

published statistics, in 2019 and 2020 there were 27 cases of postpartum psychiatric illnesses diagnosed for every 10,000 deliveries in Sri Lanka<sup>(2)</sup>. This is an increase in the trend compared to 16 cases reported in 2016. Latest available statistics in Sri Lanka show that in 2021 and 2022 there were 2 and 3 maternal suicides reported respectively. (FHB unpublished data 2023); These figures seem to be the tip of the iceberg.

A study done in 2023 showed that in a cohort of 1295 pregnant mothers interviewed in the north central province of Sri Lanka, there were 15 cases of reported intentional self harm (ISH) and 13 cases of suicidal ideation. Of these mothers, 10 had already attempted suicide<sup>(3)</sup>. Interpolated from these data (using cohort design), the calculated incidence density of ISH and attempted suicide (in this cohort) was 11.6 and 7.6 per 1000 pregnant women respectively, for the first two trimesters<sup>(3)</sup>. Comparatively the concurrent hospital data showed only 2 cases of ISH in this same group<sup>(3)</sup>. This is a clear example that mental health issues are underreported in the official statistics.

Maternal mental health is an important component in providing a holistic approach to the management of pregnant and postpartum mothers. Presently, it is not being given the priority it deserves. Interventional studies done in Sri Lanka and other countries show that a surveillance mechanism on maternal mental health can be easily introduced into health care systems even in resource poor settings<sup>(4,5,6)</sup>. Simple screening tools could be incorporated into the existing mechanism of ante and postnatal care programs and be used by grass root level health care workers for data collection<sup>(5,6)</sup>. This, done early in pregnancy would enable high risk patients to be

identified and preventive action taken. As well as preventing SIH and suicide, this would also improve mental wellbeing among mothers, which is vital for a healthy mother baby relationship.

Mental wellbeing of the mother is vital to the healthy growth and development of her baby. Sri Lanka is in an excellent situation since this type of tool can be easily incorporated into the present well established maternal and child health programmes. The tools could be used by the community midwife without incurring much further expenditure. This way, high risk mothers could be identified antenatally and given necessary support before their mental health issues magnify into greater problems.

On a positive note, it is heartening to know that the ministry of health is in the process of developing this kind of surveillance

program to be incorporated into the maternal and child care health care system of our country. Since 2015, some mechanisms are already in place; the Edinburgh Post Partum Depression Scale (EDPS) is being used postnatally to identify high risk patients <sup>(5)</sup>. The psychological autopsies conducted in cases of maternal suicide, enable one to identify factors leading to the death of the mother, so that interventions could be planned to prevent similar occurrences in the future<sup>(7)</sup>. However, having similar mechanisms antenatally will help identify at risk patients early, avoiding ISH and suicide attempts which occur later.

It is time Sri Lanka incorporated mental health wellbeing to its routine maternal and child health programmes. Ensuring mental wellbeing in the mother will undoubtedly ensure better outcomes for both mother and her new born baby in the future.

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