Reproductive risk to maternal mental health: international perspectives

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Despite the emphasis placed, in international comparisons of obstetric management, on the perinatal mortality rate as a measure of excellence of care (or otherwise), there has been relatively little discussion of the impact of birth on maternal mental health. When thinking about this issue, we need to consider both the mental state of the mother during the antenatal period as well as the subsequent impact of the birth on her mood and risk of major mental illness. According to the authors contributing to the theme discussed here, that risk is much higher...
than we might have predicted, in diverse communities in Pakistan, Nigeria and India. None of these communities has access to the professional support services that might ameliorate the consequences of reproductive risk.

Atif Rahman and Siham Sikander discuss work they have done in Pakistan to identify the prevalence of depression among women in selected rural districts, both before and after delivery. No less than a quarter had depression before the birth, and the great majority continued to be depressed soon afterwards. In follow-up studies, it appeared that in over half of these women the depression persisted for at least a year. As we might expect, the care given to their newborn children was suboptimal, contributing to poor infant growth and child morbidity. Important conclusions are reached about the nature of appropriate interventions and the implications for policy – highlighting the perennial problem that mental health is a low priority on the healthcare agenda in many parts of the world.

In the second of our themed articles, Abiodun Adewuya and Olutayo Aloba address the misconception that emotional distress after birth is rare in sub-Saharan Africa. Their work in Nigeria with pregnant women has shown that both depression and severe symptoms of anxiety are relatively common during the antenatal period, affecting up to a third of women. During the post-partum period, there is probably a similar proportion of Nigerian women with mild to moderate depressive symptoms to that found in other cultures around the world. As in Pakistan, mothers with persisting depression after childbirth are likely to have children who grow less well and who may be more susceptible to morbidity. In Nigeria, as in Pakistan, there is a social premium placed on male children and failure to produce a son is associated with social exclusion and marital disharmony.

Finally, Vikram Patel provides a fascinating insight into the association between gynaecological complaints and mental health among women in India. Remarkably, it appears that about half of all women interviewed in community surveys in that country complain of a gynaecological problem, most commonly an abnormal vaginal discharge. While it was assumed at one time that such discharges are related to sexually transmitted infections, evidence is emerging that throws doubt on that assumption. Why, then, do so many women in Indian rural communities complain of this symptom, which is often physiological and quite normal? The author presents data on the association between common mental disorders and the complaint of abnormal vaginal discharge, collected during a series of studies that attempted to clarify the natural history of the condition. The findings clearly indicate there is a complex relationship between worries and tensions in the everyday lives of women in rural India and their focus of concern on this symptom, which can be associated with diverse somatic symptoms. Vikram Patel makes recommendations for the integration of effective mental healthcare within emerging reproductive health programmes in India, with the objective of intervening in a vicious cycle that connects rising anxiety with an increased discharge.

THEMATIC PAPER – REPRODUCTIVE RISK TO MATERNAL MENTAL HEALTH

Reproductive risk and its role in maternal mental health – perspectives from Pakistan

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There is now an increased awareness of the high rates of depression among women with young children in impoverished communities. Poor maternal mental health affects the home environment, family life, child care and parenting. This paper summarises some of the issues related to the determinants, consequences and management of maternal mental health during and after pregnancy in Pakistan, a low-income country.

Maternal mental health in pregnancy and after childbirth

The mental health problem with the greatest public health implications is unipolar depression. Globally, clinical depression affects about 10–15% of women around the time of childbirth. Contrary to previous beliefs, high rates of depression, between two and three times greater than in industrialised countries, have been observed in women after childbirth in low-income countries (Rahman & Prince, 2009).

We conducted a prospective study in rural Pakistan to determine the prevalence, outcome and risk factors associated with perinatal depression in a sample of 700 pregnant women (Rahman et al, 2003). The study was conducted in two rural sub-districts of Rawalpindi. The women were assessed for depression in the third trimester using culturally valid tools, and re-evaluated 3 months after they had given birth. Of 632 mothers assessed antenatally, 160 (25%) met the ICD–10 criteria for a depressive episode. Of 541 mothers assessed postnatally, 151 (28%) were diagnosed with ICD–10 depressive episode. Twenty-two mothers (4%) developed a de novo depressive episode in the postnatal period, while 8